



**Private & Confidential
United Republic of Tanzania**

November 2021

BUSINESS PLAN
Set Up of Emergency Plus Medical Services
Tanzania Ltd.
By Emergency Plus Medical Services (E-PLUS)

FINAL



31 Regions
169 Districts

DOCUMENT TRACKING

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PROJECT PROFILE

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Project Type	Emergency Medical Services - Operations & Management
Currency	USD
Project Size	

OUR REF

\\E-Plus\Business Plan\Reports\E-Plus - Business Plan Business Set Up

DOCUMENT PURPOSE

This document has been produced as part of an assessment by Emergency Plus Medical Services (E-Plus) in the United Republic of Tanzania.

DOCUMENT OWNERSHIP

The owner of this document is the Managing Director of Emergency Plus Medical Services.

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1. EXECUTIVE SUMMARY

Project Background

- 1.1. E-Plus is in discussion with various stakeholders in The United Republic of Tanzania on the establishment of a fully functional emergency medical services in Tanzania.
- 1.2. This report summarises the results of a financial forecast conducted to assess the expected costs of setting up and running the medical operations in Tanzania. The report details the required Operational Plan and the attaching costs.
- 1.3. This report is therefore intended to act as a guide on the financial requirements for the set-up of operations in The United Republic of Tanzania.

Project Need

- 1.4. The EMS is expected to reduce the emergency evacuation mortality rate which currently stands at 6.1 per 1,000 people. A key challenge is the provision of life support services in the event the evacuation distance is more than 30km.

2. DESCRIPTION OF SERVICE NEEDS

- 2.1 In the year 2000 Tanzania launched its development vision 2025. This is a re-assertion of a desirable future for Tanzanians by 2025. One of the principal goals of this vision is a quality livelihood for all. This vision has in it specific health sector goals that have to be attained by the year 2025
- 2.2 A high quality livelihood for all Tanzanians is expected to be attained through strategies which ensure the realisation of the following goals:
 - 2.2.1. Access to quality primary health care for all.
 - 2.2.2. Access to quality reproductive health services for all individuals of appropriate ages.
 - 2.2.3. Reduction in infant and maternal mortality rates by three-quarters of current levels.
- 2.3 The goal of this Plan is to accelerate movement towards Universal Health Coverage (UHC) with essential health and related services needed for promotion of a healthy and productive life. UHC makes it possible to ensure that all people receive essential and good quality health services they need without suffering financial hardship.
- 2.4 In order to enhance the health sector competitiveness in the region and globally, there is need to attain improvements in access to services, quality of care, demand for services, efficiency and equity in delivery of services as the key outputs from investments it is making. A health systems approach will be used to address the current challenges in health service delivery and leverage this to enhance the health sector competitiveness in the region and globally.
- 2.5 These Health Systems Areas are:
 - 2.5.1 Health governance and partnerships
 - 2.5.2. Service delivery systems
 - 2.5.3. Health information
 - 2.5.4. Health financing
 - 2.5.5. Health products and technologies
 - 2.5.6. Health workforce
 - 2.5.7. Health infrastructure

These are all inter-connected, and work together to attain the desired sector outputs which is: Better access to services
Better quality of care
Better demand for services
Better efficiency of resource use
Better equity in resource allocation

According to Service Delivery Systems Area: Good health services are those which deliver effective, safe, quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources. The sector aims at improving the service organize, management capacity, patient transport and communication, basic emergency infrastructure, supplies and equipment, finance and human resources and referral systems. With the development of new technologies, treatment and management plans, availability of new evidence and the changing needs of service users, the health sector needs to adapt to these changes in a managed way.

Key Emergency Medical Services under consideration

2.6 EMS services under consideration in service delivery include;

- 2.6.1. Ground Ambulance Services;
- 2.6.2. Medical Escorts;
- 2.6.3. Stand-by Ambulance for Events;
- 2.6.4. Field Support and Escorts;
- 2.6.5. Inter-Hospitals Transfers; and
- 2.6.6. Long Distance Transfer for Patients

3. PROJECT OBJECTIVES

Key Objectives

3.1. To improve the service delivery of emergency medical system in the country.

Key Sub Objectives

3.2 The EMS Services addresses the aspect of Tanzania Vision 2025 which aims at achieving a high quality livelihood for its people.

- 3.2.1 Access to quality primary health care for all
- 3.2.2. Access to quality reproductive health services for all individuals of appropriate ages
- 3.2.3. Reduction in infant and maternal mortality rates by three-quarters of current levels – Currently at 6.1 per 1,000 people

4. TECHNICAL VIABILITY

4.1. The Emergency Medical Services Tanzania is expected to have a total of 273 employees in the first year of which Nine (9) are employed under the Management category with 40 ambulances. The total staff size is expected to increase in the 4th year to above 350 employees (operating a fleet of 100 ambulances) and maintain this level up to the 5th year. This section highlights the operational structure that will be required to efficiently run the Emergency Medical Services in Tanzania.

