

**MRC-UNISA
Crime, Violence and Injury Lead
Programme**

**May 2001 – April 2004
Review and Continuation
Document**

submitted by

Director: MRC-UNISA Crime, Violence and Injury Lead Programme

30 April 2004



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DIRECTOR'S REPORT/COMMENTS

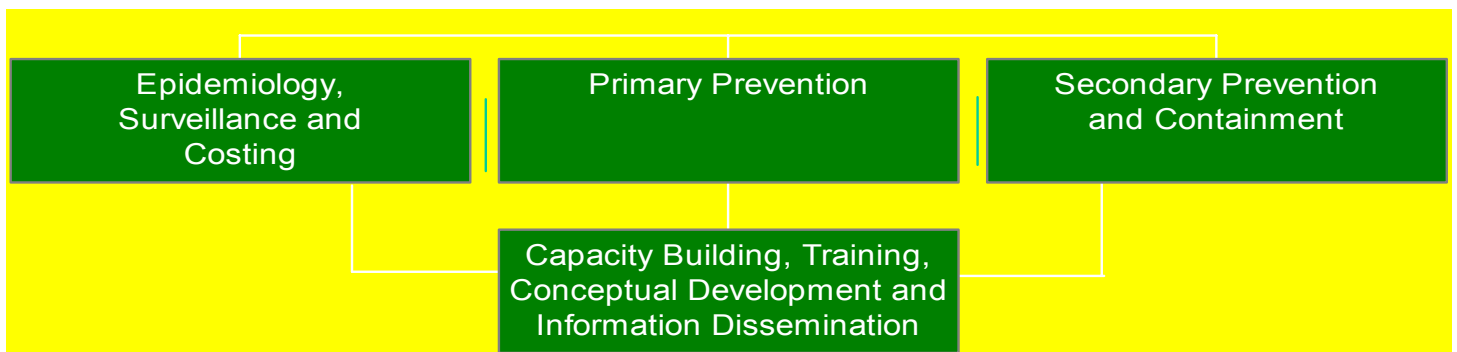
DIRECTOR'S REPORT/COMMENTS

Following the UNISA Institute for Social and Health Sciences' (ISHS) successful application (submitted in March 2001) to direct and develop the Crime, Violence and Injury Prevention Lead Programme (CVI), a partnership agreement between the MRC and UNISA was formalised and launched at a public forum in October 2001. The agreement mandated the ISHS to co-direct the CVI for a period of 3 years (2001 – 2004) along the lines of specific objectives detailed in the application. Since the MRC was unsuccessful in appointing a second co-director, the director of the Unisa ISHS was granted honorary employee status and formalised as the sole Director/Head of the Lead Programme. For the 2001-4 period the specific objectives of the Programme were to:

1. Conduct and disseminate public health oriented research into the causes and consequences of injuries due to crime, violence and unintentional incidents (“accidents”) in South Africa;
2. Conduct and encourage research that will serve to identify, support and develop best practice examples for primary prevention, injury control and safety promotion;
3. Demonstrate and document how research may be applied to facilitate, influence, support and develop best practice examples for primary prevention and injury control practices and policies;
4. Build capacity among South African researchers, including historically marginalised groups to conduct research into the causes, consequences and prevention of injuries arising from crime, violence and unintentional incidents (“accidents”);
5. Increase the use of surveillance and best practice data at the levels of service provision, policy formulation and training; and
6. Establish a global reputation as an African centre of excellence in the field of crime, violence and injury prevention research and training.

It was envisaged that the specific research objectives of the Programme would be organised around three inter-related strands and a fourth crossing cutting strand. The **first strand**, representing a continuation of the Institute and MRC's ex-trauma group's surveillance work included **violence and injury epidemiology, surveillance and costing**. The **second strand** which represents a continuation of the Institute's Centre for Peace Action's (CPA) community-based injury prevention work included research on **best-practice examples for injury prevention and safety promotion**. The **third strand**, which also embodies a continuation of the CPA's **Secondary Containment Initiative**, involved the study of **best practices** for the **control of injuries** and associated psychic trauma. The **fourth cross-cutting strand**, focussed on conceptual development, information dissemination, and capacity-building. As the Programme unfolded strands two and three were integrated into a single strand of activities. Figure 1 below summarises the programmatic framework adopted by CVI for its first cycle (2001 – 2004).

FIG. 1: Programmatic Framework (2001-4)



The first cycle of the Lead Programme brought together two different organisational and institutional bodies and so required a degree of consolidation, collective planning and management. The Director assumed full responsibility for the management of programme and received significant managerial assistance from the Office Manager (Dr. Sandra Marais) and three strand co-ordinators (Mr. Ashley van Niekerk, Mr. Richard Matzopoulos and Mr. Garth Stevens). During this period, historical projects were maintained and gradually brought to the point of logical termination. In addition, several small pilot projects were initiated in line with the mandate so as to determine priority niche areas for CVI and encourage staff to pursue formal post-graduate studies. The majority of these pilot initiatives have also been completed and written-up. Pilot-level exploration and significant investment in team building fostered the development of staffing and programmatic coherence, and a range of skills development processes that will serve to encourage a shift towards more analytical research in the next cycle.

From its inception the Lead Programme remained productively focused on consolidating strategic projects such as the NIMSS and the HVP initiative, gradually terminating those that had reached their natural conclusion (e.g. school surveillance, Eskom evaluation), and producing policy briefs, technical reports and academic reports in well-recognised peer-reviewed journals and books. As part of an ongoing reflexive monitoring exercise the ISHS-CVI group integrated formal and informal feedback from significant stakeholders in the sector as it strategically began to focus maximum available resources towards emerging priorities. The CVI's focus organically moved towards the critical areas of surveillance, violence and suicide, childhood injuries and traffic safety.

The restructuring of science councils and institutions of higher learning, changing patterns in local and international funding, competition for scarce resources, staff shortages and the encroaching influences of academic globalisation were among the many factors that presented challenges and opportunities to the CVI. These factors obviously influenced how we proceeded to fulfil our mandate, our organisational functioning and overall structure, and the content of our activities. Notwithstanding these and the other challenges, the ISHS-CVI team invested significant time towards capacitation and training, public campaigning to assure maximum data uptake, programmatic and financial management, and nurturing and strengthening collaborations nationally, continentally and internationally.

