

**INJURY CONTROL CENTER - UGANDA**

**FIVE YEAR  
STRATEGIC PLAN**

**2011/12 – 2016/17**



**LEADERSHIP IN INJURY PREVENTION AND SAFETY PROMOTION**

## **TABLE OF CONTENTS**

### **1.0 INTRODUCTION**

- 1.1 Injury Overview
- 1.2 Background to ICCU
- 1.3 ICCU Achievements

### **2.0 EXISTING STATUS OF ICCU**

- 2.1 Board of Directors
- 2.2 Management and Staff
- 2.3 Infrastructural Capacity
- 2.4 Collaboration and Partnerships
- 2.5 Key Programme areas

### **3.0 STRATEGIC PLAN**

- 3.1 Process of developing the Strategic Plan
- 3.2 Vision and Mission
- 3.3 Core Values and Guiding Principles
- 3.4 SWOT Analysis
- 3.5 Strategic Areas of Focus and Goals
- 3.6 Logical Framework (Log frame).

### **APPENDICES**

- 1. Inventory of ICCU Fixed Assets.
- 2. List of Participants of the Strategic Workshop.
- 3. List of financial Sources.

## **ABBREVIATIONS**

CHW	Community Health Workers
CNIS	Canadian Network for International Surgery
HMIS	Health Management Information System
ICCU	Injury Control Center- Uganda
ICECI	International Classification of External Causes of Injury
SPH	School of Public Health
IPIFA	Injury Prevention Initiative For Africa
MOH	Ministry of Health
MOWT	Ministry of Works, and Transport
NCDC	National Curriculum Development Center
NGO	Non Governmental Organisation
RTI	Road Traffic Injury
SWOT	Stregths, Weaknesses, Opportunities and Threats
TTT	Trauma Team Training
UNICEF	United Nations Childrens Fund
UNRA	Uganda National Roads Authority
USh	Uganda Shilling
WHO	World Health Organisation

## EXECUTIVE SUMMARY

This strategic plan, which builds on the previous (2001/2-2005/6), (2006/7-20010/11) strategic plans, aims to enhance the ICC-U knowledge base for injury prevention and safety promotion and the internal administrative capacity of the organisation.

The plan proposes to expand existing activities in order to achieve a wider coverage of the country, to identify new injury priorities and develop appropriate interventions based on scientific and tested approaches, strengthen the organisation's internal systems and procedures and advocate for injury sensitive policies and operating environment.

In implementing this strategic plan, ICC-U expects to build on her strengths to seize the opportunities that exist in order to achieve the mission and vision of the institution. She is mindful of her current weaknesses and threats and will have to tread carefully to avoid their adverse impacts.

The plan outlines the objectives of the ICC-U for the years 2011/12 - 2016/17. The strategic plan looks at four (4) key strategic areas of focus: research and evaluation, training, intervention programs, advocacy while administrative support will enhance the key four areas mentioned above.

The process used to establish this strategic plan has been participatory and it involved the Board members, staff, and other collaborating partners, both national and international. Their recommendations have guided the development of this plan. This document represents the collective work of many dedicated individuals and builds upon the excellent work completed in ICC-U's previous strategic plans: Building the foundation for reduced incidence and impact of injury.

This strategic plan is simply a tool to guide ICCU in planning and conducting its anticipated activities for the next five years. ICCU is committed to remain accountable to its self and to its stakeholders including the public on the outcomes associated with this plan.

Injury prevention and safety promotion are and still remain a big challenge to our health system as well as to the entire nation. However, the mantle remains with the ICCU to provide leadership in the fight against injuries and promote safety, and others follow as they work in partnership.

## **1.0 INTRODUCTION**

### **1.1 Injury Overview**

An injury is physical damage which results when the human body is acutely subjected to intolerable (not acceptable for normal body function, ie either too much or too little) levels of energy/substance (air, water, warmth).

There are 2 types of Injury; unintentional and intentional injury. Unintentional or accidental injury is an injury caused with no intention to harm. eg burn injury, road traffic (RTI) etc. Intentional injury is an injury caused with an intention to harm eg assaults, homicides, self harm, legal intervention, war and civil insurrection etc.

