But on the evening of 2 March 2012, the worst happened. Amara choked while being fed on a meal of mashed potatoes mixed with milk by her nanny. While feeding, Amara started coughing persistently and on noticing this, her nanny began patting her back. When Amara started going faint, her nanny raised the alarm.

Good samaritans came to the rescue. However, baby Amara was already unresponsive, and so began the rush to hospital. One of these good samaritans, a nurse, performed First Aid on Amara as they headed to hospital but unfortunately, Amara was pronounced dead on arrival. She passed away at the tender age of just six months. Her parents were crushed.
Burden of Emergency Care in Kenya

[Image of newspaper articles]
- 5.8 million deaths/year
- 10% of world's deaths
- 32% more deaths than HIV, TB and Malaria combined
Is Kenya sitting on ticking heart attack time bomb?
Time is Brain Tissue

An untreated patient loses approximately 1.9 million neurons every minute in the ischaemic area.

Reperfusion offers the potential to reduce the extent of ischaemic injury.

4.5 Hours
Healthcare in Kenya

Extremely poor Condition of Kenyan Healthcare System

Only One doctor available for every 10,000 Kenyans

Hospitals with Good Healthcare facilities are not available

Cases of Misdiagnosis are increasing steadily

Large range of Kenyan population is falling victim to death

India is one of the prime medical care destinations across the globe.
Multispecialty hospitals in India are furnished with modern infrastructure and provide finest healthcare solutions at very economical prices.
YOU HAVE
TO BE PREPARED FOR
EMERGENCIES...

THERE'S A SPECIAL
CALL WE USE IF WE NEED HELP.

LISTEN CAREFULLY...

MOM!
NO SINGLE TOLL-FREE AMBULANCE NUMBER
DID YOU KNOW

The Constitution of Kenya (2010) and the Health Act (2017) guarantees you the right to emergency medical treatment

All public and private health facilities have a legal duty to provide you with emergency medical treatment

Any Health Institution that fails to provide emergency medical treatment despite having the capacity to do so, could face conviction and fines up to Kshs. 3 million

By registering with NHIF, you can receive emergency road rescue and evacuation services
Dedicated to the development of evidence-based universal emergency care in Kenya through education | research | advocacy
VISION FOR KENYA

All around the world, actively ill and injured people seek care every day. Frontline providers manage children and adults with injuries and infections, heart attacks and strokes, sepsis and acute complications of pregnancy. An integrated approach to early recognition and management saves lives. This visual summary illustrates the essential functions of a responsive emergency care system, and the key human resources, equipment, and information technologies needed to execute them.
OUR VISION

OUR VISION IS TO DEVELOP EVIDENCE-BASED UNIVERSAL EMERGENCY CARE IN KENYA AND PROMOTE LOCAL RESEARCH THAT IMPROVES THE OUTCOMES FOR PATIENTS WITH MEDICAL EMERGENCIES IN KENYA.

OUR MISSION

OUR MISSION IS TO ACHIEVE THIS THROUGH EDUCATION, RESEARCH, PROMOTIONS, MENTORING AND BUILDING CAPACITY FOR EVIDENCE-BASED UNIVERSAL EMERGENCY CARE DEVELOPMENT IN KENYA.
OUR APPROACH

EDUCATION
WE ARE PART OF THE FREE OPEN ACCESS TO MEDICAL EDUCATION (FOAMED) MOVEMENT WHICH IS “A GLOBALLY ACCESSIBLE CROWD-SOURCED EDUCATIONAL ADJUNCT PROVIDING IN-LINE (CONTEXTUAL) AND OFF-LINE (ASYNCHRONOUS) CONTENT TO AUGMENT TRADITIONAL MEDICAL EDUCATION PRINCIPLES.

ADVOCACY
WE ADVOCATE FOR EVIDENCE-BASED UNIVERSAL EMERGENCY CARE TO BE PRIORITISED WITHIN THE HEALTHCARE SYSTEM IN KENYA.

RESEARCH
WE PROMOTE AND ENCOURAGE THE STUDY, RESEARCH AND ADVANCEMENT OF THE SCIENCE AND PRACTICE OF EVIDENCE-BASED EMERGENCY CARE IN KENYA.

COLLABORATION
WE FOSTER GLOBAL COLLABORATIONS AND PARTNERSHIPS FOR EVIDENCE-BASED UNIVERSAL EMERGENCY CARE DEVELOPMENT IN KENYA.

POLICIES & FRAMEWORKS
WE DEVELOP COMPREHENSIVE POLICIES AND FRAMEWORKS ALONGSIDE COUNTY GOVERNMENTS AND STAKEHOLDERS TO SUPPORT THE ADOPTION OF ROBUST EVIDENCE-BASED UNIVERSAL EMERGENCY HEALTHCARE SYSTEMS ACROSS KENYA.
Working with the Ministry of Health to develop the Emergency Medical Care Policy

Working with the MSP project to develop training for emergency care providers

Post-crash Care

- Working with NTSA on Post-Crash Care as part of the National Road Safety Action Plan
- Training bodaboda riders on post-crash care*

Ambulance Contact Card

- Providing ambulance contact cards to the public

Assessing & geotagging level 4.5, or 6 facilities with emergency departments (ED) open and staffed 24h and with a functioning theatre in the facility

Financing emergency care provided in identified EDs*

Universal Ambulance Transportation

- Financing universal ambulance transportation*

ED staff training on Triage*, POCUS, ECG & Emergency Care*

Providing evidence-based emergency treatment guidelines

Providing ECG machines to identified public EDs

Providing vital signs monitors for triage to identified public EDs

* Proposed
“I asked myself if I really knew how to handle a baby who was choking. The more I asked myself, the more I realized that I did not really know how to properly assist a choking person — a clearly life-threatening medical emergency.”

Her desire to fill this knowledge gap is what led Alice to enroll for a basic First Aid course.

“I didn’t want to be unprepared in case the need ever arose. Choking could happen to anyone — whether a child or an adult — and I wanted to be equipped with the right knowledge and skills on how to handle such an emergency,” she says.
“My Baby Amara Choked to Death, But She Continues to Save Lives Today” -Alice Kibagendi

In June 2012, just three months after baby Amara’s death, she set up the Amara Initiative.

“The goal of Amara Initiative is to ensure that as many people in society have the skills necessary to intervene in a life-threatening situation before professional medical assistance arrives. This, after realizing that both children and adults die in situations where basic First Aid could have saved their lives.”
EMERGENCIES OCCUR EVERY DAY IN KENYA REGARDLESS OF WHETHER WE HAVE SYSTEMS OR RESOURCES TO PROVIDE THE APPROPRIATE CARE OR NOT
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