The strength and utility of the CVI can be seen in its increasing visibility and growing profile as a sectoral leader in the field of crime, violence and injury prevention; the utilisation of its research data by a diverse number of stakeholders and roleplayers; the increased national and international partnerships that recognise the Lead Programme's strategic location; the successful bid to host the 8th World Congress on Injury Prevention and Safety Promotion; a growing recognition of the value of the Lead Programme by funders who have supported an array of projects; and in the extensive listing of outputs produced by its staff. The Lead Programme has successfully attracted funding for both basic and applied research from a diversity of sponsors including the WHO, international and local foundations and the private sector, over and above the institutional funding that it receives from the MRC (see sections on Past and Projected/Requested Budgets for a full listing).

The key Lead Programme outcomes for 2001 – 2004 outlined in this report include:

- The strengthening and automation of the national fatal injury surveillance system directed towards enhancing data collection at local, provincial and national levels;
- The rapid and regular uptake of CVI data by key decision-makers;
- A utility study tracing the outcome of surveillance reports produced by the Programme;
- Several successfully completed data collection drives related to road rage, childhood injuries, and fatal injuries generally;
- The study of primary prevention and injury control measures at local and national levels, with a specific focus on school safety, home safety, community safety, and traffic safety;
- Training and capacitation;
- Information dissemination drives;
- Policy briefings and technical reports;
- Participation in national and international conferences;
- Journal and popular publications;

- A growing research coalition;
- The initiation and development of a peer-review journal, *the African Safety Promotion Journal*; and
- A first sectoral Review: *Crime, Violence and Injury Prevention in South Africa: Developments and Challenges*.

It must be emphasised that throughout the first cycle, the Lead Programme actively fostered constructive and critical academic co-operation, multi-disciplinary and cross-sectoral research partnerships with groups such as the World Health Organisation, Karolinska Institutet, the Paraffin Safety Association of Southern Africa and the Child Accident Prevention Foundation of Southern Africa, various university academic departments at WITS, RAU, UDW and UNISA, NGOs, and research units and groups (e.g. Burden of Disease Unit, Gender and Health Research group, Children's Institute, Alcohol and Drug Research Group).

During the first cycle the Director also enjoyed a rare opportunity as a visiting fellow (June 2002 – May 2003) at the Indian Institute for Technology (IIT), New Delhi. This sabbatical period at IIT was committed to studying indigenous traffic safety and peace promotion patterns in the city of Delhi and hosting the first Indo-South African Dialogue focused on violence, justice and reconciliation. The Dialogue co-hosted by the ISHS and Developing Countries Research Centre (DCRC), Delhi University, brought together academics from South Africa and different regions of India who deliberated about the resolution of collective violence and conflict in India and South Africa and the emerging successes and challenges experienced by the two countries.

Following the anticipated closure of at least 20 projects in 2004, the CVI Lead Programme will accelerate efforts to generate data to influence policy and practice at city level primarily. Whereas the preparations and run-up activities for the 2006 World Conference are likely to offer many opportunities for furthering the prioritisation of injuries, violence and their prevention, the CVI's success within its circumscribed focus is contingent on greater institutional support for senior level researchers. Even though the existing core of researchers in the CVI have accelerated their development, a critical mass of senior researchers is essential for a meaningful articulation of the CVI's expressed mandate and objectives. Similarly, for projects like NIMSS to flourish and attain full coverage the MRC's and UNISA's senior decision-makers may need to enter into discussions with the Ministry of Health and other relevant ministries (e.g. safety and security, transport, etc.) to mobilise funding and review strategies about the location and development of NIMSS and other possible injury surveillance systems. Such discussions may also focus on reviewing mechanisms for the development of infrastructural and information/recording systems that are sensitive and responsive to the research logic and mandates (e.g. costing of injuries).

The further development and success of CVI is contingent upon the accelerated development of existing staff; predicated on stable institutional funding and a critical mass of experienced senior researchers; clearly delineated collaboration agreements with key government ministries, other science councils, research groups and teaching departments; regular scientific review; and sound infrastructural capacities within institutions (e.g. police stations, trauma units) that it engages.

Thus in the strategic plans for the next cycle (2005-7), we will seek to build on CVI's achievements, accelerate attempts to redress limitations especially as they relate to staffing and assume a well-defined research focus with the aim of generating data primarily on injury mortality surveillance, studying data-uptake processes, facilitating city-level prevention, and producing tools to assist researchers, practitioners and policy-makers to strengthen their injury prevention and safety promotion work.

PAST BUDGETS

2001/2 – 2004/5

PAST BUDGETS

Summary:

This section of the review and continuation document deals with past and current (i.e. actual baseline allocations granted thus far) including financial inputs from all sources, as well as a breakdown of these budgets by salaries, consumables/operating funds, capital equipment and travel.

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BUDGET 2001/2002

Allocation of BASELINE budget between projects

Unit / Group / Division : Crime, Violence & Injury **Budget / Begroting:** R 188,000

EXISTING PROJECTS:									
- Project Number	1810	1914	1916	1953	1954	1960	2080		
NEW PROJECTS:									
- Short Name									
(23 characters)									

BUDGET CATEGORIES	ACCOUNT	TOTAL	(R)	(R)	(R)	(R)	(R)	(R)	(R)
CONSUMABLES	02100	41,200.00	20,000.00	3,000.00	1,000.00	12,000.00	200.00	3,500.00	1,500.00
PROFESSIONAL SERVICES	02200	33,000.00	25,000.00					5,000.00	3,000.00
TRAVELLING	02600	59,900.00	28,000.00	10,000.00	4,000.00	6,800.00		12,000.00	1,000.00
COMPUTER COSTS	03000	5,000.00	3,000.00	500.00				1,500.00	
MAINTENANCE - PROPERTY	03300	1,000.00	1,000.00						
COLLABORATIVE RESEARCH	03500	0.00							
SUNDRY	03700	11,000.00	10,000.00					1,000.00	
PERSONNEL COMPENSATION	04000	1,472,786.00			5,000.00	7,000.00			
CAPITAL	04200	25,000.00	20,000.00					5,000.00	
SUB-TOTAL		1,648,786.00	105,000.00	13,500.00	10,000.00	12,000.00	14,000.00	28,000.00	5,500.00