As in infectious disease epidemiology, injuries are the result of the interaction of a host, agent, vector and enabling environment. For example: in a motorcycle collision a rider is the host, the mechanical energy is the agent, the motorcycle is the vector, while a slippery road could be the environment.

Time is a key factor in injury prevention, thus the pre-crash, crash and post crash events. Injury Prevention is often understood as just being careful, however, injury prevention is a scientific field that can be used to combat diseases. Injury prevention is one of the spectrum of Injury Control. Injury Control has 3 aspects that make it up namely: Surveillance, Prevention, Treatment (pre hospital & In-hospital).

Injury prevention ascertainment to the public health approach that identifies a problem, establishes the risk factors, develops scientifically sound preventive efforts and promotes what can be proven to work.

Injury is a disease just like Malaria. Diseases are classified into 3 categories, namely: Communicable, Non communicable, and Injury. Worldwide injury leads to about 6 million deaths per year (10%) Class III, and approximately .979/1000 per year.

Earlier community studies done (1999) in Uganda, indicated the following injury mortality rates: 0.92/1000/year for Mukono, 1.6/1000/year for Adjumani, 2.2/1000/year for Kawempe and 7.75/1000/year for Gulu. RTI are one of the leading cause of injuries in Uganda, contributing to over 45% of the injury burden.

### **1.2 Background to ICC-U**

The Injury Control Center – Uganda (ICCU) started its work in 1996 in response to the escalating burden of injury in Uganda and was incorporated as a Non-Governmental Organisation (NGO) on May 11, 1999 under the Uganda Companies Act. It is registered as a company limited by guarantee and not having share capital; its liabilities are covered by the guarantees given by the trustees of the NGO. The ICCU addresses injury in its broadest scope, in a scientific, sustainable, collaborative, and non political manner with guiding principles of equity and integrity.

The ICCU has grown from strength to strength, it is

- A Secretariat for Injury Prevention Initiative for Africa (IPIFA) – 1999.
- A Member of Safekids Worldwide – 2003.
- WHO Collaborating Center for Violence and Injury Prevention and Control – 2006.
- An Affiliate Safe Community Support Center – 2009.

### 1.3 ICCU Achievements

#### **ICCU has had several achievements and a few are listed below**

- Injury has been listed as a priority problem in Health Management Information System of Ministry of Health.
- An Injury Trauma Registry has been developed and is in use in Uganda and in Africa.
- ICCU's involvement in the testing of WHO Guidelines for the International Classification of External Causes of Injuries (ICECI).
- ICCU's contribution to the Uganda Traffic Act 2005.
- ICCU's contribution to the Integration of Road Safety Education into the National Primary School Curriculum.
- ICCU pioneered evidence based Road Safety Campaigns in Uganda.
- ICCU hosts several local and international elective students to conduct injury research at the center.
- Introduction of hospital based injury surveillance system.
- Introduction of clinical management Emergency Trauma Care.
- ICCU has grown from one to 4 designated responsibilities as stated above.

## 2.0 CURRENT STATUS OF ICCU

### 2.1 Board of Directors

The ICCU has expanded its board from 3 to eight members to include key stake holders. The Board now comprises the following:

#### **a. Professor Fred Wabwire- Mangen, Chairman**

Professor Fred Wabwire-Mangen, is a senior lecturer at the College of Health Sciences (School of Public Health), Makerere University. He is a public health specialist with particular interest in the education, health systems design, Management. He has raised the interest in injury epidemiology within the institute, where there is now strong collaboration with ICCU, especially in designing and conducting projects.

- b. Vice Chairman: Mr. Jack Wavamunno (Business Man)
- c. Member: Mr. David Bitalo (Auditor)
- d. Member: Dr. Stephen Kijjambu (Dean, Makerere Medical School)
- e. Member Dr. Sam Kaggwa (Head, Dept of Surgery).