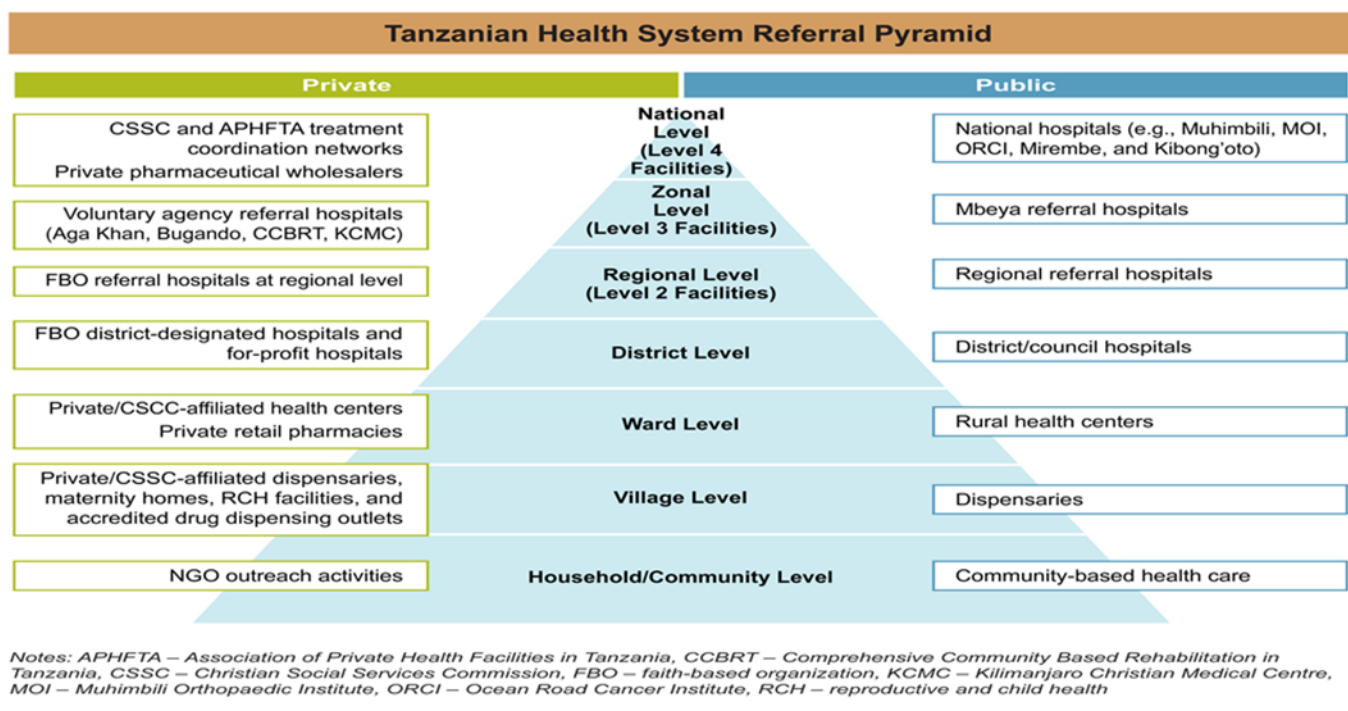
Tanzania Health Sector Overview

4.2. Health services in the United Republic of Tanzania are delivered through a decentralized system. The Prime Minister's Office, Regional Administration and Local Government, is responsible for service delivery through dispensaries, health centres and district hospitals. The decentralized health system broadly falls into three functional levels: district (primary level), regional (secondary level), and referral hospital (tertiary level). Under this system, the district has a mandate to plan, implement, monitor and evaluate health services. The district level provides PHC services through dispensaries at ward level, catering for three to five villages with an average population of 10 000. The health centre is the referral level for the dispensary and provides a slightly broader range of services than dispensaries, including inpatient care. It previously covered an average population of 50 000. District hospitals provide services to an average of 250 000 people. All districts have districts hospitals.

