

Codes-quotations list

Code-Filter: All

HU: EMS_Uganda

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Edited by:SW

Date/Time: 2017-04-17 11:46:32

Code: ambulance_data {16-0}

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:13 [we have registers, they feed i..] (65:65) (SW)

Codes: [ambulance_data]

No memos

we have registers, they feed into the main book which feeds into the system. We have a data clerk who enters that data because that data is required by our stakeholders. We look at the name of the beneficiary, age, sex, diagnosis made and the treatment given. So at a certain point you have to do an analysis to see who are more prone to a certain kind of event so that when you are planning for the next phase you can improve.

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:14 [Inter: so whom share this data..] (67:68) (SW)

Codes: [ambulance_data]

No memos

Inter: so whom share this data with?

Resp: stakeholders like KCCA, ministry of health, sponsors like DFCU since they give us fuel for a year as part of accountability we have to show who benefited from it.

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:15 [I will cross check with the da..] (70:70) (SW)

Codes: [ambulance_data]

No memos

I will cross check with the data clerk because even government is not consistent with the period they demand data, it may be quarterly, biannual but need an annual report.

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:16 [I don't know how they share it..] (72:72) (SW)

Codes: [ambulance_data]

No memos

I don't know how they share it because many times it depends on how you agreed with the stakeholder because the reporting we give DFCU will be different with that of KCCA which may request for accountability in form of receipts. One time the accountant was collecting receipts and they didn't request for the list of beneficiaries so it varies.

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:17 [internally the head does that ..] (74:74) (SW)

Codes: [ambulance_data]

No memos

internally the head does that because it's his responsibility to make sure that things are moving on well and we didn't talk about our service which is a 24 hour response. It's actually very hectic but he used to feed the reports to the boss, he would audit himself and talk to the guys involved himself they had concerns like you talked about response, what could bring in delay, there could be several reasons and how they could improve and be faster.

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:19 [Inter: I was also asking if yo..] (82:83) (SW)

Codes: [ambulance_data]

No memos

Inter: I was also asking if you had regular audits or quality indicators like response times, goals, benchmarks?

Resp: previously we had that but these days we have changed our system because due to funds ambulance services are not easy to run. When the grant from ministry of health was stopped we started operating on the commercial basis so that we supported our needs

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:21 [we send to the administration ..] (95:95) (SW)

Codes: [ambulance_data]

No memos

we send to the administration here to our supervisor. Even the referral or transfer say Case or Mulago and wants to be transferred to IHK we get the records i.e. name, reason of transfer and location like from Mulago to IHK.

P 9: KII EMS Administrator_Policy maker (MOH).docx - 9:15 [Inter: have you thought of any..] (81:86) (SW)

Codes: [ambulance_data]

No memos

Inter: have you thought of any quality indicators for now?

Resp: yes because with standard procedures it is definitely to do with quality.

Inter: what kind of operational indicators do you have in mind?

Resp: we are going to try and use international standards like response time.

Inter: how do you think you will collect the data?

Resp: we shall have patient record forms, data from call and dispatch centers.

P10: KII EMS Administrator_Uganda Red Cross.docx - 10:8 [Inter: are there any audits an..] (48:49)

(SW)

Codes: [ambulance_data]

No memos

Inter: are there any audits and quality indicators in place for emergency response?

Resp: we try to have AAR action in use whenever we have a mass kind of responses or emergency like if a team has been deployed to do services and at the end of it they are supposed to converge and say what went well and wrong, what needs to be improved. And that becomes a working document, it is shared comes to both health and to BM. At the level of projects for example the Belgium funded first aid theirs a baseline survey was done, amid term evaluation is being planned for and end is supposed to be done of course in addition to things like financial audits.

P10: KII EMS Administrator_Uganda Red Cross.docx - 10:11 [Resp: that is a difficult one ..] (55:56)

(SW)

Codes: [ambulance_data]

No memos

Resp: that is a difficult one but I think we have approached it rather in a practical way like if you call Paul our national focal person for emergency response he will tell you that one of the things we have in common is that we do a lot of information sharing with Kenya Red Cross and we do it for bench marking where are we and we try to bridge the gap. With the branches, we normally try to do this but it's not fairly systematic but I know guidelines that have been developed that are supposed to be minimally available in a branch because first aid by the way is one of the core activities any branch is supposed to do.

So how many stretchers do you have in place? So all these things are there fairly and I know that annually this information is received from branches and then the first aid teams at the headquarters, they try to analyze this information and it is against this information when we have funds available that we have to try to priorities capacity building.

P10: KII EMS Administrator_Uganda Red Cross.docx - 10:12 [when Red Cross is training fir..] (58:58)

(SW)

Codes: [ambulance_data]

No memos

when Red Cross is training first aiders especially the community first aiders, there is a small booklet like an ID that you are given and the idea is that whenever you get a response you enter it in. Now at headquarters that is for the individual fairly depending on the branch, when a branch has set out first aid posts and has deployed several volunteers every one of them is obliged at the end of the week

or month to report the number of incidences, the most significant cases and most of them are boda boda accidents. Now when we receive this information from our branches the managers try to aggregate the information.

P10: KII EMS Administrator_Uganda Red Cross.docx - 10:13 [I don't think they have that k..] (60:60) (SW)

Codes: [ambulance_data]

No memos

I don't think they have that kind of data base but I know that when they gather it comes to their reporting. This explains why people have these pronounced positions that in my area accidents are in such a place. At headquarters we have a disaster response matrix; so we get what emergencies were there, how many people were affected and we try this in a matrix. But of course since there are a number of hazards you will find that it's a fairly long repression.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:9 [Inter: so you book during or a..] (55:64) (SW)

Codes: [ambulance_data]

No memos

Inter: so you book during or all the times, when you leave the station, when you have brought to the station?

Resp: the station

Inter: the accident scene

Resp: the station

Inter: when you pick up the patient so do you record all the times?

Resp: I usually record from the hospital, the time I record from the hospital, now the time I record at the hospital that means I have already delivered and his already been put either to bed or already admitted that is the time I record.

Inter: so you deliver the patient at the hospital that is when you record?

Resp: that is when we record and if you ask me the patient I would have recorded where I got him from.

Inter: But do you or anybody else record the time, your dispatch time?

Resp: yeah, if we record from here these we record dispatch time, from the station they record the dispatch time. They tell you we are calling you there is an

accident on Entebbe road round about when you proceed is when they record. The rest remains to me. I only report to them that I have delivered at this time and the particulars of the individual are this.

P13: KII_EMS Administrator-Uganda Red Cross.docx - 13:11 [Inter: are you collecting any ..] (67:68) (SW)

Codes: [ambulance_data]
No memos

Inter: are you collecting any data and if yes how is it stored and analyzed?

Resp: it is always collected in the branch sheets, that information they collect when they go to respond and that data is managed in the branch.

P13: KII_EMS Administrator-Uganda Red Cross.docx - 13:12 [Inter: is there any data bank,..] (69:70) (SW)

Codes: [ambulance_data]
No memos

Inter: is there any data bank, registry?

Resp: there is but we were piloting it in some few branches but iam not so sure if all the Kampala branches were part of the pilot where they had a data base and they were trying to key in each time they respond and be able to track it.

P13: KII_EMS Administrator-Uganda Red Cross.docx - 13:13 [Inter: how often is data share..] (71:72) (SW)

Codes: [ambulance_data]
No memos

Inter: how often is data shared and with who?

Resp: it's normally shared internally and with our stakeholders like I said we work with KCCA, the police. Internally at the spot of an activity when a team is responding there is sharing and alerting other people that an incidence has happened in this place we have got the alert then we are going to respond. Then through the response they keep on responding to the usual group. Data is shared on a quarterly basis through reports from a branch level to a headquarter level. We have quarterly review meetings where we sit and share this data and discuss the challenges as a team with branch managers.

Code: ambulance_funding {7-0}

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:20 [previously we had that but the..] (83:83) (SW)

Codes: [ambulance_funding]
No memos

previously we had that but these days we have changed our system because due to funds ambulance services are not easy to run. When the grant from

ministry of health was stopped we started operating on the commercial basis so that we supported our needs.

P 9: KII EMS Administrator_Policy maker (MOH).docx - 9:1 [it's going to depend onresourc..] (14:14) (SW)

Codes: [ambulance_funding]
No memos

it's going to depend onresources currently ministry can only support Kampala metropolitan after which we roll out

P 9: KII EMS Administrator_Policy maker (MOH).docx - 9:8 [we are in plans of doing finan..] (48:48) (SW)

Codes: [ambulance_funding]
No memos

we are in plans of doing financing strategies because it's a big challenge and we are doing strategies for finances so at the initial stage it will be free and as we implement there should be ways in which government should provide probably through taxes, individual collection because we already know what lies ahead of us.

P 9: KII EMS Administrator_Policy maker (MOH).docx - 9:11 [yes, the initial stages East A..] (64:64) (SW)

Codes: [ambulance_funding]
No memos

yes, the initial stages East African development bank is going to come in because it's funding procurement of those ambulances so ours will basically be training and supervising those trained for the first two years.

P 9: KII EMS Administrator_Policy maker (MOH).docx - 9:13 [Inter: have you done costing b..] (71:72) (SW)

Codes: [ambulance_funding]
No memos

Inter: have you done costing based on other ambulances or you've done it on your own? Do you have an idea of how much it would cost having an ambulance running including the staff?

Resp: we have not done that yet.

P10: KII EMS Administrator_Uganda Red Cross.docx - 10:1 [our funding for emergency resp..] (15:15) (SW)

Codes: [ambulance_funding]
No memos

our funding for emergency response comes from non-government agencies and charities.

P13: KII EMS Administrator-Uganda Red Cross.docx - 13:9 [Inter: what is the mechanism o..] (51:52) (SW)

Codes: [ambulance_funding] [ambulance_maintained]
No memos

Inter: what is the mechanism of used equipment or vehicles?

Resp: always replace when they are damaged but it also highly depends on the availability of funding like the Belgium Red Cross has been here for the last four years so they take care of the program and makes sure that things are in place. But in case there is change over there could be situations when there is no equipment and it's a bit of a challenge to maintain some of the equipment.

Code: ambulance_maintained {11-0}

P 2: FGD Community members_Uganda Police.docx - 2:34 [but you may have many ambulanc..] (131:131) (SW)

Codes: [ambulance_maintained]

No memos

but you may have many ambulances but fail to service them they will break down and you have no use for them, so it's important that they are serviced and are on board all the time.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:26 [the office provides the fuel a..] (50:52) (SW)

Codes: [ambulance_maintained]

No memos

the office provides the fuel and other kind people like Winox usually provides fuel and takes it for repair, replacing the ambulance tyres.

Inter: who is Winox?

Resp: he is a money lender, if I need to borrow money I can give him my stage card and get 50,000/= to 100,000/= to be returned with a low interest.

P 5: KII EMS Adminstrator _Kibuli Hospital.docx - 5:4 [It is really a challenge becau..] (64:64) (SW)

Codes: [ambulance_maintained]

No memos

It is really a challenge because all these ambulances are donations, they are being donated so we may find that their spare is sometimes very, very expensive of which may be take sometime..

P 5: KII EMS Adminstrator _Kibuli Hospital.docx - 5:5 [Resp: to replace immediately a..] (66:68) (SW)

Codes: [ambulance_maintained]

No memos

Resp: to replace immediately and we don't have like may be those god fathers who can may be like...then we had only one ambulance where one found it

parked who had come for prayers, he used to come and see it parked so he came to administrators and said I think my garage can make, you know

Inter: work on it

Resp: so it was taken, he repaired it, he had to change the engine because it was really too expensive so that is what I remember. The others I think disposing off it really has to involve the Board of Trustees so that may be it can be sold out. But at least we try our best to maintain and servicing. The administrators and the drivers at least no better. Because especially the drivers are the ones who are responsible and the administrators. They know that this vehicle needs service such at least it is made

P 6: KII EMS Administrator _Uganda Police.docx - 6:10 [the police health services wil..] (59:59) (SW)
Codes: [ambulance_maintained]
No memos

the police health services will replace, the occupants of the ambulance will tell me as a commander who is commanding the ambulances that look sir this one is faulty and the oxygen is finished so I will tell the director health services the ambulance with me does not have oxygen. It is his duty to ensure that the ambulance is equipped to capacity because he is a Doctor who knows what an ambulance must have, I can only call him sir iam referring this ambulance back to you for assessment check whether it is up to date and it will come back when it is up to date.

P 9: KII EMS Administrator _Policy maker (MOH).docx - 9:14 [Inter: what will be the mechan..] (75:78) (SW)
Codes: [ambulance_maintained]
No memos

Inter: what will be the mechanism of replacing used or damaged equipment and vehicles?

Resp: it will be through procurement because that is a government procedure.

Inter: will it be after damage or a specific time?

Resp: we will do it when there is a damage, immediately.

P10: KII EMS Administrator _Uganda Red Cross.docx - 10:6 [our ambulance fleet does not r..] (43:43) (SW)
Codes: [ambulance_maintained]
No memos

our ambulance fleet does not run distinct to another ambulance fleet, when a vehicle gets to a certain mileage they are retired and once they are retired they are disposed as recommended in our policy. When they get accidents a report and an assessment is made and they are categorized into damage whether it's extensive or it's minor. Where it's minor that vehicle is repaired and a major one

like that vehicle in the compound got an accident in the course of work and was towed back to remain in our premises as it awaits disposal.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:11 [because if you see like in Red..] (70:70) (SW)

Codes: [ambulance_maintained] [ems_supplies]
No memos

because if you see like in Red Cross they have that grade of..., here produce ambulances and in all they put into them all of the standard equipment which may not be necessary within a period of a year that equipment is not there. But when you went to my ambulance when they brought it, it had gas, an oxygen cylinder, it had compartment for medicine but all that is already out, you don't see them. If you look at the new ambulances that are given to the health centers like the KCC they have water, they have AC and a provision for a nurse and a doctor. Then other ambulances after a certain time they don't have anything at all.

P13: KII EMS Administrator-Uganda Red Cross.docx - 13:9 [Inter: what is the mechanism o..] (51:52) (SW)

Codes: [ambulance_funding] [ambulance_maintained]
No memos

Inter: what is the mechanism of used equipment or vehicles?

Resp: always replace when they are damaged but it also highly depends on the availability of funding like the Belgium Red Cross has been here for the last four years so they take care of the program and makes sure that things are in place. But in case there is change over there could be situations when there is no equipment and it's a bit of a challenge to maintain some of the equipment.

P17: FGD_Naguru hospital healthworkers.docx - 17:11 [last year (2015) in July, it i..] (101:101) (SW)

Codes: [ambulance_maintained]
No memos

last year (2015) in July, it is now a full year. They need to repair it but it breaks all the time it must be having a big problem.

P17: FGD_Naguru hospital healthworkers.docx - 17:12 [it is parked outside there but..] (103:103) (SW)

Codes: [ambulance_maintained]
No memos

it is parked outside there but I think the administration would be the best people to answer that. (Laughter)

Code: attitude {6-0}

P 2: FGD Community members_Uganda Police.docx - 2:7 [Then the other attitude is tha..] (57:57) (SW)

Codes: [attitude]
No memos

Then the other attitude is that ambulances look like funeral vans

**P 2: FGD Community members_Uganda Police.docx - 2:36 [people don't have much knowled..]
(133:133) (SW)**

Codes: [attitude]

No memos

people don't have much knowledge about ambulances because the ones attached to private hospitals must be used at a cost so people have that attitude towards all ambulances.

**P 2: FGD Community members_Uganda Police.docx - 2:37 [because they know that ambulan..]
(139:139) (SW)**

Codes: [attitude]

No memos

because they know that ambulances save lives. And since there are KCCA ambulances people demand to be transferred to hospitals.

**P 2: FGD Community members_Uganda Police.docx - 2:38 [they know that ambulances are ..]
(141:141) (SW)**

Codes: [attitude]

No memos

they know that ambulances are there and are provided for by government or attached to hospitals but people don't usually call from home for help, it's only in case of emergencies that ambulances are used. The concept is relatively new unless you know that the police has an ambulance.

**P 2: FGD Community members_Uganda Police.docx - 2:41 [some people can see that a pat..]
(149:149) (SW)**

Codes: [attitude]

No memos

some people can see that a patient will not survive so decide to remain at home.

P16: FGD_URCS_EMS.docx - 16:5 [yes there is a lot of movement..] (56:56) (SW)

Codes: [attitude]

No memos

yes there is a lot of movements so there is that other part. Then there is the syndrome of wanting free things all the time, every time you want to be provided with a free service but you never want to pay so that you probably add value to the service.

Code: care_seeking {21-0}

P14: FGD_Kisugu- Kampala-EMS.docx - 14:49 [I think if iam not feeling wel..] (101:101) (SW)

Codes: [care_seeking]

No memos

I think if iam not feeling well I first go to a health worker in a clinic for a diagnosis

to find out what the health problem is before taking any medication after that she tells me the medicine iam supposed to take.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:50 [Mod: how about the rest, what ..] (102:105) (SW)

Codes: [care_seeking]

No memos

Mod: how about the rest, what is your view? But how is the health situation at that time? What if it is high blood pressure or a pregnant mother is bleeding and has fainted?

R7: that one has to go to hospital.

R6: we rush her to hospital.

R3: if someone has an emergency health condition like high blood pressure, diabetes, meningitis, he has to go to a hospital not these lower level health facilities nearby because this is an acute illness and needs a doctor's care.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:58 [Chorus: yes 60% of the populat..] (293:294) (SW)

Codes: [care_seeking]

No memos

Chorus: yes 60% of the population can get there very fast.

R5: and if you notice any danger very fast we have a public health facility nearby where one can easily get to by foot.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:71 [in addition to that people sho..] (353:353) (SW)

Codes: [care_seeking]

No memos

in addition to that people should go for tests before they become acutely ill to know how they are.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:1 [R1: that is the first treatmen..] (108:111) (SW)

Codes: [care_seeking]

No memos

R1: that is the first treatment one receives when he gets an accident or any medical condition before getting to the health worker or Doctor.

R3: if someone has fainted due to high blood pressure we first provide enough air, give some cold water to regain life or even give some sugar to those with diabetes.

R5: we smear cooking oil on any burns.

R3: or even pouring water.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:2 [treatment depends on the illne..]

(113:113) (SW)

Codes: [care_seeking] [natural_remedies]

No memos

treatment depends on the illness for example if one is in shock we give milk, a convulsing baby is given something bitter like "ebombo"herbs, if a child has a high temperature we use a cold sponge.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:15 [if I have a headache I take Pa..]

(167:167) (SW)

Codes: [care_seeking]

No memos

if I have a headache I take Panadol as first AID and when it gets worse I go to the health facility for diagnosis.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:16 [R7: if I take panadol today an..]

(169:170) (SW)

Codes: [care_seeking]

No memos

R7: if I take panadol today and iam not better I go to a health facility in the evening or the next day but if iam better I may not go.

R1: if the illness is so severe than it has never been before, this implies that "oh I may not survive" so one goes there and then. If it is a headache one may feel as if he is carrying a heavy stone so he goes to the health facility there and then because it is so severe.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:17 [R6: if one knows the symptoms ..]

(172:173) (SW)

Codes: [care_seeking]

No memos

R6: if one knows the symptoms of a severe illness like typhoid like mild headache and I cannot treat it. If I have ever suffered from such an illness and I have no solution to it I go to the health facility. Since I have ever suffered from typhoid I know the symptoms so if I notice those symptoms I go to the health facility promptly.

R1: at times some people go to the health facility after someone telling them that they should go because the illness is so severe.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:18 [if someone is very weak we are..]

(175:175) (SW)

Codes: [care_seeking]

No memos

if someone is very weak we are forced to take her to the health facility. One cannot walk, is sleeping all the time, cannot talk or eat and if he didn't want to go to the hospital he may accept there and then when you make the decision.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:31 [R7: since there are so many cl..] (246:250) (SW)

Codes: [care_seeking] [natural_remedies]

No memos

R7: since there are so many clinics in this community whenever we get sick we easily go to these private clinics for first AID after which we go to public hospitals.

R1: some of us usually use local herbs (like bombo and omwetango).

R6: even aloe Vera and if the child gets better with God's help we don't go to hospital we stay home.

(Laughter for all)

R1: if patient gets better we forget all about going to hospital.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:32 [madam, at times we act as heal..] (253:253) (SW)

Codes: [care_seeking]

No memos

madam, at times we act as health workers whereby if a child is sick with a high temperature we can buy Panadol and coartem and by the end of the dose if she is still sick we can take her to hospital.

P16: FGD_URCS_EMS.docx - 16:28 [yeah unless it is something ve..] (124:124) (SW)

Codes: [care_seeking]

No memos

yeah unless it is something very big but if it is a minor injury or a minor disease I always go to our family clinic where we have our family doctor where we always take the relatives and so on. If it is something very hard to handle we always go to the main hospital Mulago though there is a challenge.

P16: FGD_URCS_EMS.docx - 16:43 [in Africa we have that feeling..] (175:175) (SW)

Codes: [care_seeking] [natural_remedies]

No memos

in Africa we have that feeling that if I have a minor injury I first use local herbs so as iam trying once the situation worsens then I go to the hospital so that's why people died mostly while in the communities. That's why more trainings should be done within the communities.

P17: FGD_Naguru hospital healthworkers.docx - 17:19 [the first day I take Panadol t..] (154:154) (SW)

Codes: [care_seeking]

No memos

the first day I take Panadol then the next day I mention here that you people iam not feeling well, then the third day I say let me see the Doctor. I first take a painkiller.

**P17: FGD_Naguru hospital healthworkers.docx - 17:20 [R1: me I have a scenario of my..] (156:159)
(SW)**

Codes: [care_seeking]

No memos

R1: me I have a scenario of my own because was it last year? No at the beginning of this very year I could get headache then I go and buy headex from these open markets because I believe Panadol does not work on me. I kept on buying headex the headache reduces in the morning but in the evening it comes back and I said let me go for consultation so they used RDTs and the results were negative but the headache continued. Again I went and took headex and it reduced but when I came here I said now let me go to the laboratory and my blood must be examined under a microscope not RDT. When I reached there they used RDT and said sister you are okay you go away maybe you have stress but I insisted I said iam not going away, if the microscope is there just do me a favor and look at my blood under it. So I had malaria plus and that was after a period of something like two weeks suffering with headache.

R3: but sister remember the way malaria progresses maybe the day you went it wasn't yet there you must be checking every hour until the parasites are in the blood but those RDTs also.

R2: we have four species of malaria and these RDTs of ours detects only paraspara and cannot detect the others that's why one says you don't have malaria but when they see under a microscope you find it's there. So that's the situation.

R1: I don't trust those RDTs. So I ended up on IV artesunate because the malaria was severe.

**P17: FGD_Naguru hospital healthworkers.docx - 17:21 [R4: e two weeks ago I was feel..] (161:163)
(SW)**

Codes: [care_seeking]

No memos

R4: e two weeks ago I was feeling headache and joint pain so I took panadols then yesterday I went for investigations and they took widow, BAT,BS but all was negative.

R3: so when did you see a doctor?

R4: the doctor had to write for me coartem, I took it yesterday and today and iam now okay.

**P17: FGD_Naguru hospital healthworkers.docx - 17:22 [R2: aaahhh for me immediately...] (167:167)
(SW)**

Codes: [care_seeking]

No memos

R2: aaahhh for me immediately. (Laughter) the moment I feel I have a problem I just ask somebody to help me I don't wait.

P17: FGD_Naguru hospital healthworkers.docx - 17:23 [R3: some it is work, you are s..] (169:171) (SW)

Codes: [care_seeking]

No memos

R3: some it is work, you are supposed to go to work you take your Panadol you go to work and by the time you come back maybe the Panadol helped you and you feel better and after all you've left work late you sleep. Others it is the money, others it is the waiting you know they have businesses and you are telling them to wait here and see a Doctor, so many reasons others wait and feel something will happen and they get better yet they are badly off.

R2: others just fear treatment, some prefer tablets while others prefer injections so they believe that if they go they might be given what they don't want so they don't go. Then others feel so lazy and it's only when they are seriously ill that they go.

R1: but generally medical workers fear treatment because for me injections we can dance here in the whole room

P17: FGD_Naguru hospital healthworkers.docx - 17:24 [R3: for me before I worked her..] (172:172) (SW)

Codes: [care_seeking]

No memos

R3: for me before I worked here in a government hospital I couldn't imagine that a patient can come here and see a health worker, for sure I don't know what I was imagining. Actually I stay near Kisugu KCCA HC but I never used to go there but these days I go there because I have realized that there are medical people and they can work on me. I was wondering where do you start from.

P17: FGD_Naguru hospital healthworkers.docx - 17:26 [I have seen that some of them ..] (176:176) (SW)

Codes: [care_seeking]

No memos

I have seen that some of them fear the results of the diagnosis, stigma. Some people fear that they will check me for HIV. That is what I have observed here because when they bring very sick patients they kind of decline, they run away because they feel now you are going to find out the real problem, others money, others who will take care of me in hospital? Others don't want to accept like me if I feel very sick I may feel that I have too much to do so I don't want to accept that I can be bedridden and be in bed. You know there are many responsibilities so you will say I don't want to go to hospital and they will say stay here for two days.

Code: communication {9-0}

**P 1: FGD Community members _Mulago hospital.docx - 1:62 [then the health worker in the ..]
(136:136) (SW)**

Codes: [communication] [recommendations_ambulance]
No memos

then the health worker in the ambulance should leave the patient with another health worker after explaining where they came from and whatever happened because we are just damped there.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:1 [the fact is that there is a pr..]
(20:20) (SW)**

Codes: [communication] [lack_supply] [varied_response_time]
No memos

the fact is that there is a problem because in case of an accident and police is called upon they take over 30 minutes before getting to the accident scene and when they get there at times they say there is no fuel in the vehicle and in case they take the patient to Mulago hospital they just dump the patient there and go so the patient does not get the medical care needed.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:23 [They only take the patient to ..]
(46:46) (SW)**

Codes: [communication]
No memos

They only take the patient to hospital and leave him there whatever happens after that is upto you.

P 8: KII EMS Adminstrator and personnel_ St. John's ambulance.docx - 8:26 [Inter: do you call emergency d..] (136:139) (SW)

Codes: [communication]
No memos

Inter: do you call emergency department that we are bringing a patient?

Resp: yes we do because we have contacts in the hospitals around for causality and reception. Like if iam taking a patient to Nakasero private I say we are bringing a female patient who is asthmatic so we expect you to prepare.

Inter: do you tell them the vital signs as well?

Resp: yes and the kind of care we've given like oxygen the liters we've given, the drip and the expected time of arrival.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:4 [Inter: When you are transferri..] (31:34) (SW)

Codes: [communication]
No memos

Inter: When you are transferring a patient from the, like accident scene do you call hospital in advance?

Resp: No

Inter: why don't you do that?

Resp: It is not provided for, I don't think it is in any of these hospitals here.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:14 [Then two; unless if the Police..] (82:82) (SW)

Codes: [communication] [no_beds]

No memos

Then two; unless if the Police provide these numbers because to me some people call you even at night they call you that take someone then you rush there. But the problem is at the hospital. You pick for example a diabetic person is very ill you have put him on that trolley, when you reach Mulago at night you have to move with your own trolley, you get him from the vehicle take him out, drag him through the corridors to the ward then you start the process; what is your name, they record or they say according to triage this one is not, this one's medical conditionthe time taken there and when you reach there you find the beds are full that is where we get the biggest problem, so in most cases we don't allow using our trolleys, because you reach there they will do everything on the trolley and they say they don't have a bed you can wait. Right now when you go there you can find a very good extra, go there at night or when there has been a major accident you will, so most of them will fail at the hospital. Then you believe this system is relatively new because these....a policy they must have been around ...

P12: KII EMS Policy maker _MOH.docx - 12:1 [But it is a service that is re..] (13:13) (SW)

Codes: [communication] [ems_patchy]

No memos

But it is a service that is really lacking in this country. And the pre ambulance or pre hospital service, it's not just a matter of taking somebody to the hospital, there needs to be a well-coordinated service where somebody must be able to get the patient from the place of accident or place of need and transport the patient safely up to the health facility. And the facility should be ready or should be informed that somebody is coming, and that has been a very difficult thing. We have seen police just getting people from the side of accident to the hospital and sometimes the patient dies at the entrance of the hospital because the hospital is not ready to receive.

P12: KII EMS Policy maker _MOH.docx - 12:19 [In order to reduce the number ..] (52:52) (SW)

Codes: [communication]

No memos

In order to reduce the number of paramedics in the ambulance you must train

the drivers to have a hand in the rescue and like I told you it's not scoop and run you need to stabilize and along the way somebody is on treatment as you go to the hospital as the hospital is waiting to take over. But now they just take the patient damp him and take off and the hospital people don't know where to start.

P12: KII EMS Policy maker _MOH.docx - 12:21 [We need to have a well-organiz..] (55:55) (SW)

Codes: [communication] [ems_patchy] [recommendations_ambulance]

No memos

We need to have a well-organized pre hospital service, we need to look at availability of ambulances, training of drivers and paramedics, what type of ambulances we are going to use, then the communication system so that the two services are talking to one another the ambulance services and the casualty so that before you leave somebody in causality is preparing. So from the ambulance to the service because there should be no breakage in the service. If the patient is on drip there is no need of removing the drip as you look for the bed.

Code: community_support {6-0}

P14: FGD_Kisugu- Kampala-EMS.docx - 14:42 [R2: there is team work in this..] (242:243) (SW)

Codes: [community_support]

No memos

R2: there is team work in this community and it's like most people are related so they support each other.

R5: then the other issue is that whatever happens in Kisugu people care about each other, one can go to the chairman or whoever has a vehicle can help or even give ten thousand to that person to go to the police for help.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:45 [if it is late at night I can w..] (262:262) (SW)

Codes: [community_support]

No memos

if it is late at night I can walk or send someone to call the chairman and he takes me to the health facility or at times we wait till morning.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:44 [even community members can eas..] (298:298) (SW)

Codes: [community_support]

No memos

even community members can easily mobilize funds for fuel to take that person who has had an accident along the road to hospital and even escort him, some people are kind.

P16: FGD_URCS_EMS.docx - 16:3 [and also the other reason as t..] (52:52) (SW)

Codes: [community_support]

No memos

and also the other reason as to why it is still a challenge is that people in the

community have failed to own it up. They have failed to know that it's their responsibility to respond, they always wait for Red Cross and in case Red Cross is not there in time we may lose it out. And then the other thing is that some communities have actually failed to get involved in the community first AID trainings that we hold, they still think that we shall always be there as Red Cross so they need to get involved and lessen the work load.

P16: FGD_URCS_EMS.docx - 16:4 [yes it is a challenge and the ..] (54:54) (SW)

Codes: [community_support]

No memos

yes it is a challenge and the reason is clear that one; I think there is ignorance of the community, what do I mean? It is that they don't want to take up the other responsibility as it should be first AID themselves to the extent that sometimes when we take these services and avail them with skills you always see that there is a low turn up meaning that the relevance of the training sometimes people don't see it yet they have the opportunity to stay with us. Then the other version is if you look at the nature of the community more so in Kampala; today iam staying here then I will shift to another area so if I train you from here I don't have that guarantee that you will be there to respond to them all the time because anytime I can go depending on the need.

P16: FGD_URCS_EMS.docx - 16:17 [and then maybe another thing i..] (88:88) (SW)

Codes: [community_support] [ems_challenges]

No memos

and then maybe another thing is finding ways of linking up with stakeholders because if the ambulance services decide to continue operating as a separate entity from the police who will know that they are responsible for instilling law and order because some of the incidences are created as a result of maybe somewhere somehow people are failing to understand because I know the system might not really live for long unless it becomes owned by the community.

Code: consequence_lack_EMS {29-0}

P 1: FGD Community members _Mulago hospital.docx - 1:3 [Resp: at times the patient may..] (35:36) (SW)

Codes: [consequence_lack_EMS]

No memos

Resp: at times the patient may die due to lack of pre hospital care.

Resp: and if they had medicine the patient would have had some pre hospital care before getting to hospital and survived

P 1: FGD Community members _Mulago hospital.docx - 1:42 [Resp: they are there but we ca..] (99:100) (SW)

Codes: [consequence_lack_EMS]

No memos

Resp: they are there but we can't know.

Resp: some of them end up dying.

P 1: FGD Community members_Mulago hospital.docx - 1:44 [some people have no money for ..] (106:106) (SW)

Codes: [consequence_lack_EMS]

No memos

some people have no money for transport so they don't go for treatment and die

P 2: FGD Community members_Uganda Police.docx - 2:42 [those who can't afford will di..] (150:150) (SW)

Codes: [consequence_lack_EMS]

No memos

those who can't afford will die very fast when they get to hospital, then the process of getting care is long.

P 3: FGD Community members_Wandegeya market.docx - 3:2 [some of us may not know what t..] (31:31) (SW)

Codes: [consequence_lack_EMS] [lack_knowledge]

No memos

some of us may not know what to do, one can get a problem but no one knows what to do so at times people may just look on and someone dies

P 3: FGD Community members_Wandegeya market.docx - 3:14 [Boda bodas and taxis may not b..] (40:40) (SW)

Codes: [consequence_lack_EMS] [emergency_vehicle] [lack_ambulance]

No memos

Boda bodas and taxis may not be available and by the time they come one may have lost a lot of blood. Some health facilities have no ambulances.

P 3: FGD Community members_Wandegeya market.docx - 3:16 [I know of the casualty unit in..] (45:45) (SW)

Codes: [consequence_lack_EMS] [non-responsiveness_provider]

No memos

I know of the casualty unit in Mulago but we get there in a rush and the health workers ignore us and the patients may end up dead.

P 3: FGD Community members_Wandegeya market.docx - 3:28 [yes but at times he is not in ..] (59:59) (SW)

Codes: [consequence_lack_EMS]

No memos

yes but at times he is not in his normal senses. So my question is, was the treatment inappropriate or was it late.

P 3: FGD Community members_Wandegeya market.docx - 3:47 [when we go to a health center ..] (80:80) (SW)

Codes: [consequence_lack_EMS] [emergency_vehicle] [user_fees]

No memos

when we go to a health center and the patient is referred to a hospital we have challenges with transport because most health centers have no ambulances. So we end up using boda bodas which cost 25,000/= and when we get to the hospital we have to pay some money before receiving any medical care so if one has no money the patient may die.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:6 [no we don't have apart from th..] (26:26) (SW)

Codes: [consequence_lack_EMS] [emergency_vehicle] [lack_ambulance]
No memos

no we don't have apart from the boda boda ambulance which is only one so it may be contacted and is helping someone else since Kampala is big so if iam in Wandegeya and four other people the other side need care by the time they come here I may be dead already.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:7 [Then we have the police patrol..] (26:26) (SW)

Codes: [consequence_lack_EMS] [emergency_vehicle]
No memos

Then we have the police patrol vehicle which is a pickup so carrying a casualty is not feasible because the condition may become worse leading to death.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:12 [And when the police personnel ..] (29:29) (SW)

Codes: [consequence_lack_EMS] [emergency_vehicle] [ems_training]
No memos

And when the police personnel come since they are not trained in medical care they just push the person under the pickup benches, they hit potholes as they drive and by the time they get to hospital the injury is more severe.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:37 [We called the police to rescue..] (69:69) (SW)

Codes: [consequence_lack_EMS]
No memos

We called the police to rescue these people but they were not coming so two other people out of seven died but if it was a riot they would have come in time.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:38 [it took them like one hour wit..] (71:71) (SW)

Codes: [consequence_lack_EMS] [varied_response_time]
No memos

it took them like one hour within which someone is already dead.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:53 [At times one has no money and ..] (88:88) (SW)

Codes: [consequence_lack_EMS] [poor_service] [user_fees]
No memos

At times one has no money and no document and care taker so no medical care is given thus leading to death.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:57 [All the five divisions in Kamp..] (92:92) (SW)

Codes: [consequence_lack_EMS] [lack_ambulance]

No memos

All the five divisions in Kampala need two ambulances each like Kawempe two, Kampala central two, Lubaga two, Nakawa division two and Makindye division two ambulances available with health workers and drivers, this will reduce the death rate of people due to pre hospital care.

