THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

KOICA
Korea International Cooperation Agency

World Health Organization
Uganda

Improving ambulance functionality in rural Uganda: Community-driven ambulance committees revolutionize emergency care in Busoga region

The challenge: Inadequate emergency transport system

Prior to 2021, the districts of Bugiri, Buyende, Iganga, Kamuli, and Mayuge in Busoga region faced a critical gap in ambulance services for patient referrals. This gap of a reliable emergency transport system posed a severe threat to the lives of pregnant women and newborns. Many expectant mothers in critical condition were transported on motorcycles, known locally as “boda-bodas”, often enduring long, unsafe journeys that sometimes ended in tragedy.

The World Health Organization (WHO) in partnership with the Ministry of Health, with funding from the Government of the Republic of Korea through the Korea International Cooperation Agency (KOICA), started implementing a five-year project (2020–2025) aimed at strengthening the health system for improved delivery of reproductive, maternal, newborn, child, and adolescent health (RMNCAH) services in the five districts.

The intervention: A district ambulance committee model

In July 2021, the project delivered 7 ambulances to the five districts and introduced a transformative ambulance system tailored to the region’s needs. A key innovation was the establishment of community-managed ambulance committees across the five districts, and district ambulance committee operational guidelines, with Kamuli District serving as a flagship example. The committees comprised local leaders, district health officials, health facility in- charges, and community representatives. Through these committees, the districts did the following to ensure the ambulances were functional, efficient, well-maintained and consistently fueled:

- Planning: The committees were trained and developed action plans and met regularly, on a quarterly basis, to ensure smooth operation of the ambulances such as fuel provision, repairs, and regular maintenance servicing.
- Capacity building: The ambulance staff were trained on how to handle emergencies and ambulances, while ambulance drivers were trained in safe driving practices, significantly reducing ambulance-related accidents.
- Fuel pooling system: A game-changing innovation involved the introduction of a fuel pooling system. The leadership in each district decided to have all health facilities allocate a portion of their Primary Health Care (PHC) funds for this purpose. Amounts varied by level of facility with higher levels paying more- about 400,000/= per quarter towards a common pool for fuel maintained at a fuel station. The fueling was overseen by a designated person in each district. Another 10% was agreed upon to go towards equipment, including ambulance maintenance.
- Referral Coordination: Health workers began notifying receiving facilities before patient transfers, greatly improving coordination and reducing congestion at higher level hospitals such as at the regional referral hospital in Jinja.

The results: Saving lives and reducing delays

- All seven ambulances remain functional, and even in scenarios where ambulances got involved in accidents, timely repairs were done by the district, and the vehicle would be back on the road and continuity of services was ensured.
- Emergency response times improved significantly. Where women previously waited hours for transport, ambulances now typically arrived within ten minutes of a call.
- A total of 8,051 emergency referrals were conducted through the project-supported ambulances between July 2021 and September 2025.
- Regular meetings, structured coordination with district and regional leadership, and formal reporting procedures created a feedback loop where performance issues were identified, and corrective actions taken. This system supported citizen oversight and continuous improvement of emergency medical services.
- A substantial decline in maternal complications and preventable newborn deaths were reported by health workers due to timely referrals. *"Before, we would call for an ambulance and wait endlessly. Sometimes, we had to improvise with motorcycles, risking both mother and baby. Now, within ten minutes, the ambulance arrives ready to transfer the patient to a higher-level facility,"* shared a midwife from Balawoli Health Centre.
- The community-driven ambulance committees established in the districts have since become a model of sustainability. Its self-governance, social accountability mechanisms, and transparent financial contributions have fostered trust and a sense of ownership among local residents. Beyond the district level, these committees interact with regional ambulance committees, contributing to broader coordination efforts. Notably, their success and practical experience directly informed the development of Uganda's national ambulance guidelines, which provide a clear direction on the composition and functioning of sub-national ambulance committees, including regional, district and marine ambulance committees.

Human Interest: Community pride and empowerment

Local leaders have expressed pride in their collective achievement. *"The ambulance is not just a government resource. It is ours. We fuel it, we manage it, and we know it saves our daughters, sisters, and wives,"* said a community elder involved in the committee.

District officials reported that the ambulance committee system has strengthened local governance, building collaborative relationships between communities and the health system.

Key message

The district ambulance committee model in Busoga region offers a replicable, sustainable solution to Uganda's broader emergency medical transport challenges. Its success demonstrates the power of community ownership in delivering life-saving health services, with the potential to transform emergency medical response systems across other regions.

Improving ambulance services through the RMNCAH Project: A frontline perspective

Abbey*, an emergency medical technician working with one of the project-supported ambulances, reflects on the profound impact the project has had on emergency referral services in his district:

> *I want to appraise the RMNCAH project because it played a very big role in improving communication channels between the referring facility, the ambulance team and the receiving facility.*
>
> *Before the project, there was always a gap on how to refer the mothers. The lower facilities would struggle with the mothers and wait until it was too late to refer them (because ambulances were not accessible in a timely manner).*

He recalls the difficult situation before the project's intervention. Even when they decided to refer, it would be hard to get the ambulance with fuel and, during these delays, many mothers would be lost due to bleeding, not forgetting the loss of babies who were born prematurely. With the introduction of the RMNCAH project, however, several key innovations have turned the tide:

> *Because of the project, there have been innovations whereby there is a clear source of fuel for the ambulances since the facilities mobilize some money for fuel for ambulance operations. Furthermore, … there is always clear communication between the referring health facility, the ambulance team and the receiving facility.*
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> *The midwives at the lower facilities are sensitized about it, and even us, the ambulance team are informed immediately, and we set off. Before the ambulance moves, the receiving facility is communicated to so that they get ready.*

Abbey highlights a key shift in referral patterns made possible by improved coordination:

> *Previously, almost all cases were sent to Jinja Regional Referral Hospital. Now, because we have improved the communication through this project, patients can be referred from a HC III to a HC IV and from a HC IV to a district hospital. This has enabled the ambulance team to evacuate many mothers on time since we don't have to drive long distances to Jinja Referral Hospital.*

* Name has been changed

The ambulance Saved Her Life": A midwife's Testimony on Emergency Care in Rural Uganda

Musawo Martha*, a midwife at a Health Centre III recalls a critical moment when timely emergency care made a difference between life and death for a young mother of two twins:

I had a mother of twins, the first twin was born at home and the placenta was retained, the second twin was born in a clinic after 12 hours from having the first twin and the second placenta was retained as well. After spending 4 hours in a clinic, she developed serious bleeding and was brought to our health facility at around midnight and dumped at the entrance by an unknown bodaboda cyclist.

Martha was on duty when she heard the motorcycle arrive. Curious, she stepped outside and discovered the woman lying unconscious at the entrance. Moments later, the woman's relatives arrived carrying the newborn twins. I immediately notified the doctor. We rushed the mother to our delivery room and did manual removal of the retained placentas, but still the mother was bleeding and had become anaemic.

Thankfully, one of the KOICA ambulances was stationed at the health facility and ready for use. The team quickly evacuated the mother to Kamuli Hospital. However, the hospital did not have blood type 0 rhesus negative which was urgently needed. Another referral was quickly coordinated, and the mother was referred to Jinja regional referral hospital where she was successfully handled and transfused with 2 units of blood. A few days later, Martha followed up and was told that the mother was discharged in good health.

I would like to appreciate the RMNCAH project for the ambulances. Gone are the days when delays in referral led to death of mothers."

* Name has been changed.

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