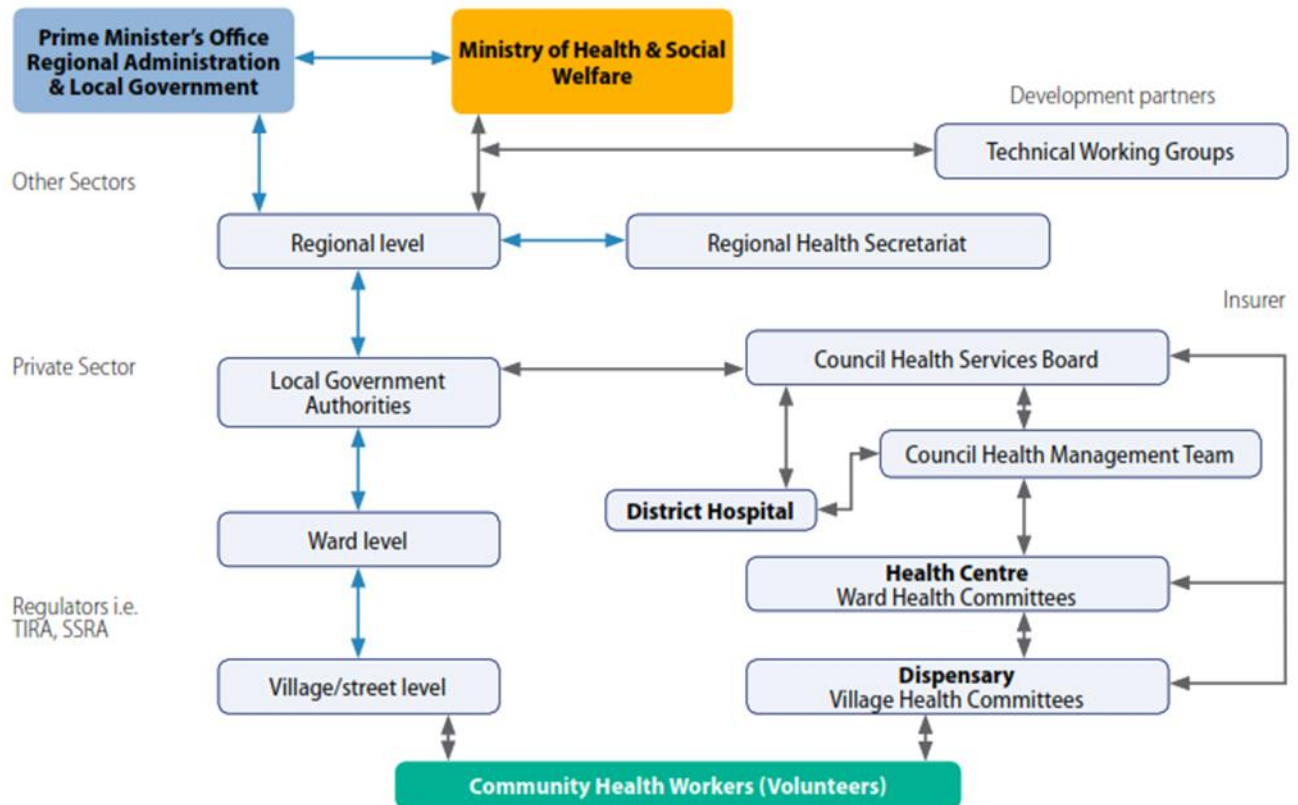
4.3. As of 2019, Tanzania counted a total of 9,104 health facilities, comprising private, governmental, and religious ownerships. The majority constituted dispensaries, around 7.2 thousand facilities. In the same year, there were 294 hospitals and 910 health centres in the country.

- 4.4. The leading causes of mortality in Tanzania include: HIV 17%, lower respiratory infections 11%, malaria 7%, diarrheal diseases 6%, tuberculosis 5%, cancer 5%, ischemic heart disease 3%, stroke 3%, STDs 3% and sepsis 2% [5] and this shows the double burden of disease the country has to bear
- 4.5. Health insurance coverage is still low in Tanzania. As of 2019, 32% of Tanzanians had health insurance coverage, of which 8% have subscribed to NHIF, 23% are members of Community Health Fund (CHF), and 1% are members of private health insurance companies. [21] Beneficiaries of NHIF includes the contributing members, spouse and up to four dependents. The CHF beneficiaries include head of household, spouse and all children below 18 years. Other prepayment schemes cover less than 1% of the population. CHF mainly focuses its coverage in rural population while private health insurance schemes target urban population. Low insurance coverage leads to over-reliance on direct payment at the point of use of health care, which is among the fundamental problem that restrain the move towards universal health coverage in many developing countries. [22] Direct payment can lead to high level of inequity, and in most cases denying the poorest access to needed health care

Structure of the Local Health System



Key PHC organizational structure and decision making bodies in United Republic of Tanzania