P 8: KII EMS Adminstrator and personnel_ St. John's ambulance.docx - 8:3 [So we were looking at those hi..] (20:20) (SW)

Codes: [consequence_lack_EMS] [ems_services]

No memos

So we were looking at those highways and stationing those branches with these trained members because we realized with this emergency system the main gap that even the government cannot fix at the moment is the quality of emergency care given, first response. Because in case of an emergency you realize by the nature of human beings everyone around will want to help but they don't have the skills and ability to help out. And once emergency care is given by untrained members it could cost the life of the patient and even when the ambulance comes in its already too late. So our response looks at that kind of concept that we have satellite branches with trained members working in partnership with police which has their contacts.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:2 [yes it is a problem due to lac..] (115:115) (SW)

Codes: [consequence_lack_EMS] [lack_ambulance]

No memos

yes it is a problem due to lack of transport, secondly health facilities are far and the nearby one has limited services because in most cases this HCIII has stock outs so they refer patients to Mulago and the patient has no money, has no transport, the available boda boda transport is not convenient so we are scared of using them so you find that people end up dying due to poverty and lack of easy transport, so many people have died because of that yet they would have been saved.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:11 [then the ambulance drivers are..] (156:156) (SW)

Codes: [consequence_lack_EMS] [emt_personnel]

No memos

then the ambulance drivers are not reliable one has to plead with them and they need to be called to provide service. There is a patient who almost died while at Joram's clinic until the Doctor drove the ambulance to Mulago hospital. It is the patient who told me about this that; "I almost died if it wasn't for that Doctor, the driver refused to come saying it was late".

**P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:12 [madam there is a story i heard..]
(158:158) (SW)**

Codes: [consequence_lack_EMS]

No memos

madam there is a story i heard about in my home village, there are people who are a bit far away from our place. There is an old woman who gave the grandchild poison by mistake because she kept the poison and cough medicine in one place. Instead of giving cough syrup she gave poison on a spoon to the child who started convulsing while they were in the garden but since they were very far from the health facility and there are no clinics in that place the child died while on the way.

**P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:13 [the other scenario was that si..]
(160:160) (SW)**

Codes: [consequence_lack_EMS]

No memos

the other scenario was that side of Buwaya whereby a woman was in labor yet the government ferry comes at 14:00 from Entebbe so the woman delivered from the lake shore before the ferry came. From this I realized that so many people die due to lack of transport to health facilities.

**P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:14 [R5: she was helped by lay peop..]
(162:163) (SW)**

Codes: [consequence_lack_EMS]

No memos

R5: she was helped by lay people to deliver. There are some places without health care and people have no money for transport in a boat to sail to the other side for treatment.

R7: my friend's mother passed on recently and it was a snake bite as she harvested a bunch of "matooke" (banana). The snake fell into the gumboot and as she tried to remove the gumboot the snake bite her on the thigh but as they were entering the hospital which was quite far she died because the snake venom was already spread out to the heart. This was three weeks back and it is because the health facility was very far and there was no transport.

**P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:40 [Mod: does the police give any ..]
(280:282) (SW)**

Codes: [consequence_lack_EMS]

No memos

Mod: does the police give any support in case of any pre-hospital care?

R4: maybe for accidents.

R7: they delay and patients end up dying, they usually stay in office.

P16: FGD_URCS_EMS.docx - 16:1 [yes they are reason being that..] (48:48) (SW)

Codes: [consequence_lack_EMS]

No memos

yes they are reason being that there are so many accidents in Uganda and along Kampala roads here people are involved in accidents and if Red Cross is not there then it becomes a challenge for somebody to respond. You find that we have to be there to be able to save lives because the community is not trained on how to save lives so this person would die therefore I find it very very important.

P16: FGD_URCS_EMS.docx - 16:37 [I draw back when I got the acc..] (153:153) (SW)

Codes: [consequence_lack_EMS]

No memos

I draw back when I got the accident the transport was made by public means, we had to wait for the taxi to take us to hospital yet this taxi had some passengers who had to first go to the park offload them then refer us to Mulago. So we took so much time in Mulago if I was to die I would have died or if we had more critical casualties they would have died yet it could have been straight away from the scene to the hospital if it was an ambulance

P16: FGD_URCS_EMS.docx - 16:42 [R: more people die before gett..] (172:173) (SW)

Codes: [consequence_lack_EMS]

No memos

R: more people die before getting to the hospitals. This is because when someone is seriously injured or ill there is a lot of discussions and attachment so you realize more die before going to the facility.

R: it is both but I think the majority die while in the communities you know country wide not only where you are carrying out this assessment from people die before getting medical services. You know Kampala somebody can hire a bod boda and reach the hospital so the situation is different but if you are to look at it at a national perspective many die before they get there.

P16: FGD_URCS_EMS.docx - 16:44 [the kind of reception they als..] (176:176) (SW)

Codes: [consequence_lack_EMS] [demotivated_provider] [dissatisfaction_services]

No memos

the kind of reception they also get at the hospitals also determines somebody would rather be with a brother or mum who would care better than a hospital. We are not blaming them but of course the patient doctor ratio is high and the doctors of course lose morale, they have been working. I understand some people work four hours and go off but you have been working in casualty receiving people from 7:00 and expect them to leave at 5:00 you get tired and therefore lose love for what you are doing so somebody if he has not got a big injury after an accident might say that let me stay at home and get a massage from a relative so they end up dying there

P17: FGD_Naguru hospital healthworkers.docx - 17:18 [R1: they are there and that's ..] (142:142) (SW)

Codes: [consequence_lack_EMS] [lack_ambulance]

No memos

R1: they are there and that's why these TBAs have taken part in the villages, they do what they can. Somebody has died during delivery maybe she needed a caesarian section but no transport.

P17: FGD_Naguru hospital healthworkers.docx - 17:47 [R1: I have a scenario of my co..] (241:246) (SW)

Codes: [consequence_lack_EMS] [user_fees]

No memos

R1: I have a scenario of my cousin brother who died of tetanus recently. He was pierced by a nail and when he went to get a tetanus toxoid they asked for 10,000/= yet he had 2,000/= so he said can I give you 2,000/= because I don't have the 10,000/=? The man in the clinic said no but I don't know how he managed to get the tetanus toxoid in the clinic. The boy said even at home the children don't have food if I got 10,000/= I would have gone to buy cassava I have only 2,000/= so he went back home and put tea leaves and salt thinking he had immunized himself yet the thing was maturing, so he died.

R3: very sad.

R1: now when it reached the brain he was taken to Mbale hospital but when they reached there, Mbale I don't know but God knows, they asked for 300,000/= but he was in a critical condition with locked jaws. So the brothers went back home to sell the cow, they didn't even call me and when I got there I quarreled with them reminding them that iam a health worker so they could have brought me the patient to Kampala. They said they didn't think about it and thought it was a simple thing. They sold two cows but didn't get 300,000/= since it was done hurriedly but the patient had not received any treatment. They first took 150,000/= and they health workers said we said 300,000/= so they went back to get the balance and when they took the 200,000/= he died that same day. The man was 32yrs old with six children and a wife. He died of a preventable disease. The health workers had told them that the patient would get better but would take a very long period of time in the hospital but they should take the money.

R3: was the money refunded?

R1: no it wasn't because when I got there I asked and they said it wasn't refunded, they were in shock so just got the corpse and moved.

R3: I wish the clinic man had helped and waited for him on credit but how can you sell tetanus toxoid at 10,000/=? There should be also a massive tetanus sensitization for men, you know us we are protected, I have not seen women have tetanus. Me I take my children for boosters, even boys I take them every after five years, they should atleast take two extra doses until they reach 14yrs that's enough for them.

Code: corruption {18-0}

P 1: FGD Community members _Mulago hospital.docx - 1:9 [We had to pay some money for t..]

(41:41) (SW)

Codes: [corruption]

No memos

We had to pay some money for the referral note to Mulago

P 1: FGD Community members _Mulago hospital.docx - 1:13 [I wish they could request for ..] (43:43)

(SW)

Codes: [corruption]

No memos

I wish they could request for money and provide health care. I talked to one Doctor who said “don’t panic, you will be robbed”.

P 1: FGD Community members _Mulago hospital.docx - 1:20 [corruption in public health fa..] (57:57)

(SW)

Codes: [corruption]

No memos

corruption in public health facilities is so rampant.

P 1: FGD Community members _Mulago hospital.docx - 1:36 [those files are misplaced if y..] (91:91)

(SW)

Codes: [corruption]

No memos

those files are misplaced if you have no money.

P 3: FGD Community members_Wandegeya market.docx - 3:8 [the other issue is negligence ..]

(33:33) (SW)

Codes: [corruption] [lack_trust]

No memos

the other issue is negligence about other people’s lives for example in most cases the first people to get to an accident scene may want to rob from the causalities instead of helping them and may end up dying as they try to fight for their property.

P 3: FGD Community members_Wandegeya market.docx - 3:17 [health workers are available b..]

(46:46) (SW)

Codes: [corruption] [non-responsiveness_provider]

No memos

health workers are available but just bypass us and don’t care unless we give them money.

P 3: FGD Community members_Wandegeya market.docx - 3:25 [When we got back to Mulago the..]

(57:57) (SW)

Codes: [corruption] [delayed_treatment]

No memos

When we got back to Mulago the person at the reception seemed to be an askari then I asked myself; "what can I do?" But as an intelligent man I asked one of the cleaners about how to see a health worker to help my brother, she gave me a brown/khaki envelope with the name "Mulago hospital" on top. It was a clear indication that she needed money but the fact is that I didn't have any money with me since I left home abruptly, I left my brother sleeping on the bench and told her to take care of him. I took the other boda boda I was using all along and went back home in Nakulabye masiro zone to pick the ATM card. When I came back I put some money in the other envelope and within no time a lady health worker came, took him to some ward and gave him an injection, cleaned the wound on the head and told me that all would be okay I shouldn't be afraid we would be discharged at dawn.

P 3: FGD Community members_Wandegeya market.docx - 3:32 [In the morning after having th..]
(61:61) (SW)
Codes: [corruption]
No memos

In the morning after having the x-ray we were told that theater services were not available so we had to pay the police officers some money so that we would take her to another health facility.

P 3: FGD Community members_Wandegeya market.docx - 3:67 [hospital administrators should..]
(123:123) (SW)
Codes: [corruption] [lack_ambulance] [recommendations_ambulance] [varied_response_time]
No memos

hospital administrators should monitor ambulance drivers to ensure that they don't misuse ambulances because one time we took a woman in labor and needed an ambulance but it was not available and when it came it had loaded matooke.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:35 [some other friend of mine was ..]
(66:66) (SW)
Codes: [corruption] [user_fees]
No memos

some other friend of mine was eating fish while talking on phone then he swallowed a fish bone, that's why I don't eat fish but that has been since my childhood. So when we got to Mulago we were informed that extracting that fish bone would cost 2,000,000/= failure to raise that amount then there was no treatment available yet the patient was not well. So another Doctor said he would take 1,500,000/= but we had to take the patient to Kawempe to his private clinic and by the time we got there the Doctor was already there so he extracted the fish bone and the patient was ok. This implies that Mulago hospital has all the equipment but since the health workers have private business they deny us treatment at the hospital so that we go to their private facilities.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:40 [And at times in public/governm..]
(73:73) (SW)
Codes: [corruption]
No memos

And at times in public/government the fee is more than that paid in private so we just opt to coil in the corner to death. Please take note of this, my colleague said at the government hospital they were supposed to pay 2,000,000/= then the other one said 1,500,000/= so it is an understanding between these two health workers to raise this amount so that you opt for the lower price which is not fair too because it may cost 200,000/= somewhere else and he is using supplies he stole from this hospital. I don't know how we can survive this situation because it is the government setting.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:41 [the other issue is that govern..] (74:74) (SW)

Codes: [corruption]

No memos

the other issue is that government health facilities have brokers who know which health worker is specialized in which area and where they have their private facilities. So when patients get to hospital they are denied prompt health care so that this broker comes to talk to the care taker of this very ill patient; "you see you are being delayed yet I know of a very good and cheap Doctor in Bwaise who treated my patient one time" the care taker will say it's okay lets go. And if you are keen it is the same Doctor who was at this hospital that you will find in the other clinic.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:62 [health worker's salary needs t..] (102:102) (SW)

Codes: [corruption]

No memos

health worker's salary needs to be increased because they are so demotivated that's why they refer us to their clinics where they get better pay.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:64 [In Mulago all the necessary pr..] (104:104) (SW)

Codes: [corruption]

No memos

In Mulago all the necessary precautions against bribe have been set up including cameras which are in place because I saw them but are you aware that this health worker is keen about where there are no cameras like in the latrines so that's where you give him the money so that is the place where this official following/monitoring should be. They say they have no supplies but they are available and only need money so you pay so that you receive the services. But this person too may comply with the one who has been given a bribe.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:32 [R6: when I got to Kisugu HCIII..] (212:214) (SW)

Codes: [corruption] [non-responsiveness_provider] [rude_provider] [user_fees]

No memos

R6: when I got to Kisugu HCIII there was no health worker in the ward so I went and knocked at her door, the nurse came out and asked me what I had gone for at that time of the night and I explained that I was in labor. She shouted at me

and said you go away iam still sleepy or you first give me ten thousand. I was in so much pain that time so my husband gave her ten thousand shillings he had in the pocket. She told me to get to the delivery bed which I did after placing my luggage next to it. I was in so much pain and pleading "musawo musawo please help me", (nurse nurse please help me) then she came and examined me as she yawned all the way through.

After that she said; "you are not going to deliver unless you give me thirsty thousand shillings". I didn't have a phone but had my sim-card where we had deposited and saved some money so we requested her to lend us her phone which we used to deposit money on her phone and she had to make sure the money was there. After that she gave a tablet to put under my tongue, went to her room and closed the door. I had so much pain and kept on calling her but she had closed the door of the room where she was sleeping until something came out and as the baby was coming out too that's when the nurse came and said; "eeehhh are you delivering by yourself? Okay you go ahead and deliver". Eeehhh the other woman, I had even saved her telephone contact just to follow her up.

When the baby came out she asked me; "now tell me who told you to push the baby, are you a health worker?" I kept quiet because I was happy the baby was out. The nurse was so proud and kept on walking like a model. She said we had to make sure that nothing drops on the floor by holding the liner/polythene on which one delivers so tightly. Other women were literally delivering with no help on the other beds. She didn't dress the baby until I got up, checked in the bag and dressed it by myself then walked to the admission ward and found a bed where I rested.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:33 [yes it came out and she said I..] (216:216) (SW)
Codes: [corruption] [rude_provider] [user_fees]
No memos

yes it came out and she said I had to pay fifteen thousand shillings for the stitches because I was torn so I told her I would pay that money after she had done the job which she did. The nurse was a munyankore and iam a munyankore too by tribe but she was really rude. She injected me to reduce the blood flow and said the second injection was at a cost but I didn't pay for it yet she gave it to me.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:24 [I first think about money, and..] (186:186) (SW)
Codes: [corruption] [user_fees]
No memos

I first think about money, and if you get ill without money in your pocket!!! One really needs money atleast to start with. Then at the government or public health facilities the health workers need to be bribed and if you don't they don't take you

as an important patient.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:39 [R3: there are some women who h..] (277:279) (SW)

Codes: [corruption]

No memos

R3: there are some women who have never delivered from any health facility, they do at home and they have never been given any mosquito net but is registered everywhere.

R2: that is very true.

R4: children suffer from malaria all the time.

Code: delayed_treatment {18-0}

P 1: FGD Community members _Mulago hospital.docx - 1:10 [We had to pay more 70,000/= to..] (41:41) (SW)

Codes: [delayed_treatment] [user_fees]

No memos

We had to pay more 70,000/= to come to Mulago where we got at 11:00pm but got no treatment in the morning after looking for a health worker who injected him only once and I had to pay.

P 1: FGD Community members _Mulago hospital.docx - 1:11 [The Doctors came and looked at..] (41:41) (SW)

Codes: [delayed_treatment]

No memos

The Doctors came and looked at him but haven't given him any medication.

P 1: FGD Community members _Mulago hospital.docx - 1:12 [We got here on Saturday night ..] (43:43) (SW)

Codes: [delayed_treatment]

No memos

We got here on Saturday night and today is Monday but the leg has not been examined at all yet it is broken. (Respondent is crying) I wish they could request for money and provide health care.

P 1: FGD Community members _Mulago hospital.docx - 1:15 [my patient was hit by a hammer..] (46:46) (SW)

Codes: [delayed_treatment]

No memos

my patient was hit by a hammer on the head and we found him on Sunday at 9:00 so we rushed to a clinic after which we went to Rubaga hospital, he was injected paid 50,000/= and referred to Mulago because we were told that the machine in Nsambya was faulty and Kampala international would cost us over 200,000/= so we came here but have not got any treatment yet he went for the

scan.

P 1: FGD Community members _Mulago hospital.docx - 1:34 [my patient fell off from a veh..] (86:86) (SW)

Codes: [delayed_treatment]

No memos

my patient fell off from a vehicle carrying cattle. He hit his head on the ground and the neck was injured. He was taken to Kiwoko dispensary in a special hire at 50,000/=, he got some treatment, he was referred to Mulago for a scan, we came on Friday at 10:00 with a doctor in the ambulance which cost us 100,000/=, he was put on a drip and taken for a scan but on Saturday the file was misplaced by the health workers and since then the patient has not received any treatment.

P 1: FGD Community members _Mulago hospital.docx - 1:48 [delay at the health facility.] (110:110) (SW)

Codes: [delayed_treatment]

No memos

delay at the health facility.

P 1: FGD Community members _Mulago hospital.docx - 1:57 [Resp: we try as much as we can..] (124:125) (SW)

Codes: [delayed_treatment] [poor_service]

No memos

Resp: we try as much as we can but we don't get medical care.

Resp: yes we get there quickly but the service is poor.

P 2: FGD Community members _Uganda Police.docx - 2:25 [you get someone actually you r..] (102:102) (SW)

Codes: [delayed_treatment]

No memos

you get someone actually you rush him to Mulago and if he needs an x-ray the person has to meet the bill whether conscious or unconscious, the attention is so slow. Taking him from the ambulance, registration is so slow.

P 2: FGD Community members _Uganda Police.docx - 2:43 [this is technical because emer..] (151:151) (SW)

Codes: [delayed_treatment] [ems_patchy]

No memos

this is technical because emergency is to respond very fast but when you get to hospital and asked to pay for CT- scan. Like one time we took someone on oxygen, it took us one hour to get there then writing this and that then I think an intern came and said I think we need a CT- scan. So we had to drive him again to Kampala hospital with the oxygen cylinder so we respond but the delay is in the hospital. I want to give you a try just go and see the process.

P 3: FGD Community members _Wandegeya market.docx - 3:15 [then health workers especially..] (41:41) (SW)

Codes: [delayed_treatment] [dissatisfaction_services] [non-responsiveness_provider]

No memos

then health workers especially in government health facilities don't have care for people who need emergency care, you may get there but they don't care so some people die while in hospital but have not received any prompt medical care.

P 3: FGD Community members_Wandegeya market.docx - 3:25 [When we got back to Mulago the..] (57:57) (SW)

Codes: [corruption] [delayed_treatment]

No memos

When we got back to Mulago the person at the reception seemed to be an askari then I asked myself; "what can I do?" But as an intelligent man I asked one of the cleaners about how to see a health worker to help my brother, she gave me a brown/khaki envelope with the name "Mulago hospital" on top. It was a clear indication that she needed money but the fact is that I didn't have any money with me since I left home abruptly, I left my brother sleeping on the bench and told her to take care of him. I took the other boda boda I was using all along and went back home in Nakulabye masiro zone to pick the ATM card. When I came back I put some money in the other envelope and within no time a lady health worker came, took him to some ward and gave him an injection, cleaned the wound on the head and told me that all would be okay I shouldn't be afraid we would be discharged at dawn.

P 3: FGD Community members_Wandegeya market.docx - 3:27 [my young brother who is a boda..] (56:56) (SW)

Codes: [delayed_treatment]

No memos

my young brother who is a boda boda cyclist was hit with a hammer on the head from Nateete and another boda cyclist helped him to my home because he was still conscious. It was during Easter festive season. I took him to Den clinic in Nakulabye but was referred to Mulago and when I got there the health worker told me to go to the police for a statement and getting there the place had no officer on duty so I came back to Wandegeya police station where iam known to some police officers. I kept on waking him up; Jeff wake up, we had to record some statements in the book at the police after which we went back to Mulago at 3:00am but Jeff was very ill to the point of death.

P 3: FGD Community members_Wandegeya market.docx - 3:34 [we got to Mulago at 3:00am and..] (63:63) (SW)

Codes: [delayed_treatment]

No memos

we got to Mulago at 3:00am and was operated on at 2:00pm from another hospital where she spent three days.

P 3: FGD Community members_Wandegeya market.docx - 3:37 [recently my friend's son fell ..] (68:68) (SW)

Codes: [delayed_treatment]

No memos

recently my friend's son fell as he was riding a tire, a stick pierced his eye and got stuck there, we rushed the baby to Mulago where he spent three days only to be told that Mulago hospital does not offer eye medical care. We were referred to Mengo hospital where the child was operated within two hours and the eye was replaced.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:3 [the major issue is that there ..] (21:21) (SW)

Codes: [delayed_treatment]

No memos

the major issue is that there are very few ambulances available especially for boda boda cyclists. Whenever a boda boda cyclist is involved in an accident everyone says that boda cyclists do not ride properly, they have no riding permits and are always in the wrong. At times they are just left there, instead of saving one's life they first make inquiries about the cause of the accident.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:17 [in addition to that most gover..] (34:34) (SW)

Codes: [delayed_treatment] [lack_supply] [travel_multiple_facilities]

No memos

in addition to that most government hospitals have no care because one time I took a patient who had a very wound on the head which needed to be stitched but this was not possible due to lack of supplies, can you imagine a government hospital not having these supplies for stitching!!! I took this patient to Bwaise where he received services so people who have had accidents should not be taken to government facilities because the patient is not attended to promptly and supplies are not available.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:30 [the other issue is that if one..] (62:62) (SW)

Codes: [delayed_treatment]

No memos

the other issue is that if one is involved in an accident and a good Samaritan in any vehicle would like to help this person to hospital they fear because when they get there this person is asked so many questions even before giving care to the patient to the extent of retaining his vehicle, at times they are incriminated.

P16: FGD_URCS_EMS.docx - 16:31 [one month back I was involved ..] (135:135) (SW)

Codes: [delayed_treatment] [demotivated_provider] [ems_services]

No memos

one month back I was involved in accident, I had a collision with a boda boda cyclist who was learning so he got so much injured and was in coma, I tried to get him back to life. I drove him to Mulago hospital and what helped me was the Red Cross person there so when I reached I told him that this person is in bad condition and I saw others lining up not yet attended to not just because these doctors and nurses don't want but the patient ratio is too high that somebody gets tired he has been on ward since morning and has become immune of

people who are badly off. But I used the respondent form Red Cross “please can you help this person he is badly off”.

Code: demotivated_provider {5-0}

P 4: IDI Community members _Boda stage wandegeya.docx - 4:60 [health worker’s salary needs t..] (102:102) (SW)

Codes: [demotivated_provider]

No memos

health worker’s salary needs to be increased because they are so demotivated that’s why they refer us to their clinics where they get better pay.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:53 [rude health workers especially..] (272:272) (SW)

Codes: [demotivated_provider] [rude_provider]

No memos

rude health workers especially in public health facilities and they act so because they overwork due to high work load, there are so many people which is not the case in private facilities where the health workers work shorter shifts like from 8:00am to 2:00pm and patients are few.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:74 [R6: health workers should impr..] (357:358) (SW)

Codes: [demotivated_provider]

No memos

R6: health workers should improve their attitude too.

R3: this can be done by increasing their salaries so that they have interest in what they do because we buy from the same market and take children in the same schools say Buddo.

P16: FGD_URCS_EMS.docx - 16:31 [one month back I was involved ..] (135:135) (SW)

Codes: [delayed_treatment] [demotivated_provider] [ems_services]

No memos

one month back I was involved in accident, I had a collision with a boda boda cyclist who was learning so he got so much injured and was in coma, I tried to get him back to life. I drove him to Mulago hospital and what helped me was the Red Cross person there so when I reached I told him that this person is in bad condition and I saw others lining up not yet attended to not just because these doctors and nurses don’t want but the patient ratio is too high that somebody gets tired he has been on ward since morning and has become immune of people who are badly off. But I used the respondent form Red Cross “please can you help this person he is badly off”.

P16: FGD_URCS_EMS.docx - 16:44 [the kind of reception they als..] (176:176) (SW)

Codes: [consequence_lack_EMS] [demotivated_provider] [dissatisfaction_services]

No memos

the kind of reception they also get at the hospitals also determines somebody

would rather be with a brother or mum who would care better than a hospital. We are not blaming them but of course the patient doctor ratio is high and the doctors of course lose morale, they have been working. I understand some people work four hours and go off but you have been working in casualty receiving people from 7:00 and expect them to leave at 5:00 you get tired and therefore lose love for what you are doing so somebody if he has not got a big injury after an accident might say that let me stay at home and get a massage from a relative so they end up dying there

Code: dissatisfaction_services {11-0}

P 1: FGD Community members _Mulago hospital.docx - 1:21 [anyone who is very sick needs ..] (55:55) (SW)

Codes: [dissatisfaction_services]

No memos

anyone who is very sick needs emergency care. The government should pay health workers enough money so that they provide services or we should pay user fee like we used to do because we can afford. I regret why I came here.

P 1: FGD Community members _Mulago hospital.docx - 1:22 [I stay in Bunamwaya and we go ..] (60:60) (SW)

Codes: [dissatisfaction_services] [travel_multiple_facilities]

No memos

I stay in Bunamwaya and we go to Kitebi health center and if the condition is beyond them they refer us to Mulago but we usually go to Nsambya because services here are not good.

P 1: FGD Community members _Mulago hospital.docx - 1:25 [we know the place but the care..] (72:72) (SW)

Codes: [dissatisfaction_services]

No memos

we know the place but the care is so poor.

P 3: FGD Community members_Wandegeya market.docx - 3:10 [Mod: any other problem with em..] (35:36) (SW)

Codes: [dissatisfaction_services] [ems_services]

No memos

Mod: any other problem with emergency medical care here in Wandegeya, where we stay or in the country?

Chorus: the whole country has a problem.

P 3: FGD Community members_Wandegeya market.docx - 3:15 [then health workers especially..] (41:41) (SW)

Codes: [delayed_treatment] [dissatisfaction_services] [non-responsiveness_provider]

No memos

then health workers especially in government health facilities don't have care for people who need emergency care, you may get there but they don't care so some people die while in hospital but have not received any prompt medical care.

P 3: FGD Community members_Wandegeya market.docx - 3:29 [But I thank the Good Samaritan..] (59:59) (SW)

Codes: [dissatisfaction_services] [lack_trust]

No memos

But I thank the Good Samaritan who brought Jeff to me, he did a great job, he was better than the police and health workers who did not do what they were trained to do.

P 3: FGD Community members_Wandegeya market.docx - 3:56 [one time I had a patient whom ..] (100:100) (SW)

Codes: [dissatisfaction_services] [varied_response_time]

No memos

one time I had a patient whom I took to the university hospital but was referred to Mulago for a scan, we used an ambulance but getting there it took us some hours without medical care so I felt that using the ambulance was quite useless.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:18 [yes the unit is there but ther..] (36:36) (SW)

Codes: [dissatisfaction_services] [lack_supply] [provider_absent]

No memos

yes the unit is there but there is no sense if there are no supplies and health workers or people to help.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:19 [Inter: how about in private he..] (37:38) (SW)

Codes: [dissatisfaction_services] [user_fees]

No memos

Inter: how about in private health facilities?

Resp2: since services are available at a cost they are doing their job so well but for the facilities where we are supposed to run to for help there are no services.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:34 [the fact is that government/pu..] (65:65) (SW)

Codes: [dissatisfaction_services]

No memos

the fact is that government/public services are poor.

P16: FGD URCS_EMS.docx - 16:44 [the kind of reception they als..] (176:176) (SW)

Codes: [consequence_lack_EMS] [demotivated_provider] [dissatisfaction_services]

No memos

the kind of reception they also get at the hospitals also determines somebody would rather be with a brother or mum who would care better than a hospital. We

are not blaming them but of course the patient doctor ratio is high and the doctors of course lose morale, they have been working. I understand some people work four hours and go off but you have been working in casualty receiving people from 7:00 and expect them to leave at 5:00 you get tired and therefore lose love for what you are doing so somebody if he has not got a big injury after an accident might say that let me stay at home and get a massage from a relative so they end up dying there

Code: emergency_vehicle {54-0}

P 1: FGD Community members _Mulago hospital.docx - 1:30 [we were called after the two p..] (82:82) (SW)

Codes: [emergency_vehicle]

No memos

we were called after the two people got an accident on a boda boda which took off and when we got to the health center they gave them some treatment and referred us to Mulago. We hired a car to the health center and up to here.

P 1: FGD Community members _Mulago hospital.docx - 1:33 [He was taken to Kiwoko dispens..] (86:86) (SW)

Codes: [emergency_vehicle] [travel_multiple_facilities] [user_fees]

No memos

He was taken to Kiwoko dispensary in a special hire at 50,000/=, he got some treatment, he was referred to Mulago for a scan, we came on Friday at 10:00 with a doctor in the ambulance which cost us 100,000/=

P 1: FGD Community members _Mulago hospital.docx - 1:37 [we came in an ambulance from L..] (93:93) (SW)

Codes: [emergency_vehicle]

No memos

we came in an ambulance from Lugazi. My father has hernia and has been in Lugazi hospital for three weeks and was referred here. We used an ambulance where we paid 70,000/=.The sirens was functional and it was at a high speed.

P 1: FGD Community members _Mulago hospital.docx - 1:40 [but it is very difficult to ca..] (102:102) (SW)

Codes: [emergency_vehicle] [no_number]

No memos

but it is very difficult to call for an ambulance because we don't have their contacts so we run to the nearby health facilities and we use special hires.

P 1: FGD Community members _Mulago hospital.docx - 1:51 [we use boda bodas, taxis or sp..] (115:115) (SW)

Codes: [emergency_vehicle]

No memos

we use boda bodas, taxis or special hires depending on the money one has.

**P 2: FGD Community members_Uganda Police.docx - 2:28 [if the ambulance is handling a..]
(115:115) (SW)**

Codes: [emergency_vehicle]

No memos

if the ambulance is handling another case and we have an emergency we use our vehicle for the emergency like a woman in labor.

**P 2: FGD Community members_Uganda Police.docx - 2:29 [we can use a boda boda if the ..]
(117:117) (SW)**

Codes: [emergency_vehicle]

No memos

we can use a boda boda if the ambulance is no available.

**P 2: FGD Community members_Uganda Police.docx - 2:30 [we call for an ambulance and t..]
(116:116) (SW)**

Codes: [emergency_vehicle]

No memos

we call for an ambulance and tell them where it has happened and they do something

**P 2: FGD Community members_Uganda Police.docx - 2:31 [we can also use a taxi/public ..] (119:119)
(SW)**

Codes: [emergency_vehicle]

No memos

we can also use a taxi/public means

**P 3: FGD Community members_Wandegeya market.docx - 3:6 [So we got a boda boda and took..]
(32:32) (SW)**

Codes: [emergency_vehicle] [ems_services]

No memos

So we got a boda boda and took her to a KCCA health facility where she received prompt medical care, and managed to survive but at times it may be too late for one to survive.

**P 3: FGD Community members_Wandegeya market.docx - 3:14 [Boda bodas and taxis may not b..]
(40:40) (SW)**

Codes: [consequence_lack_EMS] [emergency_vehicle] [lack_ambulance]

No memos

Boda bodas and taxis may not be available and by the time they come one may have lost a lot of blood. Some health facilities have no ambulances.

P 3: FGD Community members_Wandegeya market.docx - 3:19 [we take boda bodas.] (49:49) (SW)

Codes: [emergency_vehicle]

No memos

we take boda bodas.

**P 3: FGD Community members_Wandegeya market.docx - 3:26 [I took the other boda boda I w..]
(57:57) (SW)**

Codes: [emergency_vehicle]

No memos

I took the other boda boda I was using all along

**P 3: FGD Community members_Wandegeya market.docx - 3:35 [one of our group members had I..]
(65:65) (SW)**

Codes: [emergency_vehicle]

No memos

one of our group members had labor pains and was supposed to deliver from hospital since she was on ARVs but due to lack of transport she delivered on the way. We were so confused but when we called Mulago hospital we were advised to them there as quickly as we could because the treatment given to the baby has to be administered within a given period of time. The baby was wrapped very fast and taken on a boda boda as the mother came with a taxi. When we got to Mulago we got treatment and the baby is in good health.

**P 3: FGD Community members_Wandegeya market.docx - 3:47 [when we go to a health center ..]
(80:80) (SW)**

Codes: [consequence_lack_EMS] [emergency_vehicle] [user_fees]

No memos

when we go to a health center and the patient is referred to a hospital we have challenges with transport because most health centers have no ambulances. So we end up using boda bodas which cost 25,000/= and when we get to the hospital we have to pay some money before receiving any medical care so if one has no money the patient may die.

**P 3: FGD Community members_Wandegeya market.docx - 3:50 [Resp: from my home it may cost..]
(84:87) (SW)**

Codes: [emergency_vehicle] [user_fees]

No memos

Resp: from my home it may cost me 50,000/= in a special hire car and 25,000/= on a boda boda.

Resp: I have to pay 80,000/= in a car and 30,000/= on a boda boda.

Resp: I pay 15,000/= on a boda boda but at times they fear taking people who are sick.

Resp: I pay 15,000/= too and use a boda boda.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:6 [no we don't have apart from th..]
(26:26) (SW)**

Codes: [consequence_lack_EMS] [emergency_vehicle] [lack_ambulance]

No memos

no we don't have apart from the boda boda ambulance which is only one so it may be contacted and is helping someone else since Kampala is big so if iam in

Wandegeya and four other people the other side need care by the time they come here I may be dead already.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:7 [Then we have the police patrol..] (26:26) (SW)

Codes: [consequence_lack_EMS] [emergency_vehicle]
No memos

Then we have the police patrol vehicle which is a pickup so carrying a casualty is not feasible because the condition may become worse leading to death.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:8 [it was given to us by Hero Com..] (28:28) (SW)

Codes: [emergency_vehicle]
No memos

it was given to us by Hero Company to boda boda 2010 which is an association for boda boda cyclists. Hero Company gives us motorcycles on loan and they are aware that many cyclists get accidents so they gave us that ambulance which serves in five divisions of Kampala so services are limited.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:12 [And when the police personnel ..] (29:29) (SW)

Codes: [consequence_lack_EMS] [emergency_vehicle] [ems_training]
No memos

And when the police personnel come since they are not trained in medical care they just push the person under the pickup benches, they hit potholes as they drive and by the time they get to hospital the injury is more severe.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:14 [Inter: how is that boda boda 2..] (30:33) (SW)

Codes: [emergency_vehicle]
No memos

Inter: how is that boda boda 2010 ambulance, say the shape?

Resp1: it is like a Noah vehicle.

Resp2: it has all the necessary equipment needed in an ambulance, a stretcher is available.

Resp1: but there is no health worker due to lack of funds to pay that person, gloves are available too but when a boda boda cyclist is taken to Mulago hospital they say we ride recklessly.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:22 [majority are not aware of this..] (44:44) (SW)

Codes: [emergency_vehicle] [no_number]
No memos

majority are not aware of this number but one out of fifteen boda boda cyclists

one person knows this number. But the advantage with this ambulance is that they usually come in time in case of an accident.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:24 [Then the members in that assoc..] (46:46) (SW)

Codes: [emergency_vehicle]

No memos

Then the members in that association stand a chance of being helped like if it is at night and my wife gets a problem I call and say; "my wife has a problem and cannot be carried on a motorcycle", they come very fast and take her for medical care.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:27 [all the necessary equipment fo..] (54:54) (SW)

Codes: [emergency_vehicle]

No memos

all the necessary equipment for an ambulance like oxygen are there apart from the health worker and medicine.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:28 [Resp2: the cylinder may be ava..] (55:57) (SW)

Codes: [emergency_vehicle] [lack_supply] [provider_absent]

No memos

Resp2: the cylinder may be available but there is no oxygen, is it there?

Resp1: but since they are not health workers they don't use it.

Resp2: the cylinder is there but it is not used so it is like the patient is moving in any other vehicle but at least they take him/her to hospital.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:43 [it depends on the illness beca..] (78:78) (SW)

Codes: [emergency_vehicle]

No memos

it depends on the illness because if a patient has had a heart attack or is about to give birth then you can't use public means of a taxi because they are taking one passenger at a time and will delay. So this patient needs very quick transport means which can clear the way so that she gets to the hospital for timely medical care but such transport is not available apart from KCCA health facilities which have some ambulances.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:47 [Inter: but currently what is t..] (80:81) (SW)

Codes: [emergency_vehicle]

No memos

Inter: but currently what is the quickest way for you to get to hospital?