- f. Member: Mr. Richard Okot (Safety specialist, Shell Uganda)
- g. Member: Dr. Isaac Ezati (Deputy Director, Mulago Hospital)
- h. Member: Ms Sarah Kibwika (Assistant Commissioner, Traffic).

## 2.2 Management and Staff

The ICCU has a functional office with a current staff body totalling 8 and comprising technical administrative and support staff:

### a. Mrs Mable Nakitto Tomusange, Executive Director

Mrs. Mable N. Tomusange is a Library and Information Scientist, with vast knowledge in project management, and child injury prevention. She has worked with ICCU for 7 years and has spearheaded ICCU's injury prevention work locally and internationally. She has grown from a programme officer to the Director.

Other members of staff include:

- b. Dr. Bonnie Wandera, Senior Scientist – Research.
- c. Mr. Jerome Nsajju, Programme Officer- IPIFA/Administrator
- d. Ms. Chrispin L. Nakajubi, Programme Officer- Safekids
- e. Mr. Charles Ssemambo, Transport Officer
- f. Ms. Harriet Nambooze, Accounts Assistant
- g. Ms. Violet Katusiime, Systems Assistant
- h. Ms. Jamilah Nabirye, Office Assistant

## 2.3 Infrastructural Capacity and Resources

ICC-U is housed at the Old Mulago Hospital Premises next to Procurement offices for Mulago. A 5 year agreement of stay on Mulago premises was signed between ICCU and Mulago Hospital management.

ICC-U has the following logistical resources and equipment that are necessary for the efficient functioning of the organization:

- Website: The centre constructed a website ([www.iccu.or.ug](http://www.iccu.or.ug))
- Resource Centre: The resource centre was converted into electronic format, more furniture procured and subscriptions to different journals made.
- Internet café.
- Computer equipment (including 13 desk tops, 4 lap top computers, 2 printers, 1 scanner, 1 telephone, 1 photocopying machine, internet access)
- A double cabin pick up.
- Database with injury surveillance and research data.

ICCU Publications:

- Research published in Peer Reviewed Journals.
- Peace Building Course Books.
- Injury Prevention Manual for Schools.

- Road and Home Safety Booklets.
- Trauma Team Training Manual.
- Trauma Registry Form.
- Peace Course Books.
- Psychosocial Management and Counselling Book.
- A Newsletter: A Bi annual Newsletter – “ICC-U News”.

## 2.4 Collaboration and Partnerships

The Center does most of its work through liaising with other organizations and individuals both nationally and internationally:

### **Nationally;**

#### *Government Agencies*

- Uganda Police Force (traffic division, fire brigade).
- National Road Safety Council.
- Uganda National Roads Authority (UNRA)
- Ministries of Health, Education, Gender Labour, Transport, Local govnt, and Economic Development.
- Hospitals: Mulago, Mbale, Lacor, Mbarara, Soroti, Lira, Masaka, Jinja, and Buhinga.
- Kampala City Council (KCC)
- National Curriculum Development Center (NCDC).

#### *Public Health sections*

- Makerere Medical School.
- College of Health Sciences.
- School of Public Health.
- Mulago Hospital departments of Surgery, Anaesthesia, Casualty and Clinical Epidemiology Unit, Burns Unit, Mulago ENT, pediatrics, among others .

#### *Local Safety Agencies*

- Arrive Alive Uganda.
- Automobile Association of Uganda.
- Transport operators (Boda boda, Taxi operators, Bus operators associations).
- Jamii Yakupatanisha (JYAK).
- Defensive drivers system and professional drivers.
- Mama Tendo Foundation.
- Uganda National Association of Community and Occupational Health (UNACOH).

### **Internationally:**

#### *International Organizations/NGO's*

- Canadian Network for International Surgery (CNIS).
- World Health Organization (WHO).
- Injury Prevention Initiative For Africa (IPIFA).
- Johnson & Johnson, USA.
- World Bank.

- Safekids Worldwide.
- Swedish International Development Agency (SIDA)
- Canadian International Development Agency (CIDA)
- Safe Communities Movement.
- Harbinger Foundation.
- Rotary International.
- Amend Org

*International High Institutions of Learning*

- Karolinska Institutet.
- Uppsala University.
- Emory University.
- John Hopkins University.
- University of California.
- University of South Africa.
- University of Toronto.
- Hospital for Sick children – Toronto.