5. PROJECT COMPONENTS & OPERATIONAL PLAN

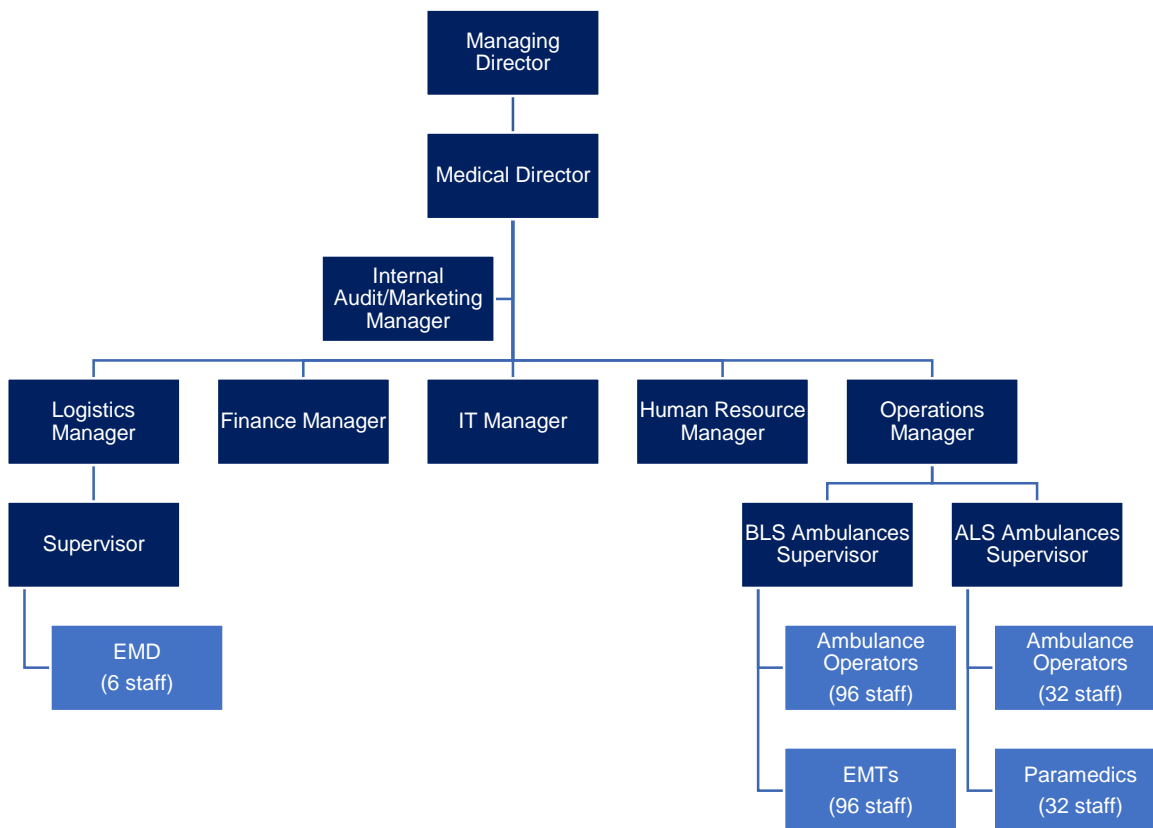
5.1 A fully functional Emergency Medical Service is composed of: -

- 5.1.1. Fully Equipped Ambulances (Basic Life Support - BLS) & (Advanced Life Support – ALS). Based on our analysis it is feasible to start with 40 ambulances with an average lifespan of 5 years at an optimal utilization of 3,500 kms per month per ambulance.
- 5.1.2. Dispatch Centre with the capability to handle at least 16 simultaneous 24 hours' emergency calls. Calls are expected to be handled by a team of Emergency Medical Dispatchers (EMDs).
- 5.1.3. Management Team that is Specialised in medicine, logistics & ambulance operations
- 5.1.4. Emergency Evacuation Team: Ambulance Operators, Emergency Medical Technician & Paramedics

Proposed Operational Plan

- 5.2. To efficiently run the emergency medical Service in the United Republic of Tanzania, below is the ideal ambulances breakdown
 - 5.2.1. 60 Fully equipped advanced cardiac life support ambulances (ACLS) to be located in 31 regions
 - 5.2.2. 540 Fully equipped basic life support ambulances (BLS) spread across all the district
- 5.3. The ambulance service will kick off with a fleet of 40 vehicles (8 ACLS and 32 BLS) spread across all the. However, this fleet size will gradually increase to 100 ambulances in the fourth year.
- 5.4. The Business is expected to kick off with about 273 staff
- 5.5. The team will be made up of medical, logistic and administration functions

5.6 The proposed organisational plan is as shown below



*EMD – Emergency Medical Dispatchers
EMT – Emergency Medical Technicians*

Key Technologies

Equipment for Advanced Life Support Ambulance

- Advanced airway and ventilation management capability
- Mechanical Ventilator
- Portable& piped oxygen cylinder
- Pulse oxymeter
- Cardiac Monitor
- Automated External Defibrillators (AED)
- Glucometer
- Electrical suction machine
- Kendrick Extrinsic Device (KED)
- Cervical collars
- Sager Splint
- Splints

- Spinal board/scoop Emergency
- drugs e.g. Cardiac drugs
- Trauma Bag
- Electrical suction machine
- Kendrick Extrinsic Device (KED)
- Cervical collars
- Sager Splint Splints
- Spinal board/scoop

Equipment for Basic Support Ambulance

- Manual bugging (Ambu bug)
- Trauma Bag
- Portable& Piped Oxygen system
- Pulse Oxymeter
- Automated External Defibrillators (AED)
- Glucometer
- Electrical suction machine
- Kendric Extrication Device (KED)
- Cervical collars
- Sager Splint

Consumable and Drugs

Consumables	Drugs
Non-Rebreather Oxygen Mask	Brufen 400mg Tabs
Nebulizer Mask Adult	Ranitidine 150mg Tabs
Sterile Gauze 5x5	Paracetamol 500mg
Gauze Roll	Buscopan 20mg
Examination Gloves 100pcs	Diclofenac Gel
Bactrigas	Atropine 1mg Inj
Surgical Spirit 5 Litres	Adrenaline 1mg Inj
Giving Sets	Antihistamine Cream
Crepe Bandages 2"	Activated Charcoal
Crepe Bandages 3"	Dextrose 50% 10ml
Crepe Bandages 4"	Hartmann's Solution 500ml
Crepe Bandages 6"	Normal Saline 500ml
Syringes 3cc	Dextrose 5% 500ml
Syringes 5cc	
Syringes 10cc	
Syringes 20cc	
Needles (Various Gauges)	
Oro-Pharyngeal Airway Size 3	
Oro-Pharyngeal Airway Size 4	
Branula G16	
Branula G18	
Branula G20	
Sharp Containers	
Cotton Wool 400gm	
Glucometer and Glucometer Strips	
Strapping Tape Micropore 2"	
Oxygen Refill	