Resp2: it is the boda boda means of transport because it can go through traffic jam to Mulago hospital but one is not sure if he will get there without an accident yet he is ill and can't sit properly.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:49 [this is because most people ca..] (84:84) (SW)

Codes: [emergency_vehicle] [user_fees]
No memos

this is because most people can't afford hiring taxis/specials, one can't raise 100,000/= or 150,000/= and the only option is the motorcycle which is not comfortable so getting to the hospital depends upon God.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:50 [we use public taxis, boda boda..] (86:86) (SW)

Codes: [emergency_vehicle]
No memos

we use public taxis, boda boda used by 80%, ambulances and police patrol vehicles which is uncomfortable too.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:58 [of course they can use them be..] (94:94) (SW)

Codes: [emergency_vehicle] [recommendations_ambulance]
No memos

of course they can use them because currently we use unacceptable transport means for these patients so if made available, we shall use them because they are better.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:59 [be it the poor or rich because..] (100:100) (SW)

Codes: [emergency_vehicle]
No memos

be it the poor or rich because ambulances have right of way and can go through traffic jam, they can use a one way road but even if one is rich and is driving a hammer he cannot go through traffic jam because he has a patient.

P 5: KII EMS Administrator _Kibuli Hospital.docx - 5:3 [Resp: We normally get a doctor..] (38:42) (SW)

Codes: [emergency_vehicle]
No memos

Resp: We normally get a doctor, one or two emergency nurses

Inter: so the doctor, the driver, usually one or two..

Resp: one or two nurses and a driver and sometime will also involve a security

Inter: a security guard?

Resp: to help us with manpower and also other things

**P 6: KII EMS Administrator _Uganda Police.docx - 6:1 [Resp: we have one in Kampala s..] (18:20)
(SW)**

Codes: [emergency_vehicle]
No memos

Resp: we have one in Kampala south that is Katwe, there is one here, there is one at CPS police station, there is one at Kawempe, there is one at Jinja road and there is one at Nsambya at our police clinic.

Inter: so you have six ambulances in six divisions.

Resp: exactly.

P 6: KII EMS Administrator _Uganda Police.docx - 6:4 [we have our first aiders, the ..] (28:28) (SW)

Codes: [emergency_vehicle]
No memos

we have our first aiders, the emergency medical technicians and two people are sent in an ambulance.

**P 6: KII EMS Administrator _Uganda Police.docx - 6:6 [the police ambulances are mann..] (31:31)
(SW)**

Codes: [emergency_vehicle]
No memos

the police ambulances are manned by the police personnel who are on the pay roll of the Uganda police force. They get fuel from the Uganda police fuel pumps so they have fuel 24 hours and they have personnel who are paid monthly. The salaries and all equipment are met by police and we have a whole directorate of police health services headed by assistant inspector general of police Dr. Byaruhanga who is always in Mulago and is a pathologist although the ambulances are always run by us. Along the high ways we put them under the traffic officers and here we run them.

**P 6: KII EMS Administrator _Uganda Police.docx - 6:13 [yes, because me what I do is i..] (73:73)
(SW)**

Codes: [emergency_vehicle]
No memos

yes, because me what I do is if I need an ambulance Jinja road i will know which ambulance is at Jinja road I say x go there and we expect them there in such and such a time. And we monitor them all the time hello how are you? Where are you? Is your car okay? You must be in touch with them to know the location and other duties, we keep in touch with them always.

**P 6: KII EMS Administrator _Uganda Police.docx - 6:24 [very many my friend and it is ..] (104:104)
(SW)**

Codes: [emergency_vehicle]
No memos

very many my friend and it is only our ambulances that are reliable. There could be very many KCCA ambulances in circulation about 9 or 7 but you hardly see them, they are at their health centers but you could not easily see them responding to these general calls because government fuel apart from the forces is difficult. Even in Mulago when you ask they will say the fuel is not there so if you want put in your fuel but for us our fuel is available full time.

P 6: KII EMS Administrator _Uganda Police.docx - 6:26 [you must get the nature of the..] (108:108) (SW)

Codes: [emergency_vehicle]
No memos

you must get the nature of the accident but when there is already a vehicle on the move. You call any center and we shall dispatch the ambulance. While it goes we shall be in touch with you to ascertain the actual scene and send more enforcement should there be need because you cannot keep on asking how many are you? when some of them are in panic. So you dispatch number one as you stabilize his mind the ambulance is on the way so that he knows there is a vehicle on the way then you say by the way what is the situation there? What happened? Then we sometimes have highway patrols everywhere and their role is to reach the scene first and codon it so while they codon it they can feed us with more information sir iam here and this is the situation please send us more resources. So the patrol car and the other person keep on giving us the information.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:41 [in most cases we use the polic..] (237:237) (SW)

Codes: [emergency_vehicle]
No memos

in most cases we use the police, when there is an emergency we call them and they come with their pickup like they said and they take them to the health facility.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:57 [R3: we have the police pickup,..] (284:287) (SW)

Codes: [emergency_vehicle]
No memos

R3: we have the police pickup, boda boda and friends with vehicles.

R2: I saw a boda boda ambulance down there which has a seat where one can sit, it's that side of Namuwongo.

R4: we move by foot to the government health facility.

R5: others are helped by friends with vehicles.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:63 [R7: I use a boda boda at 1,000..] (304:309) (SW)

Codes: [emergency_vehicle]
No memos

R7: I use a boda boda at 1,000/= to Kisugu HCIV.

R5: that is 2,000/= to and fro.

R3: I use 5,000/= for fuel in my car to Mulago hospital.

R6: I use a boda boda to KCCA which costs me 500/= or 1,000/=.

R2: I use a boda to KCCA which may cost 2,000/= to and fro but Mulago I use a vehicle which may cost 10,000/= due to traffic jam. I don't use a boda to Mulago because I may get an accident yet iam already sick.

R1: I use a car because we own one but I don't know how much it costs, it's the man who knows.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:64 [R4: one can feel a bit strong ..] (311:312) (SW)

Codes: [emergency_vehicle]

No memos

R4: one can feel a bit strong and walk to KCCA.

R6: others use bicycles if they have no money and take a boda while coming back.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:7 [we use a special hired car or ..] (135:135) (SW)

Codes: [emergency_vehicle]

No memos

we use a special hired car or boda boda to get to the hospital.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:26 [R6: I use public means and if ..] (194:200) (SW)

Codes: [emergency_vehicle] [user_fees]

No memos

R6: I use public means and if iam going to Mulago hospital 1,000/= can get me there because it is about two or three miles.

R7: I can use a boda boda, bicycle or taxi and get there. A boda boda can cost 4,000/= to and fro.

R1: on a boda it is 2,000/= to the hospital and 2,000/= back.

R2: it can be 3,000/= to the hospital on a boda boda.

R5: in a taxi its 1,000/= to and 1,000/= back.

R2: 1,500/= back in a taxi

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:29 [the advantage with an ambulanc..] (237:237) (SW)

Codes: [emergency_vehicle]
No memos

the advantage with an ambulance is that it doesn't discriminate between the rich or poor because it is faster than any private vehicle.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:30 [R2: it depends on the kind of ..] (238:240) (SW)

Codes: [emergency_vehicle]
No memos

R2: it depends on the kind of illness too because if it is an accident and the casualty owns a vehicle he can easily be taken to the hospital faster than using his own car. Even when the pregnant woman needs a caesarean section birth, this private vehicle is not better than an ambulance.

R1: the ambulance has right of way so it's faster to get to hospital.

R3: ambulances are respected and not affected by traffic jam, drivers give them way so they are faster.

P16: FGD_URCS_EMS.docx - 16:30 [definitely commonly its public..] (131:131) (SW)

Codes: [emergency_vehicle]
No memos

definitely commonly its public means though some would use private means and I make sure around me u have people who can drive, that's the remedy I made. But the common one if somebody is acutely ill is the boda boda you find the causality is there the rider and somebody supporting them. Because that's the only means they can get at that particular time. So for those who have cars privately they always go with their cars and if you go to Mulago with your private car you will have a challenge of where to park or leave it remember it's at night.

P16: FGD_URCS_EMS.docx - 16:32 [R: if you don't have a car and..] (139:140) (SW)

Codes: [emergency_vehicle]
No memos

R: if you don't have a car and the neighbor has a car they can help you.

R: the easiest way to get to hospital in case of an emergency is by private means mainly here in Kampala besides those working for private companies where they have medical insurance that you can call an ambulance from your service provider. The other community it could be using private means if you have a car or hire a boda boda, that's the easiest way.

P16: FGD_URCS_EMS.docx - 16:33 [R: those uncertainties are alw..] (142:143) (SW)

Codes: [emergency_vehicle]
No memos

R: those uncertainties are always there but then there is a scenario when you have an emergency then you use double indicators so that one sometimes eases

access.

R: one time we took a sick person from the pack and the simplest thing was to put a Red Cross jacket and indicators, when we reached the traffic lights the police was trying to stop I told him this is an emergency so we had to access the one way and we went through.

P17: FGD_Naguru hospital healthworkers.docx - 17:5 [yes I was still talking about ..] (88:88) (SW)

Codes: [emergency_vehicle]

No memos

yes I was still talking about the transport system. Though during the Papal visit they introduced some ambulances even during Christmas but it was only during that period not knowing that even after that emergencies happen. So it would be good if they remain throughout so that we utilize them. This is because most of the time when these accident cases are being transported they use boda bodas yet there is a position needed when transporting such a patient.

P17: FGD_Naguru hospital healthworkers.docx - 17:13 [R1: people are brought in here..] (105:106) (SW)

Codes: [emergency_vehicle]

No memos

R1: people are brought in here from different corners, others come from KCCA, Kawolo hospital and other hospitals they have their own ambulances.

R2: some are brought in here using ambulances from other hospitals, some use boda bodas while others use their own cars. r3: but much as our ambulance is down we can call upon the Mulago ambulances to help.

P17: FGD_Naguru hospital healthworkers.docx - 17:17 [R1: they are there and the big..] (140:141) (SW)

Codes: [emergency_vehicle] [lack_ambulance]

No memos

R1: they are there and the biggest problem is transport.

R3: you will see emergencies on a boda yet the distance is big but in Kampala iam not sure.

P17: FGD_Naguru hospital healthworkers.docx - 17:33 [me I think I would because eve..] (193:193) (SW)

Codes: [emergency_vehicle]

No memos

me I think I would because even boda bodas can help and when there is an accident on the road the first thing you hear people say is take him to hospital so people know. So I think anybody nearby can help even some drivers though some will pass.

P17: FGD_Naguru hospital healthworkers.docx - 17:35 [for me for example where I sta..] (194:194) (SW)

Codes: [emergency_vehicle] [lack_trust]

No memos

for me for example where I stay I have a boda boda neighbor with a motorcycle so if I get an accident he is ever at my disposal otherwise you cannot rely on the hospital and we are not driving I don't know when we shall drive.

Code: ems_backup {1-0}

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:22 [Inter: what criteria do you ba..] (106:107) (SW)

Codes: [ems_backup]

No memos

Inter: what criteria do you base on while dispatching your team?

Resp: the team has to make sure that they are prepared enough and on standby. We trained and atleast everybody who works in the ambulance has to be competent. You should know the basis of assessing the casualty let's say the severity. We normally give backup if the case is severe you could tell another EMT to follow the other team.

Code: ems_challenges {9-0}

P14: FGD_Kisugu- Kampala-EMS.docx - 14:5 [the other issue in Kisugu is t..] (122:122) (SW)

Codes: [ems_challenges]

No memos

the other issue in Kisugu is the congestion, there are so many houses in this place. We recently had a LC5 person who had provide an ambulance but patients had to be carried for some distance because there is no access to the houses and this was a big problem. There are so many people and the houses are so congested and one can easily die in the house without any other person's knowledge and it's all because of the congestion which is a big problem.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:15 [in most cases when people get ..] (159:159) (SW)

Codes: [ems_challenges][lack_ambulance]

No memos

in most cases when people get accidents the first action is taking them to hospital but us who come to the scene can't easily access these causalities because the police vehicle comes very fast to help and if we are to help we may not have supplies to use like gloves yet one may be bleeding or fluids are coming out and we fear being infected. So we need more government ambulances like if one gets an accident in Namuwongo HCIV there's an ambulance to take her to a referral.

P16: FGD_URCS_EMS.docx - 16:11 [yeah maybe before Simon comes ..] (74:74) (SW)

Codes: [ems_challenges][ems_patchy]

No memos

yeah maybe before Simon comes in, we have operational guidelines we know our survival not to be part of the victim accident or shooting or teargas is our visibility. So for example if there was police, maybe if there was a riot in Makerere in the night and there is tear gas and shooting of course we also fall victims because our jackets are not so visible so our operational procedures actually tell us that we operate up to 6:00pm when we are still visible and able to be identified. But there are some situations like when there was a bomb when we were called that we should respond but that is of course through some arrangement of course with police. What happens is that for us we are protected by our emblem not by anyone so we are protected as long as we are visible.

P16: FGD_URCS_EMS.docx - 16:12 [R: in Kampala am yet to find w..] (79:81) (SW)

Codes: [ems_challenges] [ems_dispatch]

No memos

R: in Kampala am yet to find where there is an elaborate emergency response system because what will this entail? It will mean that in this village we have this setup so that if there is any emergency in this village out focal person let's say Mugisha then everyone in the village knows that if there is any emergency medical condition this Mugisha needs to be prompted and he will get in touch with the Red Cross ambulance, that for me iam yet to see any community doing that.

However, what we have practically seen is that where we have people having contacts of Red Cross and some of the Red Cross volunteers are part of the community and when something related to medical emergency happens then they will contact Red Cross that this and this is happening help us get an ambulance. That's how it happens in terms of Red Cross but in terms of communities for me that's where the gaps are. If they are there then I can say that there are more of adhoc arrangements.

R: maybe I could also add that running from 2011 walk to work riots we realized that there were no emergency systems other than Red Cross volunteers calling us. Actually we had a challenge with police because whenever people were starting to riot the Red Cross volunteer in the community would call us then we would dispatch faster but then police would be like how could Red Cross know before us. So that is an indicator that within the government system there is no community response system other than our Red Cross team that are located in the community.

P16: FGD_URCS_EMS.docx - 16:17 [and then maybe another thing i..] (88:88) (SW)

Codes: [community_support] [ems_challenges]

No memos

and then maybe another thing is finding ways of linking up with stakeholders because if the ambulance services decide to continue operating as a separate

entity from the police who will know that they are responsible for instilling law and order because some of the incidences are created as a result of maybe somewhere somehow people are failing to understand because I know the system might not really live for long unless it becomes owned by the community.

P16: FGD_URCS_EMS.docx - 16:22 [yes I would like to add, you k..] (102:102) (SW)

Codes: [ems_challenges]

No memos

yes I would like to add, you know for us we have experienced some situations where we have emergencies that requires immediate attention but you might reach the health center because of the staffing level what you thought was an emergency does not become an emergency to them. So there is a problem even within our medical system that they are under staffed so if one person is at the emergency then it does not become one when you get there.

P16: FGD_URCS_EMS.docx - 16:35 [R: it is very common because i..] (146:147) (SW)

Codes: [ems_challenges]

No memos

R: it is very common because it becomes difficult to transport casualties because one; not all communities are willing to cooperate and not all have the information of how to it so most of them will be like now we don't have a car around or if they took us they will charge us a lot of money let's use a boda boda maybe. They have a lot of issues and you don't blame them because they don't have access so sometimes it becomes.

R: and even where you find that you have transport and the rest the nature of the traffic and the behavior of the drivers on the road because personally there is a time when I was making a referral and because of this traffic jam I lost someone. Then another one was able to get to hospital, there was a terrible accident I was coming from Jinja made a referral to the hospital then the following morning at around 10:00am I managed to get a communication that the man I had taken had passed on.

P16: FGD_URCS_EMS.docx - 16:36 [but also the other challenge w..] (152:152) (SW)

Codes: [ems_challenges] [ems_services]

No memos

but also the other challenge we need to address is that the referral hospital is one so everybody is driving towards Mulago. So to me the way forward as you inform policy makers is to see how to support private facilities so that if an accident happened on Entebbe road then there is no reason for a car to move from Entebbe road to Mulago if there is a hospital where they can be attended to because the challenge is you will have to drive all the way to Mulago. That's another challenge in addition to the number of people in Mulago being many and the time you spend on the road.

P17: FGD_Naguru hospital healthworkers.docx - 17:16 [R3: me iam sure they are there..] (138:139) (SW)

Codes: [ems_challenges] [travel_multiple_facilities]
No memos

R3: me iam sure they are there like in villages. Recently I read somewhere that one can go to a HCIII and they cannot handle the condition yet the next health facility is far so honestly will you make it? So you can imagine if someone has an emergency obstetric condition how do you make it there may be it's even at night.

We've seen bridges breaking down, they are carrying patients to take but they can't me I think they are there, people don't reach yet if they had reached their lives would have been saved.

Code: ems_dispatch {11-0}

P10: KII EMS Administrator_Uganda Red Cross.docx - 10:14 [the idea is people believe tha..] (68:68) (SW)

Codes: [ems_dispatch]
No memos

the idea is people believe that anything which occurs the Red Cross should be able to help. Like an RDC calls and says five houses in village A have been burnt. I say sorry but five house within the Red Cross set up is not a disaster, it's an issue of concern but at what point do we come in? We can only come in when the capacity of that community to respond has been eroded, if a village can have a minimum of 100 households. So at times we get phone calls and somebody says we have an accident here but we trained our volunteers that before we make a response it's not by instinct. An accident has happened, where, how many people are involved, how's the scene is there a nearby hospital, clinic is police nearby? We try to in a rapid to gather this information but at times we are called and one person has been knocked, I will tell you every week the branch responds to more than three accidents along this road here every week. We have advocated for humps or zebra but we get calls that an accident has happened here of one person being hit.

P10: KII EMS Administrator_Uganda Red Cross.docx - 10:15 [Inter: what's the dispatch mec..] (69:72) (SW)

Codes: [ems_dispatch]
No memos

Inter: what's the dispatch mechanism?

Resp: it's from the headquarters and our dispatch system boards on hybrid that it's not automated that when I get this I move in because it involves a cost yet we don't receive funding from any agencies emergency evacuation or related things. So when a mass accident occurs we receive an alert which triggers action e.g. if

iam told a building has collapsed I need an alert...

Inter: so highbred of what?

Resp: that we have this information alert at times radio call, sms, face book page but ultimately we get this information and a decision is made to deploy.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:7 [Inter: For example before goin..] (47:50) (SW)

Codes: [ems_dispatch]

No memos

Inter: For example before going to the casualty and other like way meetings ...?

Resp: no, because right now if they called at home I just go

Inter: you just go?

Resp: I just go

P12: KII EMS Policy maker _MOH.docx - 12:7 [So we said how do we make it b..] (28:28) (SW)

Codes: [ems_dispatch]

No memos

So we said how do we make it better? Where should it be? If you say ministry it is not open 24 hours. So those are discussions that were on going so before it is established we need to know where should be the best place for the call center.

P12: KII EMS Policy maker _MOH.docx - 12:14 [there were buses which would g..] (44:44) (SW)

Codes: [ems_dispatch] [varied_response_time]

No memos

there were buses which would get accidents, landslides in the east, the other time the staff quarters in the hospital were washed away completely by water. And because most of these things happened in the rural areas getting rescue from the center is very difficult because we need to mobilize. We don't have a standing team waiting that when there is an accident we go.

P13: KII_EMS Adminstrator-Uganda Red Cross.docx - 13:1 [We work with the police in cas..] (20:20) (SW)

Codes: [ems_dispatch]

No memos

We work with the police in case there is an emergency like accidents, we are on their hotline. If there is an emergency and we spot it through our network, we alert the ambulance and the service provider and also most time in case the police gets the emergency they can alert us that there is need to activate the ambulance services. We have a network of volunteers in our branches and in Kampala we have five branches which cater for the different divisions in

Kampala. So we have a Red Cross team comprising of fifty members who have radio calls in their communities wherever they are so in case one sites the emergency they can alert the team and whoever is close to the emergency can respond. So the ambulance is based here at the headquarters and when alerted it knows which direction to go so we don't have ambulances at those branches.

P13: KII_EMS Administrator-Uganda Red Cross.docx - 13:14 [Inter: and what is the dispatch..] (77:78) (SW)

Codes: [ems_dispatch]

No memos

Inter: and what is the dispatch system like?

Resp: there is no specific system.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:25 [in Kisugu here we use the info..] (193:193) (SW)

Codes: [ems_dispatch] [lack_ambulance]

No memos

in Kisugu here we use the informal system in that whenever there is an emergency people will knock at the chairman's house and say there is an emergency or any other person in the community who has a vehicle can help. We don't have any ambulance from the government it is fellow community members that help, good brotherhood.

P16: FGD_URCS_EMS.docx - 16:12 [R: in Kampala am yet to find w..] (79:81) (SW)

Codes: [ems_challenges] [ems_dispatch]

No memos

R: in Kampala am yet to find where there is an elaborate emergency response system because what will this entail? It will mean that in this village we have this setup so that if there is any emergency in this village out focal person let's say Mugisha then everyone in the village knows that if there is any emergency medical condition this Mugisha needs to be prompted and he will get in touch with the Red Cross ambulance, that for me iam yet to see any community doing that.

However, what we have practically seen is that where we have people having contacts of Red Cross and some of the Red Cross volunteers are part of the community and when something related to medical emergency happens then they will contact Red Cross that this and this is happening help us get an ambulance. That's how it happens in terms of Red Cross but in terms of communities for me that's where the gaps are. If they are there then I can say that there are more of adhoc arrangements.

R: maybe I could also add that running from 2011 walk to work riots we realized that there were no emergency systems other than Red Cross volunteers calling us. Actually we had a challenge with police because whenever people were

starting to riot the Red Cross volunteer in the community would call us then we would dispatch faster but then police would be like how could Red Cross know before us. So that is an indicator that within the government system there is no community response system other than our Red Cross team that are located in the community.

P17: FGD_Naguru hospital healthworkers.docx - 17:31 [R3: they are not allowed. R2: ..] (187:189) (SW)

Codes: [ems_dispatch]
No memos

R3: they are not allowed.

R2: they are not allowed to go there.

R3: like for KCCA I was asking jokingly that if I get a problem can you pick me they said no they are not authorized to pick anybody they first get order to pick, you cannot just call them and they come for you

P17: FGD_Naguru hospital healthworkers.docx - 17:32 [even if you know the number th..] (191:191) (SW)

Codes: [ems_dispatch] [no_number]
No memos

even if you know the number they may not come. It's the police patrol which may come atleast I have heard patients here who say they called the police and they were brought.

Code: ems_monitoring {11-0}

P 5: KII EMS Administrator _Kibuli Hospital.docx - 5:6 [Resp: Alright what is see is t..] (76:76) (SW)

Codes: [ems_monitoring]
No memos

Resp: Alright what is see is that there is a book which used to have – whereby of course they indicate the distance which one has moved on the road and also they have their log book and also how many liters have been used , those are the controls may be when it comes to ensure that at least may be you know..

P 5: KII EMS Administrator _Kibuli Hospital.docx - 5:7 [Res: everything is going on we..] (78:78) (SW)

Codes: [ems_monitoring]
No memos

Res: everything is going on well, may be some other controls sometimes we used to have a book like, we have like where we used carry out the inventory for things like ob... cylinders,..you know that one we do but we just have to follow it up to see what is really..

P 5: KII EMS Administrator _Kibuli Hospital.docx - 5:8 [Inter: So do you have a co-ope..] (79:80) (SW)

Codes: [ems_monitoring]
No memos

Inter: So do you have a co-operational indicators like response time of the ambulance, how faster it has responded to transport interval like as the hospital team you know, like our emergency services once you call us and be there in this time, in less than this time, in not more than this time or is there like ..?

Resp: Our drivers are 24 hours on duty and as I have told you that we have shifts for doctors and nurses, so any time may be there is an emergency we use some of our phones, sometimes they are already parked there, like may be if there is an emergency may be to transfer from maternity to Mulago from you know things like that, so it is 24 hours coverage.

P 5: KII EMS Administrator _Kibuli Hospital.docx - 5:9 [Inter: And then are there like..] (81:84) (SW)
Codes: [ems_monitoring]
No memos

Inter: And then are there like clinical indicators, guidelines that will guide the staff as they move, if this patient is like this you give this, if they are that?

Resp: In fact those ones, no.

Inter: No. So bench marks?

Resp: Not really

P 5: KII EMS Administrator _Kibuli Hospital.docx - 5:10 [Inter: So do you collect data ..] (85:92) (SW)
Codes: [ems_monitoring]
No memos

Inter: So do you collect data and how do you collect it? May be the number of patients you have got, do you collect it in registers, do you collect it electronically?

Resp: No, no

Inter: Is there like a data bank? Or database?

Resp: No

Inter: So data is not shared with anyone like monthly?

Resp: No

Inter: Might you know the average number of calls that you receive in a specified period may be weekly we usually respond to ten emergencies, we receive like ten calls requiring our services?

Resp: Within the hospital or even outside?

P 6: KII EMS Administrator _Uganda Police.docx - 6:7 [yes we do like we look at our ..] (33:33) (SW)
Codes: [ems_monitoring]
No memos

yes we do like we look at our units, the expansion, what is lacking, what we need to do so we write concept papers for the betterment of our units

P 6: KII EMS Administrator _Uganda Police.docx - 6:12 [Inter: do you conduct quality ..] (68:71) (SW)
Codes: [ems_monitoring]
No memos

Inter: do you conduct quality audits of the ambulances and how they are performing?

Resp: yes yes we do conduct.

Inter: so you look at their performance if they are doing good.

Resp: yes and I monitor because all the communications will come either to the control room here or police information room and police headquarters. So the question is if there is a call for an ambulance and in the next minutes you are not there where are you?

P 6: KII EMS Administrator _Uganda Police.docx - 6:14 [we monitor because when you al..] (75:75) (SW)
Codes: [ems_monitoring]
No memos

we monitor because when you al for an ambulance we keep in touch, we have dispatched ambulance x, has it reached you? The time of information and the time of arrival is monitored and we take them, we also monitor the delivery site because we take our causalities to the national hospital that is Mulago hospital where there is a police and when you bring a causality the police must register.

P 6: KII EMS Administrator _Uganda Police.docx - 6:19 [Inter: do you also monitor whe..] (79:80) (SW)
Codes: [ems_monitoring]
No memos

Inter: do you also monitor whether people are given oxygen?

Resp: we are supposed to monitor but we don't, quite often we monitor our own, if there is a police officer sick there is a Doctor attached to keep monitoring the progress, we don't monitor others except high profile. That is the reality.

P 6: KII EMS Administrator _Uganda Police.docx - 6:22 [Inter: how do you collect the ..] (85:94) (SW)
Codes: [ems_monitoring]
No memos

Inter: how do you collect the data, do you have a form?

Resp: the ambulance driver is supposed to keep that data, where have you

picked because you must account for my fuel, whom did you take, what the problem was.

Inter: so you actually collect data on how many patients were picked and what the problem was?

Resp: yes every ambulance driver must submit that.

Inter: how often do they submit that?

Resp: weekly and they have books with them.

Inter: when they submit this data to you do you enter it in the computer or you just keep it there?

Resp: we enter it because my deputy operations must provide a performance report quarterly because the funders must know how the money is being utilized.

Inter: how often is the data shared and with whom?

Resp: we share it quarterly and we also make an annual report and whoever wants it when he comes we give.

P13: KII_EMS Administrator-Uganda Red Cross.docx - 13:10 [they have a system of monitori..] (60:60) (SW)

Codes: [ems_monitoring] [ems_training]

No memos

they have a system of monitoring what they do, they have cards where each service provider is assessed on what he does at a particular event monitored by the program manager at headquarter level. But also at the branches branch managers are responsible to make sure that the services that they deliver is of standard. And in most cases when you assess gaps we have people on board who will conduct training to fill the gaps.

Code: ems_patchy {46-0}

P 2: FGD Community members_Uganda Police.docx - 2:4 [emergency health at fire stati..] (56:56) (SW)

Codes: [ems_patchy]

No memos

emergency health at fire stations are not there, we only respond and take them to the nearest health facility. If an accident happens and doesn't require the fire

brigade we shall no go we shall just put them in ambulance and rush to hospital. We are called when someone has drunk on the road, some people are beaten so we take any case that requires hospital. We take them to the main government hospital.

P 2: FGD Community members_Uganda Police.docx - 2:16 [at the moment we have ambulanc..] (75:75) (SW)
Codes: [ems_patchy]
No memos

at the moment we have ambulances attached to hospitals and those will work hospital cases when called by patients for private hospitals like AAR, Nsambya hospital the private hospitals. Now the government ambulances we have ambulances attached to KCCA health center fours within Kampala like Naguru ,Kawaala, which will only work as directed by that health center and will not respond easily to accidents. Now the police also has ambulances and will respond to any accident or call for referral anywhere and we go anywhere too.

P 2: FGD Community members_Uganda Police.docx - 2:17 [Resp: we have KCCA, police St...] (73:74) (SW)
Codes: [ems_patchy]
No memos

Resp: we have KCCA, police St. Ambulance and AAR, African air rescue, Red Cross.

Resp: UPDF

P 2: FGD Community members_Uganda Police.docx - 2:18 [we have the UPDF ambulance whi..] (76:76) (SW)
Codes: [ems_patchy]
No memos

we have the UPDF ambulance which responds to the public and army.

P 2: FGD Community members_Uganda Police.docx - 2:19 [there is a private ambulance s..] (77:77) (SW)
Codes: [ems_patchy]
No memos

there is a private ambulance service called city ambulance who are called to come in and give the service which is paid for.

P 2: FGD Community members_Uganda Police.docx - 2:21 [emergency numbers are always p..] (94:94) (SW)
Codes: [ems_patchy]
No memos

emergency numbers are always put on TV. They always call police 999 and locate where the emergency is.

P 2: FGD Community members_Uganda Police.docx - 2:22 [police will dispatch an ambula..] (90:90) (SW)

Codes: [ems_patchy]
No memos

police will dispatch an ambulance depending on the station.

P 2: FGD Community members_Uganda Police.docx - 2:23 [Resp: there is casualty in Mul..] (98:99) (SW)

Codes: [ems_patchy]
No memos

Resp: there is casualty in Mulago, assessment and acute care unit for children in Mulago hospital.

Resp: in some cases patients decide where to go like if he has the AAR card I will take him to any AAR hospital like case, International, Kololo. But if they have no card we take them to a government hospital which is free of charge.

P 2: FGD Community members_Uganda Police.docx - 2:43 [this is technical because emer..] (151:151) (SW)

Codes: [delayed_treatment] [ems_patchy]
No memos

this is technical because emergency is to respond very fast but when you get to hospital and asked to pay for CT- scan. Like one time we took someone on oxygen, it took us one hour to get there then writing this and that then I think an intern came and said I think we need a CT- scan. So we had to drive him again to Kampala hospital with the oxygen cylinder so we respond but the delay is in the hospital. I want to give you a try just go and see the process.

P 3: FGD Community members_Wandegeya market.docx - 3:41 [but we need specific police nu..] (74:74) (SW)

Codes: [ems_patchy]
No memos

but we need specific police numbers because when we call 999 the person in Naguru may be new from Karamoja and is not sure of the directions you are giving him yet he's supposed to direct the person from that specific area. It should be good if each division has a specific emergency line so that when we call we get to the people responsible for that division to avoid time lost.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:52 [they may be careful with that ..] (88:88) (SW)

Codes: [ems_patchy]
No memos

they may be careful with that since it is a patient they are carrying but the way the vehicle moves and when the patient is taken to a health facility they don't follow up because it is the health worker to take over responsibility now.

P 6: KII EMS Adminstrator _Uganda Police.docx - 6:2 [we look at police jurisdiction..] (22:24) (SW)

Codes: [ems_patchy]
No memos

we look at police jurisdiction and high ways. When you look at Kawempe it is handling the Gulu highway, we have one on Jinja road focusing on Jinja highway, one at Katwe focusing on Entebbe, Nsambya is for our police clinic because our women deliver so it is purposely for that and we have one here that is general it cuts across boundaries it is general and the one at CPS looks at central business.

Inter: so you have one for the city?

Resp: CPS handles the heart of the central business while others look at the high ways.

P 6: KII EMS Administrator _Uganda Police.docx - 6:8 [I don't know the experience of..] (53:53) (SW)
Codes: [ems_patchy]
No memos

I don't know the experience of the medical people, I only have personnel to perform the task and it's the medical health services who know their experience. I don't have them on my nominal role my nominal role has only firemen whom I know their experience.

P 6: KII EMS Administrator _Uganda Police.docx - 6:16 [yes we often go to Mulago and ..] (77:77) (SW)
Codes: [ems_patchy]
No memos

yes we often go to Mulago and we also have Nakasero hospital which came to partner with us because they didn't have many ambulances and are not in touch with people so they came to us and by they then we still had 17 in Kampala but we spread them out. So we would pick casualties and take them to Nakasero for free stabilization then they decide whether to go or to remain depending on the services they would have received from there.

P 6: KII EMS Administrator _Uganda Police.docx - 6:27 [we have these people responsib..] (112:112) (SW)
Codes: [ems_patchy]
No memos

we have these people responsible for people's lives so we have a touch so we mobilize all the partners, we are emergency unit so whether there is money or not we can call St. John's look I need your ambulances come I will provide the fuel and allowance but you have served the nation. Except if it is a private arrangement like a musician you come and you pay them. But you can come and serve for the good of the nation. The challenge with local government is lack of resources but with military we have the resources. There is poor budgeting for local government because ambulances have no public holiday.

P 7: KII EMS Administrator _UNAS (MOH).doc - 7:2 [Inter: one thing that is not y..] (16:17) (SW)

Codes: [ems_patchy]
No memos

Inter: one thing that is not yet clear to me is that ministry is establishing UNAS but at the moment there so many ambulances which are not part of UNAS. For example hospitals have their own ambulances, the PNFs, faith based organisations but they are not registered anywhere so are you planning that they also come under UNAS?

Resp: that is totally a different thing, those health units need their ambulances so what we are looking at is really providing ambulances at community level the units will need their ambulances.

P 7: KII EMS Administrator _UNAS (MOH).doc - 7:3 [Inter: so you don't think that..] (18:21) (SW)

Codes: [ems_patchy]
No memos

Inter: so you don't think that they can also be used?

Resp: they will be there because we are doing the same thing but will be outside UNAS.

Inter: so you will not bring them under UNAS umbrella?

Resp: I think you've not understood me, UNAS is for community access then there will be ambulances for specialized institutions.

P 7: KII EMS Administrator _UNAS (MOH).doc - 7:6 [Inter: I got to know that disa..] (26:27) (SW)

Codes: [ems_patchy]
No memos

Inter: I got to know that disaster emergencies are under the office of the prime minister so in case there is a disaster do you see yourself playing a role?

Resp: yes if there is a disaster rescue team which is coordinated under the prime minister's office and involves many people the police, ministry of health, the army and ambulance service is part of them.

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:1 [sure basically we dispatch fro..] (16:16) (SW)

Codes: [ems_patchy]
No memos

sure basically we dispatch from here at the headquarters. We have divisions in different parts covering Kampala metropolitan. We have Bulumaji Rubaga

division, Nsangi so if there is any incidence or major incidence they can easily call for an ambulance and we dispatch from here and then we go to rescue.

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:2 [ok as a requirement for emerge..] (17:17) (SW)

Codes: [ems_patchy]

No memos

ok as a requirement for emergency response there are some satellite divisions that are having people trained, so they are actually there so they do the needful as the ambulance comes. So the issue of having the ambulance stationed here doesn't affect the quality of emergency care given because all those satellite divisions have members who are trained so they respond and assess where there is need for ambulance. Bulumaji covers Mukono, Buikwe, Nyenga so they are not divisions, they are branches with trained members who are expected to respond to emergencies within that vicinity so while they are responding to emergency they assess need for an ambulance and they do the needful as we are on our way.

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:4 [many of them. Kyanja and Nsang..] (22:22) (SW)

Codes: [ems_patchy]

No memos

many of them. Kyanja and Nsangi are connected to a health facility and the idea was after having looked at the need like around Nsangi it's actually a high way and the area is prone to accidents. Signs were put but it didn't work so they realized they had to put an emergency response and people organize sensitization meetings for the people they are serving, they engage the local community, health workers and police. And you know police has some ambulances but they don't have technical people to work in them so they utilize our volunteers in those areas and the system works

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:10 [We have some partners on board..] (32:33) (SW)

Codes: [ems_patchy]

No memos

We have some partners on board like DFCU who can give us fuel so we are not worried about fuel, we have KCCA on board which can give us money for drugs and sundries but don't give us money for the personnel, they give 2,000,000/= every financial year.