TRANSFERS FROM 2000/2001: *Balance for operating: 103,200*

COMMITMENTS	04510	10,594.87	8,720.00		17.98			1,806.14	
BASELINE BALANCES	04520	93,030.20							
CONTRACT/GRANT/INCOME BALANCES	04580	156,556.44							594.48
SUB-TOTAL		260,181.51	8,720.00	0.00	17.98	0.00	0.00	1,806.14	594.48
TOTAL		1,908,967.51	113,720.00	13,500.00	10,017.98	12,000.00	14,000.00	29,806.14	6,094.48

BUDGET 2001/2002
Allocation of BASELINE budget between projects

Unit / Group / Division : Crime, Violence & Injury

EXISTING PROJECTS:										
- Project Number	1811	1821	1825	1958	1962	1816				
NEW PROJECTS:										
- Short Name										
(23 characters)										

BUDGET CATEGORIES	ACCOUNT	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
CONSUMABLES	02100									
PROFESSIONAL SERVICES	02200									
TRAVELLING	02600									
COMPUTER COSTS	03000									
MAINTENANCE - PROPERTY	03300									
COLLABORATIVE RESEARCH	03500									
SUNDRY	03700									
PERSONNEL COMPENSATION	04000	1,460,786.00								
CAPITAL	04200									
SUB-TOTAL		1,460,786.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

TRANSFERS FROM 2000/2001:

COMMITMENTS	04510					46.36	4.38			
BASELINE BALANCES	04520	93,030.20								
CONTRACT/GRANT/INCOME BALANCES	04580		8,703.54	143,131.61	4,188.60		-31.79			
SUB-TOTAL		93,030.20	8,703.54	143,131.61	4,214.96		-27.40	0.00	0.00	0.00
TOTAL		1,553,816.20	8,703.54	143,131.61	4,214.96		-27.40	0.00	0.00	0.00



BUDGET 2002/2003
Allocation of BASELINE budget between projects

Unit / Group / Division :

Crime, Violence & Injury

Budget:

R 406,000

EXISTING PROJECTS:									
- Project Number	1810	1816	1914	1953	1960	1818	1819		
NEW PROJECTS:									
- Short Name									
(23 characters)									

BUDGET CATEGORIES	ACCOUNT	TOTAL	(R)	(R)	(R)	(R)	(R)	(R)	(R)
CONSUMABLES	02100	258,500.00	116,200.00	67,800.00	4,000.00	18,000.00	10,000.00	8,500.00	9,000.00
PROFESSIONAL SERVICES	02200	25,000.00	25,000.00						
TRAVELLING	02600	91,500.00	60,000.00	12,500.00	2,000.00		3,000.00	8,500.00	5,500.00
COMPUTER COSTS	03000	0.00							
MAINTENANCE - PROPERTY	03300	0.00							
COLLABORATIVE RESEARCH	03500	0.00							
SUNDRY	03700	0.00							
PERSONNEL COMPENSATION	04000	1,563,561.00							
CAPITAL	04200	31,000.00	31,000.00						
SUB-TOTAL		1,969,561.00	232,200.00	80,300.00	6,000.00	18,000.00	13,000.00	17,000.00	14,500.00

TRANSFERS FROM 2001/2002:

COMMITMENTS	04510	102,537.81	96,465.81						
BASELINE BALANCES	04520	140,000.00							
CONTRACT/GRANT/INCOME BALANCES	04580	216,146.24							
SUB-TOTAL		458,684.05	96,465.81	0.00	0.00	0.00	0.00	0.00	0.00

TOTAL	2,428,245.05	328,665.81	80,300.00	6,000.00	18,000.00	13,000.00	17,000.00	14,500.00
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BUDGET 2002/2003
Allocation of BASELINE budget between projects

Unit / Group / Division : Crime, Violence & Injury

EXISTING PROJECTS:											
- Project Number	1817	1811	1821	1825	1851	1852					
NEW PROJECTS:											
- Short Name (23 characters)											

BUDGET CATEGORIES	ACCOUNT	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
CONSUMABLES	02100	25,000.00								
PROFESSIONAL SERVICES	02200									
TRAVELLING	02600									
COMPUTER COSTS	03000									
MAINTENANCE - PROPERTY	03300									
COLLABORATIVE RESEARCH	03500									
SUNDRY	03700									
PERSONNEL COMPENSATION	04000		1,563,561.00							
CAPITAL	04200									
SUB-TOTAL		25,000.00	1,563,561.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

TRANSFERS FROM 2001/2002:

COMMITMENTS	04510	6,072.00								
BASELINE BALANCES	04520	140,000.00								
CONTRACT/GRANT/INCOME BALANCES	04580		-12,638.01	138,678.37	39,583.16	50,522.72				
SUB-TOTAL		0.00	-146,072.00	-12,638.01	138,678.37	39,583.16	50,522.72	0.00	0.00	0.00
TOTAL		25,000.00	1,709,633.00	-12,638.01	138,678.37	39,583.16	50,522.72	0.00	0.00	0.00



BUDGET 2003/2004
Allocation of BASELINE budget between projects

Unit / Group / Division : Crime, Violence and Injury

Budget: R 0

EXISTING PROJECTS:																			
- Project Number	1810	1816	1817	1818	1819	1914	1953												
NEW PROJECTS:																			
- Short Name (23 characters)																			

BUDGET CATEGORIES	ACCOUNT	TOTAL	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
CONSUMABLES	02100	141,200.00	130,000.00	4,200.00	0.00	0.00	0.00	0.00	2,000.00	0.00	0.00
PROFESSIONAL SERVICES	02200	110,700.00	30,000.00	35,700.00	25,000.00	0.00	0.00	0.00	0.00	0.00	18,000.00
TRAVELLING	02600	89,300.00	70,000.00	11,300.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COMPUTER COSTS	03000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MAINTENANCE - PROPERTY	03300	1,400.00	0.00	1,400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COLLABORATIVE RESEARCH	03500	5,700.00	0.00	5,700.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUNDRY	03700	4,300.00	0.00	4,300.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PERSONNEL COMPENSATION	04000	1,774,564.00	0.00	33,400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CAPITAL	04200	34,000.00	16,200.00	14,300.00	0.00	2,000.00	1,500.00	0.00	0.00	0.00	0.00
SUB-TOTAL		2,161,164.00	246,200.00	110,300.00	25,000.00	2,000.00	1,500.00	2,000.00	2,000.00	18,000.00	0.00