Ambulances

Type 1: Toyota Land Cruiser Model

- Standard heavy-duty 4 wheel drive all terrain field vehicle.
- Patient and driver's cabin is fully air conditioned
- Diesel engine 6 cylinder, 4200cc, 96kW/129HP High altitude compensator
- Snorkel intake on air cleaner, cyclone + pre-cleaner
- Payload (max. recommended) 800kg Gross weight 3220kg
- Manual 5 speed gearbox, plus transfer gearbox High/Low range
- One touch 2WD-4WD electric push button selector
- Front coil suspension, rear leaf suspension Full floating rear axle
- Front and rear disc brakes Fixed front hubs (no free wheel)
- Digital clock Cigarette lighter Glove box without keys
- Rust proofing chassis and body Touch-up paint
- Front and rear mud guard Painted rear bumper
- Front and rear towing hook, closed type towing hook rear pintle (NATO type)
- Green laminated windscreen Intermittent wiper, washer linked
- Outside rear-view mirror (2) on doors, convex, E-mark
- Slide rear side windows HF antenna bracket on front bumper
- Front door fixed sash with vent windows Side defroster front windows
- De-mister and fan Heater (front) alumi core Rear window defogger and intermittent wiper
- Halogen lights, semi- sealed High mount stop lamp
- Fuel tank 90L main plus second tank 90L Double fuel filter
- 1 spare wheel, on rear door mounting with lock Mechanical jack and tool kit
- 1 kg ABC fire extinguisher Triangle caution plate
- Tyres: 7.50R16, 8 ply 114/112L, radial, with tube. All roads and off road.
- Can carry up to 5 people, with a loading capacity 800kg passengers included.
- With normal maintenance, this vehicle can do a minimum of 200,000km in rough conditions.
- It is not a permanent 4-wheel drive. The 4WD engages with an electrical switch action.
- White Color
- 3 front seats
- TVSS anti-theft system
- HF radio, VHF radio.
- First aid kit, Tool kit.
- Ac Power Inverter
- Air conditioning Power steering
- AM/FM radio ETR CS (L) 2 speakers

Type2: Toyota Hiace High Roof

- L x W x H (mm): 5380 x 1880 x 2285 195 R 15 tires
- Air Conditioner / Dual with individual Vents (9 Nos.)
- Audio: AM/FM cassette with 4 speakers
- Brake Control Valve: LSPV
- Brake: Front: ventilated Disc Type
- Brake: Rear: Drum
- Cigarette Lighter
- Driver Seat: Sliding + Reclining
- Foot Rest: Driver / Front Intermittent Wipers
- Fuel Lid openers / Full wheel Caps
- Glove Box: Lower & Upper
- Inner Mirror: Day / Night
- Meter illumination Control
- Power & Tilt Steering
- Rear Door inside handles
- Front Separate seats
- Seat Belts: Front: 3PELR x 2
- Seat Material: Fabric
- Split foldable rear last row seat (2+2)
- Steering Wheel: Urethane
- Sun visor: Driver + Passenger (Fabric)
- Tailgate TOYOTA sticker
- Front Heater & Back Heater
- Power Door Lock (Driver + Front Passenger side key linked)
- Power Windows (Auto up / Down with Jam protection)
- Rear window defogger / Rear window wiper
- Side step molded with lamp
- Room lamps (2 nos. at rear)
- AC Power Inverter

Key Challenges

No.	Project Challenges	Mitigation
1	Replacement of Ambulances	Ambulances will be replaced every five years
2	Cost of evacuation	Use of membership annual subscription through Insurances & corporates
3	Local skills available to run an EMS service	Training to be provided to the local staff
4	Ambulance Maintenance	Service contracts with local authorized manufacturer dealership

6. INITIAL ENVIRONMENTAL & SOCILA ASSESSMENT

Initial Environmental Impact Assessment

6.1 The project is not expected to have any environmental impact.

Initial Social Impact Assessment

6.2 The project is expected to have the following social impact

- 6.2.1. Lower mortality during evacuation;
- 6.2.2. Reduced hospital stays due to prompt interventions for complicated health conditions during the Golden Hour (first hour after ailment);
- 6.2.3. Higher GDP due to increased productivity and a healthier nation.