Resp: we had a partnership with ministry of health where they would give us 50,000,000/= every financial year but it was stopped.

P 9: KII EMS Administrator_Policy maker (MOH).docx - 9:4 [when it comes to regulations m..] (24:24) (SW)

Codes: [ems_patchy]

No memos

when it comes to regulations ministry of health intends to establish a separate entity of audit to do regulations because currently there is no policy or guidelines and we have already done the feasibility study. People are operating randomly they call any car an ambulance like a vitz that small car. So what the ministry of health is currently working on these policies and guidelines.

P 9: KII EMS Administrator_Policy maker (MOH).docx - 9:5 [Inter: currently there is no l..] (25:28) (SW)

Codes: [ems_patchy]

No memos

Inter: currently there is no lead agency.

Resp: no.

Inter: but you are planning to have one.

Resp: exactly.

P 9: KII EMS Administrator_Policy maker (MOH).docx - 9:6 [Inter: and that will be under ..] (29:34) (SW)

Codes: [ems_patchy]

No memos

Inter: and that will be under the ministry of health.

Resp: exactly. And it will be a regulatory body just like allied health. At the initial stage through allied health we intend to regulate ambulance services but at a later stage there will be a separate body.

Inter: and currently there is no regulatory body that looks after ambulance services.

Resp: no.

Inter: does the ministry supervise ambulances?

Resp: no but its planning.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:13 [They are not outdated but they..] (72:72) (SW)

Codes: [ems_patchy]

No memos

They are not outdated but they are not specifically, they don't specifically design it particularly for that kind of work, for example, I have given you an example

these you see in hospitals like these private hospitals by the time they transfer or refer someone to another hospital, they know what it requires and the ambulance is always parked there just at the office for their hospital and they know this requires oxygen and is going with so and so

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:17 [But it is easier to call me at..] (86:86) (SW)

Codes: [ems_patchy]

No memos

But it is easier to call me at night to go to an area in Naguru where they have an emergency and I will take someone although the ambulance is there I go to maternity at Nsambya I will pick.... Because there I know exactly where she is going and she can decide whether to go to Naguru or Mulago to us the rule is take to a government and the facility there is not certain and at night they don't have a night service to handle emergencies.

P12: KII EMS Policy maker _MOH.docx - 12:1 [But it is a service that is re..] (13:13) (SW)

Codes: [communication] [ems_patchy]

No memos

But it is a service that is really lacking in this country. And the pre ambulance or pre hospital service, it's not just a matter of taking somebody to the hospital, there needs to be a well-coordinated service where somebody must be able to get the patient from the place of accident or place of need and transport the patient safely up to the health facility. And the facility should be ready or should be informed that somebody is coming, and that has been a very difficult thing. We have seen police just getting people from the side of accident to the hospital and sometimes the patient dies at the entrance of the hospital because the hospital is not ready to receive.

P12: KII EMS Policy maker _MOH.docx - 12:3 [For now we have not positioned..] (14:14) (SW)

Codes: [ems_patchy] [no_number]

No memos

For now we have not positioned the number but I remember when we were discussing about this we were thinking of having ambulance stations within the city and they will be coordinated from a central place and people will be given a toll free number that they can call and direct the ambulance so that they are taken to the nearest facility where that service can be.

P12: KII EMS Policy maker _MOH.docx - 12:4 [there is a team under UNAS the..] (17:19) (SW)

Codes: [ems_patchy]

No memos

there is a team under UNAS they have a head and other colleagues. They have been writing documents because they have been consulting people on how this thing can be done so as they work on it they are trying to consult because it will not be for the public facilities only. We want to have an integrated facility where

everybody will log on to that and say how can we refer the patient because now in Kampala there are so many small ambulances being used. Different hospitals have their ambulances so you see ambulances crossing the town and you don't know who is coordinating them.

Inter: right.

Resp: which is not proper so we want to bring all these ambulances under one pre hospital service umbrella.

P12: KII EMS Policy maker _MOH.docx - 12:5 [but what I know we were workin..] (27:27) (SW)

Codes: [ems_patchy]

No memos

but what I know we were working together, the police, army and the ambulance services which were there like Red Cross, St. John's ambulance. We had said if we are going to work together where are we going to put the call center? Should it be at the ministry or in Mulago, all of them have pros and cons

P12: KII EMS Policy maker _MOH.docx - 12:11 [they are going to be separate ..] (32:32) (SW)

Codes: [ems_patchy]

No memos

they are going to be separate because as I said, emergency units are under the hospitals this ambulance is going to be almost like an independent body and it is going to incorporate these other departments.

P12: KII EMS Policy maker _MOH.docx - 12:12 [that's a tricky question becau..] (34:34) (SW)

Codes: [ems_patchy]

No memos

that's a tricky question because we wanted the ministry to contribute their ambulances and the other bodies contribute their ambulances and they run as one team. But that will require signing a memorandum of understanding with all the other facilities.

P12: KII EMS Policy maker _MOH.docx - 12:13 [we don't know how many ambulanc..] (38:38) (SW)

Codes: [ems_patchy]

No memos

we don't know how many ambulances we have in the city. Even for the different hospitals like Mulago, and by the way I bought an ambulance for this department/ ministry of health funded by World bank but it is stationed Mulago because normally when there is a landslide accidents they tell me please run for rescue. So you can use it and when I need it I just go and request for it. So we need to bring all these ambulances together and see how to utilize them because when they are not used people start removing the vital parts from them.

P12: KII EMS Policy maker _MOH.docx - 12:15 [Then we don't even have the tr..] (44:44) (SW)

Codes: [ems_patchy] [emt_personnel] [lack_ambulance] [lack_supply]

No memos

Then we don't even have the transport even the medicine yet you have to have the resources. There is no budget particularly for this purpose, disaster preparedness is under the office of the prime minister not under the ministry of health. Emergency department is not under ministry of health. When something like that happens then you have to go to Mulago for human resources through the office of the executive director then we get nurses from the casualty who have been trained in injury control. So we get them and team up with some people here.

P12: KII EMS Policy maker _MOH.docx - 12:16 [it is response from the commun..] (46:46) (SW)

Codes: [ems_patchy] [emt_personnel]

No memos

it is response from the community, they will go there and do what they can because before somebody comes to the site the information must reach. Like in the east the nearest hospital is Buduuda which didn't have the human resources, the regional referral was very far one and a half hour drive. To move from that hospital to where the land slide was you drive for twenty minutes then you walk for 7km. So we left at night and we reached the site at midnight. Soldiers usually respond to such cases but they are not trained in that.

P12: KII EMS Policy maker _MOH.docx - 12:21 [We need to have a well-organiz..] (55:55) (SW)

Codes: [communication] [ems_patchy] [recommendations_ambulance]

No memos

We need to have a well-organized pre hospital service, we need to look at availability of ambulances, training of drivers and paramedics, what type of ambulances we are going to use, then the communication system so that the two services are talking to one another the ambulance services and the casualty so that before you leave somebody in casualty is preparing. So from the ambulance to the service because there should be no breakage in the service. If the patient is on drip there is no need of removing the drip as you look for the bed.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:24 [R5: that ambulance doesn't pro..] (181:190) (SW)

Codes: [ems_patchy] [lack_ambulance]

No memos

R5: that ambulance doesn't provide service to us the only person who had provided an ambulance lost politically so he stopped providing the service. Even the second person took his ambulance.

Mod: when they lost they took their ambulances.

R7: yes he had two vehicles one of which was used to take dead bodies.

Mod: why didn't you vote for them, now they are angry?

R6: that man used to help us.

R7: and we never used to fuel the vehicles even if it is at the Kabale border.

Mod: so they were available, were there any paramedics in the ambulance?

R5: no there were no paramedics but used to transport us wherever we wanted to go.

Mod: do they respond when you call?

R4: they say you didn't vote for us call whoever you voted for.

P16: FGD_URCS_EMS.docx - 16:2 [I think it is a yes because in..] (50:50) (SW)

Codes: [ems_patchy]

No memos

I think it is a yes because in Uganda nationally we do not have a clear ambulance system response to respond to such emergencies and it leaves a gap in response that in most cases we have to respond, if Red Cross has no ambulance maybe an institution will give in its ambulance free of charge, then if you go to the police they are always responding to some other emergencies somewhere so it becomes a gap in the community.

P16: FGD_URCS_EMS.docx - 16:10 [it is true because if you look..] (72:72) (SW)

Codes: [ems_patchy]

No memos

it is true because if you look at Red Cross, our response time has to be day time by 6:00pm you are out why? We don't have a guarantee of your safety as a respondent at that particular time, however with the demand it should have been at all times we should be able if you have the skills and you can access then it should be that's in an ideal situation we pack there you have the teams that respond during the night and during the day time because with emergency we use the background and somebody will easily locate the place.

P16: FGD_URCS_EMS.docx - 16:11 [yeah maybe before Simon comes ..] (74:74) (SW)

Codes: [ems_challenges] [ems_patchy]

No memos

yeah maybe before Simon comes in, we have operational guidelines we know our survival not to be part of the victim accident or shooting or teargas is our visibility. So for example if there was police, maybe if there was a riot in Makerere in the night and there is tear gas and shooting of course we also fall victims because our jackets are not so visible so our operational procedures actually tell us that we operate up to 6:00pm when we are still visible and able to be identified. But there are some situations like when there was a bomb when we were called that we should respond but that is of course through some arrangement of course with police. What happens is that for us we are protected by our emblem not by anyone so we are protected as long as we are visible.

P16: FGD_URCS_EMS.docx - 16:13 [what happens is it is an issue..] (83:83) (SW)

Codes: [ems_patchy] [emt_motivation] [emt_personnel]

No memos

what happens is it is an issue of paper and practical, because within the government system we are aware there are VHTs (village health teams) outside Kampala and within Kampala many of these are previous Red Cross volunteers, yes they are there. But the way the VHTs work is that there is an amount of motivation and when you attend some of the national coordination meetings one of the things that comes out clearly is that the VHTs do they do the routine tasks that they are supposed to do? To be fair in some communities they don't, in some communities there are VHTs who are motivated and take personal initiative to follow up on this and that is another resource then that can be available. In communities where I have had chance I have participated in LC1 meetings because our medical system in Uganda is that HCI is a village health team, it is a non-infrastructure thing. When you look at HCII there are buildings and that kind of thing but the basic unit for medical services is VHT and i think for me there are still gaps because in about seven villages where I live in Kampala, the efficiency has not been the same.

P16: FGD_URCS_EMS.docx - 16:14 [And also the other thing is to..] (84:84) (SW)

Codes: [ems_patchy]

No memos

And also the other thing is to what extent are these people coordinated with the ambulance system? We will say that KCCA has a number of ambulances at their disposal, Uganda police could tell you they have a number of ambulances at their disposal, at Red Cross we will tell you we have a number of ambulances but one of the central thing is that there is an absence of an effective means of coordination with some ambulances.

P16: FGD_URCS_EMS.docx - 16:15 [The other thing is that as a p..] (85:85) (SW)

Codes: [ems_patchy]

No memos

The other thing is that as a person who has been involved in emergency response in Kampala but accessing a KCCA hospital for an ambulance for example I don't know but there are a series of players you go through. And again what are we talking about are we talking about an ambulance in a sense of an ambulance or we are talking about a vehicle with a driver so to me it is an issue with inadequacies in the structure and also the thing to do with the personnel who are supposed to give this service exist to give this service and whether they are there.

P16: FGD_URCS_EMS.docx - 16:16 [and maybe to add on I understa..] (86:86) (SW)

Codes: [ems_patchy] [emt_personnel]

No memos

and maybe to add on I understand the ministry of health is to launch the national ambulance, somebody mentioned in another meeting but it is still in initial stages they only have two members of staff. They told us that they are to procure fifty ambulances we tasked them that if they are there then let's use them during the

Pope's visit and they said no they are not yet in the country so it is still there. And if you meet them they will tell you that they have an ambulance system but there are two members of staff one Doctor and a nurse for the whole of Uganda so it is still not yet even launched nationally.

P16: FGD_URCS_EMS.docx - 16:18 [I think there is need for sens..] (89:89) (SW)

Codes: [ems_patchy]

No memos

I think there is need for sensitization about this whole system because as Simon stated some people have ambulance vehicles not ambulances whereby any vehicle can be an evacuation but question one who is on board and how do they understand emergency response, do they have the equipments? That also matters for the system to work effectively.

Code: ems_protocol {7-0}

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:27 [Inter: do you have a defined t..] (140:143) (SW)

Codes: [ems_protocol]

No memos

Inter: do you have a defined triage that you follow?

Resp: yes like when you plan for big events.

Inter: do you have clinical practice guidelines?

Resp: we have a checklist which you give the EMT or paramedic to follow.

P 9: KII EMS Administrator_Policy maker (MOH).docx - 9:9 [Inter: how would you decide th..] (55:56) (SW)

Codes: [ems_protocol]

No memos

Inter: how would you decide the number of ambulances you want to have in the city? Is it on population density or the ease of ambulances, the number of highways or

Resp: mix and match there will be risk, population because the bigger the population the more the risk then the well-known black spots like Bwebajja in Entebbe. Risk like in Kampala where there boda bodas and high population and black spots where people are normally and get collisions.

P10: KII EMS Administrator_Uganda Red Cross.docx - 10:9 [Inter: any operational indicat..] (50:51) (SW)

Codes: [ems_protocol]

No memos

Inter: any operational indicators like emergency response time?

Resp: what has been happening is that as you have heard from our colleagues emergency medical services that we provide or contribute has been in a broader definition of disasters and emergencies under Uganda Red Cross. And fairly the guiding principle has been emergency response protocols in our standard operating procedures which try to give step by step guidelines; what you do at a particular timeline. We are again now trying to develop a particular SOP to guide issues of emergency first aid. What is motivating us is we want to get into issues like the minimum time an ambulance has to arrive, we accept in our principle that an ambulance should get there within five minutes when requested for., we want to have a standard operating procedure of this.

P10: KII EMS Administrator_Uganda Red Cross.docx - 10:10 [Inter: any clinical indicators..] (52:53) (SW)

Codes: [ems_protocol]
No memos

Inter: any clinical indicators for emergency care like whether the oxygen was given?

Resp: yes, within the training for the standard first aiders and the trainer of trainers these clinical indicators are clearly laid out however the challenge is we have not yet put in place this standard operating procedure to bring out these kind of things and bring out explicit indicators.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:6 [Inter: So do you know if you g..] (39:44) (SW)

Codes: [ems_protocol]
No memos

Inter: So do you know if you go there, are there any set of criteria or guidelines according to which medical personnel will assess the severity of the case, are there priorities, who should be transported, where should this particular case be transferred are there kinds of guidelines that people follow?

Resp: In most of my cases here I am called when someone has to go to hospital, okay. Someone will say we have an accident pick, that one and take to hospital. At the hospital at the triage is where you they will determine if it is related to pregnancy, obstetric they will tell you, it will be my burden to take her to the fifth floor because at the fifth floor is the one that deals with...

Inter: so there is the triage to here in the hospital?

Resp: in the hospital,

Inter: but do you have triage in the ambulance?

Resp: here at the scene no

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:8 [There are no transportation of..] (52:52) (SW)

Codes: [ems_protocol]

No memos

There are no transportation of time limits only that here when you are called and once told where the accident is, you find ways of reaching there faster,

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:12 [Because what is supposed to be..] (70:70) (SW)

Codes: [ems_protocol]

No memos

Because what is supposed to be an ICU ambulance eventually abused may be called to go and pick some people who have just fallen on board like now they can call me to take a lunatic yet the ambulance is not supposed to take a lunatic who is not...

Code: ems_services {41-0}

P 2: FGD Community members_Uganda Police.docx - 2:8 [but we are fast responders in ..] (57:57) (SW)

Codes: [ems_services]

No memos

but we are fast responders in all cases be it rescue, a child is burnt or ant accident we rush him to hospital. If it's a death we salvage the body but don't use the ambulance.

P 2: FGD Community members_Uganda Police.docx - 2:9 [if a baby was in a pit latrine..] (66:66) (SW)

Codes: [ems_services]

No memos

if a baby was in a pit latrine the responders decide according to the condition of the baby or child. It depends on the severity of the injuries.

P 2: FGD Community members_Uganda Police.docx - 2:10 [in most cases when accidents h..] (67:67) (SW)

Codes: [ems_services]

No memos

in most cases when accidents happen here in Kampala it's a main procedure that

we take them to the main referral hospital, children from months to twelve years they go to the assessment center where there is an ICU for children ward and above twelve years they go to the causality unit in Mulago where they assess and discharge.

P 2: FGD Community members_Uganda Police.docx - 2:11 [there are some accidents which..] (68:68) (SW)

Codes: [ems_services]

No memos

there are some accidents which are very serious for example a bus which carries relatively a bigger number of people and you realize you need to have enough ambulances maybe one has responded. That one will depend on the severity of the injuries; too much bleeding, broken legs. You sort them out you can't take one with scratches and leave one bleeding you rush the severe cases first then consider the other cases.

P 2: FGD Community members_Uganda Police.docx - 2:12 [in case it's along the Jinja h..] (69:69) (SW)

Codes: [ems_services]

No memos

in case it's along the Jinja highway after Lugazi there is a main hospital, Masaka road has a hospital but if it's an accident like the recent bomb blast when you get there and someone is coming your way for attention you don't consider that one than the one lying down. You respond to the needful at the scene.

P 2: FGD Community members_Uganda Police.docx - 2:13 [the dead are not taken and the..] (70:70) (SW)

Codes: [ems_services]

No memos

the dead are not taken and the nature of injury determines where to take the casualties either in a health center or hospital. People are grouped according to the severity of injuries.

P 2: FGD Community members_Uganda Police.docx - 2:14 [children from the latrines are..] (71:71) (SW)

Codes: [ems_services]

No memos

children from the latrines are emergency and are rushed directly because they have inhaled things like maggots.

P 2: FGD Community members_Uganda Police.docx - 2:40 [for us we respond to emergenci..] (147:147) (SW)

Codes: [ems_services]

No memos

for us we respond to emergencies and assess whether there is need for hospital and we transfer them.

P 3: FGD Community members_Wandegeya market.docx - 3:6 [So we got a boda boda and took..]

(32:32) (SW)

Codes: [emergency_vehicle] [ems_services]

No memos

So we got a boda boda and took her to a KCCA health facility where she received prompt medical care, and managed to survive but at times it may be too late for one to survive.

P 3: FGD Community members_Wandegeya market.docx - 3:10 [Mod: any other problem with em..]

(35:36) (SW)

Codes: [dissatisfaction_services] [ems_services]

No memos

Mod: any other problem with emergency medical care here in Wandegeya, where we stay or in the country?

Chorus: the whole country has a problem.

P 6: KII EMS Administrator _Uganda Police.docx - 6:11 [exactly, that's their role whe..] (65:65) (SW)

Codes: [ems_services]

No memos

exactly, that's their role when the nurse in the field is stuck she will call the Doctor for guidance.

P 6: KII EMS Administrator _Uganda Police.docx - 6:15 [And we also use Kampala Nakase..] (75:75)

(SW)

Codes: [ems_services] [user_fees]

No memos

And we also use Kampala Nakasero hospital here and we have a memorandum of understanding with them, we take them casualties they stabilize them and when they are conscious they can decide whether to remain or to go elsewhere depending on the cost.

P 6: KII EMS Administrator _Uganda Police.docx - 6:18 [But when we anticipate a big e..] (78:78)

(SW)

Codes: [ems_services]

No memos

But when we anticipate a big emergency like a terrorist attack we alert all the hospitals because we know the capacity they can handle, how many can Nsambya, Paragon or each hospital can handle so that we don't bring you 20 patients who need intensive care when you can handle 15 and the five will die. So we know how many patients to distribute like I will know how many intensive care patients I have sent to Mulago, what is the capacity of Mulago then the remaining can we take to Nsambya? Can we take to Rubaga? How many can they handle? We always go and meet the medical superintendents of those hospitals and find out how many they can handle and we know how many they can handle in case of emergencies.

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:3 [So we were looking at

those hi..] (20:20) (SW)

Codes: [consequence_lack_EMS] [ems_services]

No memos

So we were looking at those highways and stationing those branches with these trained members because we realized with this emergency system the main gap that even the government cannot fix at the moment is the quality of emergency care given, first response. Because in case of an emergency you realize by the nature of human beings everyone around will want to help but they don't have the skills and ability to help out. And once emergency care is given by untrained members it could cost the life of the patient and even when the ambulance comes in its already too late. So our response looks at that kind of concept that we have satellite branches with trained members working in partnership with police which has their contacts.

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:5 [one driver, one emergency medi..] (24:24) (SW)

Codes: [ems_services]

No memos

one driver, one emergency medical technician and an ambulance attendant.

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:7 [since this is a non-government..] (28:28) (SW)

Codes: [ems_services]

No memos

since this is a non-government organization basically our services have two parts the commercial part which covers private functions like public rallies, charity walk they come for services plus an ambulance to stand by so they must pay because you consider the fuel, drugs and sundries, personnel. Then we have the charity services where we cover road accidents in Kampala area and we normally charge nothing because we have a partnership with KCCA and DFCU bank which give us fuel to run the charity services. If it is a road accident when we are called let's say in Jinja or Bweyogere we can rush very fast to rescue. Then there are some events like sports in schools which invite us to give charity services, we can also be called for government events for cooperate services like independence day if it is within Kampala, martyrs day we give charity basis services. MTN marathon we offer commercial services together with Red Cross they normally give us fuel and some facilitation for our personnel.

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:23 [our aim is to save life and wh..] (129:129) (SW)

Codes: [ems_services]

No memos

our aim is to save life and when we are called we ask you the condition, so if someone is not feeling well it may be that the pressure has risen up and you must be transported from home to go and check let's say diabetic cases. Someone can collapse but is not feeling very bad but when called we can go and transport. When you get home you assess and see how to transport.

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:24 [if you contact the family Doctor.] (131:131) (SW)

Codes: [ems_services]

No memos

if you contact the family Doctor like from AAR, IHK he is able to advise whether the person is able to be transported. You can also read the medical form and call on the contact there.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:2 [They work on all emergencies a..] (21:21) (SW)

Codes: [ems_services]

No memos

They work on all emergencies and all cases when called for even if, in case you are asked to transfer a patient from one hospital to another, I will do that.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:10 [Resp: When you look at this, a..] (66:70) (SW)

Codes: [ems_services]

No memos

Resp: When you look at this, ambulances should be having, this emergency service ambulance should be having whatever service is relevant to ambulance they should put them in groups.

Inter: in groups?

Resp: because when you say, first thing you should always, an ambulance should be available to take any emergency like as we do here an emergency at any time. Then there should be a category of an ambulance in ...which can be used to carry those that really need the Intensive Care Unit to the facilities. They should grade those ambulances

Inter: according to severities

Resp: because if you see like in Red Cross they have that grade of..., here produce ambulances and in all they put into them all of the standard equipment which may not be necessary within a period of a year that equipment is not there.

P12: KII EMS Policy maker _MOH.docx - 12:9 [you know these are institution..] (30:30) (SW)

Codes: [ems_services]

No memos

you know these are institutions that are run by different people and that's the direction where the ministry of health is going. We've been having an emergency unit in Mulago only for a long time but now the policy is that all the regional

referral and general hospitals should have an emergency unit to take up any accident in case of any. So the emergency units are going to be under those institutions like if you go to Mulago the emergency unit is part of Mulago they have to budget for it, they have to look after it and have the human resources.

P12: KII EMS Policy maker _MOH.docx - 12:10 [So the pre ambulance service o..] (30:30) (SW)

Codes: [ems_services]

No memos

So the pre ambulance service or the UNAS is supposed to be a link between the facility and community but you cannot have the ambulance service as part of the emergency.

P13: KII EMS Administrator-Uganda Red Cross.docx - 13:2 [those that are ambulance desig..] (22:22) (SW)

Codes: [ems_services]

No memos

those that are ambulance designed are four in Kampala by at times we use these other vehicles if there is need and ambulances are not available. We equip them, they have first aid kits, we train them and if need be we can ask a Doctor or somebody that can give medical services to be part of people in that vehicle.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:28 [my experience is that when you..] (200:200) (SW)

Codes: [ems_services]

No memos

my experience is that when you get to a hospital and need emergency medical care they act promptly because I have taken many people in critical conditions whether to Mulago or somewhere else, there I give them credit. People in critical conditions don't follow the queue, they are taken on a wheel chair to casualty unit in Mulago.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:30 [in Mulago they are not kept in..] (202:202) (SW)

Codes: [ems_services]

No memos

in Mulago they are not kept in corridors the first action taken while in casualty is putting the patient on drip and taking the BP be it an accident or a pregnant woman. For that I give them a credit too but for this HCIV am not sure because I went there once, these people should tell us what happens there.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:31 [it has no name but that's wher..] (206:206) (SW)

Codes: [ems_services]

No memos

it has no name but that's where emergency cases are taken, there is even space for an ambulance and as it comes in health workers put on gloves very fast.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:37 [one time I needed emergency ca..] (224:224) (SW)

Codes: [ems_services]

No memos

one time I needed emergency care so I went to Nsambya hospital and was taken care of very fast they did all the tests and gave me treatment. They asked if I could come back the next day and I said yes so I went home.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:38 [R3: there was no name but once..] (226:227) (SW)

Codes: [ems_services]

No memos

R3: there was no name but once one is acutely ill they don't follow the queue but taken care of very fast.

R2: one time we were from Kati kati and one of our friends had a boda boda accident and the leg was terribly injured in that he could not walk. So we went to Naguru teenage center and as we approached the gate the askaris stopped us, brought a stretcher and put him on but since we were too many only a few were allowed inside. When we got into the health facility we went to a room with an emergency sign where he got all the treatment. After sometime he improved and can walk properly.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:40 [in some facilities these units..] (231:231) (SW)

Codes: [ems_services]

No memos

in some facilities these units are marked while others they are not but what I know with Kibuli hospital when they hear the ambulance sirens all the staff put on gloves and come at the entrance with a stretcher to receive the patient.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:8 [R2: we know casualty. R3: casu..] (138:140) (SW)

Codes: [ems_services]

No memos

R2: we know casualty.

R3: casualty in Mulago hospital.

R6: we are lucky that we are near Mulago hospital so that's the health facility we use so it is casualty.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:9 [R3: we have private clinics li..] (145:146) (SW)

Codes: [ems_services]

No memos

R3: we have private clinics like Mirembe, Mercy and Joram.

R2: and community.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:42 [R7: the other time as I was co..] (285:287) (SW)

Codes: [ems_services]

No memos

R7: the other time as I was coming from work I found children who had been knocked by a car and during that process the number plate fell off so the person would easily be tracked so that he provides support for medical care. The girl had bruises but police didn't provide any service so civilians took the girl to the clinic.

R5: but police just throws patients on the pickup, they push them below the seats.

R7: that's for both the dead and those who are alive.

P16: FGD_URCS_EMS.docx - 16:6 [you know in first AID we were ..] (63:63) (SW)

Codes: [ems_services] [ems_training]

No memos

you know in first AID we were trained in triage, when you reach at the scene you make assessment with the person, did he hit the head, the chest or the arm so you will be able to know that I could work on this and refer for this. So by the nature of our training we are able to do a triage and do the assessment and decide whether to refer.

P16: FGD_URCS_EMS.docx - 16:7 [yes, it is true because you sa..] (65:65) (SW)

Codes: [ems_services]

No memos

yes, it is true because you said how do we determine, we can observe the situation, yes you are bleeding but how much can I do apart from stopping the bleeding then I refer. Why? There is need for intervention after observation then who is really going to help, where do I need the help is it the hospital or a particular health center

P16: FGD_URCS_EMS.docx - 16:8 [R: yes, of course children don..] (67:68) (SW)

Codes: [ems_services]

No memos

R: yes, of course children don't talk so can't express their feelings so they need special attention than a big person as far as referring them for some special treatment.

R: then for the previous question one would look at the history of attacks and if you have that information you can determine whether this person can spend most time before referral. Our first aiders have these issues in their curriculum.

P16: FGD_URCS_EMS.docx - 16:20 [yes, almost all of our hospita..] (100:100) (SW)

Codes: [ems_services]

No memos

yes, almost all of our hospitals have, as I have told you to be fair to our systems this is something that myself and my colleagues have shared out one to one. We have had simulations once in a while where we have had serious road accidents and made evacuations to the hospitals and it is at the point when the people are

arriving then the hospital is like what do we do and so on. I know at IHK, Mulago, Rubaga, Nsambya and Mengo they all have emergency units and actually with many of these the Uganda Red Cross is trying to work out an arrangement where if they have the basic things in place that we need we could deploy some of the volunteers that we have there because the thing is you labeling a place as a casualty reception center is one thing and there being an elaborate mechanism to receive and attend to them is another thing. And that's why when you go to a number of our communities there is this myth that even during a referral for these emergencies at times people have a reservation because they say; "the other time we reached there and we were not attended to". The impression many people have is that emergencies at night you stay monitoring the person so that very early in the morning you make the referral because at night the system is not functional and one is not sure of having elaborate emergency care in the facilities.

P16: FGD_URCS_EMS.docx - 16:26 [I wouldn't go to a public hosp..] (115:115) (SW)

Codes: [ems_services]

No memos

I wouldn't go to a public hospital I rather go to a private clinic nearby and sell my hen which I have at home then I get treatment.

P16: FGD_URCS_EMS.docx - 16:29 [and for Mulago if you go there..] (125:127) (SW)

Codes: [ems_services]

No memos

and for Mulago if you go there labelled Red Cross then you will have kind of some attention because we have a team which is at the causality so you are looked at at this other angle but if you speak on behalf of the big community of the volunteer force who might not at that time have a jacket that's when you find people saying they prefer going somewhere else other than Mulago.

Mod: so as a Red Cross person you get better care or attention at Mulago?

R: no no no these people who are in Kampala the Red Cross attendants who have been doing responses at Mulago because many of those referrals we make them to Mulago. There is that kind of like I know when I get to causality I call person x or y and then I will seek that attention. So if you have the information definitely you will be effected by in time

P16: FGD_URCS_EMS.docx - 16:31 [one month back I was involved ..] (135:135) (SW)

Codes: [delayed_treatment] [demotivated_provider] [ems_services]

No memos

one month back I was involved in accident, I had a collision with a boda boda cyclist who was learning so he got so much injured and was in coma, I tried to get him back to life. I drove him to Mulago hospital and what helped me was the Red Cross person there so when I reached I told him that this person is in bad condition and I saw others lining up not yet attended to not just because these doctors and nurses don't want but the patient ratio is too high that somebody

gets tired he has been on ward since morning and has become immune of people who are badly off. But I used the respondent form Red Cross “please can you help this person he is badly off”.

P16: FGD_URCS_EMS.docx - 16:36 [but also the other challenge w..] (152:152) (SW)

Codes: [ems_challenges][ems_services]

No memos

but also the other challenge we need to address is that the referral hospital is one so everybody is driving towards Mulago. So to me the way forward as you inform policy makers is to see how to support private facilities so that if an accident happened on Entebbe road then there is no reason for a car to move from Entebbe road to Mulago if there is a hospital where they can be attended to because the challenge is you will have to drive all the way to Mulago. That's another challenge in addition to the number of people in Mulago being many and the time you spend on the road.

P17: FGD_Naguru hospital healthworkers.docx - 17:15 [R3: those are not emergencies...] (127:131) (SW)

Codes: [ems_services]

No memos

R3: those are not emergencies.

R1: those are chronic cases they are not emergencies because if it's an emergency they can carry you there without your notice.

R3: you know they are directed from the gate.

R2: but with emergency for which ever hospital no one will delay, they will work on you very fast maybe if they are chronic conditions where they just go and even don't ask.

R1: you take automatic action, you don't need to be told.

Code: ems_supplies {4-0}

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:25 [Inter: do you face any circumstances..] (134:135) (SW)

Codes: [ems_supplies]

No memos

Inter: do you face any circumstances when your life saving drugs are not available?

Resp: some can be expired, some may be few yet putting in a requisition may take time so we may improvise and use polythene bags but our policy says if your life is not safe you don't, you call for backup.

P10: KII EMS Administrator_Uganda Red Cross.docx - 10:5 [Because as I said for us in Re..] (33:33) (SW)

Codes: [ems_supplies]

No memos

Because as I said for us in Red Cross we spend on the maintenance of the ambulance, fuel and the ... because our ambulances are replenished every now and then so that when staff and volunteers are making a response they have a minimum of everything like the gloves.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:3 [Inter: How often are life savi..] (27:30) (SW)

Codes: [ems_supplies]

No memos

Inter: How often are life saving medications available on the ambulance, all the time, most of the time, sometimes or never?

Resp: In any case let us say medications are never, I never move with them.

Inter: almost never

Resp: almost never

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:11 [because if you see like in Red..] (70:70) (SW)

Codes: [ambulance_maintained] [ems_supplies]

No memos

because if you see like in Red Cross they have that grade of..., here produce ambulances and in all they put into them all of the standard equipment which may not be necessary within a period of a year that equipment is not there. But when you went to my ambulance when they brought it, it had gas, an oxygen cylinder, it had compartment for medicine but all that is already out, you don't see them. If you look at the new ambulances that are given to the health centers like the KCC they have water, they have AC and a provision for a nurse and a doctor. Then other ambulances after a certain time they don't have anything at all.

Code: ems_training {27-0}

P 2: FGD Community members_Uganda Police.docx - 2:1 [as a fire fighter you are recr..] (45:45) (SW)

Codes: [ems_training]

No memos

as a fire fighter you are recruited as a policeman. We go for training for nine months after which we come here and train for three months in basic firefighting course including firefighting, rescue from water then we go for industrial training.

P 2: FGD Community members_Uganda Police.docx - 2:2 [I did basic firefighting then ..] (46:46) (SW)

Codes: [ems_training]

No memos

I did basic firefighting then a three months training in CBRME that is chemical biological for military police in Nebbi district

P 3: FGD Community members_Wandegeya market.docx - 3:57 [there are so many people provi..] (107:107) (SW)

Codes: [ems_training]

No memos

there are so many people providing medical care yet they are not trained health workers.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:12 [And when the police personnel ..] (29:29) (SW)

Codes: [consequence_lack_EMS] [emergency_vehicle] [ems_training]

No memos

And when the police personnel come since they are not trained in medical care they just push the person under the pickup benches, they hit potholes as they drive and by the time they get to hospital the injury is more severe.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:13 [We trained some boda boda cycl..] (29:29) (SW)

Codes: [ems_training] [recommendations_ambulance]

No memos

We trained some boda boda cyclists in first AID like how to care for one with fractures, they are available but have no means to get to the accident scenes in time when one needs that care so government should avail us with these ambulances.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:51 [and the way they carry the pat..] (87:87) (SW)

Codes: [ems_training]

No memos

and the way they carry the patient is not good because they are not trained in that

P 4: IDI Community members _Boda stage wandegeya.docx - 4:56 [We trained some people in firs..] (92:92) (SW)

Codes: [ems_training] [lack_ambulance]

No memos

We trained some people in first AID so they can give it to anyone in case of need say put/tie the legs together but they have no ambulances where they can give this care.

P 6: KII EMS Administrator _Uganda Police.docx - 6:5 [The truth is that all police m..] (28:29) (SW)

Codes: [ems_training]

No memos

The truth is that all police men are trained in administering first AID at the training school and now when they come here we again train you, when you are deployed in traffic we again train you, if deployed in highway patrol we again train you.

Although we have not had training for about one to two years and I have not heard from that Doctor Lady for some time, she used to be in public health and was funded by United Nations. She would do a god job and it was under medical teams international land they have their head offices in Kisaasi. We also have St. John's which is a charity who comes all the time with his team, they train and go back.

P 6: KII EMS Adminstrator _Uganda Police.docx - 6:9 [as I told you every police off..] (57:57) (SW)

Codes: [ems_training]

No memos

as I told you every police officer in the training wing has up to one month and a half on first AID. So they get people from different places like Red Cross to come and train all police officers wherever you go in that area.

P 7: KII EMS Adminstrator _UNAS (MOH).doc - 7:1 [yeah it is part of the require..] (15:15) (SW)

Codes: [ems_training]

No memos

yeah it is part of the requirements we look at the infrastructure, development of human resource because we don't have a team so we are discussing with ministry health and education on how best to address this.

P 8: KII EMS Adminstrator and personnel_ St. John's ambulance.docx - 8:6 [yes we train EMTs.] (26:26) (SW)

Codes: [ems_training]

No memos

yes we train EMTs.

P 8: KII EMS Adminstrator and personnel_ St. John's ambulance.docx - 8:29 [Inter: are there any copies of..] (150:153) (SW)

Codes: [ems_training]

No memos

Inter: are there any copies of training documents that you can help us with? Curriculum or manual?