## 2.5 ICCU Key Areas of Focus

### i) RESEARCH

A key area of research is **injury surveillance systems relevant for low-income countries**. A format for hospital surveillance has been developed, tested, and is in use in eleven (11) regional hospitals in Uganda, as well as (pilot) in Kenya, Ethiopia, and Egypt. It includes a novel tool for measuring injury severity with minimal resources.

Other areas in which research is going on are;

- a. Traffic safety, both for pedestrians and passengers.
- b. Domestic violence in rural settings.
- c. Safety at schools and at home.
- d. Violence prevention in schools.

### ii) TRAINING

The center currently has a programme of training both medical and non-medical people covering many injury related topics;

- a. About 200 hospital-based personnel from about 20 hospitals have been involved in acute care for injured persons and trained through TTT.
- b. Non- medical personnel trained in basic first aid skills include; community health workers (CHWs), 145 lay persons, 40 market vendors, over 200 parents, over 150 traffic police, over 80 prison wardens, over 80 UPDF soldiers, and over 150 school teachers.

### **iii) ADVOCACY AND COMMUNICATION**

The ICC-U has been an active voice among those that are lobbying for the promotion of safety in homes, schools, work places and on the roads in Uganda. Particular voicing has been on road safety in Uganda. The ICCU was recognized by the Uganda Police Force for the role it has played in making road safety a priority and received a Certificate of Merit and recognition for the work well done. ICCU has organized several forms of public discussions, debates, public lectures, with key officers, partners, stakeholders in relevant ministries as well as mobilizing civil society to match the support of safe roads.

The ICC-U has been instrumental in initiating and promoting national and continental campaigns and activities in injury surveillance and prevention. It has also been an important link between Africa and the WHO Division of injury and violence prevention, and the WHO collaborating centres on injury prevention.

Project activities have been launched and in so doing raised publicity in form of media talks on televisions, radio and newspapers.

ICCU has been engaged in several conferences regionally and internationally. ICCU has had good representation in such conferences as well as information sharing with others in form of paper presentations and abstract submissions on the scientific work done at the center.

### **iv) Community interventions**

The ICC-U has worked with communities particularly parents to improve grassroots and household injury prevention, especially in Kampala and its neighbourhood. School injury prevention programmes have imparted on community knowledge and skills. In one division of Kampala, low cost road improvements were undertaken. While in Gulu district, a peace building programme was implemented in schools and later taken on by Government.

## **3.0 Process of developing the Strategic Plan**

The strategic plan is based on 2 plans drawn previously for the ICCU. The process entailed a few steps namely: reviewing previous strategic plans and annual reports, interviewing staff and board members, a 2 day consultative workshop with ICCU staff, board and stakeholders, drafting the plan and disseminating of draft to get inputs from all stakeholders.

The strategic plan has been predicted upon a SWOT analysis and entailed an examination of the center's strengths and weaknesses (internal environment) while being cognisant of the opportunities and threats (external environment).

A list of participants has been appended to this plan.

### 3.1 VISION and MISSION

**VISION:**

To provide leadership in injury prevention and safety promotion so as to advance a safer population.

**MISSION:**

To reduce the incidence and impact of injury through surveillance, risk analysis, intervention evaluation, training and advocacy. The ICC-U will address injury and safety in a scientific, sustainable, collaborative and non-political manner, with the guiding principles of equity and integrity.

### 3.2 Core Values and Guiding Principles

The core values are representation of the guiding principles of the ICC-U that serve to motivate staff in fulfilling the vision and mission of the organization.

- *Equity in terms of geography and targets:* We strive to reach out to every region with impartiality to ultimately create an injury free Uganda.
- *Ethics and integrity in practice:* We are committed to the highest level of moral principles and maintain optimum confidentiality with all stakeholders and clients
- *Collaboration with all stakeholders:* We are dedicated to working closely with our stakeholders to develop shared understanding and mutually acceptable solutions in all our work.
- *Empathy:* We have a deeply- held desire to identify with every individual with utmost compassion- everybody is important
- *Non discriminative/non-judgemental/non-stigmatization/non-political:* We reach out to victims without prejudice- remembering that it could have been our very own.