TRANSFERS FROM 2002/2003:

COMMITMENTS	04510	0.00									
BASELINE BALANCES	04520	0.00									
CONTRACT/GRANT BALANCES	04580	178,887.92									
INCOME BALANCES	04585	138,678.37									
SUB-TOTAL		317,566.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL		2,478,730.29	246,200.00	110,300.00	25,000.00	2,000.00	1,500.00	2,000.00	18,000.00	0.00	0.00



BUDGET 2003/2004
Allocation of BASELINE budget between projects

Unit / Group / Division : Crime, Violence and Injury

EXISTING PROJECTS:																			
- Project Number	1960	1821	1851	1852	1853	1825	1811												
NEW PROJECTS:																			
- Short Name (23 characters)																			

BUDGET CATEGORIES	ACCOUNT	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
CONSUMABLES	02100	5,000.00								
PROFESSIONAL SERVICES	02200	2,000.00								
TRAVELLING	02600	8,000.00								
COMPUTER COSTS	03000	0.00								
MAINTENANCE - PROPERTY	03300	0.00								
COLLABORATIVE RESEARCH	03500	0.00								
SUNDRY	03700	0.00								
PERSONNEL COMPENSATION	04000	0.00						1,741,164.00		
CAPITAL	04200	0.00								
SUB-TOTAL		15,000.00	0.00	0.00	0.00	0.00	0.00	1,741,164.00	0.00	0.00

TRANSFERS FROM 2002/2003:

COMMITMENTS	04510									
BASELINE BALANCES	04520									
CONTRACT/GRANT BALANCES	04580	-2,431.58		57,045.19	83,088.47		41,205.84		138,678.37	
INCOME BALANCES	04585									
SUB-TOTAL		0.00	-2,431.58	57,045.19	83,088.47	41,205.84	138,678.37	0.00	0.00	0.00

TOTAL	15,000.00	-2,431.58	57,045.19	83,088.47	41,205.84	138,678.37	1,741,164.00	0.00
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BUDGET 2004/2005
Allocation of BASELINE budget between projects

Name Crime, Violence and Injury Lead Programme

Total Budget: (excluding salaries)

R 380,000

EXISTING PROJECTS (Project Number)	1810	1816	1817	1818	1819	1953	1960
NEW PROJECTS (Short Name - 23 characters)							

BUDGET CATEGORIES	ACCOUNT	TOTAL	(R)	(R)	(R)	(R)	(R)	(R)	(R)
CONSUMABLES	02100	136,000.00	120,000.00	10,000.00					6,000.00
PROFESSIONAL SERVICES	02200	66,000.00	13,000.00	35,000.00		2,000.00	2,000.00	12,000.00	2,000.00
TRAVELLING	02600	93,000.00	70,000.00	23,000.00					
COMPUTER COSTS	03000	22,000.00	10,000.00	10,000.00					2,000.00
MAINTENANCE - PROPERTY	03300	5,000.00		5,000.00					
COLLABORATIVE RESEARCH	03500	0.00							
SUNDRY	03700	5,000.00	5,000.00						
PERSONNEL COMPENSATION	04000	0.00							
CAPITAL	04200	53,000.00	15,000.00	30,000.00					8,000.00
TOTAL		380,000.00	233,000.00	113,000.00	0.00	2,000.00	2,000.00	12,000.00	18,000.00

MRC-UNISA Crime, Violence and Injury Lead Programme				
Total Income for 2001-2004				
	FINANCIAL YEARS			
	2001	2002	2003	2004
Baseline Allocation				
Salaries	1472786	1563561	1774564	1861628
Operating Costs	176000	406000	386600	380000
SUB-TOTAL	1648786	1969561	2161164	2241628
External Funding*				
External Income (UNISA)	833564	1375031	2102585	1715501
External Income (MRC)	156556.44	216146.24	317566.29	N/A**
SUB-TOTAL	990120.44	1591177.2	2420151.29	1715501
GRAND TOTAL	2638906.44	3560738.2	4581315.29	3957129

* A selected listing of external funders for 2001-2004 have included among others:

Anglo-American Chairman's Fund
DACST
CIET Africa
De Beers
National Department of Health
Eskom
First National Bank
Fogarty Foundation
Grants in Aid
Human Sciences Research Council
Karolinska Institutet
Kelloggs Foundation
PASASA
UNIARC

National Development Agency
National Institute for Crime Prevention and the Reintegration of offenders
National Research Foundation
Norwegian People's Aid
Open Society Foundation
Rand Merchant Bank
Southern Metropolitan Local Council
Standard Bank
University of Witwatersrand
World Health Organisation
Norwegian Exchange Programme
Traffic Research Lab
CSIR
French Institute of South Africa

** External income located at the MRC has not been reflected for 2004, as this has not been confirmed.

PROPOSED/REQUESTED BUDGETS 2005/6 – 2007/8

Proposed Budget 2005-2008

BUDGET CATEGORIES	2005-2006	2006-2007	2007-2008
Consumables	R149 600-00	R164 560-00	R181 016-00
Professional Services	R78 100 -00	R85 910 -00	R94 501 -00
Travelling	R102 300-00	R112 530-00	R123 783-00
Computer Costs	R24 200-00	R26 620-00	R29 282-00
Maintenance – Property	R5 500-00	R6 050-00	R6 655-00
Collaborative Research	-----	-----	-----
Sundry	R5 500-00	R6 050-00	R6 655-00
Capital*	R52 800-00	R58 080-00	R63 888-00
Sub-Total (Operating Costs)**	R418 000-00	R459 800-00	R505 780-00
Personnel Compensation	R2 419 709-00	R2 690 694-00	R2 825 228-00
Sub-Total (Salaries)***	R2 419 709-00	R2 690 694-00	R2 825 228-00
GRAND TOTAL	R2 837 709-00	R3 150 494-00	R3 331 008-00

* Capital expenditure per annum is based on upgrading of desktop computers, the acquisition of new software packages (e.g. Endnote), software development for automated reporting of surveillance data, and increasing computing mobility related to field research through the acquisition of additional laptops in the Lead Programme. Furthermore, an annual increase of 10% has been factored into the proposed budget to offset inflationary trends.