Resp: we normally train these people, I can't find the one from ministry of health.

Inter: this is okay. Do you have any curriculum, reading material?

Resp: there is a lockup down they are with the training manager.

P 9: KII EMS Administrator_Policy maker (MOH).docx - 9:7 [Inter: is there a training fac..] (35:42) (SW)

Codes: [ems_training]

No memos

Inter: is there a training facility for EMS respondents?

Resp: not yet.

Inter: so will you train them?

Resp: yes we've got trainers, people who have already been trained so we intend to use local trainers, iam a trainer, Joseph is a trainer and many other people.

Inter: so do you plan to train them through workshops?

Resp: yes.

Inter: but not a school and having a curriculum of three or four months?

Resp: its basic training starting with patient transport attendant's course and we intend to do CPDs because even funds don't allow a training for three months. It will be a training for one to two weeks.

P12: KII EMS Policy maker _MOH.docx - 12:17 [no. as I was telling you the c..] (52:52) (SW)

Codes: [ems_training]

No memos

no. as I was telling you the course of the ambulance system that we are trying to put because that institutional capacity project was funded by the Belgium government so they were funding Rwenzori and west Nile region so they were ambulances for all the districts and because of that there was some training which was conducted by some people from Mulago the injury control center and then ministry of health. There is one of our administrators here who was so keen in injury but now he has gone for politics. There is no particular training that these are the medics who are going to handle this. Even these ambulance drivers are not trained they are just like any other drivers. In order to reduce the number of paramedics in the ambulance you must train the drivers to have a hand in the rescue and like I told you it's not scoop and run you need to stabilize and along the way somebody is on treatment as you go to the hospital as the hospital is waiting to take over. But now they just take the patient damp him and take off and the hospital people don't know where to start.

P12: KII EMS Policy maker _MOH.docx - 12:20 [there may be a second person b..] (54:54) (SW)

Codes: [ems_training] [emt_personnel]

No memos

there may be a second person but is not trained like a paramedic who can deliver services needed. For St. John's ambulance two people can handle the patient the driver and paramedic, two people can load a patient on a hi-tech ambulance, as you roll a patient the trolley just fits on to the ambulance so one person can roll that trolley. After setting each and every thing the driver will be in front and the paramedic behind. Normally there is a nurse but she may not be able to work as a paramedic because their training is different.

P13: KII_EMS Administrator-Uganda Red Cross.docx - 13:4 [at times they have a medical b..] (32:32) (SW)

Codes: [ems_training] [emt_personnel]
No memos

at times they have a medical background because we have volunteers who are nurses and could be part of the team but generally what qualifies them there is they must be trained in first aid.

P13: KII_EMS Administrator-Uganda Red Cross.docx - 13:10 [they have a system of monitori..] (60:60) (SW)

Codes: [ems_monitoring] [ems_training]
No memos

they have a system of monitoring what they do, they have cards where each service provider is assessed on what he does at a particular event monitored by the program manager at headquarter level. But also at the branches branch managers are responsible to make sure that the services that they deliver is of standard. And in most cases when you assess gaps we have people on board who will conduct training to fill the gaps.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:18 [that means that police officia..] (164:164) (SW)

Codes: [ems_training]
No memos

that means that police officials need to be trained in this service.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:70 [what I think is that people sh..] (347:347) (SW)

Codes: [ems_training]
No memos

what I think is that people should be trained locally in the community to provide emergency care for example ten people in Kisugu can be trained to provide emergency care or pre hospital care to pregnant women and those who have had accidents before they get to the health workers. They need to be trained in basic care not the other complicated care.

P16: FGD_URCS_EMS.docx - 16:6 [you know in first AID we were ..] (63:63) (SW)

Codes: [ems_services] [ems_training]
No memos

you know in first AID we were trained in triage, when you reach at the scene you make assessment with the person, did he hit the head, the chest or the arm so

you will be able to know that I could work on this and refer for this. So by the nature of our training we are able to do a triage and do the assessment and decide whether to refer.

P16: FGD_URCS_EMS.docx - 16:9 [R: then for the previous quest..] (68:68) (SW)

Codes: [ems_training]

No memos

R: then for the previous question one would look at the history of attacks and if you have that information you can determine whether this person can spend most time before referral. Our first aiders have these issues in their curriculum.

P16: FGD_URCS_EMS.docx - 16:41 [the way pre hospital care can ..] (170:170) (SW)

Codes: [ems_training] [recommendations_ambulance]

No memos

the way pre hospital care can be done is to incorporate more trainings within the communities like the government has VHTs, Red Cross has volunteers. If these community based volunteers and VHTs can be integrated and more first aid trainings are done then we would have improved on the pre hospital care. This is because in most cases incidences occur and people die because of the immediate care given.

P17: FGD_Naguru hospital healthworkers.docx - 17:3 [Even in some hospitals you kno..] (81:81) (SW)

Codes: [ems_training] [lack_supply]

No memos

Even in some hospitals you know we are not well equipped. First of all we lack equipment, we lack the training so sometimes we can receive an emergency and we don't know what to do, someone doesn't know where to start. So there is need for training much as we are medical personnel there's need for training people who handle emergencies. You know it needs continuous training and particularly in how to handle emergencies because not every medical personnel can handle emergencies.

P17: FGD_Naguru hospital healthworkers.docx - 17:4 [even the community like in Nai..] (83:83) (SW)

Codes: [ems_training] [lack_supply] [recommendations_health_service]

No memos

even the community like in Nairobi one time I went there for training and the emergency department is totally different, people are well trained and they have ongoing training. So there should be an emergency department well equipped with well trained staff to handle emergencies.

P17: FGD_Naguru hospital healthworkers.docx - 17:6 [In addition to that, there mus..] (89:89) (SW)

Codes: [ems_training]

No memos

In addition to that, there must be some people trained to handle such patients during transportation especially if the ambulance is there because they will know

how to handle the patient alive as they are coming to the facility.

P17: FGD_Naguru hospital healthworkers.docx - 17:45 [R2: there should be some peopl..] (232:238) (SW)

Codes: [ems_training]

No memos

R2: there should be some people trained in this care to go with the ambulance and start care as the person is brought to hospital.

R1: this one is talking of health workers not only health workers, the lay people in the community too should be trained in first AID so that they know how to handle people they can help. They even come in better than the health workers because by the time the health worker comes in she has done something.

R3: and even these VHTs, did I hear they want to ban them? Me I think they should strengthen them instead, I think those people can be helpful. One time we were doing this immunization these people know each home, they know each family, they know who is sick, some areas are hard to reach, they know who is expecting. We would reach a home and they ask; where are the children? They know each name.

R1: they know where there is a pit latrine and where there is no pit latrine.

R3: so we need people like this who know people and whom the people know, me if I went they see me as a stranger but if I went to my community people know me so when I talk they understand because of our relationship. If they hear health workers are coming some will take off while others will close their doors but this VHT goes there all the time so many people down there can be trained to help.

R4: health educate.

R3: and some people should be also taught like if you have a patient who is terminally sick and can't stay in hospital those people can be taught to take care of this patient and come once in a while and when there are issues they call and consult and we visit once in a while.

P17: FGD_Naguru hospital healthworkers.docx - 17:48 [R1: the government has a big r..] (248:252) (SW)

Codes: [ems_training]

No memos

R1: the government has a big role to sensitize the public about diseases, prevention, and emergency care first AID.

R3: they should train us people think the training we got is enough its' not enough

to handle emergencies.

R4: and things change all the time.

R1: and we are not enough.

R3: and we may find yourself working but you don't know what to do.

Code: emt_motivation {7-0}

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:12 [no since it is a voluntary pro..] (63:63) (SW)

Codes: [emt_motivation]

No memos

no since it is a voluntary program there are several motivations that keep the, they don't really leave St. John, they could stay for 5 years and over, the only challenge is relocation because of you know somebody is serving in Nsangi but gets a job in Entebbe then you have to recruit again. They value their membership to an organization like St. John, interest in the uniform which is from UK, there are ranks given with promotions within the service and also if you have one star he would like to work hard and get the second star which is honorable.

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:28 [Resp: we need to get a policy ..] (147:149) (SW)

Codes: [emt_motivation]

No memos

Resp: we need to get a policy for this NGO because we are using volunteers and we still get a problem in getting insurance cover so we operate at risk. It's the staff who are insured

Inter: so if somebody gets injured or occupational hazards will St. John cover that or not?

Resp: for volunteers no, it's the staff who are covered and not the family so we lack that medical insurance so when I fall sick that means my family will suffer and because I can decide to stay at home may my wife or daughter is sick so they should extend that insurance to the whole family. Atleast four members in the family.

P 9: KII EMS Administrator_Policy maker (MOH).docx - 9:12 [we are trying to come up with ..] (68:68) (SW)

Codes: [emt_motivation]

No memos

we are trying to come up with protection policies regarding staff, death and all emergency services.

P10: KII EMS Administrator_Uganda Red Cross.docx - 10:4 [as I have said Red Cross basic..] (29:29) (SW)

Codes: [emt_motivation]

No memos

as I have said Red Cross basically operates on volunteers, when we have volunteers providing a service we provide refreshments only, and transport refund no daily payment. It's only the staff in charge of running – who are seated here, the drivers have a fixed salary.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:1 [I don't have any insurance] (17:17) (SW)

Codes: [emt_motivation]

No memos

I don't have any insurance

P13: KII_EMS Administrator-Uganda Red Cross.docx - 13:5 [we have three categories of pe..] (34:34) (SW)

Codes: [emt_motivation]

No memos

we have three categories of people, we have the staff who are paid according to the staff policy monthly like a person in charge of first aid, then the volunteers who are paid an allowance a daily basis whenever they work and respond to the emergency. But it depends on the emergency like you sited an accident on the road and you pick the patient. But when the volunteer works the whole day then that one has to be paid. And then the paramedics who are paid an allowance each day they work because they are just called on, they are on alert and expect to work when called on.

P16: FGD URCS EMS.docx - 16:13 [what happens is it is an issue..] (83:83) (SW)

Codes: [ems_patchy] [emt_motivation] [emt_personnel]

No memos

what happens is it is an issue of paper and practical, because within the government system we are aware there are VHTs (village health teams) outside Kampala and within Kampala many of these are previous Red Cross volunteers, yes they are there. But the way the VHTs work is that there is an amount of motivation and when you attend some of the national coordination meetings one of the things that comes out clearly is that the VHTs do they do the routine tasks that they are supposed to do? To be fair in some communities they don't, in some communities there are VHTs who are motivated and take personal initiative to follow up on this and that is another resource then that can be available. In communities where I have had chance I have participated in LC1 meetings because our medical system in Uganda is that HCI is a village health team, it is a non-infrastructure thing. When you look at HCII there are buildings and that kind of thing but the basic unit for medical services is VHT and i think for me there are still gaps because in about seven villages where I live in Kampala, the efficiency has not been the same.

Code: emt_personnel {22-0}

P 9: KII EMS Administrator_Policy maker (MOH).docx - 9:10 [drivers and bonded nurses. We ..] (60:60) (SW)

Codes: [emt_personnel]

No memos

drivers and bonded nurses. We shall train people with no medical background because we are going to be doing continuous professional development.

P10: KII EMS Administrator_Uganda Red Cross.docx - 10:2 [every Uganda Red Cross has a d..] (21:21) (SW)

Codes: [emt_personnel]

No memos

every Uganda Red Cross has a driver, we have specific drivers not that their work is to drive ambulances but we have drivers who overtime have been tested and it is clearly known that much as so and so is assigned to drive vehicle x in the event of an ambulance needed these are the people. So we have a driver who is attached to that, a minimum of two trained volunteers, whenever an ambulance is going out there is one who is seated with the driver and one is seated in the ambulance.

P10: KII EMS Administrator_Uganda Red Cross.docx - 10:3 [Resp: some of the volunteers a..] (23:27) (SW)

Codes: [emt_personnel]

No memos

Resp: some of the volunteers are actually doctors. So we have a person in charge of the ambulance system, we have two staff in charge of operating the ambulance fleet of the national society whenever there is a function.

Inter: who is in the car when it's in the field? The driver and two volunteers?

Resp: it depends, like when we are responding to a mass incidence then we have four volunteers.

Inter: so there is no doctor?

Resp: it depends again if the situation requires us to activate because we have doctors who are part of our group and that is the essential way that Red Cross works essentially on volunteers who have diverse professional backgrounds.

P10: KII EMS Administrator_Uganda Red Cross.docx - 10:7 [Inter: do you have a medical d..] (44:47) (SW)

Codes: [emt_personnel]

No memos

Inter: do you have a medical director in emergency?

Resp: we don't have a medical director we have a director for health and care services which goes into a number of things, regular planning. So we have a person in charge of emergency health, then a person who is in charge of community based first aid, then a person who is supposed to come on board to support commercial first aid reason being you find sometimes people say its peculiar...

Inter: (interjects) what is commercial first aid?

Resp: the Red Cross provides free services but we have cooperate agencies like Stanbic is organizing a function so service is commercial in nature in that there is no emergency being responded to there but a fund is generated to ensure that the service is provided but above all these funds raised here generally go to support the non-charged service responses.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:5 [Inter: So do you know if these..] (35:38) (SW)

Codes: [emt_personnel]

No memos

Inter: So do you know if these medical people; nurses whoever is in the angle, first of all who is in the ..car, do you drive alone who else is with you there?

Resp: I am supposed to be with either a nurse only

Inter: one nurse and you, only two people?

Resp: in most cases I am alone

P12: KII EMS Policy maker _MOH.docx - 12:15 [Then we don't even have the tr..] (44:44) (SW)

Codes: [ems_patchy] [emt_personnel] [lack_ambulance] [lack_supply]

No memos

Then we don't even have the transport even the medicine yet you have to have the resources. There is no budget particularly for this purpose, disaster preparedness is under the office of the prime minister not under the ministry of health. Emergency department is not under ministry of health. When something like that happens then you have to go to Mulago for human resources through the office of the executive director then we get nurses from the causality who have been trained in injury control. So we get them and team up with some

people here.

P12: KII EMS Policy maker _MOH.docx - 12:16 [it is response from the commun..] (46:46) (SW)

Codes: [ems_patchy] [emt_personnel]

No memos

it is response from the community, they will go there and do what they can because before somebody comes to the site the information must reach. Like in the east the nearest hospital is Buduuda which didn't have the human resources, the regional referral was very far one and a half hour drive. To move from that hospital to where the land slide was you drive for twenty minutes then you walk for 7km. So we left at night and we reached the site at midnight. Soldiers usually respond to such cases but they are not trained in that.

P12: KII EMS Policy maker _MOH.docx - 12:18 [In order to reduce the number ..] (52:52) (SW)

Codes: [emt_personnel]

No memos

In order to reduce the number of paramedics in the ambulance you must train the drivers to have a hand in the rescue and like I told you it's not scoop and run you need to stabilize and along the way somebody is on treatment as you go to the hospital as the hospital is waiting to take over. But now they just take the patient dump him and take off and the hospital people don't know where to start.

P12: KII EMS Policy maker _MOH.docx - 12:20 [there may be a second person b..] (54:54) (SW)

Codes: [ems_training] [emt_personnel]

No memos

there may be a second person but is not trained like a paramedic who can deliver services needed. For St. John's ambulance two people can handle the patient the driver and paramedic, two people can load a patient on a hi-tech ambulance, as you roll a patient the trolley just fits on to the ambulance so one person can roll that trolley. After setting each and every thing the driver will be in front and the paramedic behind. Normally there is a nurse but she may not be able to work as a paramedic because their training is different.

P13: KII EMS Administrator-Uganda Red Cross.docx - 13:3 [we always have two first aider..] (30:30) (SW)

Codes: [emt_personnel]

No memos

we always have two first aiders and one medical personnel then driver. But if it's a planned activity and we need more than that then we would have more. In most times the medical personnel is a doctor.

P13: KII EMS Administrator-Uganda Red Cross.docx - 13:4 [at times they have a medical b..] (32:32) (SW)

Codes: [ems_training] [emt_personnel]

No memos

at times they have a medical background because we have volunteers who are nurses and could be part of the team but generally what qualifies them there is

they must be trained in first aid.

P13: KII_EMS Administrator-Uganda Red Cross.docx - 13:6 [a driver, two first aid volunt..] (40:40) (SW)

Codes: [emt_personnel]
No memos

a driver, two first aid volunteers, a paramedic or doctor but in most cases it's a doctor.

P13: KII_EMS Administrator-Uganda Red Cross.docx - 13:7 [we start this training in seco..] (44:44) (SW)

Codes: [emt_personnel]
No memos

we start this training in secondary school, higher institutions of learning and adults so you would think of 17 to 35yrs those that are very active of course leaving out the professionals like the Doctors who are experienced people and could be above. But the main work force are the youth.

P13: KII_EMS Administrator-Uganda Red Cross.docx - 13:8 [staff are constant but volunte..] (48:48) (SW)

Codes: [emt_personnel]
No memos

staff are constant but volunteer work force they are bit fluid because we deal with students in higher institutions of learning so if a student was at the university maybe after two three years they have graduated, so they are not so fixed that they will be available. But within the system again we encourage them to register with our local branch where they relocate after school. So we would have them generally at national level but move between different branches.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:1 [like during a football match i..] (113:113) (SW)

Codes: [emt_personnel]
No memos

like during a football match in most cases there is an available medical personnel who may render service in case of any health problem and this person may even get back on the pitch and play again. But in the community such people who give first AID are rare.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:19 [they need paramedics like thos..] (165:165) (SW)

Codes: [emt_personnel]
No memos

they need paramedics like those of Red Cross to provide care to any person who has had an accident as they wait for the ambulance to come.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:76 [R5: in Nansana they selected h..] (360:362) (SW)

Codes: [emt_personnel]
No memos

R5: in Nansana they selected homes with elderly people like that of the chairman

and saw two of such homes which provide care for children after which they register in a book so one doesn't need to go to the health facility immediately.

Mod: are they VHTs?

R5: I think so. So we need such homes in the community to have first AID kits and they should be trained to give care like panadol to people with fever after which they can go to hospital.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:11 [then the ambulance drivers are..] (156:156) (SW)

Codes: [consequence_lack_EMS] [emt_personnel]

No memos

then the ambulance drivers are not reliable one has to plead with them and they need to be called to provide service. There is a patient who almost died while at Joram's clinic until the Doctor drove the ambulance to Mulago hospital. It is the patient who told me about this that; "I almost died if it wasn't for that Doctor, the driver refused to come saying it was late".

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:45 [it needs a health worker becau..] (295:295) (SW)

Codes: [emt_personnel]

No memos

it needs a health worker because the driver cannot drive as he takes care of the patient.

P16: FGD_URCS_EMS.docx - 16:13 [what happens is it is an issue..] (83:83) (SW)

Codes: [ems_patchy] [emt_motivation] [emt_personnel]

No memos

what happens is it is an issue of paper and practical, because within the government system we are aware there are VHTs (village health teams) outside Kampala and within Kampala many of these are previous Red Cross volunteers, yes they are there. But the way the VHTs work is that there is an amount of motivation and when you attend some of the national coordination meetings one of the things that comes out clearly is that the VHTs do they do the routine tasks that they are supposed to do? To be fair in some communities they don't, in some communities there are VHTs who are motivated and take personal initiative to follow up on this and that is another resource then that can be available. In communities where I have had chance I have participated in LC1 meetings because our medical system in Uganda is that HCI is a village health team, it is a non-infrastructure thing. When you look at HCII there are buildings and that kind of thing but the basic unit for medical services is VHT and i think for me there are still gaps because in about seven villages where I live in Kampala, the efficiency has not been the same.

P16: FGD_URCS_EMS.docx - 16:16 [and maybe to add on I understa..] (86:86) (SW)

Codes: [ems_patchy] [emt_personnel]

No memos

and maybe to add on I understand the ministry of health is to launch the national ambulance, somebody mentioned in another meeting but it is still in initial stages they only have two members of staff. They told us that they are to procure fifty ambulances we tasked them that if they are there then let's use them during the Pope's visit and they said no they are not yet in the country so it is still there. And if you meet them they will tell you that they have an ambulance system but there are two members of staff one Doctor and a nurse for the whole of Uganda so it is still not yet even launched nationally.

P17: FGD_Naguru hospital healthworkers.docx - 17:51 [R1: of course when it is going..] (258:261) (SW)

Codes: [emt_personnel]

No memos

R1: of course when it is going from this place a health worker goes with it.

Mod: but these other ones from your experience they don't have these things.

R3: they are just like any other vehicle.

R1: but if it is a mother in labor there will always be a midwife in that ambulance in case she pushes while still there.

Code: emt_support {1-0}

P 8: KII EMS Administrator and personnel_ St. John's ambulance.docx - 8:18 [Inter: is there a medical dire..] (78:81) (SW)

Codes: [emt_support]

No memos

Inter: is there a medical director for example when they go out there and they have a difficult case?

Resp: our people are trained to the level of a paramedic and EMT and patient transport attendant. The EMT can be in a position to stricter or put a drip. Then we have a central person Dr. Adam Kimala our surgeon who is based in Kampala hospital.

Inter: is he full time?

Resp: whenever you call him he gives advice because he's working in a private hospital.

Code: good_samaritan_issues {9-0}

**P 3: FGD Community members_Wandegeya market.docx - 3:9 [in addition to that, we may fe..]
(34:34) (SW)**

Codes: [good_samaritan_issues]

No memos

in addition to that, we may fear to help causalities because as soon as you get to Mulago so many questions are asked yet you just wanted to help someone at the road side.

**P 3: FGD Community members_Wandegeya market.docx - 3:12 [if one was cut by thugs and yo..]
(38:38) (SW)**

Codes: [good_samaritan_issues]

No memos

if one was cut by thugs and you decide to help, if he dies on the way then you are the number one suspect that's why some people fear helping such cases.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:29 [the other issue is that if one..]
(62:62) (SW)**

Codes: [good_samaritan_issues]

No memos

the other issue is that if one is involved in an accident and a good Samaritan in any vehicle would like to help this person to hospital they fear because when they get there this person is asked so many questions even before giving care to the patient to the extent of retaining his vehicle, at times they are incriminated. So most people fear helping anyone who has had an accident to hospital because of this. I don't know if the police officials have in any way done something to improve this situation.

**P10: KII EMS Adminstrator_Uganda Red Cross.docx - 10:16 [And this explains why since 20..]
(75:75) (SW)**

Codes: [good_samaritan_issues]

No memos

And this explains why since 2013 the Uganda Red Cross is pushing for the good Samaritan law to protect and empower people who would be involved in giving support during such incidences but as we stand right now in terms of the legal and policy we have some things that still need to be sorted out and I feel a study like this will stretch into some of those things.

**P10: KII EMS Adminstrator_Uganda Red Cross.docx - 10:17 [I have had scenarios where I h..] (74:74)
(SW)**

Codes: [good_samaritan_issues]

No memos

I have had scenarios where I have gone to accidents and officers say this is a scene of a crime yet you have to evacuate

P16: FGD_URCS_EMS.docx - 16:25 [maybe to add on we have issues..] (111:112) (SW)

Codes: [good_samaritan_issues]

No memos

maybe to add on we have issues whereby one; private entities have failed to understand the issue of emergencies as he has said but then even individuals some people fear that if I pick someone by the road and take him to hospital I will have questions by the police that maybe I have caused the accident so the regulation have actually not been so soft to such people. And I think the other challenge, someone will see someone has had an accident but will actually walk by thinking they will be charged for that accident.

R: actually in some situations where we get a private car to help us we give them a letter to show that he is helping or we go along with them so that they don't fear to be asked so many questions.

P16: FGD_URCS_EMS.docx - 16:34 [of referring somebody? Yeah, t..] (145:145) (SW)

Codes: [good_samaritan_issues]

No memos

of referring somebody? Yeah, there was a young man he was a banker, he was knocked and became unconscious so people had abandoned him because nobody wanted to use his money so when I came by I saw somebody lying down and I said what is happening? "You see the person has been knocked the boda boda run away now we don't know what to do". I called a policeman to come and in the mean time I was giving first AID then later a police car came and he was taken to hospital but if I wasn't around he wouldn't have been helped.

P17: FGD_Naguru hospital healthworkers.docx - 17:1 [yes we have a problem because ..] (80:80) (SW)

Codes: [good_samaritan_issues]

No memos

yes we have a problem because when some people see an emergency especially if they are not medical people they run away. They will see someone convulsing or fitting and will take off, of course they will relate it to spirits or what so they don't help. Actually there is a need for people to be sensitized about how to handle emergencies. We've seen on our roads when there is an accident people rush to steal property of the victims without helping.

P17: FGD_Naguru hospital healthworkers.docx - 17:34 [Recently I was on radio and pe..] (193:193) (SW)

Codes: [good_samaritan_issues]

No memos

Recently I was on radio and people were fearing that when they bring injured people to the hospital for emergencies you first make a statements, they ask many questions where did you get the person? Actually people were trying to explain why they ask but people were scared to bring people because of those statements and questions.

Code: issues_access {4-0}

P14: FGD_Kisugu- Kampala-EMS.docx - 14:12 [this is for both urban and rur..] (151:151) (SW)

Codes: [issues_access]

No memos

this is for both urban and rural places. For example one time I went to Lake Bunyonyi where the distance to the health facility is like from here to Lugazi or even beyond but the boat comes at 11:00am, only once a day so there is lack of transport, poor road networks which need to be improved thus poor accessibility and poverty are the major problems. Then ignorance so people need to be sensitized about what to do.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:13 [The other issue I have for hea..] (151:151) (SW)

Codes: [issues_access]

No memos

The other issue I have for health workers is that you have not sensitized the community on what to do.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:14 [R2: the other problem is pover..] (152:152) (SW)

Codes: [issues_access]

No memos

R2: the other problem is poverty because one can go hungry so you can't expect that person to afford a first AID kit or even save any money for emergency conditions like high blood pressure, so poverty.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:22 [R4: each person takes care in ..] (173:174) (SW)

Codes: [issues_access] [lack_ambulance]

No memos

R4: each person takes care in case they need emergency care because these days women save money to use while in labor so they just go for care.

R3: the government should provide transport at LC 1 level or any community leaders like they provided some bicycles at some level. This is because in most cases when there is an emergency case they run to the chairman for rescue, "chairman chairman wake up there is an emergency". So you wake up and drive yet they cannot even buy fuel. But some who are financially well can go to a health facility anytime they need to by themselves. They should provide these ambulances like at the police station.

Code: lack_ambulance {35-0}

P 1: FGD Community members _Mulago hospital.docx - 1:31 [I have never seen any ambulanc..] (84:84) (SW)

Codes: [lack_ambulance]

No memos

I have never seen any ambulance in my area.

P 1: FGD Community members _Mulago hospital.docx - 1:32 [politicians just promise but d..] (85:85) (SW)

Codes: [lack_ambulance]

No memos

politicians just promise but don't deliver.

P 2: FGD Community members _Uganda Police.docx - 2:3 [emergency health is relatively..] (54:54) (SW)

Codes: [lack_ambulance]

No memos

emergency health is relatively new and if you observe we don't have ambulances, basically here is firefighting, rescue and salvage and we have only one ambulance but there are others at other stations.

P 3: FGD Community members _Wandegeya market.docx - 3:14 [Boda bodas and taxis may not b..] (40:40) (SW)

Codes: [consequence_lack_EMS] [emergency_vehicle] [lack_ambulance]

No memos

Boda bodas and taxis may not be available and by the time they come one may have lost a lot of blood. Some health facilities have no ambulances.

P 3: FGD Community members _Wandegeya market.docx - 3:46 [when we go to a health center ..] (80:80) (SW)

Codes: [lack_ambulance]

No memos

when we go to a health center and the patient is referred to a hospital we have challenges with transport because most health centers have no ambulances.

P 3: FGD Community members _Wandegeya market.docx - 3:67 [hospital administrators should..] (123:123) (SW)

Codes: [corruption] [lack_ambulance] [recommendations_ambulance] [varied_response_time]

No memos

hospital administrators should monitor ambulance drivers to ensure that they don't misuse ambulances because one time we took a woman in labor and needed an ambulance but it was not available and when it came it had loaded matooke.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:2 [the major issue is that there ..] (21:21) (SW)

Codes: [lack_ambulance]

No memos

the major issue is that there are very few ambulances available especially for boda boda cyclists.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:4 [emergency medical care is the ..] (23:23) (SW)

Codes: [lack_ambulance] [recommendations_ambulance]

No memos

emergency medical care is the first Aid given to a person who has just had an accident and every station needs a standby ambulance fully equipped with medicine and health workers who can give this quick/prompt medical care but such services are not available.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:5 [my view is not so different fr..] (24:24) (SW)

Codes: [lack_ambulance] [recommendations_ambulance]

No memos

my view is not so different from that one because an ambulance is supposed to be ready all the time with a health worker who provides this first care before one is taken to a hospital but such services are not available.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:6 [no we don't have apart from th..] (26:26) (SW)

Codes: [consequence_lack_EMS] [emergency_vehicle] [lack_ambulance]

No memos

no we don't have apart from the boda boda ambulance which is only one so it may be contacted and is helping someone else since Kampala is big so if iam in Wandegeya and four other people the other side need care by the time they come here I may be dead already.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:10 [it was given to us by Hero Com..] (28:28) (SW)

Codes: [lack_ambulance]

No memos

it was given to us by Hero Company to boda boda 2010 which is an association for boda boda cyclists. Hero Company gives us motorcycles on loan and they are aware that many cyclists get accidents so they gave us that ambulance which serves in five divisions of Kampala so services are limited. The government does not support us so there is limited fuel available in this ambulance because it's provided by the boda boda 2010 office.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:11 [So if a casualty is from Kampa..] (29:29) (SW)

Codes: [lack_ambulance] [varied_response_time]

No memos

So if a casualty is from Kampala but has to be picked from Nsangi and there is another accident in Bwaise that means that this person in Bwaise will not access care yet the police vehicle takes a very long time to get to the scene.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:44 [it depends on the illness beca..] (78:78) (SW)

Codes: [lack_ambulance]

No memos

it depends on the illness because if a patient has had a heart attack or is about to give birth then you can't use public means of a taxi because they are taking one

passenger at ago and will delay. So this patient needs very quick transport means which can clear the way so that she gets to the hospital for timely medical care but such transport is not available apart from KCCA health facilities which have some ambulances.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:56 [We trained some people in firs..] (92:92) (SW)

Codes: [ems_training] [lack_ambulance]

No memos

We trained some people in first AID so they can give it to anyone in case of need say put/tie the legs together but they have no ambulances where they can give this care.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:57 [All the five divisions in Kamp..] (92:92) (SW)

Codes: [consequence_lack_EMS] [lack_ambulance]

No memos

All the five divisions in Kampala need two ambulances each like Kawempe two, Kampala central two, Lubaga two, Nakawa division two and Makindye division two ambulances available with health workers and drivers, this will reduce the death rate of people due to pre hospital care.

P 6: KII EMS Adminstrator _Uganda Police.docx - 6:17 [yes we often go to Mulago and ..] (77:77) (SW)

Codes: [lack_ambulance]

No memos

yes we often go to Mulago and we also have Nakasero hospital which came to partner with us because they didn't have many ambulances and are not in touch with people so they came to us and by they then we still had 17 in Kampala but we spread them out.

P12: KII EMS Policy maker _MOH.docx - 12:15 [Then we don't even have the tr..] (44:44) (SW)

Codes: [ems_patchy] [emt_personnel] [lack_ambulance] [lack_supply]

No memos

Then we don't even have the transport even the medicine yet you have to have the resources. There is no budget particularly for this purpose, disaster preparedness is under the office of the prime minister not under the ministry of health. Emergency department is not under ministry of health. When something like that happens then you have to go to Mulago for human resources through the office of the executive director then we get nurses from the causality who have been trained in injury control. So we get them and team up with some people here.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:2 [yes it is a problem due to lac..] (115:115) (SW)

Codes: [consequence_lack_EMS] [lack_ambulance]

No memos

yes it is a problem due to lack of transport, secondly health facilities are far and the nearby one has limited services because in most cases this HCIII has stock

outs so they refer patients to Mulago and the patient has no money, has no transport, the available boda boda transport is not convenient so we are scared of using them so you find that people end up dying due to poverty and lack of easy transport, so many people have died because of that yet they would have been saved.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:15 [in most cases when people get ..] (159:159) (SW)

Codes: [ems_challenges] [lack_ambulance]

No memos

in most cases when people get accidents the first action is taking them to hospital but us who come to the scene can't easily access these causalities because the police vehicle comes very fast to help and if we are to help we may not have supplies to use like gloves yet one may be bleeding or fluids are coming out and we fear being infected. So we need more government ambulances like if one gets an accident in Namuwongo HCIV there's an ambulance to take her to a referral.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:16 [the situation is not good beca..] (162:162) (SW)

Codes: [lack_ambulance]

No memos

the situation is not good because we have no ambulance apart from the one we recieved recently in Kisugu HCIV KCCA. In this parish of Kisugu we have about 10,000 people who are above 18 years so it cannot serve the whole community of about 50,000 people appropriately.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:22 [R4: each person takes care in ..] (173:174) (SW)

Codes: [issues_access] [lack_ambulance]

No memos

R4: each person takes care in case they need emergency care because these days women save money to use while in labor so they just go for care.

R3: the government should provide transport at LC 1 level or any community leaders like they provided some bicycles at some level. This is because in most cases when there is an emergency case they run to the chairman for rescue, "chairman chairman wake up there is an emergency". So you wake up and drive yet they cannot even buy fuel. But some who are financially well can go to a health facility anytime they need to by themselves. They should provide these ambulances like at the police station.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:24 [R5: that ambulance doesn't pro..] (181:190) (SW)

Codes: [ems_patchy] [lack_ambulance]

No memos

R5: that ambulance doesn't provide service to us the only person who had provided an ambulance lost politically so he stopped providing the service. Even the second person took his ambulance.

Mod: when they lost they took their ambulances.

R7: yes he had two vehicles one of which was used to take dead bodies.

Mod: why didn't you vote for them, now they are angry?

R6: that man used to help us.

R7: and we never used to fuel the vehicles even if it is at the Kabale border.

Mod: so they were available, were there any paramedics in the ambulance?

R5: no there were no paramedics but used to transport us wherever we wanted to go.

Mod: do they respond when you call?

R4: they say you didn't vote for us call whoever you voted for.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:25 [in Kisugu here we use the info..] (193:193) (SW)

Codes: [ems_dispatch] [lack_ambulance]

No memos

in Kisugu here we use the informal system in that whenever there is an emergency people will knock at the chairman's house and say there is an emergency or any other person in the community who has a vehicle can help. We don't have any ambulance from the government it is fellow community members that help, good brotherhood.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:43 [R2: in addition to Elijah's am..] (246:248) (SW)

Codes: [lack_ambulance]

No memos

R2: in addition to Elijah's ambulance.

R6: he stopped the ambulance services after he had lost his political seat.

R2: but he had provided the ambulance services for full five years.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:55 [the major concern is about tra..] (278:278) (SW)

Codes: [lack_ambulance]

No memos

the major concern is about transport to the health facility but again one may be so ill to go by himself, he cannot jump over the trenches or get a boda boda very fast to the public health facility where services are free of charge.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:65 [do you believe that if ambulan..] (314:319) (SW)

Codes: [lack_ambulance] [user_fees]

No memos

do you believe that if ambulances were available to get to the hospital

people would utilize them?

Chorus: yes, they would use them.

R7: but there should be money available for fuel.

R4: they usually ask for fuel money.

R5: ambulances should be provided with fuel.

R7: but if it is available and they say put fuel you can do so.

**P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:3 [Chorus: we don't have any. R1:..]
(117:122) (SW)**
Codes: [lack_ambulance]
No memos

Chorus: we don't have any.

R1: it is at the community health center in Lugoba which is a private health facility.

R4: Joram clinic has an ambulance too.

R1: but community members have no access to it unless you are registered as their patient.

R5: we do not have any ambulance stationed in any place in case anyone has a problem.

R2: there was one at the division but we needed to fuel it in order to be helped so it was costly too. It would cost 50,000/=.

**P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:10 [the major issue is that at tim..]
(155:155) (SW)**
Codes: [lack_ambulance] [user_fees]
No memos

the major issue is that at times they are very far and there is no means of transport to the health facility so if this person has no money he cannot get to the health facility. So it is means of transport and pocket wise.

**P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:35 [R2: there are some rural areas..]
(266:266) (SW)**
Codes: [lack_ambulance] [lack_supply]
No memos

R2: there are some rural areas where you take a patient but there is no medicine so you have to take her back yet there is no transport.

P16: FGD_URCS_EMS.docx - 16:23 [R: they are there and it's due..] (107:108) (SW)
Codes: [lack_ambulance]

No memos

R: they are there and it's due to lack of means of transport.