### 3.3 SWOT ANALYSIS

<b>STRENGTH</b>	<b>WEAKNESSES</b>
<ul style="list-style-type: none"> <li>• International recognition and status of ICC-U.</li> <li>• Committed staff</li> <li>• Skilled and committed Board</li> <li>• Equipment – computers, motor vehicle etc</li> <li>• Existing Injury database</li> <li>• Unique products and services</li> <li>• Registered NGO.</li> <li>• Multiple funding – CNIS Safekids, IPIFA &amp; WHO.</li> <li>• Unique partnerships and networks</li> </ul>	<ul style="list-style-type: none"> <li>• Understaffing in areas like health communications, data management.</li> <li>• Lack of a permanent home.</li> <li>• Inadequate and sustainable funding.</li> <li>• Marketing and visibility insufficiency.</li> <li>• Ineffective sources mobilization strategies.</li> <li>• Violation of ICCU Intellectual property obligations.</li> </ul>

of government departments, civil society, locally and internationally	
<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• Injury is still listed as a priority for MOH.</li> <li>• Heightened sense of awareness and concern about injuries especially with the recent events in Uganda; fires, collapsing buildings etc.</li> <li>• Legal framework that now exists for RTI (implementation of the 1998 and 2005 road traffic act).</li> <li>• Broad network of safety advocates.</li> <li>• Individuals and former employees of ICC-U who are in strategic positions.</li> <li>• Up coming agencies with similar interests e.g. AAU, Yes we Can</li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• Short term support from politicians.</li> <li>• Too many NGO's involved in safety competing for limited funds.</li> <li>• International Credit Crunch</li> <li>• Lack of an effective national injury control policy undermines effort.</li> <li>• Government and society have not recognized the burden of injury.</li> </ul>

### 3.3 Strategic Areas of Focus

The review processes and the SWOT analysis identified key strategic areas for attention during the plan period 2011/2012-2016/17. These strategic foci have been grouped into 4 broader areas namely: Research and Evaluation, Training, Intervention programs, Advocacy and Administrative support as an enhancement to the key 4 areas. Under each of the broad areas of focus, goals, strategic objectives are identified and strategic solutions proposed.

#### Goals

ICCU has 5 goals for the next five years:

1. To expand the scope and improve the quality of research.
2. To increase the number and enhance the quality of training on prevention and management of Injury.
3. To reduce injury and promote safety.
4. To leverage injury as a national priority.
5. To strengthen and increase the institutional capacity for ICCU.

### 3.5 Logical Framework Analysis

A logical framework analysis has been carried out for the strategic plan. The framework for the overall goals, specific objectives, strategies, and outputs have been stated below.

#### Area 1: RESEARCH & EVALUATION

Goal: To expand the scope and improve the quality of research.

Strategic Objective	Strategies	Outputs	Time Line				
			Yr1	Yr2	Yr3	Yr4	Yr5
1. To improve research capacity	1. Appraise existing injury surveillance systems and address gaps.	Appraisal report and gaps identified.	■				
	2. Establish additional sites.	Additional sites created.		■			■
	3. Develop research agenda.	Research agenda drawn.	■				
	4. Enhance collaborative research.	Collaborative researches done.	■	■	■	■	■
	5. Train staff in advanced research methods.	Staff trained.		■		■	
	6. Mentor and support students to conduct injury research.	Students recruited. Injury researches done.		■	■	■	■
2. To expand scope of research	1. Develop research framework with emphasis on innovative research	Research framework developed.	■				
	2. Recruit and train staff in specialised research areas	Recruited and trained staff.		■		■	
3. To provide evidence based information for guiding health system	1. Research and innovations in health systems such as ambulance services.	Research done.		■	■	■	■
	2. Wider dissemination of research into policy.	Research finding disseminated. Contributions to research to help policy formulation.		■	■	■	■