7. RISK MANAGEMENTT

7.1 The table below illustrates the top risks faced by the projects with commentary on mitigation and likelihood/severity of the risk

No	Major Risks	Mitigation	Likelihood	Severity
1	Project Delay	Appointment of Project Manager with clearly set out project deliverables	Low	Medium
2	Accessibility due to poor infrastructure	Ambulance vehicles chosen are capable of handling off-road	Medium	Medium
3	Breakdown of Ambulance / Equipment	Regular Maintenance has been budgeted for	Low	Medium
4	Ambulance Accident	Risk Transfer through Insurance	Low	High
5	Skills Shortage	A training budget has been provided for	Medium	Medium
6	Low Utilization of Ambulances	Benchmark of 1 ambulance for every 100,000 has been set, Awareness budget has been provided for	Medium	High
7	Inflation of Expenses compared to Fees charged for evacuation	Fees charged should be adjusted to reflect the inflation	Medium	High
8	Hospital Capacity to take Patients	Establishment of a communication channel with key hospitals	Medium	Medium

7.2 Whereas the project may have other risks, a risk register is expected to be provided by the project manager on a bi -annual basis

8. KEY BENEFITS OF THE PROJECT

- 8.1. The EMS is expected to deliver effective, safe, quality prehospital care health interventions to those who need them, when and where needed, with minimum waste of resources. It will aim to improve the service organization, management capacity, patient transport and communication, basic prehospital care infrastructure, supplies and equipment, finance and human resources and referral systems.

Primary Beneficiaries

8.2 The primary beneficiaries are mainly

- 8.2.1. Government
- 8.2.2. Hospitals
- 8.2.3. Individuals, family, residential estates
- 8.2.4 School & other leaning Institutions; and
- 8.2.4 Corporates

9. KEY BENEFITS OF THE PROJECT

Market Analysis

- 9.1. According to the economic data included in the National Data of Tanzania Mainland of 2013-2019 by the National Bureau of Statistics, at current market prices, Services made the highest shares of GDP (40.0%) followed by Industry and Construction (31.1%) and Agriculture, Forestry and Fishing (28.9%)
- 9.2. In 2019, Tanzania became a middle-income country with a GNI per capita of USD 1,080, against an average of USD 1,550 in Sub-Saharan Africa.
- 9.3. The table below shows the population and GDP growth for United Republic of Tanzania

Tanzania Population and Economic Outlook						
Year	Actual					
	2015	2016	2017	2018	2019	2020
Population (millions)	51.5	53	54.6	56.3	58	59.7
Population Growth	3.03%	3.04%	3.04%	3.02%	3.00%	2.98%
GDP per capita (USD)	947.9	966.29	1,002.87	1,036.93	1,079.68	1,090.39
GDP (USD bn)	47.38	49.77	53.32	57	61.14	62.41
GDP Growth	0%	5.04%	7.13%	6.90%	7.26%	2.08%

Target Market

Products Offering

- 9.4. The main products to be offered by E-Plus is mainly
- a) Corporates;
 - b) Learning Institutions;
 - c) Individuals, family, residential estates, schools and mutuals.
 - d) Sell of First Aid kit

Business Functions

- 9.5. The main functional units required for efficient operation of the E-Plus medical services are:
- i. Administration;
 - ii. Medical Team; and
 - iii. Logistics

Demand Forecasting

- 9.6. The International benchmark for providing emergency evacuation services is 1 ambulance to 100,000 lives. This translates to a requirement of 600 ambulances for a population of 59.7 million lives

10. FINANCE PROJECTIONS

10.1. We have projected the expected expenses that will be incurred in running the E-Plus services in Tanzania as follows:

Key Expense Assumptions

Staff Costs

10.2. Salary costs have been projected based on projected staff count of 273 employees. Nine (9) key administration staff will be of Kenyan Nationality in the initial setup-stages.

E-Plus Medical Services - Tanzania Business Projections		
Projected Staff Count		
	Medical Director	1
	Finance Manager	1
	Human Resource Manager	1
Admin	Operations Manager	1
	IT Manager	1
	Logistics Manager	1
	Marketing Manager/ Internal Auditor	1
	Supervisors	2
Medical	Ambulance (ALS) - Operator	32
	Ambulance (ALS) - Paramedic	32
	Ambulance (BLS) - Operator	96
	Ambulance (BLS) - Paramedic	96
Logistics	Emergency Medical Dispatch	6
	Medical Store Attendant	1
	Bio technician	1
		273

Expense Projections

10.3. Based on our calculations, the cost of running an emergency medical service will average at \$8.4m per year as shown in the expense breakdown below