R: now when you look at our level communities know us very well like we told you we coordinate this so you find that your phone at night will actually be very busy; "I have a child here the situation is like this I need a hand, I need an ambulance". These phone calls are so many but you find that you are prohibited because you have nothing to dispatch to go and pick them so if it is a question they are many true they are very many. They call you and say we know you can do this but you are not going to explain yourself to them.

P17: FGD_Naguru hospital healthworkers.docx - 17:9 [maybe for me I would like to -..] (93:93) (SW)

Codes: [lack_ambulance]

No memos

maybe for me I would like to – it's sort of an inquiry, during the Papal visit those ambulances were stationed at the ministry of health, are they helping us in hospitals or they are to help us when there is an occasion?

P17: FGD_Naguru hospital healthworkers.docx - 17:10 [we had it but since it broke d..] (99:99) (SW)

Codes: [lack_ambulance]

No memos

we had it but since it broke down we don't have any ambulance system here yet it is a regional hospital.

P17: FGD_Naguru hospital healthworkers.docx - 17:17 [R1: they are there and the big..] (140:141) (SW)

Codes: [emergency_vehicle] [lack_ambulance]

No memos

R1: they are there and the biggest problem is transport.

R3: you will see emergencies on a boda yet the distance is big but in Kampala iam not sure.

P17: FGD_Naguru hospital healthworkers.docx - 17:18 [R1: they are there and that's ..] (142:142) (SW)

Codes: [consequence_lack_EMS] [lack_ambulance]

No memos

R1: they are there and that's why these TBAs have taken part in the villages, they do what they can. Somebody has died during delivery maybe she needed a caesarian section but no transport.

P17: FGD_Naguru hospital healthworkers.docx - 17:30 [for me no because we don't hav..] (185:185) (SW)

Codes: [lack_ambulance]

No memos

for me no because we don't have the van and as a hospital because our ambulance is down and that would have been the first option for me to call them.

Then the second option is calling other ambulances but even if I call they may not help me because they may be busy or else I need to first call somebody from there. And you find that it is again very difficult for those ambulances to go and pick people from their homes. They don't go.

Code: lack_care_provider {1-0}

P17: FGD Naguru hospital healthworkers.docx - 17:7 [Then most of our facilities ar..] (90:90) (SW)

Codes: [lack_care_provider] [recommendations_ambulance]

No memos

Then most of our facilities are under staffed in that you may find this department with only two nurses yet there are two clinics running. So that's the time we at times face.

Code: lack_knowledge {6-0}

P 3: FGD Community members_Wandegeya market.docx - 3:2 [some of us may not know what t..] (31:31) (SW)

Codes: [consequence_lack_EMS] [lack_knowledge]

No memos

some of us may not know what to do, one can get a problem but no one knows what to do so at times people may just look on and someone dies

P 3: FGD Community members_Wandegeya market.docx - 3:3 [at times we have the knowledge..] (32:32) (SW)

Codes: [lack_knowledge]

No memos

at times we have the knowledge but we lack supplies for emergency medical care for example one time a certain lady was bitten by a snake but we moved the whole village and couldn't find a black stone yet it is the first medical care before being taken to hospital.

P 3: FGD Community members_Wandegeya market.docx - 3:36 [We were so confused but when w..] (65:65) (SW)

Codes: [lack_knowledge]

No memos

We were so confused but when we called Mulago hospital we were advised to them there as quickly as we could because the treatment given to the baby has to be administered within a given period of time. The baby was wrapped very fast and taken on a boda boda as the mother came with a taxi.

P 3: FGD Community members_Wandegeya market.docx - 3:62 [you should provide black stone..] (116:116) (SW)

Codes: [lack_knowledge]

No memos

you should provide black stones in the community because I have never seen it though I studied about it.

P 3: FGD Community members_Wandegeya market.docx - 3:65 [but in my village people with ..] (120:120) (SW)

Codes: [lack_knowledge]

No memos

but in my village people with HIV use animal medicine whereby some die and others get better so sensitization of the masses is needed.

P16: FGD_URCS_EMS.docx - 16:21 [The impression many people hav..] (100:100) (SW)

Codes: [lack_knowledge]

No memos

The impression many people have is that emergencies at night you stay monitoring the person so that very early in the morning you make the referral because at night the system is not functional and one is not sure of having elaborate emergency care in the facilities.

Code: lack_supply {28-0}

P 1: FGD Community members _Mulago hospital.docx - 1:2 [but those facilities should be..] (34:34) (SW)

Codes: [lack_supply]

No memos

but those facilities should be supported with supplies because we get there and we cannot receive medical care.

P 1: FGD Community members _Mulago hospital.docx - 1:4 [health facilities in the commu..] (37:37) (SW)

Codes: [lack_supply]

No memos

health facilities in the community have no medicine

P 1: FGD Community members _Mulago hospital.docx - 1:17 [my patient was hit by a hammer..] (46:46) (SW)

Codes: [lack_supply]

No memos

my patient was hit by a hammer on the head and we found him on Sunday at 9:00 so we rushed to a clinic after which we went to Rubaga hospital, he was injected paid 50,000/= and referred to Mulago because we were told that the machine in Nsambya was faulty

P 1: FGD Community members _Mulago hospital.docx - 1:18 [clinics have no services for e..] (48:48) (SW)

Codes: [lack_supply]

No memos

clinics have no services for emergency care and Kawolo hospital too has no x-

ray that's why we were referred to Jinja.

P 1: FGD Community members _Mulago hospital.docx - 1:27 [yes I do and when I get there ..] (79:79) (SW)

Codes: [lack_supply]
No memos

yes I do and when I get there I get medical care and if no medicine they tell us to buy.

P 1: FGD Community members _Mulago hospital.docx - 1:49 [Resp: they just prescribe and ..] (111:112) (SW)

Codes: [lack_supply]
No memos

Resp: they just prescribe and we have to buy from pharmacies.

Resp: that's what we want from Mulago hospital because it has all the experts so we can always buy from pharmacies.

P 3: FGD Community members_Wandegeya market.docx - 3:1 [the challenge is lack of suppl..] (29:29) (SW)

Codes: [lack_supply] [no_number]
No memos

the challenge is lack of supplies because one can get an accident but the people around have no supplies to help him reduce blood flow yet majority don't have access to that ambulance contact to call them.

P 3: FGD Community members_Wandegeya market.docx - 3:7 [We took a very long time knock..] (32:32) (SW)

Codes: [lack_supply]
No memos

We took a very long time knocking at people's doors for help in vain so we all need first AID kits for emergency care supplies in order to save lives.

P 3: FGD Community members_Wandegeya market.docx - 3:11 [lack of supplies.] (37:37) (SW)

Codes: [lack_supply]
No memos

lack of supplies.

P 3: FGD Community members_Wandegeya market.docx - 3:13 [that is what the other man sai..] (40:40) (SW)

Codes: [lack_supply]
No memos

that is what the other man said; we have no supplies/equipments. Boda bodas and taxis may not be available and by the time they come one may have lost a lot of blood.

P 3: FGD Community members_Wandegeya market.docx - 3:30 [one time robbers came into our..] (61:61) (SW)

Codes: [lack_supply] [provider_absent]

No memos

one time robbers came into our house and shot one of the girls in the arm, the lady called Kisota police who called patrol to come for the girl and when we got to Mulago there was no health worker available. After an hour one rude health worker came and gave her one injection and a drip and said we couldn't access x-ray services because the personels responsible were not available. In the morning after having the x-ray we were told that theater services were not available

P 3: FGD Community members_Wandegeya market.docx - 3:58 [some health workers in Mulago ..] (108:108) (SW)

Codes: [lack_supply]

No memos

some health workers in Mulago say that there is no medicine in the hospital and refer us to their clinics to buy.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:1 [the fact is that there is a pr..] (20:20) (SW)

Codes: [communication] [lack_supply] [varied_response_time]

No memos

the fact is that there is a problem because in case of an accident and police is called upon they take over 30 minutes before getting to the accident scene and when they get there at times they say there is no fuel in the vehicle and in case they take the patient to Mulago hospital they just dump the patient there and go so the patient does not get the medical care needed.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:9 [The government does not suppor..] (28:28) (SW)

Codes: [lack_supply]

No memos

The government does not support us so there is limited fuel available in this ambulance because it's provided by the boda boda 2010 office.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:17 [in addition to that most gover..] (34:34) (SW)

Codes: [delayed_treatment] [lack_supply] [travel_multiple_facilities]

No memos

in addition to that most government hospitals have no care because one time I took a patient who had a very wound on the head which needed to be stitched but this was not possible due to lack of supplies, can you imagine a government hospital not having these supplies for stiching!!! I took this patient to Bwaise where he received services so people who have had accidents should not be taken to government facilities because the patient is not attended to promptly and supplies are not available.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:18 [yes the unit is there but ther..] (36:36) (SW)

Codes: [dissatisfaction_services] [lack_supply] [provider_absent]

No memos

yes the unit is there but there is no sense if there are no supplies and health workers or people to help.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:28 [Resp2: the cylinder may be ava..] (55:57) (SW)

Codes: [emergency_vehicle] [lack_supply] [provider_absent]

No memos

Resp2: the cylinder may be available but there is no oxygen, is it there?

Resp1: but since they are not health workers they don't use it.

Resp2: the cylinder is there but it is not used so it is like the patient is moving in any other vehicle but at least they take him/her to hospital.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:54 [medical supplies are limited i..] (90:90) (SW)

Codes: [lack_supply]

No memos

medical supplies are limited in the hospital.

P12: KII EMS Policy maker _MOH.docx - 12:15 [Then we don't even have the tr..] (44:44) (SW)

Codes: [ems_patchy] [emt_personnel] [lack_ambulance] [lack_supply]

No memos

Then we don't even have the transport even the medicine yet you have to have the resources. There is no budget particularly for this purpose, disaster preparedness is under the office of the prime minister not under the ministry of health. Emergency department is not under ministry of health. When something like that happens then you have to go to Mulago for human resources through the office of the executive director then we get nurses from the causality who have been trained in injury control. So we get them and team up with some people here.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:61 [in Kisugu HCIV they just give ..] (299:299) (SW)

Codes: [lack_supply]

No memos

in Kisugu HCIV they just give Panadol. But there is a time the army was brought to that health facility to provide services because people were complaining of drug stock outs. They could give all the prescribed medication including injections.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:62 [one time my brother went to Ki..] (300:300) (SW)

Codes: [lack_supply] [recommendations_health_service]

No memos

one time my brother went to Kisugu HCIV (KCCA) with a friend and when he was told that there was a stock out of drugs so he made a call in a certain ministry

and within 25 minutes they had brought drugs. One of the health workers put him aside and told him; “you are going to cause us problems”, he replied; “this is my money because iam a tax payer so I have to make a call for the medicine in case a patient in a critical condition is brought he has to get care”. Instead of the health worker being happy that a client had helped she started blaming him, so the government has to consider this too and improve.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:20 [one would think about the star..] (178:178) (SW)

Codes: [lack_supply] [poor_service] [provider_absent]
No memos

one would think about the starting point when they get to the health facility, whether they will get treatment then at times I may console myself and say let me go if they prescribe for me I will buy the medicine”. That implies that we get so worried about the health workers’ availability, stock outs and the long queues especially at the public health facility. Those are our concerns.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:35 [R2: there are some rural areas..] (266:266) (SW)

Codes: [lack_ambulance] [lack_supply]
No memos

R2: there are some rural areas where you take a patient but there is no medicine so you have to take her back yet there is no transport.

P17: FGD_Naguru hospital healthworkers.docx - 17:3 [Even in some hospitals you kno..] (81:81) (SW)

Codes: [ems_training] [lack_supply]
No memos

Even in some hospitals you know we are not well equipped. First of all we lack equipment, we lack the training so sometimes we can receive an emergency and we don’t know what to do, someone doesn’t know where to start. So there is need for training much as we are medical personnel there’s need for training people who handle emergencies. You know it needs continuous training and particularly in how to handle emergencies because not every medical personnel can handle emergencies.

P17: FGD_Naguru hospital healthworkers.docx - 17:4 [even the community like in Nai..] (83:83) (SW)

Codes: [ems_training] [lack_supply] [recommendations_health_service]
No memos

even the community like in Nairobi one time I went there for training and the emergency department is totally different, people are well trained and they have ongoing training. So there should be an emergency department well equipped with well trained staff to handle emergencies.

P17: FGD_Naguru hospital healthworkers.docx - 17:8 [R4: even drugs are not there. ..] (91:92) (SW)

Codes: [lack_supply]
No memos

R4: even drugs are not there.

R2: and then the emergency drugs at times are not there, equipments are not there. Right now if you go to that emergency room you will see that there are no emergency equipments and you will also wonder. So that's a great great challenge.

P17: FGD_Naguru hospital healthworkers.docx - 17:49 [for example you may get a lady..] (254:254) (SW)

Codes: [lack_supply]

No memos

for example you may get a lady delivering on the way but you don't have gloves because we cannot go out with them they will say we are stealing so when you find a mother delivering you won't help because you cannot touch blood using bare hands.

P17: FGD_Naguru hospital healthworkers.docx - 17:50 [no but our ambulance had a sma..] (256:256) (SW)

Codes: [lack_supply]

No memos

no but our ambulance had a small oxygen cylinder only that it is broken.

Code: lack_support {2-0}

P14: FGD_Kisugu- Kampala-EMS.docx - 14:56 [the other concern is if the pe..] (280:280) (SW)

Codes: [lack_support]

No memos

the other concern is if the person stays alone, no helper, no sibling yet the other people are too busy to take care of her in case she is admitted until she gets better so she buys Panadol and remains at home. So many people go through this situation so end up staying at home because they don't want to disturb people.

P17: FGD_Naguru hospital healthworkers.docx - 17:28 [and I have seen other patients..] (178:178) (SW)

Codes: [lack_support]

No memos

and I have seen other patients here who have no caretakers, we've seen so many patients here who re very sick because of that and by the time the neighbors take action or look for a relative the person is very sick, they come here and are abandoned.

Code: lack_trust {7-0}

P 2: FGD Community members_Uganda Police.docx - 2:6 [They think whoever goes to Mul..] (57:57) (SW)

Codes: [lack_trust]
No memos

They think whoever goes to Mulago will be imputed.

P 2: FGD Community members_Uganda Police.docx - 2:27 [I would seek care in any facil..] (105:105) (SW)

Codes: [lack_trust]
No memos

I would seek care in any facility where I pay for the service if I can afford but I wouldn't go to a government referral hospital.

P 3: FGD Community members_Wandegeya market.docx - 3:8 [the other issue is negligence ..] (33:33) (SW)

Codes: [corruption] [lack_trust]
No memos

the other issue is negligence about other people's lives for example in most cases the first people to get to an accident scene may want to rob from the causalities instead of helping them and may end up dying as they try to fight for their property.

P 3: FGD Community members_Wandegeya market.docx - 3:29 [But I thank the Good Samaritan..] (59:59) (SW)

Codes: [dissatisfaction_services] [lack_trust]
No memos

But I thank the Good Samaritan who brought Jeff to me, he did a great job, he was better than the police and health workers who did not do what they were trained to do.

P 3: FGD Community members_Wandegeya market.docx - 3:51 [the other challenge is resista..] (91:91) (SW)

Codes: [lack_trust]
No memos

the other challenge is resistance to medicine, don't know if the health workers prescribe wrongly or the medicine is of poor quality. My children are ever sick and it is the same ailment.

P 3: FGD Community members_Wandegeya market.docx - 3:63 [but some health workers provid..] (117:117) (SW)

Codes: [lack_trust] [poor_service]
No memos

but some health workers provide expired medicine because they don't want to throw it away.

P17: FGD_Naguru hospital healthworkers.docx - 17:35 [for me for example where I sta..] (194:194) (SW)

Codes: [emergency_vehicle] [lack_trust]
No memos

for me for example where I stay I have a boda boda neighbor with a motorcycle

so if I get an accident he is ever at my disposal otherwise you cannot rely on the hospital and we are not driving I don't know when we shall drive.

Code: natural_remedies {9-0}

P 1: FGD Community members _Mulago hospital.docx - 1:23 [in case of an emergency like a..] (62:62) (SW)

Codes: [natural_remedies]

No memos

in case of an emergency like a snake bite we use herbs like tobacco before getting to hospital

P 2: FGD Community members _Uganda Police.docx - 2:5 [there is an attitude of people..] (57:57) (SW)

Codes: [natural_remedies]

No memos

there is an attitude of people about ambulances that if you drove to a place and someone has a broken leg and there is a group of boda boda riders they say Mulago is going to provide insufficient treatment and would prefer a traditional healer.

P 3: FGD Community members _Wandegeya market.docx - 3:5 [Resp: at times we have the kno..] (32:32) (SW)

Codes: [natural_remedies]

No memos

Resp: at times we have the knowledge but we lack supplies for emergency medical care for example one time a certain lady was bitten by a snake but we moved the whole village and couldn't find a black stone yet it is the first medical care before being taken to hospital.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:46 [this is how I understand it, t..] (97:97) (SW)

Codes: [natural_remedies] [self_medication]

No memos

this is how I understand it, that if a person becomes sick he gets some treatment by taking some tablets or buy some aspirins from the shop, you can also take local herbs available, that is emergency medical care at that time when one doesn't feel well before going to the health facility.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:47 [emergency medical care is what..] (99:99) (SW)

Codes: [natural_remedies] [self_medication]

No memos

emergency medical care is what chairman said, one first buys medicine or takes herbs and goes to hospital later on.

P15: FGD_Kawempe adults _mixed group _EMS study.docx - 15:2 [treatment depends on the illne..] (113:113) (SW)

Codes: [care_seeking] [natural_remedies]

No memos

treatment depends on the illness for example if one is in shock we give milk, a convulsing baby is given something bitter like "ebombo"herbs, if a child has a high temperature we use a cold sponge.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:31 [R7: since there are so many cl..] (246:250) (SW)

Codes: [care_seeking] [natural_remedies]

No memos

R7: since there are so many clinics in this community whenever we get sick we easily go to these private clinics for first AID after which we go to public hospitals.

R1: some of us usually use local herbs (like bombo and omwetango).

R6: even aloe Vera and if the child gets better with God's help we don't go to hospital we stay home.

(Laughter for all)

R1: if patient gets better we forget all about going to hospital.

P16: FGD_URCS_EMS.docx - 16:43 [in Africa we have that feeling..] (175:175) (SW)

Codes: [care_seeking] [natural_remedies]

No memos

in Africa we have that feeling that if I have a minor injury I first use local herbs so as iam trying once the situation worsens then I go to the hospital so that's why people died mostly while in the communities. That's why more trainings should be done within the communities.

P17: FGD_Naguru hospital healthworkers.docx - 17:27 [others prefer traditional medi..] (177:177) (SW)

Codes: [natural_remedies]

No memos

others prefer traditional medicine/herbal so they take time taking that. People deceive them that you take this and that so they take long. Others think they are bewitched. Or they may say the other time so and so died so they go for some rituals and waste time and by the time they come they are very ill.

Code: no_beds {3-0}

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:14 [Then two; unless if the Police..] (82:82) (SW)

Codes: [communication] [no_beds]

No memos

Then two; unless if the Police provide these numbers because to me some people call you even at night they call you that take someone then you rush

there. But the problem is at the hospital. You pick for example a diabetic person is very ill you have put him on that trolley, when you reach Mulago at night you have to move with your own trolley, you get him from the vehicle take him out, drag him through the corridors to the ward then you start the process; what is your name, they record or they say according to triage this one is not, this one's medical conditionthe time taken there and when you reach there you find the beds are full that is where we get the biggest problem, so in most cases we don't allow using our trolleys, because you reach there they will do everything on the trolley and they say they don't have a bed you can wait. Right now when you go there you can find a very good extra, go there at night or when there has been a major accident you will, so most of them will fail at the hospital. Then you believe this system is relatively new because these....a policy they must have been around ...

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:15 [The policy is that you have to..] (84:84) (SW)

Codes: [no_beds] [poor_service]
No memos

The policy is that you have to take to a government hospital but if it is the patient where or if the patient is unconscious and has an attendant and then emphasizes to go to a private hospital because private hospitals are well equipped immediately you park there their nurses come up to the ambulance but if you go to a government hospital you will have to wait, to find a way of where to put that person. If it requires him to leave him on the stretcher, so in most cases what we do we delay at the hospital until we get a trolley from the hospital, once we use our own trolleys and there are no beds we find it difficult to take the person off.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:16 [with hospital trolley you will..] (86:86) (SW)

Codes: [no_beds] [poor_service]
No memos

with hospital trolley you will leave him on it they can start at any time and this thing is relatively new.

Code: no_number {23-0}

P 1: FGD Community members _Mulago hospital.docx - 1:24 [Resp: no. Resp: I don't know o..] (64:68) (SW)

Codes: [no_number]
No memos

Resp: no.

Resp: I don't know of any.

Resp: there is no contact.

Resp: I don't know.

Resp: unless one goes to a health facility and requests them to pick a patient.

P 1: FGD Community members _Mulago hospital.docx - 1:40 [but it is very difficult to ca..] (102:102) (SW)

Codes: [emergency_vehicle] [no_number]

No memos

but it is very difficult to call for an ambulance because we don't have their contacts so we run to the nearby health facilities and we use special hires.

P 2: FGD Community members_Uganda Police.docx - 2:20 [Resp: 999 for police. Resp: al..] (83:87) (SW)

Codes: [no_number]

No memos

Resp: 999 for police.

Resp: all police ambulances in Kampala have an official mobile mango line given free which has its own number given by the police to each ambulance driver.

Resp: fire goes to rescue, they asses then call the ambulance here. Fire brigade has 0800121222.

Resp: we respond to fire and when there is a person injured we call for ambulance. If 999 is called they call us in case of fire, then in case of an accident they call for an ambulance.

Resp: they can dial to any nearby police station if it's not fire brigade they can call any nearest police station like Namasuba or Katwe and those people at the police station communicate to the ambulance.

P 2: FGD Community members_Uganda Police.docx - 2:45 [here we ring 112,999 and its t..] (157:157) (SW)

Codes: [no_number]

No memos

here we ring 112,999 and its toll free and its British oriented. For supermarkets we have ICU.

P 3: FGD Community members_Wandegeya market.docx - 3:1 [the challenge is lack of suppl..] (29:29) (SW)

Codes: [lack_supply] [no_number]

No memos

the challenge is lack of supplies because one can get an accident but the people around have no supplies to help him reduce blood flow yet majority don't have access to that ambulance contact to call them.

**P 3: FGD Community members_Wandegeya market.docx - 3:18 [Mod: do you know of any ambula..]
(47:48) (SW)**
Codes: [no_number]
No memos

Mod: do you know of any ambulance system in place and in case of an emergency do you know any contact phone number you can call for help?

Chorus: we don't know that contact.

**P 3: FGD Community members_Wandegeya market.docx - 3:21 [there is a police number begin..]
(52:52) (SW)**
Codes: [no_number]
No memos

there is a police number beginning with 03 but the digits are too many more than what we have so it is very difficult for us to recall that contact considering the elderly too so we need one with fewer digits like 77.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:20 [no, apart from the police numb..]
(40:40) (SW)**
Codes: [no_number] [varied_response_time]
No memos

no, apart from the police number yet they usually come late, it is the 99.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:21 [I work with boda boda 2010 so ..]
(42:42) (SW)**
Codes: [no_number]
No memos

I work with boda boda 2010 so we call the chairman's number and if they are near they come in time in case of any problem.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:22 [majority are not aware of this..]
(44:44) (SW)**
Codes: [emergency_vehicle] [no_number]
No memos

majority are not aware of this number but one out of fifteen boda boda cyclists one person knows this number. But the advantage with this ambulance is that they usually come in time in case of an accident.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:46 [At least we are near the polic..]
(79:79) (SW)**
Codes: [no_number]
No memos

At least we are near the police station where we can even run by foot and call them because network may get faulty so I can run and get the ambulance, we come and take the patient.

P 6: KII EMS Administrator _Uganda Police.docx - 6:23 [they are received here, at inf..] (98:98) (SW)

Codes: [no_number]
No memos

they are received here, at information room and headquarters. Three places which have toll free line and sometimes they come from the division headquarters because the people in those areas have the numbers of their DPCs so instead of calling the toll free they prefer calling the DPC and the DPC will call.

P 9: KII EMS Administrator_Policy maker (MOH).docx - 9:2 [Inter: so you are also trying ..] (15:18) (SW)

Codes: [no_number]
No memos

Inter: so you are also trying to get a national contact number?

Resp: exactly we already discussed with Uganda communication service and they already indicated a toll free number and its 911.

Inter: so it will only be for ambulance not police.

Resp: exactly, only for ambulance.

P 9: KII EMS Administrator_Policy maker (MOH).docx - 9:3 [what ministry of health is int..] (20:20) (SW)

Codes: [no_number]
No memos

what ministry of health is interested in is seeing is our communication being independent form police but in the initial stage we intend to work with police but with our number, we intend to use their system and their infrastructure because it is quite expensive for government to immediately establish its own

P12: KII EMS Policy maker _MOH.docx - 12:3 [For now we have not positioned..] (14:14) (SW)

Codes: [ems_patchy] [no_number]
No memos

For now we have not positioned the number but I remember when we were discussing about this we were thinking of having ambulance stations within the city and they will be coordinated from a central place and people will be given a toll free number that they can call and direct the ambulance so that they are taken to the nearest facility where that service can be.

P12: KII EMS Policy maker _MOH.docx - 12:6 [like the 999 has been misused ..] (27:27) (SW)

Codes: [no_number]
No memos

like the 999 has been misused because some people call to abuse the police, others call when they are drunk they just want to test and see if it is working.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:23 [there is 999 but it's never pi..] (180:180) (SW)

Codes: [no_number]
No memos

there is 999 but it's never picked when we call.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:26 [it is 999 but it is not helpfu..] (192:192) (SW)

Codes: [no_number]

No memos

it is 999 but it is not helpful.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:6 [R1: Joram's ambulance has a co..] (129:131) (SW)

Codes: [no_number]

No memos

R1: Joram's ambulance has a contact phone number.

R4: there is a phone number.

R2: but you can contact the Doctor if you have his phone number.

P16: FGD_URCS_EMS.docx - 16:19 [R: again it is an issue of I d..] (94:98) (SW)

Codes: [no_number]

No memos

R: again it is an issue of I don't know -31 and practice, two things happen, there is a police toll free 112

R: 0088...

R: (interjects) but is it picked? But we have issues somewhere there was a collision between a vehicle driver and a boda boda, I was driving past and the temperatures were high that the boda bodas were rioting and almost lynching the man so I tried to call this number and you couldn't go through.

We also have a toll free line for the office of the prime minister for issues of informing them of about informing them of occurrences but for me this is more to do with mass incidences, my problem is if a man in Katanga suddenly gets a heart attack what number can he call? And is there such a number? In the communities I always tell you we will get all sorts of information that we have a number for the nearest nonprofit hospital like Nsambya then we have IHK which is commercial. We have our communications with hospitals in Uganda in terms of their ability in terms of receiving emergencies and work on them but there is also an issue of their ability to provide ambulances to pick emergency cases.

Now generally in terms of there being a number for people to call I don't think so, what I know is of routine issues that when we have any perceived outbreak of any epidemics of sorts ministry of health always announces a toll free number for example for the case where we had mulberg, ebola there was a toll free line if you see this happening you call us but once you see those fears go down these

toll free numbers...

**P17: FGD_Naguru hospital healthworkers.docx - 17:14 [Mod: so is there an emergency ..] (107:118)
(SW)**

Codes: [no_number]

No memos

Mod: so is there an emergency phone number that you have?

Chorus: yes.

R1: they are there. (Shows me several contacts on a paper on the wall without specific facilities they attached to)

R3: even KCCA and police.

Mod: so they are different.

R2: yes they are different.

Mod: where is the one for Mulago?

(Laughter)

R2: they are all emergency contacts.

R1: they are mixed up.

R3: this one is Nelson's and most people here have it.

R1: but in most cases if it is during the day we contact our administrator who calls for help.

**P17: FGD_Naguru hospital healthworkers.docx - 17:32 [even if you know the number th..] (191:191)
(SW)**

Codes: [ems_dispatch] [no_number]

No memos

even if you know the number they may not come. It's the police patrol which may come atleast I have heard patients here who say they called the police and they were brought.

**P17: FGD_Naguru hospital healthworkers.docx - 17:40 [if we knew that we could call ..] (212:212)
(SW)**

Codes: [no_number]

No memos

if we knew that we could call this number and they come of course they would use them.

Code: non-responsiveness_provider {8-0}

P 3: FGD Community members_Wandegeya market.docx - 3:15 [then health workers especially..] (41:41) (SW)

Codes: [delayed_treatment] [dissatisfaction_services] [non-responsiveness_provider]

No memos

then health workers especially in government health facilities don't have care for people who need emergency care, you may get there but they don't care so some people die while in hospital but have not received any prompt medical care.

P 3: FGD Community members_Wandegeya market.docx - 3:16 [I know of the casualty unit in..] (45:45) (SW)

Codes: [consequence_lack_EMS] [non-responsiveness_provider]

No memos

I know of the casualty unit in Mulago but we get there in a rush and the health workers ignore us and the patients may end up dead.

P 3: FGD Community members_Wandegeya market.docx - 3:17 [health workers are available b..] (46:46) (SW)

Codes: [corruption] [non-responsiveness_provider]

No memos

health workers are available but just bypass us and don't care unless we give them money.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:65 [the other issue is that Mulago..] (105:105) (SW)

Codes: [non-responsiveness_provider]

No memos

the other issue is that Mulago has all the necessary medical services and equipment because all patients are referred there from International hospital, Nsambya, Rubaga but it's the service providers who don't want to give the services.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:32 [R6: when I got to Kisugu HCIII..] (212:214) (SW)

Codes: [corruption] [non-responsiveness_provider] [rude_provider] [user_fees]

No memos

R6: when I got to Kisugu HCIII there was no health worker in the ward so I went and knocked at her door, the nurse came out and asked me what I had gone for at that time of the night and I explained that I was in labor. She shouted at me and said you go away iam still sleepy or you first give me ten thousand. I was in so much pain that time so my husband gave her ten thousand shillings he had in the pocket. She told me to get to the delivery bed which I did after placing my luggage next to it. I was in so much pain and pleading "musawo musawo please help me", (nurse nurse please help me) then she came and examined me as she yawned all the way through.

After that she said; "you are not going to deliver unless you give me thirsty thousand shillings". I didn't have a phone but had my sim-card where we had

deposited and saved some money so we requested her to lend us her phone which we used to deposit money on her phone and she had to make sure the money was there. After that she gave a tablet to put under my tongue, went to her room and closed the door. I had so much pain and kept on calling her but she had closed the door of the room where she was sleeping until something came out and as the baby was coming out too that's when the nurse came and said; "eeehhh are you delivering by yourself? Okay you go ahead and deliver". Eeehhh the other woman, I had even saved her telephone contact just to follow her up.

When the baby came out she asked me; "now tell me who told you to push the baby, are you a health worker?" I kept quiet because I was happy the baby was out. The nurse was so proud and kept on walking like a model. She said we had to make sure that nothing drops on the floor by holding the liner/polythene on which one delivers so tightly. Other women were literally delivering with no help on the other beds. She didn't dress the baby until I got up, checked in the bag and dressed it by myself then walked to the admission ward and found a bed where I rested.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:36 [atleast the nurse gave me some..] (222:222) (SW)
Codes: [non-responsiveness_provider]
No memos

atleast the nurse gave me some care but there was a woman who could not speak luganda and had nothing with her but was in too much pain. The nurse said she could not give her any medical care, didn't allow her to get to the delivery bed and that the woman had to go to Mulago yet it was 2:00am because she did not have the basics to use. My husband pleaded with the nurse to help the woman but she refused. After some time the woman pushed her baby with the help of these other caregivers but the uterus came out too, the woman was in great pain and was planning to go to Mulago by the time I left.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:22 [then at times health workers d..] (183:183) (SW)
Codes: [non-responsiveness_provider]
No memos

then at times health workers don't help us, they just get rid of us for example if a patient is very sick and is talking anything the health worker may say; "you go away we shall not treat you, we don't have medicine too".

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:23 [language barrier too is a conc..] (184:184) (SW)
Codes: [non-responsiveness_provider] [rude_provider]
No memos

language barrier too is a concern for example one time I was in hospital for antenatal care and one of the patients could not communicate with the health worker so she said; "let those who can speak come why didn't you come with an

interpreter?” this woman was asked about the number of children she had and she said a number which was more than the right one, the health worker quarreled and told her; “ go away and leave those who can explain their history properly, why are you still having children?”. The woman had said the right number of children she had but couldn’t explain properly what she was feeling or what her health problem was, generally she was not treated appropriately. At the end of it all she went without getting the medical care she had to get.

Code: poor_service {20-0}

P 1: FGD Community members _Mulago hospital.docx - 1:26 [when we got here my son was pu..] (73:73) (SW)

Codes: [poor_service] [rude_provider]

No memos

when we got here my son was put on a very dirty floor at the entrance of the toilet with urine. When I handed in the file it was lost and they started shouting at me.

P 1: FGD Community members _Mulago hospital.docx - 1:35 [my patient fell off from a veh..] (86:86) (SW)

Codes: [poor_service]

No memos

my patient fell off from a vehicle carrying cattle. He hit his head on the ground and the neck was injured. He was taken to Kiwoko dispensary in a special hire at 50,000/=, he got some treatment, he was referred to Mulago for a scan, we came on Friday at 10:00 with a doctor in the ambulance which cost us 100,000/=, he was put on a drip and taken for a scan but on Saturday the file was misplaced by the health workers and since then the patient has not received any treatment.

P 1: FGD Community members _Mulago hospital.docx - 1:45 [And when someone borrows money..] (106:106) (SW)

Codes: [poor_service]

No memos

And when someone borrows money they get to hospital and don’t get medical care so they stay at home

P 1: FGD Community members _Mulago hospital.docx - 1:50 [the hospital is so congested.] (113:113) (SW)

Codes: [poor_service]

No memos

the hospital is so congested.

P 1: FGD Community members _Mulago hospital.docx - 1:57 [Resp: we try as much as we can..] (124:125) (SW)

Codes: [delayed_treatment] [poor_service]

No memos

Resp: we try as much as we can but we don't get medical care.

Resp: yes we get there quickly but the service is poor.

P 3: FGD Community members_Wandegeya market.docx - 3:22 [The other issue is that very f..] (52:52) (SW)

Codes: [poor_service]

No memos

The other issue is that very few people have experience in handling casualties because I usually witness the police throwing them on the pickup at the junction there so they end up injuring them more and when they get to the causality unit entrance in Mulago the patient is just thrown on to the stretcher so by the time they get to the unit the person is dead.

P 3: FGD Community members_Wandegeya market.docx - 3:63 [but some health workers provid..] (117:117) (SW)

Codes: [lack_trust] [poor_service]

No memos

but some health workers provide expired medicine because they don't want to throw it away.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:53 [At times one has no money and ..] (88:88) (SW)

Codes: [consequence_lack_EMS] [poor_service] [user_fees]

No memos

At times one has no money and no document and care taker so no medical care is given thus leading to death.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:15 [The policy is that you have to..] (84:84) (SW)

Codes: [no_beds] [poor_service]

No memos

The policy is that you have to take to a government hospital but if it is the patient where or if the patient is unconscious and has an attendant and then emphasizes to go to a private hospital because private hospitals are well equipped immediately you park there their nurses come up to the ambulance but if you go to a government hospital you will have to wait, to find a way of where to put that person. If it requires him to leave him on the stretcher, so in most cases what we do we delay at the hospital until we get a trolley from the hospital, once we use our own trolleys and there are no beds we find it difficult to take the person off.

P11: KII EMS Personnel_ambulance driver_Uganda Police.docx - 11:16 [with hospital trolley you will..] (86:86) (SW)

Codes: [no_beds] [poor_service]

No memos

with hospital trolley you will leave him on it they can start at any time and this thing is relatively new.

P12: KII EMS Policy maker _MOH.docx - 12:2 [And as ministry we have got a ..] (13:13) (SW)

Codes: [poor_service]

No memos

And as ministry we have got a problem with the PNFP facilities where at times people who need emergency services are turned away from those hospitals yet any patient who needs emergency care is entitled to the nearest hospital where he can be stabilized and if there is need he can be referred.

