

- P1:** Child safety in Two Informal Settlements    **P2:** 20th Safe Community Conference in Falun    **P2:** Safekids Worldwide meeting    **P3:** Childsafe AGM 30 August 2011    **P3:** Andrea's Perspective    **P4:** Conference Reports

## Child Safety In Two Informal Settlements – Zimbabwe and South Africa

**A**frica is now reportedly the most rapidly urbanising continent, and is projected to surpass Latin America by 2030. Approximately one-half of all inhabitants of cities in developing nations live in informal settlements, areas that not only provide livelihood opportunities, but also are fraught with hardship. The need for residents of informal settlements to implement proactive risk management and protective interventions is particularly apparent in the case of young children. These constitute an especially vulnerable group that is exposed to multiple dangers and threats in poor, urban areas. Unfortunately, as is the case with other forms of everyday risk, examples of collective, as well as proactive individual actions that reduce child risk, remain poorly researched and documented in African informal settlements.

In that context, the study specifically sought to explore and examine the role of human behavior in reducing and managing everyday risks in two African informal settlements through the lens of child injury prevention. The two informal settlements were Samora Machel, Philippi (Cape Town, South Africa) and Ward 7, Epworth (Harare, Zimbabwe).

The methodology used for data collection and data analysis comprised both qualitative and quantitative research methods. A total of 100 household questionnaires were administered in the two study sites. In addition, field observations, two focus group discussions in each study site were facilitated and key informants interviews were conducted. Descriptive statistics were used to analyse quantitative data, which was complemented by qualitative data.



Chiedza Mavengere

Although the two informal settlements had comparable disaster risks, findings suggested that informal settlements can vary substantially and each particular settlement is likely to have its unique characteristics. In this study, both mothers and caregivers from the two sites differed significantly in their socio-demographic profile and this subsequently led to major differences in the levels of prevention strategies adopted. Mothers and caregivers in Ward 7, Epworth were much older, aged between 36 and 45 years, more educated, were in stable homes (married) and were self-employed. On the other hand, in Samora Machel, Philippi, mothers and caregivers were much younger (26-35 years); less educated, were in unstable home (single and depended on the child grant) and were unemployed.

While all mothers in the two study sites showed high level of awareness of threats within the homes, there were marked differences in terms of environmental threats. Also, this research highlighted the important role of community mobilisation and vigilance

as an active strategy in child injury prevention. Community cohesion and vigilance was evidenced through delegated supervision of children to their neighbours in Ward 7, Epworth, while this was absent in Samora Machel, Philippi. Active strategies included cleaning surroundings and clearing of any hazardous materials or objects by mothers in Epworth. However, mothers in Philippi upheld that this was the responsibility of the municipality to clear their community.

Furthermore, a need for preserving traditional practices such as back-carrying was seen as an essential factor in reducing child vulnerability and thereby reducing child injuries. In addition, the study showed that child protection and injury prevention can only be successfully achieved by incorporating both active and passive strategies. Essentially, this will not be achieved without responsibility being taken at both household and community scales.



## 20th Safe Community Conference in Falun 6-9 September 2011

The theme for the conference was. "What is good and what has to be changed on International Safe Community Development?". The conference was intended for all interested parties in promoting safety and injury- and violence prevention at community and national level.

There were a number of keynote presentations which included Professor Leif Svanstrom: Sweden, Dr Margie Peden from WHO:Switzerland, Professor Dinesh Mihan:India, Dr Dinesh Sethi:WHO Regional Europe Italy, Dr Maria Isabel Gutierrez:Colombia etc. The conference was well structured with a number of plenary sessions and as expected it's always difficult to decide which session to attend as they are all significant.

The Conference was well attended by more than 800 participants from all over the world Participants shared experiences and information on how safety promotion programs can be developed and sustained in your own communities.

## Safekids Worldwide Meeting

On the 4th -6th September 2011 , prior to the 20th Safe Communities Conference, Safekids Worldwide hosted meetings with 22 country members across the globe.

Safe Kids Worldwide network country members presented best practices and expert knowledge of unintentional childhood injury prevention.

A new global initiative, Safe Children's Communities was amongst other things that came under discussion.



The date for the next 21st Safe Communities Conference was not announced as the bidding is still open till January 2012 for any country that would be interested in hosting the next conference. The Safe Community Flag was left in Sweden until Prof Leif (in the pictures) approves the country to host the next conference.