** Operating costs are based on an annual increase of 10% to offset inflationary trends.

Personnel costs, requests and justification are tabled below and need to be viewed in the context of the original personnel requests submitted at the beginning of the cycle, programme demands in the next cycle, anticipated staff development, capacitation and consequent upgrading of ranks. In addition, a 5% annual increase has been factored in per annum. Important to note is that while an epidemiologist and senior scientist were employed, salaries were generated from the ex-director of the Trauma Research Programme and a specialist scientist vacating their posts. In addition, the upgrading of certain posts (including a scientist and junior scientist) was made possible by the loss of a research technologist in the programme.

Ex-Trauma Programme Personnel	Personnel Requested (2001)	Current Personnel (April 2004)	Additional Personnel Requested (2005-2008)
Director	Programme Director (UNISA)	Senior Officer	4/8 Specialist Scientist (Biostatistician)
Senior Specialist Scientist	Business Manager	Chief Research Technologist	Specialist Scientist (Crime/Violence Researcher)
Specialist Scientist	Senior Specialist Scientist	Secretary	Technologist (Traffic Research Assistant)
Chief Research Technologist (x2)	Sessional Senior Specialist Scientist	Senior Specialist Scientist	Post upgrade support for partial and full completion of doctoral studies (R150 000-00)
Senior Research Technologist (x2)	Scientist	Junior Scientist	
Executive Secretary	Epidemiologist	Specialist Scientist	
Secretary	Bio-Statistician	4/8 Encoder	
	Chief Research Technologists	Junior Scientist	
	Senior Research Technologists	Specialist Scientist	
	Technologist	Scientist	
	Researcher (Sen. Scientist) (x2)	Chief Research Technologist	
	Executive Secretary		
	Secretary (Admin. Assistant)		
	Junior Researcher		

Current Personnel	Rank	Roles and Functions
Breda, M.	Senior Officer	Administrative co-ordination and support (CT)
Donson, H.	Chief Research Technologist	Data collection, cleaning, capturing and preliminary reporting on the NIMSS for W.C. and E.C. Regions
Krige, A.	Secretary	Administrative support (CT)
Marais, S.	Senior Specialist Scientist	Social science expert, qualitative methodologist, programme documentation and evaluation, substance abuse and violence nexus, and overall office manager (CT)
Maruping, M.	Junior Scientist	Junior researcher in the area of unintentional childhood injuries
Matzopoulos, R.	Specialist Scientist	Specialist epidemiologist and co-ordinator of surveillance research
Nose, D.	4/8 Encoder	Data capturing
Prinsloo, M.	Junior Scientist	Junior researcher in the area of violence
Van Niekerk, A.	Specialist Scientist	Specialist social science and injury researcher and co-ordinator of unintentional childhood injury research
Sukhai, A.	Scientist	Scientist co-ordinating traffic research (DBN)
Harris, C.	Chief Research Technologist	Data collection, cleaning, capturing and preliminary reporting on the NIMSS for Northern Regions
Requested Personnel (2005/6)	Rank	Roles and Functions
4/8 Biostatistician	4/8 Specialist Scientist	Provide specialised input into surveillance research, analytical and risk factor research at city level, and programme research
Crime/Violence Researcher	Specialist Scientist	Provide co-ordination, scientific leadership and mentoring in the areas of crime and violence research
Assistant Traffic Researcher	Technologist	Provide research assistance and support to the traffic research co-ordinator (DBN)
Requested Personnel (2006/7)	Rank	Roles and Functions
Post upgrade support associated with partial and full completion of doctoral studies (R150 000-00)	Upgrades to Senior Scientist and Senior Specialist Scientist	Advanced methodology input, analytical epidemiology, post-graduate support and mentoring, and support for international fellows

**RESEARCH
PROGRAMMES/
PROJECTS' PROGRESS
REPORT**

RESEARCH PROGRAMMES/PROJECTS

STRAND 1: EPIDEMIOLOGY, SURVEILLANCE AND COSTING

Summary:

The core research areas in **Strand One** for the reporting period (2001-4) represents a continuation of the two groups' surveillance work, plus new areas of research focussed on emerging problems and strategic priorities (e.g. substance abuse-injury nexus, victim-perpetrator relationships), the social burden of injuries and social determinants of injuries. Below we detail progress on all the projects located in this strand.

The CVI's **injury surveillance** was conducted through a range of projects that include mortuary, school and health facility based components. These projects included 1) the mortuary-based National Injury Mortality Surveillance System (NIMSS), 2) the National Non-fatal Injury Surveillance System (NANFISS), 3) the Trauma and Drug Study (TADS), 4) Injury Mortality Validation Study, 5) the School Injury Surveillance, and 6) the Youth Risk Behaviour Study. The CVI has also provided technical support to surveillance initiatives in Mozambique and Uganda.

Current and On-going Projects:

The National Injury Mortality Surveillance System (NIMSS) – Ongoing

As a flagship initiative the NIMSS currently collects fatal injury information from 32 mortuaries in seven different provinces (between 30 and 40% of all injury deaths). Currently NIMSS enjoys full coverage in 8 cities (East London, Port Elizabeth, Johannesburg, Pretoria, Witbank, Durban, Kimberley, Cape Town). It is the most detailed source of information on the "who, what, when and where" of fatal injuries in South Africa and also a useful source of information with which to monitor the effectiveness of prevention initiatives, injury trends and the accuracy of other data sources. As is the tradition, an annual mortality surveillance report was produced for widespread distribution. Large-scale expansion has been hampered by a lack of funding and under-staffing on the project. The last two years have seen the focus of the NIMSS shifting to the development of procedures and manuals to streamline data collection and cleaning, and the development of automated report-writing software. The NIMSS will not be expanded further unless there are firm undertakings from participating facilities to ensure the completeness, accuracy and integrity of their data sets in order to minimise the administrative workload on CVI research staff. The focus within this project will be expanded to include analytical work on the risks and determinants of violent deaths.