P12: KII EMS Policy maker _MOH.docx - 12:8 [We cannot leave the police out..] (28:28) (SW)

Codes: [poor_service]

No memos

We cannot leave the police out but the way they ferry patients, sometimes you sit and say is this the best way to transport patients? Or how they rescue the patient from the site which may be more dangerous they rather leave the patient at the site. They push the patients on the pickup under those chairs whether you have a broken leg or not.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:3 [the challenge is that the heal..] (117:117) (SW)

Codes: [poor_service]

No memos

the challenge is that the health workers in that HCIII are very unreliable. That child went there yesterday at 8:00am and came back at 3:00pm without medicine, he was given Panadol only. This implies that the government is not supporting us at all.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:4 [Mod: there are no drugs and wh..] (118:121) (SW)

Codes: [poor_service]

No memos

Mod: there are no drugs and what do the health workers do?

Chorus: they are never there.

R6: I went there to deliver and the nurse was telling me "genda eri", (literally meaning that she should leave the place).

R5: but that did not happen to me because I was lucky, when I took my sick child I found an aged Doctor and I found the laboratory technician for the blood test when I was told to go there but didn't get any medicine he prescribed.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:17 [my comment is about the rough ..] (163:163) (SW)

Codes: [poor_service]

No memos

my comment is about the rough way police handles patients. They have no ambulance so just put people with wounds and are bleeding, no dressing on a pickup to Mulago hospital so one can easily die while on the way.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:20 [R5: in conclusion about that p..] (166:170) (SW)

Codes: [poor_service]

No memos

R5: in conclusion about that point, we have pregnant women here but they cannot even talk, here has been an improvement with mother care whereby they get mama kits, mosquito nets.

R6: but some don't get mosquito nets.

R5: they distribute them, though they discriminate politically.

Mod: there will be another mass mosquito net distribution

R1: some of them discriminate so such things should be given to a person with no political affiliation be it a movement supporter or not.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:27 [currently if iam to go to KCCA..] (199:199) (SW)

Codes: [poor_service]

No memos

currently if iam to go to KCCA they say adults sit this side and children this side and will not take any immediate diagnosis yet they can't tell if it is mere headache or another medical condition until you get through the queue, they just prescribe and take no diagnosis.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:29 [at times they are taken and ke..] (201:201) (SW)

Codes: [poor_service]

No memos

at times they are taken and kept in the corridors of the hospital.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:20 [one would think about the star..] (178:178) (SW)

Codes: [lack_supply] [poor_service] [provider_absent]

No memos

one would think about the starting point when they get to the health facility, whether they will get treatment then at times I may console myself and say let me go if they prescribe for me I will buy the medicine". That implies that we get so worried about the health workers' availability, stock outs and the long queues especially at the public health facility. Those are our concerns.

P17: FGD_Naguru hospital healthworkers.docx - 17:2 [Even the – I don't want to men..] (80:80) (SW)

Codes: [poor_service]

No memos

Even the – I don't want to mention the police, we've seen how they are handling. You know one is lifting the leg another one the hand, this is an emergency and you don't know where the injury is so there is a big big problem in handling emergencies.

Code: provider_absent {11-0}

P 1: FGD Community members _Mulago hospital.docx - 1:7 [When we got to hospital there ..] (40:40) (SW)

Codes: [provider_absent]

No memos

When we got to hospital there were no health workers because it was a Saturday, the boy was bleeding from the penis and was in too much pain. He got one drip and was supposed to have a scan and x-ray but no health worker was there to do it so we had to go to Jinja but there were no health workers too so we came back to Kawolo.

P 2: FGD Community members _Uganda Police.docx - 2:26 [it happens most of the time an..] (103:103) (SW)

Codes: [provider_absent]

No memos

it happens most of the time and you find that the person to respond or take care of that person is not there especially very late in the night.

P 3: FGD Community members _Wandegeya market.docx - 3:30 [one time robbers came into our..] (61:61) (SW)

Codes: [lack_supply] [provider_absent]

No memos

one time robbers came into our house and shot one of the girls in the arm, the lady called Kisota police who called patrol to come for the girl and when we got to Mulago there was no health worker available. After an hour one rude health worker came and gave her one injection and a drip and said we couldn't access x-ray services because the personels responsible were not available. In the morning after having the x-ray we were told that theater services were not available

P 3: FGD Community members _Wandegeya market.docx - 3:53 [we would use them but when the..] (94:94) (SW)

Codes: [provider_absent]

No memos

we would use them but when they take us to the hospital getting a health worker to provide medical care is not easy.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:15 [Resp2: it has all the necessar..] (32:33) (SW)

Codes: [provider_absent]

No memos

Resp2: it has all the necessary equipment needed in an ambulance, a stretcher is available.

Resp1: but there is no health worker due to lack of funds to pay that person, gloves are available too but when a boda boda cyclist is taken to Mulago hospital

they say we ride recklessly.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:18 [yes the unit is there but ther..] (36:36) (SW)

Codes: [dissatisfaction_services] [lack_supply] [provider_absent]

No memos

yes the unit is there but there is no sense if there are no supplies and health workers or people to help.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:25 [Inter: but there is no health ..] (47:48) (SW)

Codes: [provider_absent]

No memos

Inter: but there is no health worker in that ambulance.

Chorus: there is no health worker.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:28 [Resp2: the cylinder may be ava..] (55:57) (SW)

Codes: [emergency_vehicle] [lack_supply] [provider_absent]

No memos

Resp2: the cylinder may be available but there is no oxygen, is it there?

Resp1: but since they are not health workers they don't use it.

Resp2: the cylinder is there but it is not used so it is like the patient is moving in any other vehicle but at least they take him/her to hospital.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:32 [I was not able to get proper t..] (64:64) (SW)

Codes: [provider_absent]

No memos

I was not able to get proper treatment because the health workers had left since it was a Saturday, they gave me some tablets and put cotton wool and I was to return the following day and spent over 50,000/=.

P 6: KII EMS Administrator _Uganda Police.docx - 6:3 [Inter: who is usually in the a..] (25:26) (SW)

Codes: [provider_absent]

No memos

Inter: who is usually in the ambulance? Is it the driver is there a nurse?

Resp: wherever they are put we have clinics there and we have nurses in those stations unfortunately quite often during the response they rarely move out because they attend to the police in that area. Like here we have a clinic and there are two nurses so they are kept there purposely to handle the personnel.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:20 [one would think about the star..]

(178:178) (SW)

Codes: [lack_supply] [poor_service] [provider_absent]

No memos

one would think about the starting point when they get to the health facility, whether they will get treatment then at times I may console myself and say let me go if they prescribe for me I will buy the medicine". That implies that we get so worried about the health workers' availability, stock outs and the long queues especially at the public health facility. Those are our concerns.

Code: recommendations_ambulance {36-0}

P 1: FGD Community members _Mulago hospital.docx - 1:60 [all of us can use them because..]

(130:130) (SW)

Codes: [recommendations_ambulance]

No memos

all of us can use them because we need that service.

P 1: FGD Community members _Mulago hospital.docx - 1:61 [we need to know the ambulance ..]

(135:135) (SW)

Codes: [recommendations_ambulance]

No memos

we need to know the ambulance contact and this can be through radio and television

P 1: FGD Community members _Mulago hospital.docx - 1:62 [then the health worker in the ..]

(136:136) (SW)

Codes: [communication] [recommendations_ambulance]

No memos

then the health worker in the ambulance should leave the patient with another health worker after explaining where they came from and whatever happened because we are just damped there.

P 1: FGD Community members _Mulago hospital.docx - 1:63 [the fuel price should be reduc..]

(137:137) (SW)

Codes: [recommendations_ambulance]

No memos

the fuel price should be reduced from 70,000/= to 40,000/= so that the patient receives medical care in time.

P 1: FGD Community members _Mulago hospital.docx - 1:64 [the health workers should make..]

(138:138) (SW)

Codes: [recommendations_ambulance]

No memos

the health workers should make sure she leaves the patient with another health worker.

P 2: FGD Community members_Uganda Police.docx - 2:35 [and they should be well facili..] (132:132)

(SW)

Codes: [recommendations_ambulance]

No memos

and they should be well facilitated ambulances.

**P 2: FGD Community members_Uganda Police.docx - 2:39 [sensitize the community about ..]
(145:145) (SW)**

Codes: [recommendations_ambulance]

No memos

sensitize the community about the presence of public ambulance services.

**P 3: FGD Community members_Wandegeya market.docx - 3:20 [the police should have an ambu..]
(50:50) (SW)**

Codes: [recommendations_ambulance]

No memos

the police should have an ambulance so that in case of an emergency one can rush or call for help.

**P 3: FGD Community members_Wandegeya market.docx - 3:23 [So people in the market, at th..]
(52:52) (SW)**

Codes: [recommendations_ambulance]

No memos

So people in the market, at the boda boda stage or taxi park should be trained and given supplies for emergency care.

**P 3: FGD Community members_Wandegeya market.docx - 3:49 [government should provide ambu..]
(82:82) (SW)**

Codes: [recommendations_ambulance]

No memos

government should provide ambulances stationed along each high way to save lives in case of emergencies because the police patrol vehicles are not good for casualties.

**P 3: FGD Community members_Wandegeya market.docx - 3:54 [yes we can use them but we nee..]
(98:98) (SW)**

Codes: [recommendations_ambulance]

No memos

yes we can use them but we need a specific number to call

**P 3: FGD Community members_Wandegeya market.docx - 3:60 [Resp: yes I said that ambulanc..]
(110:112) (SW)**

Codes: [recommendations_ambulance]

No memos

Resp: yes I said that ambulances may be provided but we need to buy fuel yet at times one has no money.

Mod: what should we do about that?

Resp: one can pay after being taken to hospital for medical care.

P 3: FGD Community members_Wandegeya market.docx - 3:67 [hospital administrators should..]

(123:123) (SW)

Codes: [corruption] [lack_ambulance] [recommendations_ambulance] [varied_response_time]
No memos

hospital administrators should monitor ambulance drivers to ensure that they don't misuse ambulances because one time we took a woman in labor and needed an ambulance but it was not available and when it came it had loaded matooke.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:4 [emergency medical care is the ..] (23:23) (SW)

Codes: [lack_ambulance] [recommendations_ambulance]
No memos

emergency medical care is the first Aid given to a person who has just had an accident and every station needs a standby ambulance fully equipped with medicine and health workers who can give this quick/prompt medical care but such services are not available.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:5 [my view is not so different fr..] (24:24) (SW)

Codes: [lack_ambulance] [recommendations_ambulance]
No memos

my view is not so different from that one because an ambulance is supposed to be ready all the time with a health worker who provides this first care before one is taken to a hospital but such services are not available.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:13 [We trained some boda boda cycl..] (29:29) (SW)

Codes: [ems_training] [recommendations_ambulance]
No memos

We trained some boda boda cyclists in first AID like how to care for one with fractures, they are available but have no means to get to the accident scenes in time when one needs that care so government should avail us with these ambulances.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:45 [But for this quick health care..] (79:79) (SW)

Codes: [recommendations_ambulance]
No memos

But for this quick health care like if one gets very ill alongside the road we need more ambulances stationed at different places like a nearby police station or trading center with a driver, a health worker and fuel.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:55 [everyone would use them becaus..] (92:92) (SW)

Codes: [recommendations_ambulance]
No memos

everyone would use them because they would wish to seek the pre hospital care from the health worker in the ambulance like the drip, blood transfusion so an ambulance is the best. If one has a fracture on the leg she/he may give proper

first AID to the casualty making it simple for medical care in the hospital. We trained some people in first AID so they can give it to anyone in case of need say put/tie the legs together but they have no ambulances where they can give this care. All the five divisions in Kampala need two ambulances each like Kawempe two, Kampala central two, Lubaga two, Nakawa division two and Makindye division two ambulances available with health workers and drivers, this will reduce the death rate of people due to pre hospital care.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:58 [of course they can use them be..] (94:94) (SW)

Codes: [emergency_vehicle] [recommendations_ambulance]
No memos

of course they can use them because currently we use unacceptable transport means for these patients so if made available, we shall use them because they are better.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:70 [police should come in case of ..] (115:115) (SW)

Codes: [recommendations_ambulance]
No memos

police should come in case of an accident and stay at the scene as other people operating the ambulance takes the patient.

P12: KII EMS Policy maker _MOH.docx - 12:21 [We need to have a well-organiz..] (55:55) (SW)

Codes: [communication] [ems_patchy] [recommendations_ambulance]
No memos

We need to have a well-organized pre hospital service, we need to look at availability of ambulances, training of drivers and paramedics, what type of ambulances we are going to use, then the communication system so that the two services are talking to one another the ambulance services and the casualty so that before you leave somebody in causality is preparing. So from the ambulance to the service because there should be no breakage in the service. If the patient is on drip there is no need of removing the drip as you look for the bed.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:66 [R5: but the ambulance should b..] (325:326) (SW)

Codes: [recommendations_ambulance]
No memos

R5: but the ambulance should be available so that even those without fuel money can go to hospital.

R1: It should have fuel.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:67 [the ambulance may be available..] (327:327) (SW)

Codes: [recommendations_ambulance]
No memos

the ambulance may be available but has no workers. It needs driver and a person to give first AID as you move to hospital so if these ambulances are made

available health workers to give pre hospital care should be made available.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:68 [R5: but Elijah's ambulances di..] (328:331) (SW)

Codes: [recommendations_ambulance]

No memos

R5: but Elijah's ambulances didn't have health workers though we would adore them like kings so if we are to request for health workers it may not be easy so we rather have the ambulances available.

R2: Elijah's was a private ambulance and the driver would not care if the patient survives or not he would be after getting to hospital yet the patient needs to be saved.

R5: there is no money.

R2: the government has money because we pay taxes, there is pay as you earn, NSSF, VAT etc. so we need the health worker to provide care as the ambulance moves to the hospital.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:69 [there is need but before you t..] (346:346) (SW)

Codes: [recommendations_ambulance]

No memos

there is need but before you take any action like I said at the start, our people need to be sensitized about how to handle a patient who has had an accident. This is because some people handle them carelessly. Secondly there should be available transport at police stations or at LC2 chairman in a parish where people can easily reach atleast provide a bicycle instead of calling the 999 number which may take over an hour before getting to talk to someone. We also need easy communication for easy referrals to avoid deaths. Then the pregnant mothers usually need emergency care because their situation is unpredictable so transport should be available. In addition to that not every person with a car is willing to help.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:27 [R6: people should be informed ..] (215:222) (SW)

Codes: [recommendations_ambulance]

No memos

R6: people should be informed about these ambulances and where to get them.

R1: they may be stationed at Local Council 1 level in the community.

R7: the government should fuel these ambulances so that we are not asked to pay for fuel because some people will not be able to afford them.

R3: fuel may cost 30,000/=.

R6: drivers should be available and paid a salary.

R7: the drivers should work in shifts too one works during the night and the other one during the day so that he is available all the time needed.

R4: drivers should be available.

R7: drivers should be trained about how to treat clients like avoiding to ask them for money like; "you first give me 10,000/=". They should also be paid a good salary.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:34 [R5: ambulances should be stati..] (264:265) (SW)

Codes: [recommendations_ambulance]

No memos

R5: ambulances should be stations in rural areas too which are so far with no medicine in the health facilities.

R6: and they should not serve for so long people endeavor to go to health facilities but there is no medicine.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:38 [R5: ambulances are not availab..] (275:276) (SW)

Codes: [recommendations_ambulance]

No memos

R5: ambulances are not available so they should be made available and taken to the person in the community and they need to be monitored.

R1: ambulances should not only be stationed in Kampala but also to the rural person in Bukomansimbi too.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:43 [R6: they should be monitored a..] (289:293) (SW)

Codes: [recommendations_ambulance]

No memos

R6: they should be monitored and stationed like in a school not at the division headquarters.

R7: where there many children.

R1: even at LC1, police, trading centers.

R3: people in schools are more responsible than those in office because in most cases there are teachers all the time so they can help.

R7: a teacher cannot leave a patient to die they rather use the little money they have to fuel the vehicle to take someone to the health facility.

P16: FGD_URCS_EMS.docx - 16:38 [and then it is also the other ..] (156:156) (SW)

Codes: [recommendations_ambulance]

No memos

and then it is also the other issue of sensitizing the community, you know like having is one and then making people to understand that we have this is or you can access it like this is another one because today we have a tendency of other public drivers having it in mind that "aah no that ambulance is ever with a siren", they don't want to give you way I mean look at this road we have casualty this side and pedestrians the other so if I placed my siren few people will respect that so there is need for really that kind of consensus.

P16: FGD_URCS_EMS.docx - 16:39 [for me I think the community w..] (158:158) (SW)

Codes: [recommendations_ambulance]

No memos

for me I think the community would use it more like you remember where I told you that it's all about people knowing that it's something they can really have. And if they can know that they can have that particular service then it's a sure deal. And for me if I realize that an ambulance is used by the community then I can opt another one but for then they don't have an option.

P16: FGD_URCS_EMS.docx - 16:40 [I think it's important if they..] (166:166) (SW)

Codes: [recommendations_ambulance]

No memos

I think it's important if they could do community training to sustain this and if possible make pre hospital care publicly known through public media channels like newspapers and television. If everyone there can get in touch with these people and mention that in case of an accident you can do abcd that can help us also.

P16: FGD_URCS_EMS.docx - 16:41 [the way pre hospital care can ..] (170:170) (SW)

Codes: [ems_training] [recommendations_ambulance]

No memos

the way pre hospital care can be done is to incorporate more trainings within the communities like the government has VHTs, Red Cross has volunteers. If these community based volunteers and VHTs can be integrated and more first aid trainings are done then we would have improved on the pre hospital care. This is because in most cases incidences occur and people die because of the immediate care given.

P17: FGD_Naguru hospital healthworkers.docx - 17:7 [Then most of our facilities ar..] (90:90) (SW)

Codes: [lack_care_provider] [recommendations_ambulance]

No memos

Then most of our facilities are under staffed in that you may find this department with only two nurses yet there are two clinics running. So that's the time we at times face.

P17: FGD_Naguru hospital healthworkers.docx - 17:42 [health education, sensitizing ..] (227:227)

(SW)

Codes: [recommendations_ambulance]

No memos

health education, sensitizing the community about what to be done when they get a patient. They should be aware that maybe when I fall sick I will contact the LC5 or LC2 to get transport. So sensitization of the community is very important.

P17: FGD_Naguru hospital healthworkers.docx - 17:43 [Then if possible in each sub c..] (228:228)

(SW)

Codes: [recommendations_ambulance]

No memos

Then if possible in each sub county there should be an ambulance allocated to patrol but not to be stationed in one place. It should be at either LC2 or LC3 where it can easily be accessed.

Code: recommendations_health_service {27-0}

P 1: FGD Community members _Mulago hospital.docx - 1:58 [the government should work han..]

(132:132) (SW)

Codes: [recommendations_health_service]

No memos

the government should work hand in hand with clinics to ensure that they have medicine so that when we seek emergency care like snake bites they can help us.

P 1: FGD Community members _Mulago hospital.docx - 1:59 [provide equipment in our healt..]

(133:133) (SW)

Codes: [recommendations_health_service]

No memos

provide equipment in our health facilities so that we don't have to come here.

P 3: FGD Community members_Wandegeya market.docx - 3:39 [The government should sensitiz..]

(68:68) (SW)

Codes: [recommendations_health_service]

No memos

The government should sensitize the nation through the media about which medical services are offered in Mulago hospital and which services are not offered so that we go to the respective places.

P 3: FGD Community members_Wandegeya market.docx - 3:45 [So we need more health centers..]

(78:78) (SW)

Codes: [recommendations_health_service]

No memos

So we need more health centers with many health workers.

P 3: FGD Community members_Wandegeya market.docx - 3:61 [the government should provide ..]

(115:115) (SW)

Codes: [recommendations_health_service]
No memos

the government should provide first AID kits and people to provide pre-hospital care in all institutions like this market, Owino and schools.

**P 3: FGD Community members_Wandegeya market.docx - 3:64 [in my view if one is sick and ..]
(119:119) (SW)**

Codes: [recommendations_health_service]
No memos

in my view if one is sick and needs pre hospital care I will run to the nearby clinic which has expired medicine so ministry of health should inspect these clinics to make sure that they don't sell expired medicine.

**P 3: FGD Community members_Wandegeya market.docx - 3:66 [the community should be sensit..]
(122:122) (SW)**

Codes: [recommendations_health_service]
No memos

the community should be sensitized about first AID like for snake bites, asthma attacks because people don't know what to do for pre hospital care. They can move to the village through the local council chairman who can easily mobilize people for a meeting and teach them.

**P 3: FGD Community members_Wandegeya market.docx - 3:68 [radio programs too ca help to ..]
(124:124) (SW)**

Codes: [recommendations_health_service]
No memos

radio programs too ca help to sensitize people about first AID.

**P 3: FGD Community members_Wandegeya market.docx - 3:69 [Resp: as a leader for the yout..]
(125:127) (SW)**

Codes: [recommendations_health_service]
No memos

Resp: as a leader for the youth I think the best way to sensitize the community can be through gatherings like after sports you tell them about pre hospital care.

Resp: some time back I used to sensitize women in my group to go for cervical cancer screening but they didn't listen to me so we need health workers to come to the community and sensitize people.

Resp: we need health workers in the community to provide pre hospital care

P 4: IDI Community members _Boda stage wandegeya.docx - 4:33 [So the government should come ..] (64:64) (SW)

Codes: [recommendations_health_service]
No memos

So the government should come out and make sure that patients receive medical care when they go to hospital because health workers are paid a salary.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:63 [That is right but there should..]

(103:103) (SW)

Codes: [recommendations_health_service]

No memos

That is right but there should be an official to follow up on patients who are not given care this is because if iam employed and not satisfied with 500,000/= then I leave that job and get another one. This implies that the government has to employ an official to see to it that all patients are given medical care.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:69 [police is overwhelmed with wor..] (114:114) (SW)

Codes: [recommendations_health_service]

No memos

police is overwhelmed with work so I suggest that they should be put out of this and assign it to other people, let them concentrate on riots because they are so good in administering tear gas and arresting thieves.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:6 [this community of Kisugu needs..] (124:124) (SW)

Codes: [recommendations_health_service]

No memos

this community of Kisugu needs a lot of support because it is highly populated, need support in the private health facilities like International hospital has really helped with HIV patients and safe male circumcison. So if medicine is provided it is accessible to people.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:7 [I may be off topic but my view..] (134:134) (SW)

Codes: [recommendations_health_service]

No memos

I may be off topic but my view is that the government should provide mobile hospitals. This is because one time I mobilized the community members using a loud speaker and within a short period of time they had gathered. This implies that so many people were sick but stayed indoors because they have lost hope. There should be different spots for these mobile clinics like at the police station or if it is every Wednesday at chairman Kato's where people go for immunization.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:8 [I have a burning issue, the ot..] (136:136) (SW)

Codes: [recommendations_health_service]

No memos

I have a burning issue, the other time while at the shrine in Munyonyo where we had gathered to pray, Nsambya hospital came out to provide first AID and I was able to get Panadol and coartem. I had a temperature and a headache because there so many people and was diagnosed with malaria. This implies that if there was a central place in each community like at chairman Kato's every Wednesday, Tuesday or any other day of the week but once a week, there will be treatment, people will come for that care. This is because some people have that inferiority complex, they fear going to health facilities even for HIV patients. For example I thought that the Alive clinic provides HIV care only but was recently told that they offer all services for the different health problems. Most people are not confident

enough to go to health facilities so we can resort to what the chairman said because they can easily access during gatherings like the chairman said.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:9 [the government should invest m..] (138:138) (SW)

Codes: [recommendations_health_service]

No memos

the government should invest money like through the media by making announcements and inform the community that the more a patient stays home without treatment the more their health is affected. It can be through television, radio or posters for example that poster reads powers and duties of a police officer; that was about police officers so there should be one for seeking health care.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:10 [I was about to talk about acci..] (140:141) (SW)

Codes: [recommendations_health_service]

No memos

I was about to talk about accidents; we have minor accidents like if a child falls down and gets a small wound that one needs having first AID boxes containing plaster, iodine because that child doesn't need to be taken to the hospital but can be dressed after putting iodine. One doesn't need to be taken to the health facility for each and every condition. So the community needs to be sensitized about this but in Kisugu no one has that first AID kit.

R3: I remember my mother had a first AID kit when I was still young and would dress whoever got a cut so the community needs to be sensitized.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:11 [R3: and it should have a razor..] (143:144) (SW)

Codes: [recommendations_health_service]

No memos

R3: and it should have a razor blade, first drugs and need to be sensitized on use but the government has not done well in that direction.

R5: we cannot blame the government only but should do it ourselves too.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:21 [they give the mama kits but ne..] (171:171) (SW)

Codes: [recommendations_health_service]

No memos

they give the mama kits but need to sensitize pregnant women to seek medical care if they have any slight illness.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:62 [one time my brother went to Ki..] (300:300) (SW)

Codes: [lack_supply] [recommendations_health_service]

No memos

one time my brother went to Kisugu HCIV (KCCA) with a friend and when he was told that there was a stock out of drugs so he made a call in a certain ministry and within 25 minutes they had brought drugs. One of the health workers put him

aside and told him; "you are going to cause us problems", he replied; "this is my money because iam a tax payer so I have to make a call for the medicine in case a patient in a critical condition is brought he has to get care". Instead of the health worker being happy that a client had helped she started blaming him, so the government has to consider this too and improve.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:72 [through sensitization on TVs a..] (355:355) (SW)

Codes: [recommendations_health_service]

No memos

through sensitization on TVs and radios like they did for safe medical male circumcison. One has to go for tests/checkups instead of waiting until she is deformed due to high blood pressure.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:75 [the government can supply free..] (359:359) (SW)

Codes: [recommendations_health_service]

No memos

the government can supply free mosquito nets so they can do the same for first AID kits so that a patient can receive first AID before taken to the hospital.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:77 [R3: the other issue is showing..] (371:375) (SW)

Codes: [recommendations_health_service]

No memos

R3: the other issue is showing films to the community e.g. showing communities which have suffered from cholera so that others can learn from that. You may record patients in the tuberculosis ward and show to the community so that people get to know.

Mod: how about in concerning our topic today of emergency medical care?

R4: it can be the same so that people learn that if they don't hurry for medical care they may die.

R3: even ebola needs emergency care so people need to know about this. There should be mass sensitization.

R5: we can also use documentaries like on Aljazeera to show people how important pre hospital care is and what to do in case one needs this care. We are demanding for this not even requesting but demanding for this.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:33 [health workers need to go the ..] (261:262) (SW)

Codes: [recommendations_health_service]

No memos

health workers need to go the community and sensitize people about how to handle emergency cases so that we know what to do. This is because it is the minority who know what to do in case of emergency not the minority. This can

even be done through the media that is newspapers, radio, television and magazines.

R5: we have the village health team who need to be supervised so that they supply whatever they are given to supply to the community members like mosquito nets because they just keep them yet people sign for these supplies.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:37 [R2: ambulances should be provi..] (269:273) (SW)

Codes: [recommendations_health_service]

No memos

R2: ambulances should be provided.

R7: follow-ups too for these VHTs should be made to ensure that they deliver what they are told to.

R3: they bring two jericans and begin selling to people.

R5: one person should not be left in control of each and everything.

R4: I hear that a few health workers who come out to serve people are given transfers.

P17: FGD_Naguru hospital healthworkers.docx - 17:4 [even the community like in Nai..] (83:83) (SW)

Codes: [ems_training] [lack_supply] [recommendations_health_service]

No memos

even the community like in Nairobi one time I went there for training and the emergency department is totally different, people are well trained and they have ongoing training. So there should be an emergency department well equipped with well trained staff to handle emergencies.

P17: FGD_Naguru hospital healthworkers.docx - 17:44 [that is before people come to ..] (229:230) (SW)

Codes: [recommendations_health_service]

No memos

that is before people come to hospital but I don't know whether prevention comes in there because you can go to the community and find people living a reckless life, they are drinking and you just know this person is going to fall sick. Like this morning I saw a young man just walking jumping in the middle of the road and you just say now would this person fall sick if he lived responsibly? Even immunization, mothers say if you immunize your child he will die so they don't take the children for immunization. So we have a big task to health educate people down there.

Now when you come here in the morning you wonder why all these patients are sick? Why is everybody sick? At one time I was asking patients that for sure what

do you do. The same person you saw yesterday you will see next week they are sick all the time, do they have responsibility? We shouldn't have all these people in hospital but it's all about even from simple things like hand wash so that we don't fall sick.

Code: rude_provider {10-0}

P 1: FGD Community members _Mulago hospital.docx - 1:5 [the health workers are rude so..] (37:37) (SW)

Codes: [rude_provider]

No memos

the health workers are rude so we need to know where to report those health workers.

P 1: FGD Community members _Mulago hospital.docx - 1:19 [women in labor. Health workers..] (53:53) (SW)

Codes: [rude_provider]

No memos

women in labor. Health workers in Kitebi HC are rude to women in labor that's why some opt to deliver at home.

P 1: FGD Community members _Mulago hospital.docx - 1:26 [when we got here my son was pu..] (73:73) (SW)

Codes: [poor_service] [rude_provider]

No memos

when we got here my son was put on a very dirty floor at the entrance of the toilet with urine. When I handed in the file it was lost and they started shouting at me.

P 1: FGD Community members _Mulago hospital.docx - 1:47 [rude health workers.] (109:109) (SW)

Codes: [rude_provider]

No memos

rude health workers.

P 3: FGD Community members_Wandegeya market.docx - 3:31 [After an hour one rude health ..] (61:61) (SW)

Codes: [rude_provider]

No memos

After an hour one rude health worker came and gave her one injection and a drip and said we couldn't access x-ray services because the personels responsible were not available.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:32 [R6: when I got to Kisugu HCIII..] (212:214) (SW)

Codes: [corruption] [non-responsiveness_provider] [rude_provider] [user_fees]

No memos

R6: when I got to Kisugu HCIII there was no health worker in the ward so I went

and knocked at her door, the nurse came out and asked me what I had gone for at that time of the night and I explained that I was in labor. She shouted at me and said you go away iam still sleepy or you first give me ten thousand. I was in so much pain that time so my husband gave her ten thousand shillings he had in the pocket. She told me to get to the delivery bed which I did after placing my luggage next to it. I was in so much pain and pleading "musawo musawo please help me", (nurse nurse please help me) then she came and examined me as she yawned all the way through.

After that she said; "you are not going to deliver unless you give me thirsty thousand shillings". I didn't have a phone but had my sim-card where we had deposited and saved some money so we requested her to lend us her phone which we used to deposit money on her phone and she had to make sure the money was there. After that she gave a tablet to put under my tongue, went to her room and closed the door. I had so much pain and kept on calling her but she had closed the door of the room where she was sleeping until something came out and as the baby was coming out too that's when the nurse came and said; "eeehhh are you delivering by yourself? Okay you go ahead and deliver". Eeehhh the other woman, I had even saved her telephone contact just to follow her up.

When the baby came out she asked me; "now tell me who told you to push the baby, are you a health worker?" I kept quiet because I was happy the baby was out. The nurse was so proud and kept on walking like a model. She said we had to make sure that nothing drops on the floor by holding the liner/polythene on which one delivers so tightly. Other women were literally delivering with no help on the other beds. She didn't dress the baby until I got up, checked in the bag and dressed it by myself then walked to the admission ward and found a bed where I rested.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:33 [yes it came out and she said I..] (216:216) (SW)
Codes: [corruption] [rude_provider] [user_fees]
No memos

yes it came out and she said I had to pay fifteen thousand shillings for the stitches because I was torn so I told her I would pay that money after she had done the job which she did. The nurse was a munyankore and iam a munyankore too by tribe but she was really rude. She injected me to reduce the blood flow and said the second injection was at a cost but I didn't pay for it yet she gave it to me.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:53 [rude health workers especially..] (272:272) (SW)
Codes: [demotivated_provider] [rude_provider]
No memos

rude health workers especially in public health facilities and they act so because they overwork due to high work load, there are so many people which is not the

case in private facilities where the health workers work shorter shifts like from 8:00am to 2:00pm and patients are few.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:21 [when we get there they just ab..] (182:182) (SW)

Codes: [rude_provider]
No memos

when we get there they just abuse us after we tell them what the health problem is she says; "why do you do this yet you are not supposed to do it?" so we become discouraged from telling them what our health problems are.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:23 [language barrier too is a conc..] (184:184) (SW)

Codes: [non-responsiveness_provider] [rude_provider]
No memos

language barrier too is a concern for example one time I was in hospital for antenatal care and one of the patients could not communicate with the health worker so she said; "let those who can speak come why didn't you come with an interpreter?" this woman was asked about the number of children she had and she said a number which was more than the right one, the health worker quarreled and told her; "go away and leave those who can explain their history properly, why are you still having children?". The woman had said the right number of children she had but couldn't explain properly what she was feeling or what her health problem was, generally she was not treated appropriately. At the end of it all she went without getting the medical care she had to get.

Code: self_medication {3-0}

P14: FGD_Kisugu- Kampala-EMS.docx - 14:46 [this is how I understand it, t..] (97:97) (SW)

Codes: [natural_remedies] [self_medication]
No memos

this is how I understand it, that if a person becomes sick he gets some treatment by taking some tablets or buy some aspirins from the shop, you can also take local herbs available, that is emergency medical care at that time when one doesn't feel well before going to the health facility.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:47 [emergency medical care is what..] (99:99) (SW)

Codes: [natural_remedies] [self_medication]
No memos

emergency medical care is what chairman said, one first buys medicine or takes herbs and goes to hospital later on.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:48 [I think it's taking a pain kil..] (100:100) (SW)

Codes: [self_medication]
No memos

I think it's taking a pain killer like Panadol then later on go to a health facility.

Code: stigma {2-0}

P14: FGD_Kisugu- Kampala-EMS.docx - 14:54 [there is also stigma whereby p..] (277:277) (SW)

Codes: [stigma]

No memos

there is also stigma whereby people stay home while ill and don't go for any medical checkups.

P17: FGD_Naguru hospital healthworkers.docx - 17:25 [I have seen that some of them ..] (176:176) (SW)

Codes: [stigma]

No memos

I have seen that some of them fear the results of the diagnosis, stigma. Some people fear that they will check me for HIV.

Code: travel_multiple_facilities {14-0}

P 1: FGD Community members _Mulago hospital.docx - 1:1 [I think they are the nearest h..] (33:33) (SW)

Codes: [travel_multiple_facilities]

No memos

I think they are the nearest health facilities where we can access medical care in case of accidents for example I got an accident and my finger was in bad shape so I went to two clinics and was referred to Mulago

P 1: FGD Community members _Mulago hospital.docx - 1:6 [I came from Kawolo hospital wh..] (40:41) (SW)

Codes: [travel_multiple_facilities]

No memos

I came from Kawolo hospital which is near Namagunga where I stay. My child was playing with his friend and were hit by a wall at around 2:00pm on Saturday. One boy died instantly but my son survived and was rushed by my neighbors to Kawolo hospital because I wasn't at home but I joined them later on. When we got to hospital there were no health workers because it was a Saturday, the boy was bleeding from the penis and was in too much pain. He got one drip and was supposed to have a scan and x-ray but no health worker was there to do it so we had to go to Jinja but there were no health workers too so we came back to Kawolo. We used an ambulance and we paid 60,000/= for fuel.

When we got back to Kawolo the boy was so ill and was crying because of the

pain but still there were no health workers to do the scan and x-ray so we opted for Mulago.

**P 1: FGD Community members _Mulago hospital.docx - 1:14 [Then the other Doctor asked me..]
(43:43) (SW)**

Codes: [travel_multiple_facilities]
No memos

Then the other Doctor asked me why I hadn't taken the boy to a private health facility. I can do that but I came here because they have all the equipment needed, iam so sad and I don't know what to do, I wish they could discharge us and we try elsewhere.

**P 1: FGD Community members _Mulago hospital.docx - 1:22 [I stay in Bunamwaya and we go ..]
(60:60) (SW)**

Codes: [dissatisfaction_services] [travel_multiple_facilities]
No memos

I stay in Bunamwaya and we go to Kitebi health center and if the condition is beyond them they refer us to Mulago but we usually go to Nsambya because services here are not good.

**P 1: FGD Community members _Mulago hospital.docx - 1:28 [when I took my patient to a he..]
(80:80) (SW)**

Codes: [travel_multiple_facilities]
No memos

when I took my patient to a health center he was given emergency care and we were referred here.

**P 1: FGD Community members _Mulago hospital.docx - 1:29 [we were called after the two p..]
(82:82) (SW)**

Codes: [travel_multiple_facilities]
No memos

we were called after the two people got an accident on a boda boda which took off and when we got to the health center they gave them some treatment and referred us to Mulago.

