



INJURY CONTROL CENTER- UGANDA

“Injuries are Preventable”

Application for Designation as an Affiliate Safe Community Support Center

Ms. Mable T. Nakitto

Executive Director

Table of Contents:

- 1. Introduction**
- 2. ICCU Collaborations and Partnerships**
- 3. ICCU Programs and Services**
- 4. Community Networking, Mobilization, Planning, and Coalitions**
- 5. ICCU Injury Surveillance System**
- 6. ICCU Information Dissemination**
- 7. ICCU Participation in Safe Communities Activities**
- 8. ICCU Evaluation measures**
- 9. ICCU Reporting**
- 10. Conclusion**

1. Introduction

The Injury Control Center- Uganda (ICCU) is a registered non-governmental and non-profit organization based in Uganda. The ICCU is located within the Old Mulago Hospital Complex in Kampala- Uganda. The ICCU has been in existence since 1996. The ICCU is a WHO Collaborating Center for Violence and Injury Prevention, a member of Safekids Worldwide, and a Secretariat for Injury Prevention Initiative For Africa (IPIFA). ICCU addresses injury in its broadest scope, in a scientific, sustainable, collaborative, and non political manner with guiding principles of equity and integrity.

Vision and Mission

ICCU's vision is to become a lead agency in injury prevention and control, contributing to a major reduction of the injury burden nationally and internationally.

ICCU's mission is to reduce the incidence and impact of injury through research, advocacy, design and evaluation of interventions, and implementation of injury management programs.

Leadership

ICCU is governed by a board of directors with 8 members, who are drawn from both public and private sectors respectively. Members were drawn from Mulago Hospital, Makerere Medical School, Institute of Public Health, Uganda Police Force; Private sectors that is oil companies, and Uganda Motor sports etc. ICCU top leadership has been a strengthen for its existence, the founder director Dr. Olive Kobusingye has been working for World Health Organization (AFRO), as a regional advisor for Violence and Injury Prevention for 5 years, and she gave a firm foundation to the center. The other outgoing directors that is Dr Alice Nganwa, Mr. Milton Mutto have all been great contributors to injury prevention and safe promotion nationally and internationally. The directors have all been very instrumental in shaping up the ICCU in order to achieve its mission and vision.

The ICCU staff is composed of 7 committed, competent and qualified personnel at all levels of management structure. The senior scientists are all post-graduates from reputable universities around the world.

2. ICCU Collaboration and Partnerships

ICCU for the last 12 years has been working with both local and international partners, and has collaborated with both local and international institutions, bodies and individuals. ICCU has worked and collaborated with the World Health Organization (WHO), Safekids Worldwide, Harbinger Foundation, Canadian International Network for International Surgery (CNIS), International Clinical Epidemiology Network (INCLEN) and regionally with the Injury Prevention Initiative For Africa (IPIFA). ICCU has worked and collaborated with institutions on research and programs such as, Karolinska Institutet, Uppsala University, John Hopkins University, Gottenborg University, University of California, University of Toronto, Emory University, etc. Locally institutions like Makerere Medical School, School of Public Health, Mulago Hospital, City Councils have worked closely with ICCU. Ministries such as Health; Transport; Gender, Labour, Social Development; local government; have worked with ICCU particularly on standards, consent, and consultations.

The Canadian collaboration has been one of the strongest and most supportive of them all. The Canadian Government its agency CIDA has channeled funds through CNIS for ICCU's core funding for the past 8 years. This has enabled ICCU to be more sustainable especially to cover basic overheads and some activities.

Units and departments at emergency/casualty, health units, hospitals, traffic offices, fire brigade, prisons have been instrumental in spreading injury prevention and safety promotion. At local level in the community, ICCU has worked very closely with local councils, local health officials, local medical officers, school administrators, teachers, school nurses, school traffic wardens etc.

ICCU has also enjoyed free accommodation for the past 12 years, which has been provided by Mulago hospital and Makerere Medical School. This collaboration and partnership has lasted that long and ICCU has a Memorandum of Understanding (MOU) with them.

3. ICCU Programs and Services

ICCU programs and services are provided to all without discrimination in gender, age, tribe, religion and at all levels of operating that is internationally, regionally, nationally, village and community levels etc. Services are given to both medical/health and non-medical personnel; business, corporate, public, government, private etc.

ICC-U special areas of interest/ activities

ICCU's work in the communities involves task groups on risk areas such as traffic safety, home safety, school safety, safety for children, violence prevention, and injury surveillance. These involve village councils, local councils, teachers, parents, children, local police constables, traffic wardens, community health workers, village elders, religious leaders, traditional leaders etc in both rural and urban communities in Uganda.

ICCU high risk program areas

ICCU has been implementing projects in high risk areas as well as to high risk groups. In Northern Uganda, Violence was a major cause of injuries, and this was mainly seen in school, therefore, a school based -violence prevention project that run for 7 years was implemented there.

In Central Uganda, road traffic injury has been a major injury problem and therefore traffic safety projects have mainly been located here. Children were also identified as

major victims to injury and safekids Uganda was initiated to implement all child safety and promotional programs for ICCU.

Examples of ICCU activities (Trainings, projects, programs).