**Area 2: TRAINING**

**Goal: To increase the number and enhance the quality of training on prevention and management of injury.**

Strategic Objective	Strategies	Outputs	Time line				
			Yr1	Yr2	Yr3	Yr4	Yr5
1. To improve the existing trainings.	1. Review the content and delivery of training programs.	Revised training guides and delivery methods.	■		■		■
	2. Establish quality assurance systems for them.	A quality assurance system in place	■	■			
	3. Conduct a training needs assessment	Training needs assessment done.	■				
2. To develop new programs to meet the changing injury needs.	1. Conduct a needs assessment for injury prevention and management trainings.	Needs assessment done.	■	■			
	2. Develop demand driven training programs.	New programs developed.	■	■			
3. To increase the number of trainings and participants	1. Orient staff members to conduct the training courses	Staff oriented.	■	■			
	2. Orient students to take up the training programs	Participants trained.		■	■	■	■
	3. Develop materials for the trainings.	Materials developed.		■		■	
	4. Market the trainings widely.	Applicants received.		■	■	■	■

**Area 3: INTERVENTION PROGRAMS.**

**Goal: To reduce injury and promote safety.**

Strategic objective	Strategies	Outputs	Time Line				
			Y1	Y2	Y3	Y4	Y5
1. To improve safety in the physical and social environment (homes, schools, transport - road, workplaces)	1. Design and implement injury prevention interventions.	Interventions designed and implemented.	■	■	■	■	■
	2. Organize awareness campaigns	Awareness campaigns staged.	■	■	■	■	■
	3. Update public information on injury prevention	Public information materials on injury available.	■	■	■	■	■
	3. Promote enforcement of relevant safety laws.	Relevant laws supported through enforcement.	■	■	■	■	■
	4. Propose relevant policies to enhance safety.	Policies proposed and implemented.	■	■	■	■	■

**AREA 4: ADVOCACY**

**Goal: To Leverage Injury as a national priority.**

Strategic Objective	Strategy	Outputs	Time Line				
			Yr1	Yr2	Yr3	Yr4	Yr5
To improve injury and injury prevention awareness.	1. Develop and disseminate IEC'S	IEC'S developed.	■	■	■	■	■
	2. Engage the media to raise awareness.	Networks marketed to.	■	■	■	■	■
	3. Organize awareness gatherings (workshop, conferences etc).	Gatherings conducted.	■	■	■	■	■
	3. strengthen networks and partnerships in health, public and private sectors.	Networks/partners created.	■	■	■	■	■

## AREA 5: ADMINISTRATIVE SUPPORT

**Goal: To strengthen and increase institutional capacity for the ICCU.**

Strategic Objective	Strategy	Outputs	Time Line				
			Yr1	Yr2	Yr3	Yr4	Yr5
<b>1. To strengthen management systems</b>	1. Develop guidelines for effective operations.	Guidelines developed.					
	2. Develop new management structures	- No. of investments					
	3. Conduct regular appraisals and evaluations.	Reports written.					
	4. Follow established requisition and approval procedures.	Requisitions made according to procedural guidelines.					
	5. Account for funds in good time.	Time accountabilities.					
	6. Spend according to budgeted activities.	Spending backed by budget lines.					
<b>2. To increase financial sources</b>	1. Write fundable proposals.	Project developed.					
	2. Initiate fundraising drives.	Fundraising activities carried out.					
	3. Lobby for funds from government, donor, and private sector.	Amount of funds received. Projects running.					
	4. Initiate internal income generation.	Income generating services/programs provided.					

### Plan Implementation

There will be need to develop costed annual work plans. The plan will be implemented first and foremost by the ICCU secretariat spearheaded by the ICCU Executive Director. The ICCU team will be supported by the enabling ICCU board members as well as the identified ICCU stakeholders as see fit based on the plan.