Safekids Group Members

## childsafE NEWS

Do you have any safety news, information or comments?

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### ELECTRONIC NEWSLETTER

The Childsafe News is also available in PDF Format, if you would like to receive an electronic version of the quarterly newsletter please email your details to capfsa@pgwc.gov.za

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Yumna Abrahams

## Childsafe AGM 30 August 2011

The well-attended Childsafe/CAPFSA AGM was held at Red Cross Children's Hospital during Child Safety Month when the new Travelling Safety Poster was launched, and four research presentations were given.

Board Member, Diana Ross, opened the meeting and welcomed all present. Prof S van As, President of Childsafe and Head of Red Cross Hospital Trauma Unit, said in his introduction, that a child was twenty five times more likely to have an accident in South Africa than in the UK.

Guest speaker, Dr Elmin Steyn, President of the SA Trauma Society, commented in her presentation that the Childsafe Database of Trauma Unit Child Injuries is unique, and that a similar valuable research system is not available in the private health system.

Chiedza Mavengare, UCT Honours Graduate, presented her thesis, Human Agency and Everyday Risk: comparing and contrasting Child Injuries in Two Informal Settlements – South Africa/Zimbabwe. Gert-Jan Haaring, a visiting undergraduate, presented his research project, Child Safety Patterns in Cape Town.

### Andrea's Perspective



My name is Andrea Volk and I am currently a student intern at ChildSafe. I came to South Africa for an international work experience, which correlates to my curriculum in nursing school at Northeastern University in Boston, Massachusetts.



In recognition and appreciation for participation in the development of the Travelling Safety Poster certificates were handed by Prof van As to the following Childsafe partners:

Teri Kruger, team coordinator for both the Living Safely Posters and the Travelling Safety Posters; Mandy Lomberg designer; and Kate Boyes artist; Metro District Health Services/Health Promotion staff, especially Maureen McCrea, Ferdinand Bomvana, and Nonkosi Dyakala who motivated for the generous contribution of R22 000 towards design, layout and illustrations; University of Stellenbosch, especially Dr Marion Sinclair, for motivation of generous R10 000 towards printing costs; Department of Community Safety, especially Nina September and Ben Nohiya, who motivated for generous R10 000 towards printing costs; Medical research Council especially Najuwa Arendse; and members of the Childsafe staff.

Margie Tromp presented the Financial Statements, and the meeting was closed by Board Member Patrician de Villiers, Deputy Director of Health Promotion.

My interest for accident prevention and education began during my time in the busy emergency room at Massachusetts General Hospital. I saw many children brought to the ER, after sustaining traumatic injuries, and it was this experience that solidified my commitment to childhood accident prevention. I firmly believe in knowledge, as the power to make informed and safe decisions, and it is with this belief that I found myself interning at ChildSafe. After only a few weeks at the Red Cross War Memorial Hospital, it became quite conspicuous for the need of childhood accident prevention, and better education for families. I am happy to be interning for a program that is devoted to this grave concern. I feel fortunate to be in the position to provide and to promote safety information. I truly appreciate all Pumla, Yumna, Dorothy, and Prof AB. van As have taught and shared with me. I am grateful for their kindness and inviting demeanor towards me.

My hope for my time at Childsafe is to contribute to the research database, educational programs, and ultimately its success in reducing childhood accidents. I could not be more excited to be in South Africa and to be a student intern for such a dedicated organization.

For the past three weeks, Tuesdays have been a day dedicated to the Safer Candle Project.

Subsequently, each Wednesday morning I attend the Burns Ward Rounds. During my time in the Burns unit, I have faced the reality and consequences of accidental fires, as there is never an empty bed in this unit. Therefore, I am both impressed by and enthusiastic to contribute to the Safer Candle Project. This outreach initiative serves to protect families and children from the devastating consequences of fire related injuries. Such a simple solution of a recycled jar, sand, and candles; the jar protects the flame and the sand serves as the extinguisher.

I have witnessed that the Safer Candle Project provides a profoundly effective solution for house fires. The patients and families in the Red Cross War Memorial Hospital have taken their candle units to places such as, Johannesburg, Durban, Port Elizabeth, Maputo, and all over the Western Cape.

I am amazed by the many families, hundreds of children, and countless prevented fires that this project has reached and averted. This widely successful project is a testament to the dedication of the Childsafe team. Each Tuesday, I am pleased to prepare individual candle jar units and demonstrate to families this remarkable solution.

