

# How one doctor is rebuilding emergency care in Yumbe

In Uganda's remote West Nile region, Yumbe Hospital's emergency care is being reshaped by one specialist introducing triage systems, training frontline staff, and improving survival chances for critically ill patients in a resource-limited setting.

BY BEATRICE NAKIBUUKA

A critically ill mother arrived at Yumbe Regional Referral Hospital in north-western Uganda already slipping out of reach.

She was suffering from severe pre-eclampsia, a dangerous pregnancy complication that could become fatal within hours. By the time she reached the hospital, she was struggling to breathe. Doctors immediately moved to intubate her to keep her alive. In many urban hospitals, the next step would be straightforward: transfer her to an intensive care unit only minutes away.

In Yumbe, that option does not exist. Dr Sarah Oworinawe, one of the few emergency medicine physicians serving the entire region, takes one look at the patient and makes a rapid decision: the hospital cannot provide the level of critical care she needs.

"We had to move quickly because every minute mattered," she recalls.

An ambulance is arranged to transfer her to Gulu Regional Referral Hospital, more than 225 kilometres away. It is the only realistic option for advanced care.

But the emergency does not stop at the hospital exit. The journey becomes an extension of the resuscitation room.

On the way, the team is forced to stop several times. They manage her airway, administer medication, and try to stabilise her fragile condition as the ambulance navigates rough roads and long delays. At the River Nile crossing in Obongi, further hold-ups add to the risk.

Dr Oworinawe remains with the patient throughout the entire transfer.

"She survived," she says quietly. "When a patient comes in at their worst and survives, that is the reward."

One specialist for 1.6 million people. The case is not an exception in Yumbe; it is a reflection of how fragile emergency care can be in Uganda's underserved regions.

Yumbe Regional Referral Hospital serves more than 1.6 million people across the West Nile sub-region, including large refugee populations from South Sudan and the Democratic Republic of Congo. Patients often arrive late, after long journeys with little or no stabilisation.

Yet within this vast catchment area, Dr Oworinawe is currently the only emergency medicine physician based at the hospital, one of just 27 in the entire country.

She chose Yumbe deliberately after



Dr Sarah Oworinawe is leading efforts to improve emergency care through structured triage, frontline staff training and faster response to critically ill patients at Yumbe Regional Referral Hospital. PHOTO/ BEATRICE NAKIBUUKA

completing her Master of Medicine in Emergency Medicine at Mbarara University of Science and Technology, supported by Seed Global Health and the Ministry of Health.

"I knew these skills would make a difference where the need is greatest," she says.

## Building order

When she arrived less than a year ago, emergency care at the hospital was largely unstructured. There was no formal triage system, no designated resuscitation area, and critically ill patients were not consistently prioritised based on severity.

"One of the biggest challenges was

that patients were not being prioritised based on how sick they were," she explains.

Her first major change was introducing a structured triage system that sorts patients into red, yellow, and green categories depending on urgency, ensuring those in the most critical condition are seen first.

Even in a resource-limited setting, she says, organisation can mean the difference between life and death.

A dedicated resuscitation area has since been set up for critically ill patients. She has also worked with neighbouring facilities, including Adjumani General Hospital, to strengthen emergency response and referrals.

But her work extends beyond the hospital walls. She is training frontline health workers to recognise danger signs earlier and respond faster before patients deteriorate.

"Emergency care is not just about the doctor," she says. "It is about the entire system working together."

In a region where malaria in children, obstetric emergencies, road traffic injuries, and severe infections frequently become life-threatening due to delays in care, early recognition is critical.

For many families, Yumbe Regional Referral Hospital is the only point of emergency care they can access.

"If we identify critical illness early and intervene quickly, we can save many more lives," she says.

## A system still under strain

But the work is constant and often overwhelming.

Like many rural referral hospitals in Uganda, Yumbe faces persistent challenges: limited staffing, shortages of equipment, and long referral distances for advanced care such as intensive care services. Critically ill patients are frequently transported hundreds of kilometres to reach higher-level facilities.

"There are times when the workload feels overwhelming," Dr Oworinawe admits. "But you keep going because every improvement matters."

Her experience reflects a wider national reality. Uganda has trained more specialists in recent years, but emergency medicine services remain thinly spread, especially in regions where the burden is highest.

As Uganda marks Emergency Medicine Day, Yumbe's experience raises a difficult but necessary question: what happens when a critically ill patient arrives at a facility that is not yet equipped to save them?

In Yumbe, the answer is slowly changing, through a triage desk that brings order to chaos, a resuscitation area that creates space for survival, and one doctor working to build a system that can stand even when she is no longer there.

As Yumbe Regional Referral Hospital continues to adapt under pressure, the changes led on the emergency ward are beginning to show what is possible even in a constrained system.

The introduction of structured triage, stronger referral coordination, and targeted staff training is gradually shifting emergency care from reactive response to organised intervention.

While major gaps in staffing, equipment and intensive care access remain, the progress underway offers a glimpse of a more resilient system, one where critically ill patients are more likely to be identified early, stabilised faster, and given a better chance of survival, regardless of how far they live from the nearest advanced hospital.

## EMERGENCY CARE IN UGANDA'S WEST NILE

Emergency medicine focuses on the immediate assessment and stabilisation of patients with life-threatening conditions such as severe injuries, complications in pregnancy, stroke, infections and other acute illnesses, to save life and prevent disability in the critical early hours of illness. In hospitals such as Yumbe Regional Referral Hospital, this work is often carried out under resource constraints, with limited specialist staff and equipment.

One of the key tools used in such settings is triage, a system that sorts patients according to urgency so that those in the most critical condition are treated first. Patients are typically classified as red for emergency cases requiring immediate attention, yellow for urgent but stable cases, and green for minor conditions. This helps health workers manage overcrowding and prioritise care when resources are stretched.



## Service

"Emergency care is not just about one doctor or one moment of treatment. It is about building a system that can recognise danger early, respond quickly, and stabilise patients long enough to reach definitive care. In Yumbe, where resources are limited, staffing is thin, and referral distances are long, delays can easily become fatal. That is why we introduced triage and a resuscitation area, to bring order into chaos and ensure the sickest patients are prioritised first. Even in a constrained environment, small system changes can save many lives and improve outcomes for entire communities over time," says Dr Sarah Oworinawe