The strategic plan will need several core processes that will enable the ICCU and its partners to implement and achieve the intended goals for the plan. They include: understanding issues surrounding injury and its prevention as well as the surrounding environment in their totality, engaging stakeholders because injury issues are diverse and need a multi-sectoral approaches, building capacity so as the injury issues are tackled head on among all stakeholders, communicating since it is a keystone to effective knowledge transfer, and culture transformation. Measuring

and evaluating all action plans is critical for improvement and performance assessment, and also actions being able to influence policy.

### **Monitoring and Evaluation of the Strategic Plan**

Both internal and external evaluation will be carried out. Internal evaluation will be done by the ICCU, while external evaluation will be done by a hired external person. Regular annual monitoring will be done and reports will be produced for each calendar/audit year. A mid term internal evaluation will also be carried out. A one time evaluation by an external person will be carried out at the end of the plan period, and a report will be submitted to the ICCU board of directors for guiding the way forward and there after.

## Appendices:

### Appendix 1: ICCU Fixed Assets Inventory

Item type	ITEM	Number	Cost
Office equipment	Filing Cabinet	6	1,400,000
	Tables/ office desks	15	1,800,000
	Book shelves	5	1,950,000
	Computers (laptops, desktops)	15	30,000,000
Other equipment	Digital Camera	1	452,000
	Office Fan	1	35,000
Vehicle	Vehicle- double cabin	1	28,000 USD
Other equipment	Water extractor	1	290,000
Office equipment	Chairs	23	1,000,000
	External Modem	1	359,800
	Photocopying machine	1	2,600,000
	Printers	4	1,001,005
	UPS/stabiliers	8	1,3229,700
	Data Switch		192,150
	Zip Drive		583,050
	Telephone set with 8receivers	1	160,000
	Scanner	1	500,000
	Overhead Projector	1	1,683,500
	Tripod screen	1	500,000
	Web cameras	8	440,000
Other equipment	Generator	1	1,950,000
Office utensils	Cookery and cutlery		300,000

## Appendix 2: List of Participants at Strategic Planning Consultative Workshop.

No.	Name	Address
1.	Mr. James Wakholi	Traffic Officer, CPS
2.	Mr. Phil Hassen	President CNIS, Canada
3.	Ms. Violet Katusiime	ICCU staff
4.	Ms. Harriet Nambooze	ICCU staff
5.	Mr. Jerome Nsajju	ICCU staff
6.	Mr. Charles Ssemambo	ICCU staff
7.	Ms. Mable T. Nakitto	ICCU staff
8.	Ms. Iryne Marunga	ICCU staff
9.	Prof. Fred Wabwire	MUSPH, Board member
10.	Ms. Brenda Sekabembe	ICCU Staff
11.	Mr David Bitalo	Board member
12.	Dr. Deo.K. Sekimpi	UNACOH
13.	Dr. Sam Kaggwa	Head, Dept of Surgery, Mulago
14.	Dr. Olive Kobusingye	Consultant
15.	Mr. Stanely Mukasa	Head teacher, Sunrise Primary School
16.	Mr. Chris Muhango	Marketing Consultant, Tig Marketing
17.	Mr. Douglas Seettumba	Journalist, UBC TV
18.	Rev. Ocan Ali	JYAK
19.	Eng. William Mukasa Senyonjo	Ministry of Gender
20.	Dr. Ronald Lett	CNIS, Addis Ababa
22.	Mr. Isaac Mutebi	Orthopedic Dept, Mulago
23.	Dr. Stephen Kijjambu	Dean, Makerere Medical school Board member
24.	Mr. George Rukara	National Road safety Council
25.	Dr. Jackie Mabweijano	Head, Causality Dept, Mulago Hospital

**Appendix 3: List of Financial Sources.**

<b>Name of Funder</b>	<b>Activity sponsored</b>
<b>CIDA/CNIS</b>	Trainings (TTT, First aid) Surveillance and Intervention Research & Evaluation Infrastructure and Management
<b>WHO</b>	Surveillance First Responder trauma care Research and Evaluation
<b>Safekids Worldwide</b>	Safekids Uganda activities
<b>Government of Uganda</b>	Road Safety Campaigns
<b>Harbinger Foundation</b>	Capacity Development