## Conference Reports Childsafe South Africa



Professor Sebastian van As

The 5th Milestones of a Global Campaign for Violence Prevention Meeting was held at the International Convention Centre in Cape Town, 6-7 September 2011. The meeting was hosted by WHO, the Ministry of Health of South Africa, and the Provincial Government of the Western Cape.

Under the theme "Joining Forces, Empowering Prevention" almost 300 experts from more than 60 countries discussed progress in WHO's Global Campaign for Violence

Prevention and strategized the way ahead by:

- Presenting new evidence on effective interventions to prevent interpersonal violence in low- middle- and high-income countries;
- Highlighting the need for joint programming to address underlying risk factors for different forms of violence;
- Proposing ways to increase collaboration between different sectors, including health, social protection, and criminal justice;
- Agreeing on the need to focus on a small set of policy, legal and programme delivery targets at national level;
- Supporting the development of a global status report on violence prevention.

Keynote addresses by Dr Aaron Motsoaledi, Minister of Health of South Africa, and Ms Helen Zille, Premier of the Provincial Government of the Western Cape, focused on violence prevention efforts in South Africa, including concerted drives to reduce access to and misuse of alcohol, a leading risk factor for all forms of interpersonal violence. Dr Etienne Krug, WHO Director of the Department of Violence and Injury Prevention and Disability, presented on the status of violence prevention globally, and the achievements, obstacles and opportunities for the future. Plenary sessions included state-of-the-science reviews on the prevention of child maltreatment, intimate partner

and sexual violence, and youth violence; explorations of the role of civil society in advancing violence prevention; and an overview of major international initiatives to strengthen violence prevention capacities.

Following the WHO Milestone Conference, UCT's Safety & Violence Initiative (SaVI) held its first conference on 8 and 9 September, 2011, titled Promoting safety, Reducing violence, Raising awareness, the conference explored trends in violence with topics such the 'culture of violence' in South Africa, violence in schools and in communities, and innovative responses to violence.

At the event, experts in these fields, some from as far afield as Jamaica, Scotland, and Switzerland, shared their insights on the topics. An global violence prevention overview was provided by Dr Alexander Butchart (World Health Organization) and Christopher Mikton (World Health Organization), after which Dr Max Price (VC, University of Cape Town) delivered the opening address. A view from provincial government was presented by Dr Gilbert Lawrence (Department of Community Safety, Provincial Government of the Western Cape, after which a number of UCT violence-researchers delivered widely varied results from their disciplinary studies.  
Sebastian van As

Three good reasons why you as an individual or parent, school or organisation/ company should become a member of CHILDSAFE a campaign of The Child Accident Prevention Foundation of Southern Africa (CAPFSA)

- Injuries are the biggest killer of children between the ages of 5 and 14 years.
- Your membership will actively contribute towards preventing unnecessary, costly accidents in our country.
- As a member you will be kept up to date on current issues and resources related to child safety

### Levels of Membership

Regular	Annual	<b>R100</b>
Bronze	Annual	<b>R500</b>
Silver	2 Years	<b>R5 000</b>

Childsafe has also devised a package for Honourable Membership, for those who wish to become Gold, Diamond or Disa Members of The Foundation. For further information contact us.

I would like to become a "Friend of the Foundation" Minimum R25

I would like to become a member of the Foundation (includes newsletter)

Regular  Bronze  Silver  Gold

- I would like a years subscription to the "Childsafe NEWS" R30 annually
- I would like to receive more information on the activities of the Foundation
- I would like to become a project sponsor, please contact me
- I would like to do voluntary work for the Foundation

Title: Prof/Dr/Mr/Mrs/Ms/Miss

Name: .....

Organisation/Institution/Company: .....

Postal address: .....

Telephone: Home: .....Work:..... Cell: .....

Fax: ..... E-mail: .....

Total payment enclosed: R..... Date: .....

### Membership gives you access to:

- CAPFSA's statistical information on child injuries
- Automatic subscription to the Quarterly Newsletter – Childsafe NEWS
- Certificate to confirm Membership
- Safety educational materials such as videos, leaflets and other materials at substantial discount
- Other benefits – safety leaflets and posters on request (When available)

Return this information to Childsafe, a campaign of The Child Accident Prevention Foundation of Southern Africa, P.O. Box 791, Rondebosch, 7701 or capfsa@pgwc.gov.za

### KOVSSA/CAPFSA BANKING DETAILS

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