Injury Mortality Validation Study - Preparatory

The Injury Mortality Validation Study, which is mainly funded by the National Department of Health (NDOH), is investigating under-reporting and inaccuracies in the injury mortality systems being co-ordinated by the departments of Safety and Security, Home Affairs and Transport, as well as the NIMSS. The study will eventually recommend suitable processes to link the various data sets to ensure reliable, comprehensive and consistent reporting of injury mortality. During 2003-4 the focus was on detecting inaccuracies and understanding processes of information flow within the identified information systems. A report detailing the findings and containing recommendations for the subsequent phases has been submitted to NDOH. This project involves collaboration with the Burden of Disease Unit and will embrace participation from the CSIR's Transportek group for the next phase of the project aimed at validating the accuracy of NIMSS data against other identified mortality data systems.

Completed or Near-Completed Projects:

School Injury Surveillance Study (SISS) – Writing-up

Fifty schools from four Safe School clusters participated in the SISS, which will provide information to the Western Province Department of Education and their Safe Schools Programme. Poor compliance from the schools prompted a process audit, which investigated staff attitudes to the completion of a variety of forms and their perceived utility. This project is earmarked for termination in 2004, in the form of a final report to be submitted to national and provincial departments of education.

South African National Injury Costing Project – Writing-up

The CVI's investigation into the **social burden of injury** focussed on the injury costing study, which was supported by the NRF/SIDA. Following the costing study's consortium assessment that a retrospective costing study based primarily on the patient files of Johannesburg General hospital was untenable, the study was reconceptualised as a pilot initiative. A protocol was submitted for ethical approval in early August 2003 and preliminary results emerged in December 2003. Currently pre-hospital and hospital costs of injury are being calculated using costing systems developed by Netcare on a prospective sample of cases presenting with firearm, pedestrian, fall and burn injuries across the severity spectrum. Although the review of literature and conceptual work for the project was completed timeously, appropriate partners for the implementation phase of the project could not be located either in the state or private health-care sectors. It seems that this type of study is still premature in South Africa, as the injury prevention sector is relatively underdeveloped. This project is earmarked for completion in 2004.

Youth Risk Behaviour Study – Writing-up

This national study was conducted by the MRC's National Health Promotion Research and Development Group in collaboration with the ISHS/CVI and other stakeholders. During 2002, the survey instrument was adapted for administration within the South African context, pilot administrations were successfully conducted across the country with learners in all 11 official languages, and full administration, cleaning and capturing of the data occurred. The final report was completed, with a formal launch in 2003 and various publications being planned for 2004. The CVI's participation will terminate in the form of envisaged publications to be circulated in the sector.

National Non-Fatal Injury Surveillance System (NANFISS) – Writing-up

The NANFISS was introduced at Cradock Hospital (Eastern Cape) in December 2000 and GF Jooste Hospital (Cape Town) in March 2001. Due to various institutional obstacles including long travelling distances, rotation of doctors twice a year and a general unresponsiveness, there have been delays in the collection of forms from Cradock Hospital, and a decrease in data collection at GF Jooste Hospital. An audit to assess the current status of information collection and management systems and factors influencing non-fatal injury collection in the two hospitals is currently underway. A report will be presented to the relevant provincial departments of health during the second part of 2004 with a view to facilitating responsiveness to non-fatal injury surveillance systems. Due to personnel constraints we will in all likelihood be unable to invest in the development of NANFISS. Instead the focus will be on the rapid assessment of national trauma caseloads at five-year intervals so as to monitor non-fatal injury trends.

Trauma And Drug Surveillance Study (TADSS) – Writing-up

The TADSS monitored alcohol misuse and drug usage among trauma patients presenting at state hospitals in Durban, Port Elizabeth and Cape Town between 1999 and 2001 and compared inter-city usage patterns. The focus for the TADSS in 2002 to 2003 was on the compilation and dissemination of the research results (1999 to 2001), as well as stakeholder meetings to inform policy briefs and community-based intervention programmes. In addition to at least two academic publications produced by the project and its partners, currently several other publications are being finalised for submission to journals. Whereas the envisaged academic publications will represent the formal closure of the project it must be noted that data produced by TADSS have been marshalled by the epidemiology network on drug use (SACENDU), the MRC's Alcohol and Drug Abuse Research Group and other agencies focused on prioritising the prevention of substance abuse.

Learner Incident and Injury Surveillance System (LINCIS) in Gauteng - Completed

LINCIS monitored intentional and unintentional injury trends among learners, but simultaneously evaluated processes of surveillance systems implementation at schools. Implementation continued throughout 2002 in seven Eldorado Park (South-west Johannesburg) secondary schools as part of the broader Safe Schools Project (see Strand 2 and 3) and was formally drawn to a close at the beginning of 2003 to make way for new research and intervention initiatives. LINCIS has led to the generation of several research outputs over the past year, including national conference and seminar presentations, publications on violence and injury trends and good practices for research in schools-based violence prevention projects.

Rural Injury Surveillance Study (RISS) – Writing-up

The RISS collected information from state and private hospital in three rural towns in the Western Cape (Worcester, Vredenburg and Hermanus) and followed on from a similar 1992 study. Articles on rural health will be published in the next edition of Injury and Safety Monitor. Academic publications are currently under preparation for submission to relevant journals.

Injuries among Farmworkers – Writing-up

This pilot project examined occupational and other injuries occurring on Western Cape farms recorded by selected farm labourer wives, who were trained to do basic first aid. Key outcomes included capacity development and the identification of a potential surveillance tool for rural injuries. Study results will be published in the next edition of Injury and Safety Monitor and other academic and policy-type journals.

Surveillance in Mozambique - Completed

In 2001 and as part of the programme to develop a public health response to the prevention of land mine injuries, the Institute and Lead Programme staff assisted WHO in developing the Mozambique country plan for injury surveillance. This initiative represents the Lead Programme's ongoing commitment to developing national and Southern African networks and expert capacity in the injury prevention sector.

Injury Surveillance by Household Interview - Completed

Household survey data generated by the Institute and the Uganda Injury Control Centre in Kampala were pooled and consolidated to produce a manual describing the method and criteria for the application of injury surveillance through household interviews.