E-Plus Medical Services - Tanzania Business Projections					
Summary of Projected Expenses - USD					
	Year 1	Year 2	Year 3	Year 4	Year 5
Ambulance Count	40	60	80	100	100
Ambulance - Basic Life Support (BLS) - Count	32	48	64	80	80
Ambulance - Advanced Life Support (ALS) - Count	8	12	16	20	20
FULLY EQUIPPED AMBULANCES (\$)	2,448,210	3,562,437	4,679,414	5,796,391	5,309,441
Total Cost of Ambulance Purchase (Amortized - 48mths)	351,643	714,920	1,078,197	1,441,474	1,089,831
Total Cost of Ambulance Leasing	594,667	594,667	594,667	594,667	459,360
Ambulance Clearance, Inspection & registration	40,000	60,000	80,000	100,000	100,000
Ambulance & Equipment Maintenance Cost	553,000	829,500	1,108,500	1,387,500	1,387,500
Ambulance Running Costs (Fuel & Consumables)	576,000	864,000	1,152,000	1,440,000	1,440,000
Ambulance Insurance Premium	200,000	300,000	400,000	500,000	500,000
Other Ambulance Running Cost	132,900.00	199,350.00	266,050.00	332,750.00	332,750.00
STAFF COSTS (\$)	2,787,986	3,106,135	3,480,967	3,911,127	3,911,127
Management	179,225	179,225	188,187	197,596	197,596
Operations Staff	2,078,695	2,390,499	2,749,074	3,161,435	3,161,435
Professional Indemnity cover	5,455	6,273	7,214	8,296	8,296
Staff training Costs	20,643	23,740	27,301	31,396	31,396
Staff recruitment cost	16,197	18,627	21,421	24,634	24,634
Management Office - Running Costs	487,771	487,771	487,771	487,771	487,771
DISPATCH CENTER, OFFICE SET UP (\$)	211,448	211,448	211,448	211,448	109,091
Set up Cost - Dispatch Centre, Equipment & Furniture's (Amortized - 48 mnths)	90,993	90,993	90,993	90,993	0
Office Setup cost (Amortized - 48 mnths)	11,364	11,364	11,364	11,364	0
Office Lease/Rent Costs	109,091	109,091	109,091	109,091	109,091
OTHER EXPENSES (\$)	338,503	369,312	442,682	516,052	505,711
Company Registration & Other related Expenses (Amortized - 48 mnths)	4,091	4,091	4,091	4,091	0
Feasibility Study (Amortized - 48 mnths)	6,250	6,250	6,250	6,250	0
Launch Expenses	42,286	0	0	0	0
Marketing Expenses	90,909	90,909	90,909	90,909	90,909
Other Admin costs - eg Professional services	194,967	268,062	341,432	414,802	414,802
Total EMS Expenses	5,786,147	7,249,332	8,814,511	10,435,018	9,835,371

**This is a proportion of total expenses*

11. APPENDIX

Appendix 1 – About Emergency Plus Medical Services(E-Plus)

Emergency Plus Medical Services is a private company fully owned by Kenya Red Cross Society, whose core business is the provision of advanced Pre-hospital emergency medical services on commercial basis. In its 11 years of existence, E-Plus has been providing pre-hospital medical care and transportation to patients with illnesses and injuries.

E-Plus is currently the largest private ambulance services provider in East and Central Africa in terms of capacity, experience and technical personnel. We currently boast of employing over 302 fulltime medics and ambulance operators and operate a fleet of 128 ambulances and growing. We have ambulances distributed throughout the country, including all the leading towns and remote oil drilling and prospecting fields

E-PLUS has endeared itself to Kenyans due to its superior equipment, highly qualified personnel and fast response to all emergencies. Its membership is affordable and comprises learning institutions, hospitals, oil prospectors, transportation companies, banks and small and medium enterprises among others.

In the recent past, E-Plus has carried out timely rescues of victims of road accidents, collapsed buildings, bomb blasts, grenade attacks, fires, mudslides, tribal clashes, riots and other natural or man-made calamities countrywide, from its network of strategically located ambulance bases spread out across the country. E-Plus is the preferred Emergency Ambulance Rescue service in Kenya.

Since its inception in the year 2010, E-PLUS is known for creating industry benchmarks and has been identified as one of the strongest brand in the region earning the Super brands status three times in a row, 2017/2018, 2019/2020, 2021/2022.

E-PLUS is rated highly in terms of quality management systems in the provision of Pre-hospital care and sales of first aid kits. We are the first emergency medical provider in this industry to attain ISO 9001:2015 certification which illustrates our commitment to offering quality services and products to our clients.

Vision

To be a regionally recognized leader for responsive superior quality emergency medical and trauma response services

Mission

We work with our communities and partners to response to medical and trauma emergencies through provision of accessible, responsive and quality pre-hospital care to save lives. Our patients will receive prompt and appropriate emergency medical pre-hospital care from properly trained and certified professionals.

Values

- Innovation
- Sustainability
- Professional Excellence
- Integrity
- Empathy

Quality Statement

- i. Respond expeditiously and professionally to all medical emergencies.
- ii. Maintain state of the art ambulances, modern infrastructure and quality systems.
- iii. Engage, train and retain highly skilled, experienced and knowledgeable employees.
- iv. Create and maintain modern, fresh, high-tech, clean and appealing environment.
- v. Commit to high level of teamwork, integrity and professionalism.

- vi. Develop fast and efficient internal business processes and systems.
- vii. Partner with compliant and reliable suppliers who are sensitive to quality.
- viii. Comply with all applicable statutory and regulatory requirements in our operations.
- ix. Manage our operations in a manner that will consider all risks associated with the business and mitigate these as far as possible.
- x. Continuously improve our business by responding to feedback from our stakeholders.