Training

Trauma Team Training
First aid training
Essential Surgical Skills
Psychosocial skills training
Road safety education training
Home safety education training

Research areas

Emergency/ambulance services.
Prevalence of Helmet use.
Road traffic injuries.
Child car occupant.
Burn injuries.
Domestic violence.
Disability and injury.
Economic cost of injuries due to Inter-personal and self directed violence.

Projects

Crash project on head injuries.
Child Pedestrian Traffic safety project.
Visibility Enhancement project.
Peace Building/Violence prevention project.
Small arms and light weapons project.
Child reflector project.
Home safety project.
Safe Schools project.
Scholarship project.
School Fire safety project.

4. Community Networking, Mobilization, Planning and coalitions

ICCU has implemented several programs in both rural and urban; conflict and non-conflict areas; big and small settlements in Uganda; different regions and districts in

Uganda. Peace building/violence prevention project in war torn Northern Uganda and this has been taken over by the Government of Uganda; Small arms project in war torn Uganda, traffic safety project in Kampala central region, surveillance system all over Ugandan five regions, Trauma team training in all regions of Uganda etc; School safety projects in Northern and Central Uganda; Home safety in central Uganda.

Community work is normally done in consultation with the local leadership, which thereafter guides the actions with its community networks say local and village councils, women groups and other non-governmental organizations that may be working in a locality. Community networks involves several groups that form working groups that then direct the execution of safety actions.

Consultative guidance and support is normally given when requested for and also may be given during feedback meetings to the community and its leadership.

The Community/field officers work hand in hand with community leadership to enhance safety in the communities. Audits are normally done and evaluation reports written and submitted to local authorities.

The center's long and short term plans have safe communities principles embedded and adhered mainly through its activities.

5. ICCU Injury Surveillance System

The ICCU has had a 10-year injury surveillance system that started with 1 site in Kampala to 5 regional sites in Uganda. The surveillance system is hospital based and has been collecting data on all types of injuries for all ages on several risk factors, as well as descriptive items. A trauma registry form has been used and been updated from time to time to suit the situation and changing environment as well as the needs in the communities. The trauma registry is used at Casualty units of regional hospitals in the 5

regions of Uganda (North- Lacor Hospital, South- Mbarara Hospital, West- Buhinga Hospital, East- Mbale Hospital, Central- Mulago Hospital). Police data on accidents has also be used in reference and comparison with the hospital based data. Some ICCU research studies have also used school based surveillance.

6. ICCU Information Dissemination

The centre disseminates their experiences on injury prevention and safety promotion both at national and international levels respectively.

International Support is done through:

- Participation in International Conferences
- International collaborations and partnerships
- International Research Consortia

National Support is done through:

- Participation in national events to mark days such as World Health Day, Road Safety Day, Day of African Child, World Safety Day, Remembrance Day for Road Traffic Victims etc.
- National representations when called upon by those in authority say Parliament, Ministries etc.

7. ICCU Participation in safe Communities activities

ICCU staff have been engaged in several international and national Safe Communities activities. In 2004, ICCU staff participated in the African Safe communities conference in Port Said, Egypt (Dr. Alice Nganwa, Mr. Milton Mutto, Ms. Mable Nakitto, Mr. William Mukasa Senyonjo). In 2006, all ICCU staff were involved in a Safe Communities

Workshop that took place at Kampala, Uganda. The same ICCU staff were involved in the Safe Communities traveling seminar in South Africa in 2006. The ICCU were also participants in the Research Methodology workshop organized by Safe Communities in 2006 (Mr. Milton Mutto, Ms. Mable Nakitto, Dr. Catherine Nansamba, Dr. Alice Nganwa, Mr. William Mukasa Ssenyonjo, Mr. Ronald Mitti). The ICCU staff have been actively sharing injury prevention and safety promotion information with other scholars in the safe communities network during conferences by submitting abstracts (Mr. Milton Mutto, Ms. Mable Nakitto, Dr. Catherine Nansamba, Dr. Alice Nganwa, Mr. William Mukasa Ssenyonjo). This year 2009, abstracts have been submitted for Colombia Safe Communities conference.

Generally, ICCU and its staff have been active participants in Safe communities programs to date.

8. ICCU Evaluation measures

ICCU has had three 5-year strategic plans drawn since its registration. All ICCU projects have been evaluated using process and formative evaluations. Reports have been written after the evaluation exercises. Both internal and external evaluations have been done for ICCU projects. Majority of the projects and programs have had an impact to the expected beneficiaries, and thus created change in behavior.

9. ICCU Reporting

The centre reports on their Safe Community activities and Research efforts through;

- Publications: In Peer Reviewed Journals (Regional/International)
- Information Material
 1. ICC-U Newsletter, "ICC-U News"

2. Website: www.iccu.or.ug
3. ICC-U Resource Center

10. Conclusion

The principal focus of ICC-U is on surveillance, analysis and prevention of injuries in local, national, and international perspective. Continuous efforts are aimed at attaining and sustaining the acknowledgement of injury as an important public health issue and a high priority on the agenda for public health agencies, policy makers, researchers and general population.

I strongly believe that to continue and improve our efforts within the ICC-U and to achieve these goals, there is need to apply for this designation as confirmation of the importance of the activities and the central role to be played by the institute.