**P 1: FGD Community members _Mulago hospital.docx - 1:33 [He was taken to Kiwoko dispens..]
(86:86) (SW)**

Codes: [emergency_vehicle] [travel_multiple_facilities] [user_fees]
No memos

He was taken to Kiwoko dispensary in a special hire at 50,000/=, he got some treatment, he was referred to Mulago for a scan, we came on Friday at 10:00 with a doctor in the ambulance which cost us 100,000/=

**P 3: FGD Community members _Wandegeya market.docx - 3:24 [my young brother who is a boda..]
(56:56) (SW)**

Codes: [travel_multiple_facilities]
No memos

my young brother who is a boda boda cyclist was hit with a hammer on the head

from Nateete and another boda cyclist helped him to my home because he was still conscious. It was during Easter festive season. I took him to Den clinic in Nakulabye but was referred to Mulago and when I got there the health worker told me to go to the police for a statement and getting there the place had no officer on duty so I came back to Wandegeya police station where iam known to some police officers. I kept on waking him up; Jeff wake up, we had to record some statements in the book at the police after which we went back to Mulago at 3:00am but Jeff was very ill to the point of death.

**P 3: FGD Community members_Wandegeya market.docx - 3:38 [recently my friend's son fell ..]
(68:68) (SW)**

Codes: [travel_multiple_facilities]

No memos

recently my friend's son fell as he was riding a tire, a stick pierced his eye and got stuck there, we rushed the baby to Mulago where he spent three days only to be told that Mulago hospital does not offer eye medical care. We were referred to Mengo hospital where the child was operated within two hours and the eye was replaced.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:17 [in addition to that most gover..]
(34:34) (SW)**

Codes: [delayed_treatment] [lack_supply] [travel_multiple_facilities]

No memos

in addition to that most government hospitals have no care because one time I took a patient who had a very wound on the head which needed to be stitched but this was not possible due to lack of supplies, can you imagine a government hospital not having these supplies for stiching!!! I took this patient to Bwaise where he received services so people who have had accidents should not be taken to government facilities because the patient is not attended to promptly and supplies are not available.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:31 [I will talk about myself, onet..]
(64:64) (SW)**

Codes: [travel_multiple_facilities] [user_fees]

No memos

I will talk about myself, onetime at around 9:00pm some thieves wanted to steal my motorcycle so they hit my chic with a hammer making my upper jaw lose with all the teeth hanging but they didnot take it. I was not able to get immediate medical care but was still conscious so I rode up to home. On getting home I signaled to my wife that I had been hit because I couldn't talk, she said we had to go to hospital so I went to Mengo hospital where I was not able to get proper treatment because the health workers had left since it was a Saturday, they gave me some tablets and put cotton wool and I was to return the following day and spent over 50,000/= . But when I got home I felt so sick that I decided to ride to Mulago hospital at midnight where I got treatment because I had some money but those who have no money cannot access treatment yet it is a government hospital. I was able to go for scan three times in one night because I had money

and the following day my teeth were stitched back into position after I paid money, I was admitted for two days and went home after that. But I still have metals in my mouth. So the government should come out and make sure that patients receive medical care when they go to hospital because health workers are paid a salary.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:66 [but that is wrong, patients ar..] (106:106) (SW)

Codes: [travel_multiple_facilities]

No memos

but that is wrong, patients are referred from Rubaga or International so that they die and are taken to the mortuary, the other hospitals don't have mortuaries. Why is it that those other hospitals have no deaths yet Mulago has high death rates?

P 4: IDI Community members _Boda stage wandegeya.docx - 4:68 [nother example is my brother w..] (107:107) (SW)

Codes: [travel_multiple_facilities]

No memos

nother example is my brother who works in water, he had an accident in Lubiji and was taken to Mengo hospital by our 2010 ambulance which I contacted but before being discharged his bosses from work said no we have to consult a doctor from Mulago and when this doctor came he looked at his x-ray results counted the neck bones and said this fifth one isn't yet in the right position. He was transferred to Mulago where he got more treatment.

P17: FGD_Naguru hospital healthworkers.docx - 17:16 [R3: me iam sure they are there..] (138:139) (SW)

Codes: [ems_challenges] [travel_multiple_facilities]

No memos

R3: me iam sure they are there like in villages. Recently I read somewhere that one can go to a HCIII and they cannot handle the condition yet the next health facility is far so honestly will you make it? So you can imagine if someone has an emergency obstetric condition how do you make it there may be it's even at night.

We've seen bridges breaking down, they are carrying patients to take but they can't me I think they are there, people don't reach yet if they had reached their lives would have been saved.

Code: user_fees {76-0}

P 1: FGD Community members _Mulago hospital.docx - 1:8 [We used an ambulance and we pa..] (40:40) (SW)

Codes: [user_fees]

No memos

We used an ambulance and we paid 60,000/= for fuel.

P 1: FGD Community members _Mulago hospital.docx - 1:10 [We had to pay more 70,000/= to..]
(41:41) (SW)

Codes: [delayed_treatment] [user_fees]

No memos

We had to pay more 70,000/= to come to Mulago where we got at 11:00pm but got no treatment in the morning after looking for a health worker who injected him only once and I had to pay.

P 1: FGD Community members _Mulago hospital.docx - 1:16 [my patient was hit by a hammer..]
(46:46) (SW)

Codes: [user_fees]

No memos

my patient was hit by a hammer on the head and we found him on Sunday at 9:00 so we rushed to a clinic after which we went to Rubaga hospital, he was injected paid 50,000/=

P 1: FGD Community members _Mulago hospital.docx - 1:33 [He was taken to Kiwoko dispens..]
(86:86) (SW)

Codes: [emergency_vehicle] [travel_multiple_facilities] [user_fees]

No memos

He was taken to Kiwoko dispensary in a special hire at 50,000/=, he got some treatment, he was referred to Mulago for a scan, we came on Friday at 10:00 with a doctor in the ambulance which cost us 100,000/=

P 1: FGD Community members _Mulago hospital.docx - 1:38 [We used an ambulance where we ..]
(93:93) (SW)

Codes: [user_fees]

No memos

We used an ambulance where we paid 70,000/=.The sirens was functional and it was at a high speed.

P 1: FGD Community members _Mulago hospital.docx - 1:39 [one time i had a miscarriage a..]
(95:95) (SW)

Codes: [user_fees]

No memos

one time i had a miscarriage and was very sick so I went to a clinic but the nurse said I should go to Kawolo hospital and I was there by 11:00pm with this nurse. We found a doctor who said if I didn't have 50,000/= he wouldn't provide medical care, I pleaded with him to help me out because I had 40,000/= but he refused. After sometime he put me on a drip and told me I would be okay. I had to make a call to get more money and when I gave him the 50,000/= he provided medical care.

P 1: FGD Community members _Mulago hospital.docx - 1:41 [some people may raise money to..]
(101:101) (SW)

Codes: [user_fees]

No memos

some people may raise money to help a friend in case he needs an ambulance.

**P 1: FGD Community members _Mulago hospital.docx - 1:43 [some people have no money for ..]
(106:106) (SW)**

Codes: [user_fees]

No memos

some people have no money for transport so they don't go for treatment and die. And when someone borrows money they get to hospital and don't get medical care so they stay at home.

**P 1: FGD Community members _Mulago hospital.docx - 1:46 [how about concerns in private ..]
(107:108) (SW)**

Codes: [user_fees]

No memos

how about concerns in private health facilities?

Resp: it is lack of money.

**P 1: FGD Community members _Mulago hospital.docx - 1:52 [I spend 2,000/= to the nearest..]
(116:116) (SW)**

Codes: [user_fees]

No memos

I spend 2,000/= to the nearest health facility and to Mulago its 15,000/= on a boda boda and 25,000/= -30,000/= in a special hire.

**P 1: FGD Community members _Mulago hospital.docx - 1:53 [I take a taxi at 1,000/= to Lu..] (117:117)
(SW)**

Codes: [user_fees]

No memos

I take a taxi at 1,000/= to Lugazi from Namagunga and on a boda boda 2,000/= and special hire is 30,000/=.

**P 1: FGD Community members _Mulago hospital.docx - 1:54 [in a taxi 2,000/=, boda 4,000/..]
(118:118) (SW)**

Codes: [user_fees]

No memos

in a taxi 2,000/=, boda 4,000/= and special 60,000/= to Masaka hospital. From Kayabwe we got here in a special hire at 100,000/=.

**P 1: FGD Community members _Mulago hospital.docx - 1:55 [1,000/= in a taxi to the healt..] (119:119)
(SW)**

Codes: [user_fees]

No memos

1,000/= in a taxi to the health center and 5,000/= on a boda and 25,000/= to 30,000/= in a special hire to Mulago.

**P 1: FGD Community members _Mulago hospital.docx - 1:56 [Resp: in Entebbe from my home ..]
(120:121) (SW)**

Codes: [user_fees]

No memos

Resp: in Entebbe from my home if iam to use a special hire to grade B can cost 30,000/= if the patient is very sick. On a boda it is 1500/= but for a patient who needs emergency care it may be 7,000/= or 8,000/=.

Resp: I use a taxi at 2,000/=

P 2: FGD Community members_Uganda Police.docx - 2:24 [you get someone actually you r..]
(102:102) (SW)

Codes: [user_fees]
No memos

you get someone actually you rush him to Mulago and if he needs an x-ray the person has to meet the bill whether conscious or unconscious

P 2: FGD Community members_Uganda Police.docx - 2:44 [this is technical because emer..]
(151:151) (SW)

Codes: [user_fees]
No memos

this is technical because emergency is to respond very fast but when you get to hospital and asked to pay for CT- scan.

P 3: FGD Community members_Wandegeya market.docx - 3:33 [We took her to Naguru and the ..]
(61:61) (SW)

Codes: [user_fees]
No memos

We took her to Naguru and the bullet had moved from the arm to the back near the spinal cord due to that delay yet we had to pay them money but the girl survived but was told that if the bullet had reached the spinal cord she was to die.

P 3: FGD Community members_Wandegeya market.docx - 3:42 [majority take long due to lack..]
(76:76) (SW)

Codes: [user_fees]
No memos

majority take long due to lack of money for transport and paying hospital bills.

P 3: FGD Community members_Wandegeya market.docx - 3:43 [health workers have turned hea..]
(77:77) (SW)

Codes: [user_fees]
No memos

health workers have turned health care into business, he may say that the patient has to pay 100,000/= for fansidar, Panadol and an injection which he cannot afford.

P 3: FGD Community members_Wandegeya market.docx - 3:44 [most people delay because they..]
(78:78) (SW)

Codes: [user_fees]
No memos

most people delay because they have no money for bills yet once the health worker says pay this amount you have to pay, there is no compromise.

P 3: FGD Community members_Wandegeya market.docx - 3:47 [when we go to a health center ..] (80:80) (SW)

Codes: [consequence_lack_EMS] [emergency_vehicle] [user_fees]
No memos

when we go to a health center and the patient is referred to a hospital we have challenges with transport because most health centers have no ambulances. So we end up using boda bodas which cost 25,000/= and when we get to the hospital we have to pay some money before receiving any medical care so if one has no money the patient may die.

P 3: FGD Community members_Wandegeya market.docx - 3:50 [Resp: from my home it may cost..] (84:87) (SW)

Codes: [emergency_vehicle] [user_fees]
No memos

Resp: from my home it may cost me 50,000/= in a special hire car and 25,000/= on a boda boda.

Resp: I have to pay 80,000/= in a car and 30,000/= on a boda boda.

Resp: I pay 15,000/= on a boda boda but at times they fear taking people who are sick.

Resp: I pay 15,000/= too and use a boda boda.

P 3: FGD Community members_Wandegeya market.docx - 3:52 [but one needs money for transp..] (90:90) (SW)

Codes: [user_fees]
No memos

but one needs money for transport, medical bills, hospital and home up keep.

P 3: FGD Community members_Wandegeya market.docx - 3:55 [but they always say that the a..] (99:99) (SW)

Codes: [user_fees]
No memos

but they always say that the ambulance has no fuel so we have to pay before using it.

P 3: FGD Community members_Wandegeya market.docx - 3:59 [yes I said that ambulances may..] (110:110) (SW)

Codes: [user_fees]
No memos

yes I said that ambulances may be provided but we need to buy fuel yet at times one has no money.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:19 [Inter: how about in private he..]
(37:38) (SW)**

Codes: [dissatisfaction_services] [user_fees]

No memos

Inter: how about in private health facilities?

Resp2: since services are available at a cost they are doing their job so well but for the facilities where we are supposed to run for help there are no services.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:31 [I will talk about myself, onet..]
(64:64) (SW)**

Codes: [travel_multiple_facilities] [user_fees]

No memos

I will talk about myself, onetime at around 9:00pm some thieves wanted to steal my motorcycle so they hit my chic with a hammer making my upper jaw lose with all the teeth hanging but they didnot take it. I was not able to get immediate medical care but was still conscious so I rode up to home. On getting home I signaled to my wife that I had been hit because I couldn't talk, she said we had to go to hospital so I went to Mengo hospital where I was not able to get proper treatment because the health workers had left since it was a Saturday, they gave me some tablets and put cotton wool and I was to return the following day and spent over 50,000/= . But when I got home I felt so sick that I decided to ride to Mulago hospital at midnight where I got treatment because I had some money but those who have no money cannot access treatment yet it is a government hospital. I was able to go for scan three times in one night because I had money and the following day my teeth were stitched back into position after I paid money, I was admitted for two days and went home after that. But I still have metals in my mouth. So the government should come out and make sure that patients receive medical care when they go to hospital because health workers are paid a salary.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:35 [some other friend of mine was ..]
(66:66) (SW)**

Codes: [corruption] [user_fees]

No memos

some other friend of mine was eating fish while talking on phone then he swallowed a fish bone, that's why I don't eat fish but that has been since my childhood. So when we got to Mulago we were informed that extracting that fish bone would cost 2,000,000/= failure to raise that amount then there was no treatment available yet the patient was not well. So another Doctor said he would take 1,500,000/= but we had to take the patient to Kawempe to his private clinic and by the time we got there the Doctor was already there so he extracted the fish bone and the patient was ok. This implies that Mulago hospital has all the equipment but since the health workers have private business they deny us treatment at the hospital so that we go to their private facilities.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:39 [like we said earlier, it's abo..]
(73:73) (SW)**

Codes: [user_fees]
No memos

like we said earlier, it's about getting there and we don't get medical care so some of us keep home up to death point. If one doesn't have money he will keep home because in both private and public health facilities we have to pay for the services.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:42 [Inter: how about concerns in p..] (75:76) (SW)

Codes: [user_fees]
No memos

Inter: how about concerns in private health facilities?

Resp1: it is lack of money.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:48 [it depends on the distance and..] (83:83) (SW)

Codes: [user_fees]
No memos

it depends on the distance and health situation because one may take advantage, if it is high blood pressure the boda boda cyclist may say I need 15,000/= instead of 5,000/= and since the health condition is critical you pay this money because you need to get to hospital for prompt health care.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:49 [this is because most people ca..] (84:84) (SW)

Codes: [emergency_vehicle] [user_fees]
No memos

this is because most people can't afford hiring taxis/specials, one can't raise 100,000/= or 150,000/= and the only option is the motorcycle which is not comfortable so getting to the hospital depends upon God.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:53 [At times one has no money and ..] (88:88) (SW)

Codes: [consequence_lack_EMS] [poor_service] [user_fees]
No memos

At times one has no money and no document and care taker so no medical care is given thus leading to death.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:61 [This is because we know that s..] (102:102) (SW)

Codes: [user_fees]
No memos

This is because we know that services in Mulago are free but if one doesn't pay any money he/she cannot access health care services.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:67 [one can access any sort of tre..] (110:110) (SW)

Codes: [user_fees]
No memos

one can access any sort of treatment if money is available.

P 5: KII EMS Administrator _Kibuli Hospital.docx - 5:1 [Resp: It will be in a range of..] (44:46) (SW)

Codes: [user_fees]
No memos

Resp: It will be in a range of 750 to it goes sometimes to 350 up to 300.000/= it depends on the

Inter: 750,000/=

Resp: 750,000/= to 300,000/=, it depends on the distance

P 5: KII EMS Administrator _Kibuli Hospital.docx - 5:2 [yes, yes, and we also sometime..] (48:48) (SW)

Codes: [user_fees]
No memos

yes, yes, and we also sometimes look at the patients' welfare there are some who are not well off, they don't have money and they need to be transferred so sometimes is a low cost sometimes given free, yeah, free of charge.

P 6: KII EMS Administrator _Uganda Police.docx - 6:15 [And we also use Kampala Nakase..] (75:75) (SW)

Codes: [ems_services] [user_fees]
No memos

And we also use Kampala Nakasero hospital here and we have a memorandum of understanding with them, we take them casualties they stabilize them and when they are conscious they can decide whether to remain or to go elsewhere depending on the cost.

P 6: KII EMS Administrator _Uganda Police.docx - 6:25 [anywhere whether you call the ..] (106:106) (SW)

Codes: [user_fees]
No memos

anywhere whether you call the division or fire, police information room all of them the information will come and we shall offer you the service because it is for free.

P 7: KII EMS Administrator _UNAS (MOH).doc - 7:4 [Inter: what is the long term p..] (22:23) (SW)

Codes: [user_fees]
No memos

Inter: what is the long term plan of financing the ambulances

Resp: it will be free for those who need the service.

P 7: KII EMS Administrator _UNAS (MOH).doc - 7:5 [Inter: is there a law or regul..] (24:25) (SW)

Codes: [user_fees]

No memos

Inter: is there a law or regulation about free pre hospital medical care?

Resp: it's in the constitution where every Ugandan has access to basic medical services f which ambulances are under that.

P 8: KII EMS Adminstrator and personnel_ St. John's ambulance.docx - 8:8 [it is very difficult because i..] (30:30) (SW)

Codes: [user_fees]

No memos

it is very difficult because it will always depend on the condition of the patient because if the patient is more stable then a Doctor is not required for initial treatment, oxygen or anything extra, then we have issues about stabilization, painkillers and transportation the cost will be different. Then there are cases when the distance is longer and the case requires a doctor and special medication.

P 8: KII EMS Adminstrator and personnel_ St. John's ambulance.docx - 8:9 [St. John's ambulance is expect..] (32:32) (SW)

Codes: [user_fees]

No memos

St. John's ambulance is expected to give charity services but due to the nature of our economic status in Uganda we don't have that support to help us do that so sometimes we charge people who have money which we use to run our charity.

P 8: KII EMS Adminstrator and personnel_ St. John's ambulance.docx - 8:11 [to ferry someone within 10km i..] (34:34) (SW)

Codes: [user_fees]

No memos

to ferry someone within 10km it can cost us less 50,000/= . But with everything inclusive it can cost between 70,000/= to 100,000/= within 10km.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:32 [R6: when I got to Kisugu HCIII..] (212:214) (SW)

Codes: [corruption] [non-responsiveness_provider] [rude_provider] [user_fees]

No memos

R6: when I got to Kisugu HCIII there was no health worker in the ward so I went and knocked at her door, the nurse came out and asked me what I had gone for at that time of the night and I explained that I was in labor. She shouted at me and said you go away iam still sleepy or you first give me ten thousand. I was in so much pain that time so my husband gave her ten thousand shillings he had in the pocket. She told me to get to the delivery bed which I did after placing my luggage next to it. I was in so much pain and pleading "musawo musawo please help me", (nurse nurse please help me) then she came and examined me as she yawned all the way through.

After that she said; “you are not going to deliver unless you give me thirsty thousand shillings”. I didn’t have a phone but had my sim-card where we had deposited and saved some money so we requested her to lend us her phone which we used to deposit money on her phone and she had to make sure the money was there. After that she gave a tablet to put under my tongue, went to her room and closed the door. I had so much pain and kept on calling her but she had closed the door of the room where she was sleeping until something came out and as the baby was coming out too that’s when the nurse came and said; “eeehhh are you delivering by yourself? Okay you go ahead and deliver”. Eeehhh the other woman, I had even saved her telephone contact just to follow her up.

When the baby came out she asked me; “now tell me who told you to push the baby, are you a health worker?” I kept quiet because I was happy the baby was out. The nurse was so proud and kept on walking like a model. She said we had to make sure that nothing drops on the floor by holding the liner/polythene on which one delivers so tightly. Other women were literally delivering with no help on the other beds. She didn’t dress the baby until I got up, checked in the bag and dressed it by myself then walked to the admission ward and found a bed where I rested.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:33 [yes it came out and she said I..] (216:216) (SW)

Codes: [corruption] [rude_provider] [user_fees]

No memos

yes it came out and she said I had to pay fifteen thousand shillings for the stitches because I was torn so I told her I would pay that money after she had done the job which she did. The nurse was a munyankore and iam a munyankore too by tribe but she was really rude. She injected me to reduce the blood flow and said the second injection was at a cost but I didn’t pay for it yet she gave it to me.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:34 [yes he was breathing but was y..] (220:220) (SW)

Codes: [user_fees]

No memos

yes he was breathing but was yellow in color. I spent over three hundred eighty thousand shillings in Kibuli hospital but the baby was well after that.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:35 [I think there should be a user..] (221:221) (SW)

Codes: [user_fees]

No memos

I think there should be a user fee in public health facilities of fifty thousand shillings for women to deliver so that the service is better instead of treating mothers like that. This is because after that we still need to go to other health facilities for medication and pay money.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:39 [in short it is health faciliti..] (228:228) (SW)

Codes: [user_fees]
No memos

in short it is health facilities where we pay for services that we receive the best medical care more than public health facilities.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:44 [I first look for money until I..] (264:264) (SW)

Codes: [user_fees]
No memos

I first look for money until I get it because you cannot go without any money and you just stare at the health workers

P14: FGD_Kisugu- Kampala-EMS.docx - 14:51 [okay, some people talked about..] (268:271) (SW)

Codes: [user_fees]
No memos

okay, some people talked about money but what concerns would you have about going to the hospital when we are sick?

R3: money.

R4: money.

R7: money.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:52 [but before thinking about the ..] (275:275) (SW)

Codes: [user_fees]
No memos

but before thinking about the rude health worker my concern is about money because in Kibuli before seeing the Doctor I have to first pay consultation fee, he tells me to go to the laboratory after that I come back and he prescribes medication. That is all money I have to pay, so before going to the Doctor my concern will be money.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:59 [you can walk there but you nee..] (295:295) (SW)

Codes: [user_fees]
No memos

you can walk there but you need money to access the services and they just prescribe medicine.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:60 [R5: I ca walk to Kibuli hospit..] (296:297) (SW)

Codes: [user_fees]
No memos

R5: I ca walk to Kibuli hospital

R7: but you need some money for transport.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:65 [do you believe that if ambulan..] (314:319) (SW)

Codes: [lack_ambulance] [user_fees]
No memos

do you believe that if ambulances were available to get to the hospital people would utilize them?

Chorus: yes, they would use them.

R7: but there should be money available for fuel.

R4: they usually ask for fuel money.

R5: ambulances should be provided with fuel.

R7: but if it is available and they say put fuel you can do so.

P14: FGD_Kisugu- Kampala-EMS.docx - 14:73 [we even have health facilities..] (356:356) (SW)

Codes: [user_fees]

No memos

we even have health facilities which provide free checkups like recently I went to Kamwokya where they test/check from the brain to other things but medication is very costly. I was diagnosed, they prescribed some very expensive medication and I told them I didn't have money but will go back when I get it.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:4 [R2: there was one at the divis..] (122:122) (SW)

Codes: [user_fees]

No memos

R2: there was one at the division but we needed to fuel it in order to be helped so it was costly too. It would cost 50,000/=.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:5 [you need to pay in order to ac..] (124:124) (SW)

Codes: [user_fees]

No memos

you need to pay in order to access the service if you haven't paid even if you are a patient there he doesn't take you.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:10 [the major issue is that at tim..] (155:155) (SW)

Codes: [lack_ambulance] [user_fees]

No memos

the major issue is that at times they are very far and there is no means of transport to the health facility so if this person has no money he cannot get to the health facility. So it is means of transport and pocket wise.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:19 [he other concern is about mone..] (179:179) (SW)

Codes: [user_fees]

No memos

he other concern is about money, do I have money for transport and in case the patient is admitted will I afford? Then who will take care of me?

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:24 [I first think about money, and..] (186:186) (SW)

Codes: [corruption] [user_fees]
No memos

I first think about money, and if you get ill without money in your pocket!!! One really needs money atleast to start with. Then at the government or public health facilities the health workers need to be bribed and if you don't they don't take you as an important patient.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:25 [Mod: how about in private heal..] (187:192) (SW)

Codes: [user_fees]
No memos

Mod: how about in private health facilities?

R6: they are very expensive.

R5: but they care.

R6: yes they care but they are beyond expensive.

R1: they just want money even at this time if I went there I would be put on drip saying iam sick and I would really get surprised.

R3: and they don't force any one, they give a dose according to the money one has and you can keep on paying in installments. And in case they give you medicine but you are not able to pay the amount of money they need, the medicine is reduced and you are advised to pick the balance when you get money.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:26 [R6: I use public means and if ..] (194:200) (SW)

Codes: [emergency_vehicle] [user_fees]
No memos

R6: I use public means and if iam going to Mulago hospital 1,000/= can get me there because it is about two or three miles.

R7: I can use a boda boda, bicycle or taxi and get there. A boda boda can cost 4,000/= to and fro.

R1: on a boda it is 2,000/= to the hospital and 2,000/= back.

R2: it can be 3,000/= to the hospital on a boda boda.

R5: in a taxi its 1,000/= to and 1,000/= back.

R2: 1,500/= back in a taxi

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:28 [the poor people because the ri..] (236:236) (SW)

Codes: [user_fees]

No memos

the poor people because the rich can easily get to Rubaga hospital.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:36 [or one needs to first pay some..] (267:267) (SW)

Codes: [user_fees]

No memos

or one needs to first pay some money.

P15: FGD_Kawempe adults_mixed group_EMS study.docx - 15:41 [R5: unless you buy fuel.] (283:283) (SW)

Codes: [user_fees]

No memos

R5: unless you buy fuel.

P16: FGD_URCS_EMS.docx - 16:24 [the other reason could be that..] (110:110) (SW)

Codes: [user_fees]

No memos

the other reason could be that if this is an emergency and the nearby facility is a private entity and these people have a fear that when they go there they are going to be charged. I had a scenario one time an accident occurred and the nearest clinic was just across the road but this person before even handling any case he has to first receive money and this is an accident where these people have no money and these people have no money but this person says who is going to pay?

P16: FGD_URCS_EMS.docx - 16:27 [if I have money I go to the pr..] (120:120) (SW)

Codes: [user_fees]

No memos

if I have money I go to the private hospital because if you go to the public hospital you can spend the whole day there and if I don't have money of course i borrow.

P17: FGD_Naguru hospital healthworkers.docx - 17:29 [another point is poverty, we h..] (179:179) (SW)

Codes: [user_fees]

No memos

another point is poverty, we had let out a very big point, I don't have a blanket, some people believe that I cannot go to hospital without money because they will

not take care of me so they waste time there looking for money which they cannot get. You ask why have you delayed the patient so much, they say we didn't have money. So poverty is the biggest problem in the whole of Uganda.

P17: FGD_Naguru hospital healthworkers.docx - 17:36 [R1: for a single journey to co..] (196:198) (SW)

Codes: [user_fees]
No memos

R1: for a single journey to come 10,000/= can bring me using a boda boda but if it is somebody's car depending on the condition because there are some cases you cannot put on a boda boda. If it I a car I will need like 50,000/=.

R2: I stay here in Kireka but around 10,000/= for a boda boda and a vehicle 50000/=.

R3: me 30,000/= a vehicle can bring me either to Naguru or wherever.

P17: FGD_Naguru hospital healthworkers.docx - 17:37 [R3: unless iam not very ill bu..] (201:204) (SW)

Codes: [user_fees]
No memos

R3: unless iam not very ill but I have decided to go to hospital. I can use 3,000/= to come.

R4: even me 3,000/=.

R1: me 5,000/=.

R2: mine 2,000/=.

P17: FGD_Naguru hospital healthworkers.docx - 17:38 [R2: if I take a boda boda from..] (206:206) (SW)

Codes: [user_fees]
No memos

R2: if I take a boda boda from home then it is roughly 3,000/=.

P17: FGD_Naguru hospital healthworkers.docx - 17:39 [R3: to bring emergencies? Defi..] (210:211) (SW)

Codes: [user_fees]
No memos

R3: to bring emergencies? Definitely yes, people don't have the money it is very expensive to bring a sick person to hospital, he is laying like this.

R2: and at times those emergencies get people when they don't have money so there again people start to scratch the head to look for money when the life is going. So they will utilize them.

P17: FGD_Naguru hospital healthworkers.docx - 17:41 [R3: it is very expensive, you ..] (220:224)

(SW)

Codes: [user_fees]

No memos

R3: it is very expensive, you call those people who have the ambulances and say iam in Naguru and I want to go to Lubaga, they charge per kilometer and it's very expensive, without 300,000/= - 400,000/= they can't take you.

Mod: seriously?

R3: seriously. And you pay there and then, infact before they come they say is the money there? Because they have got these cases they arrive the patient has died or they reach and you start saying who is paying? They want their money actually you take it to them and they come. So surely if there is an ambulance which I know then I would use it.

Mod: so this means unless they are free the poor may fail to use them.

Chorus: if they are at a cost the poor can't afford using them.

P17: FGD_Naguru hospital healthworkers.docx - 17:46 [R1: and also if the government..] (239:240)

(SW)

Codes: [user_fees]

No memos

R1: and also if the government has provided those ambulances let the fuel and the drivers be there in those ambulances all the time because you find that there is an ambulance and there is no fuel so when you contact them they first ask for fuel money yet you are poor and can't manage to use boda boda you thought it would be free but they ask for fuel money.

R4: and some people don't have it, they are poor and once you mention money they give up and say let me die.

P17: FGD_Naguru hospital healthworkers.docx - 17:47 [R1: I have a scenario of my co..] (241:246)

(SW)

Codes: [consequence_lack_EMS] [user_fees]

No memos

R1: I have a scenario of my cousin brother who died of tetanus recently. He was pierced by a nail and when he went to get a tetanus toxoid they asked for 10,000/= yet he had 2,000/= so he said can I give you 2,000/= because I don't have the 10,000/=? The man in the clinic said no but I don't know how he managed to get the tetanus toxoid in the clinic. The boy said even at home the children don't have food if I got 10,000/= I would have gone to buy cassava I have only 2,000/= so he went back home and put tea leaves and salt thinking he had immunized himself yet the thing was maturing, so he died.

R3: very sad.

R1: now when it reached the brain he was taken to Mbale hospital but when they reached there, Mbale I don't know but God knows, they asked for 300,000/= but he was in a critical condition with locked jaws. So the brothers went back home to sell the cow, they didn't even call me and when I got there I quarreled with them reminding them that iam a health worker so they could have brought me the patient to Kampala. They said they didn't think about it and thought it was a simple thing. They sold two cows but didn't get 300,000/= since it was done hurriedly but the patient had not received any treatment. They first took 150,000/= and they health workers said we said 300,000/= so they went back to get the balance and when they took the 200,000/= he died that same day. The man was 32yrs old with six children and a wife. He died of a preventable disease. The health workers had told them that the patient would get better but would take a very long period of time in the hospital but they should take the money.

R3: was the money refunded?

R1: no it wasn't because when I got there I asked and they said it wasn't refunded, they were in shock so just got the corpse and moved.

R3: I wish the clinic man had helped and waited for him on credit but how can you sell tetanus toxoid at 10,000/= ? There should be also a massive tetanus sensitization for men, you know us we are protected, I have not seen women have tetanus. Me I take my children for boosters, even boys I take them every after five years, they should atleast take two extra doses until they reach 14yrs that's enough for them.

Code: varied_response_time {14-0}

**P 2: FGD Community members_Uganda Police.docx - 2:32 [it depends on where the accide..]
(121:121) (SW)**

Codes: [varied_response_time]

No memos

it depends on where the accident has happened for example if the road has no occupants and there is a fatal accident it will take long for ambulances to come because it will be people passing around to call the ambulance. But if it happens around the city center where people are many the casualties will get immediate attention.

**P 2: FGD Community members_Uganda Police.docx - 2:33 [the public may think that they..]
(122:122) (SW)**

Codes: [varied_response_time]

No memos

the public may think that they can handle that issue yet the ambulance is there to

save life. Then at times they think they will be charged yet they came to save lives. And traffic jam may delay the ambulance to get to the emergency point like from here to Entebbe. Then the time of call, at times they call after trying and failed and the person may have bled so much and as you try to rush him he dies on the way.

**P 3: FGD Community members_Wandegeya market.docx - 3:40 [Chorus: we don't know those co..]
(70:71) (SW)**
Codes: [varied_response_time]
No memos

Chorus: we don't know those contacts.

Resp: police is 99 but they take long to get to the scene.

**P 3: FGD Community members_Wandegeya market.docx - 3:48 [there are several police patro..]
(81:81) (SW)**
Codes: [varied_response_time]
No memos

there are several police patrol vehicles along the roads but they take very long to get to the scene in case of an accident. For example there is a man who fell off that building and it took police 4 hours to get there yet they are very near but they are very fast in stopping riots with tear gas.

**P 3: FGD Community members_Wandegeya market.docx - 3:56 [one time I had a patient whom ..]
(100:100) (SW)**
Codes: [dissatisfaction_services] [varied_response_time]
No memos

one time I had a patient whom I took to the university hospital but was referred to Mulago for a scan, we used an ambulance but getting there it took us some hours without medical care so I felt that using the ambulance was quite useless.

**P 3: FGD Community members_Wandegeya market.docx - 3:67 [hospital administrators should..]
(123:123) (SW)**
Codes: [corruption] [lack_ambulance] [recommendations_ambulance] [varied_response_time]
No memos

hospital administrators should monitor ambulance drivers to ensure that they don't misuse ambulances because one time we took a woman in labor and needed an ambulance but it was not available and when it came it had loaded matooke.

**P 4: IDI Community members _Boda stage wandegeya.docx - 4:1 [the fact is that there is a pr..]
(20:20) (SW)**
Codes: [communication] [lack_supply] [varied_response_time]
No memos

the fact is that there is a problem because in case of an accident and police is called upon they take over 30 minutes before getting to the accident scene and when they get there at times they say there is no fuel in the vehicle and in case they take the patient to Mulago hospital they just dump the patient there and go so the patient does not get the medical care needed.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:11 [So if a casualty is from Kampa..] (29:29) (SW)

Codes: [lack_ambulance] [varied_response_time]

No memos

So if a casualty is from Kampala but has to be picked from Nsangi and there is another accident in Bwaise that means that this person in Bwaise will not access care yet the police vehicle takes a very long time to get to the scene.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:20 [no, apart from the police numb..] (40:40) (SW)

Codes: [no_number] [varied_response_time]

No memos

no, apart from the police number yet they usually come late, it is the 99.

P 4: IDI Community members _Boda stage wandegeya.docx - 4:36 [many people die for example th..] (69:69) (SW)

Codes: [varied_response_time]

No memos

many people die for example there was an accident in Wakaliga where a vehicle could not break/stop so he stopped at a tree one woman wanted to go through the window so part of her head was cut off, others had severe injuries. We called the police to rescue these people but they were not coming so two other people out of seven died but if it was a riot they would have come in time. If we had said Besigye or any other person has passed there they would be there within five minutes

P 4: IDI Community members _Boda stage wandegeya.docx - 4:38 [it took them like one hour wit..] (71:71) (SW)

Codes: [consequence_lack_EMS] [varied_response_time]

No memos

it took them like one hour within which someone is already dead.

P 6: KII EMS Administrator _Uganda Police.docx - 6:20 [we have no specific time but i..] (82:82) (SW)

Codes: [varied_response_time]

No memos

we have no specific time but it is the quickest time possible because no incidence justifies an accident, the question is one must drive as carefully as possible and reach within the shortest time possible and safely so that's why we provide a roof light and a siren to ensure that the way is cleared and you reach as quick as possible. And that is why we distributed them in the different divisions so that there is quick attention like within five minutes you are there, ten minutes are many, atleast five.

P 6: KII EMS Administrator _Uganda Police.docx - 6:21 [yes for fire we have fifteen m..] (84:84) (SW)

Codes: [varied_response_time]

No memos

yes for fire we have fifteen minutes and a small car of an ambulance we have five but I want you there as early as one minute.

P12: KII EMS Policy maker_MOH.docx - 12:14 [there were buses which would g..] (44:44) (SW)

Codes: [ems_dispatch] [varied_response_time]

No memos

there were buses which would get accidents, landslides in the east, the other time the staff quarters in the hospital were washed away completely by water. And because most of these things happened in the rural areas getting rescue from the center is very difficult because we need to mobilize. We don't have a standing team waiting that when there is an accident we go.

Code: we monitor because when you al.. {0-0}