The Influence of Violence on the Delivery of Health Services - Completed

A joint study with the Institute of Criminology at the University of Cape Town traced the diverse effects of violence on service delivery in the health sector at institutional, interpersonal and individual levels. Several publications and public presentations have been completed utilising the preliminary results of the study.

The Use of Public Health Research in Stimulating Prevention – Completed

Inherent in the public health approach is the assumption that quality data may constitute empirical evidence for purposes of informing violence and injury prevention policies and practices. However there is a paucity of academic work examining the research-policy-practice nexus. Drawing on experiences from two South African case examples the study explored the utility of injury surveillance and epidemiological data and reviewed the contextual, content, and process related factors that influence prevention policy reform and practices. The role of strategically placed social actors was also analysed. The study raised concerns about South Africa's ability to maintain its equity-driven health reform process in the context of its macro-economic policies and the global shift towards the privatisation and marketing of social services. This study produced several public presentations and peer-review publications.

MRC/WHO Collaborative Study on Alcohol and Injury in Cape Town - Completed

The CVI in South Africa represented one of 12 other agencies (mostly from the low-income world) participating in a collaborative study with the WHO. The study sought to develop a relevant and effective data collection system to define the nature and extent of alcohol involvement in non-fatal injuries among emergency room attendees and to test the ability of emergency room staff to assess and record the degree of alcohol intoxication in patients using the ICD-10 Y91 coding. The data collection component of the study is complete. The analysis and feedback aspects of the project were completed by 2003. A detailed report was submitted to the WHO.

Comparing Risk Determinants and Post-Trauma Sequelae of Intimate and Stranger Rape Survivors – Writing-up

Although the extent of the under-reporting of gender-based violence in South Africa remains difficult to determine, available estimates indicate that approximately 55 000 women were raped in 1997 and that the incidence of rape-linked homicide is approximately 7 per 100 000 women. This exploratory research project represented one component of a broader South African research initiative focusing

on sexual violence and the after-care of rape survivors. The study examined and illuminated the specific trends, risk profiles and post-rape experiences associated with incidents of both intimate and stranger rape. A qualitative research approach was utilised to gather relevant data from a group of rape survivors accessed through the Thuthuzela Care Centre for rape survivors, which is located at the GF Jooste Hospital in Cape Town. A full study report was produced and at least one academic publication is envisaged in 2004.

Projects Associated with Post-Graduate Studies – Current:

National Rugby Injury Surveillance System (NRISS)

The NRISS aims to provide information about the extent and scope of injuries during SA Rugby affiliated fixtures. The current database consists of data collected from 2001 to 2003, and is complemented by data on catastrophic injuries from the Chris Burger/Petro Jackson fund and SpineLine. With increasing coverage, the NRISS will identify injury prevention priorities in unions (provinces) clubs and eventually schools. The goal is to establish a permanent system that will record all rugby injuries that occur in South Africa to inform efforts to reduce and prevent rugby injuries. The principal collaborating investigator with Mr. Hilton Donson on this project is Professor Tim Noakes, of the UCT Sports Science Institute. The bulk of the project funding (R20 000) will be provided by the Chris Burger/Petro Jackson fund. The CVI's participation will terminate once Mr. Donson completes his masters degree on the project. This project is earmarked for completion in 2005.

Burn Injury Risk Factors in Early Childhood: Studies on Household, Familial and Developmental Risk Factors

Findings of a retrospective study describing childhood burn injury based on records from the Red Cross Children's Hospital in 1999 and 2000 are described in *The epidemiology of childhood burn injuries in the Western Cape, South Africa*, an article submitted by Mr. van Niekerk and collaborators to the journal *Burns*. The literature review underpinning this study has been submitted to the *African Safety Promotion: A Journal of Injury and Violence Prevention* in July. A related study, *The parental perceptions of household and familial risk factors to childhood burn injuries*, has been approved by the MRC Ethics Committee. This represents Mr. Van Niekerk's second and third papers towards his PhD, which is anticipated to be completed in early 2006.

Suicide

The CVI's macro-determinants work included a PhD related city-level suicide study by Ms. Stephanie Burrows. The study examines the contribution of area and individual level differences in suicide in the city of Pretoria. The study traces demographic patterns and socio-economic changes between 1996 and 2001 associated with completed suicides in Pretoria. The investigation also seeks to validate suicide related data held in the NIMSS against inquest court data. Ms. Burrows has completed two papers for publication and undertook her half-way PhD defence in 2003. This project is likely to be completed in early 2005.

The Motive of Homicide and Victim-Perpetrator Relationships in Cape Town

This study, integral to Ms. Prinsloo's graduate programme, aims to supplement existing research by accessing autopsy and court records of firearm and non-firearm homicides to identify differences in the motive for homicide, as well as perpetrators profiles. A sample of Cape Town NIMSS data from 1999 were to be selected and tracked in the criminal justice archives, but due to difficulties in locating files, Ms. Prinsloo is currently focused on reviewing the existing docket management system in a selection of police stations in the Western Cape. This project is billed to be completed by June 2005.

Projects Associated with Post-Graduate Studies – Completed:

An Exploratory Study of Road Rage, Aggressive Driving and other Hazardous Driving Behaviour among a Representative Sample of Motorists in Durban, South Africa

Driver aggression is considered a significant road safety issue internationally and in light of the staggering road traffic statistics and the paucity of data in South Africa, a cross-sectional descriptive study was conducted in Durban from the 16 to 19 April 2003. The study report was released in 2003. Several academic and policy outputs have been produced and Mr. Sukhai is also considering pursuing a PhD on this subject.

A Genealogy of the South African Paedophile

This PhD study is located within the qualitative, critical, historical paradigm. It attempts to account for the emergence of paedophilia as a South African public health problem through a genealogical examination of the discursive and material conditions that produce the paedophile as an object of knowledge in the present. Mr. Bowman has submitted his dissertation, is integrating final comments from examiners and will graduate by June 2004.

In summary, within this strand a great deal of energy and resources were invested in completing projects that were inherited by the CVI from the old MRC trauma programme, but by the close of 2003 the major focus shifted towards NIMSS, the associated mortality validation study and the NRF-SIDA three cities initiatives. Ultimately, in the interest of sustainability, NIMSS will need to be integrated into a national health and safety promotion information management system. We will focus on the improvement of existing data collection systems, through projects such as the Injury Mortality Validation Project, and will also try to improve its utility and applicability through initiatives such as the Three Cities and City-level reporting projects.