Appendix 2 – International Certifications and Awards

E-plus is the only Emergency Medical Service provider in the region that is ISO 9001:2015 certified



E-Plus has been voted as a Superbrand for three years in a row, being the only ground emergency medical services (EMS) provider to be accorded this status in Eastern Africa Region

- Superbrands 2017/2018
- Superbrands 2019/2020
- Superbrands 2021/2022



Appendix 3 – E-plus Leadership Team



**Dr. Abbas Gullet, OGW, MBS
Chairman**

Dr. Abbas Gullet is the Chairman of Emergency Plus Medical Services (E-PLUS). He is the former Secretary General of the Kenya Red Cross Society. He is also the founder and Chairman of the Boma Groups of hotels in Nairobi, Eldoret and Nyeri which are fully owned by the Kenya Red Cross Society. Under his leadership, the Kenya Red Cross Society founded the Emergency Plus Medical Services (E-PLUS) which has the largest fleet of Critical Care Ambulances in Kenya

Dr. Gullet also helped established the NEPARC (New Partnership of African Red Cross & Red Crescent Societies) in Johannesburg - South Africa, a partnership aimed at African National Societies taking responsibility for their own developments.

Of all the organizations that make up East Africa's most recognizable and respected names, called the Super brands, the Kenya Red Cross is the only non-commercial entity, and it has received these recognition 3 years in a row. It is today a symbol of hope in the direst situations, a comforting hand in times of disaster and the steadfast guiding light in moments of panic and confusion.

Dr. Gullet defied skeptics to rebuild a strong Kenyan National Society. He continues to lobby the government and has won tremendous support as a result. Dr. Gullet is involved in rigorous fundraising to improve the Society's financial base and brings a business approach to his work. Kenya Red Cross Society has set its sights on being self-sustaining and able to foot its core.

The Kenya Red Cross also prides itself in having a large local logistics capacity. Around the world, the Kenya Red Cross Society is recognized as one of the best performing National Red Cross societies, but it is in Africa where it is a living example of what other Societies can do.

The lesson Dr. Gullet takes away from his work is how weak and vulnerable human beings are, and the fact that they should strive to co-exist and tolerate one another. Dr. Gullet's dream for the continent is still alive and its realization on course. Cooperation and coordination of relief work in the region now brings efficiency and speed to disaster response and program implementation.

Recognitions

- Recognized as the UN Person of the Year in Kenya in October 2007
- Awarded an honorary award of Order of the Golden Warrior by the Kenyan Government in December 2007.
- Awarded the Utetezi Award (Civil Society) in recognition of his remarkable contribution in humanitarian activities, in June 2009.
- Awarded an honorary Doctorate of Humane Letters by Egerton University in May 2012 for his contribution to Humanitarian Work.
- Awarded an honorary award of Moran of the Burning Spear (MBS) by the Kenyan Government in December 2012.
- Listed as one of the Top 100 MOST INFLUENTIAL AFRICANS in the Forbes Africa Magazine 2011.
- Listed as one of the Top 100 MOST INFLUENTIAL AFRICANS in the "African Magazine" December 2013 Edition.
- Elected Vice President for Africa of the International Federation of the Red Cross Red Crescent in November 2013.
- Awarded Brand Kenya Ambassador Awards 2013 in recognition of his selfless and excellent humanitarian service in November 2013



Susan Ng'ong'a
Managing Director Emergency Plus Medical Services (E-plus)

Susan is the Managing Director Emergency Plus Medical Services.

Susan is a holder of International Masters of Arts in Practicing Management from Lancaster University (UK), Executive Masters in Business Administration from Jomo Kenyatta University of Agriculture and Bachelor's degree in Business Administration from Newport University (USA); she also obtained a Diploma in Leadership & Management as well as Diploma in Business Management specializing in Secretarial Studies both from Strathmore University. She is a member of the Chartered Institute of Purchasing & Supplies (UK).

She began her career as an Executive Personal Assistant at Kilonzo & Company Advocates before joining the Kenya Red Cross Society in February 2003 as the Personal Assistant to the Secretary General and has risen through the ranks to Supply Chain Manager, Head of Supply Chain, General Manager Supply Chain, General Manager, KRCS E-PLUS and the Managing Director KRCS-E-plus her current position

Recognitions:

- Vice Chair of the National Emergency Medical Care Steering Committee
- Appointed as a Member of the National Emergency Medical Care Steering Committee 2021 2024
- Elected as Organising Secretary for Media Owners Association 2021 - 2023
- Winner of Diversity and Inclusion C-Suite Executive Champion Award, Diar Awards 2020



John Mwangi
Finance Manager Emergency Plus Medical Services (E-plus)

Mr. Mwangi is the Finance Manager Emergency Plus Medical Services. He holds a Bachelor of Science in Applied Accounting from Oxford Brookes University, UK, Certified Public Accountant of Kenya (CPA K) and ACCA from KCA University. He is a member of Institute of Certified Public Accountant of Kenya (ICPAK). He has previously worked at Central Asia Development Group (CADG) Africa as a Finance Manager and United Nation Mission South Sudan (UNMISS) as a Finance Manager.

Appendix 4 References

- I. Comprehensive case study from United Republic of Tanzania – Alliance for Health Policy & System Research and World Health Organization.
- II. The Tanzania Development Vision 2025.
- III. Africa Economic outlook 2021
- IV. Health Sector Strategic Plan July 2021 – June 2026 (HSSP V)

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