The CVI's focus for the next five year cycle (see sections on Future Strategies and Objectives) will be on more analytic and interpretive utilisation of the surveillance data, mainly at the city-level (e.g. Three Cities and City-level reporting studies), as well as validation of the data's integrity that will be crucial if the system is to be expanded to the rest of the country (e.g. the National Department of Health funded Injury Mortality Validation Project).

STRAND 2 AND 3: PRIMARY AND SECONDARY PREVENTION

Summary:

The composite objectives of Strand 2 and 3 were the identification, development, evaluation, documentation and costing of good practices and/or benchmarks for injury prevention and containment activities, especially those appropriate for low-income contexts. Strands 2 and 3 focussed on a number of strategic sub-areas:

- The identification and reinforcement of both macro- and micro-level good practices;
- The development of safety promotion strategies for vulnerable groups and priority injury problems;
- The development of project evaluation and monitoring methodologies and technologies for adaptation in similar programmes;
- An examination of factors that encourage the translation of research data into action and policy formulation;
- The costing of safety promotion activities; and
- The documentation and dissemination of good injury prevention and containment practices.

The Strand 2 and 3 projects utilised a combination of approaches – they were directed at either macro- and/or micro- level risk factors – and incorporated primary, secondary and tertiary interventions or combinations of these. The projects were directed at multiple sites, incorporated community participation, relied on a combination of sectors and role-players (but especially volunteers), and were located within community networks such as schools, crèches, clinics, police services, and religious institutions. All projects included evaluation components and were geared towards the dissemination of findings to the relevant stakeholders. The original mandate related to strand 2 and 3 of the CVI has been successfully fulfilled, despite an initial period of project closure arising from the organisational consolidation between the UNISA Institute for Social and Health Sciences' applied research programme and that of the MRC's ex-Trauma Programme.

Current and On-going Projects:

The 3 Cities Study – Roll-out

The study, funded by SIDA – NRF, is a collaborative initiative across three cities: Borås (Sweden), Kaunas (Lithuania) and Pretoria (South Africa). The study attempts to understand the social processes, actors, contexts and paths related to the translation of injury data into prevention action. It tracks the dissemination of injury data and its deployment for the implementation of prevention practice and the development of injury prevention and safety promotion policies. The broad objectives include the utilisation of available injury surveillance findings to stimulate and inform violence and injury prevention initiatives, and the documentation and evaluation of the resultant outcomes and injury impacts adopted by the respective city-level authorities and governments. Since its inception in 2002 the project staff have focused on stakeholder analysis, tracing existing pathways of decision/policy-making in the city of Pretoria/Tshwane and the preparation of relevant reports profiling priority injuries and recommendations for their prevention.

Home Visitation Programme (HVP) – Roll-out

In South Africa there is a lack of effective, replicable and contextually congruent childhood injury intervention programmes. In 2003, a SIDA-NRF funded Home Visitation Programme (HVP) was piloted with multiple strategies to promote childhood safety. These included education, implicit enforcement, product demonstrations and environmental modifications. From 2001 to 2002, the HVP activities focussed on project conceptualisation, mobilisation of community stakeholders, neighbourhood identification and mapping, and the development of evaluation and monitoring instrumentation. The 2003 programme was centred on the finalisation of the HVP intervention, the recruitment and training of data collectors and home visitors, development and finalisation of instrumentation, and the implementation of a pilot HVP. The HVP, which is a collaboration with the Karolinska Institutet, includes several masters level and other capacitation projects. It is focussed on assessing the outcome of home visitations on injury risks and the association between outcome and

home visitor attributes, community attributes and length of visits themselves. 2004 will be focussed on roll-out, analysis and write-up. This project is earmarked for closure in 2005 and represents a flagship initiative for strands 2 and 3.

Mental Health Promotion/Psychosocial Models of Aftercare for Victims of Violence – Write-up

This Strand 3 project represents the Lead Programme's ongoing work to examine contextually congruent, cost-effective, effective and replicable psychosocial interventions to contain the impact of violence at a secondary and tertiary level. Work undertaken in this field involved provision of psychosocial services such as counselling and assessments in two primary health care facilities situated in communities with high rates of violence. While the primary focus was evaluation of the provision of assistance to victims of violence, the project also contained a capacity building component through which two community counselling intern psychologists were trained in providing psychosocial services. The ongoing training of intern psychologists, as well as counselling and psychometric service delivery at three local health facilities in Gauteng has facilitated the collection of baseline information on client service utilisation patterns, demographics and presenting concerns. Specific emphasis was placed on developing context-specific and culturally relevant models of psychosocial care within a low-income setting. At least one peer-review publication will emanate from this project in 2004.

Completed and Near Completed Projects:

Women and Peace Project – Write-up

The conventional discourse on conflict, violence and peace typically positions women as victims. However, as the meaning of peace begins to move away from the dominant discourse that restricts peace to the absence of war, and security to the imperatives of national safety and security and structural transformation, women's perspectives and praxis of what constitutes peace and safety have become more apparent. This project sought to explore women's different and distinctive contribution to peace building. It aimed to study how women articulate peace, that is, the meanings they ascribe to peace and peace building, and the sorts of strategies and activities they employ as a gender-based praxis of peace. In many respects the meanings given to peace by women revolve around the notion of a "positive peace" that can only be sustained by bringing about the social, economic and political changes that promote social justice. In their peace building work, women employ a wide range of strategies, many of which are located in their gendered social roles. This project is to be completed in the form of several publications in the course of 2004.

Safe Schools Project (including Handbook on Schools-Based Interventions) – Write-up

Much of the Lead Programme's work with youth was consolidated into a single overarching intervention, called the Safe Schools Project. As part of this project, school violence and injury surveillance data collected over the past three years at Eldorado Park secondary schools in Gauteng was disseminated and the surveillance system in this region was brought to a close in March 2003. Various psycho-educational and training workshops were conducted at these schools and were aimed to build capacity and foster referral networks and student leadership and responsibility. An international and national review was conducted to provide a comprehensive overview of emerging good practices in the field of schools-based violence prevention. The findings of the review will be disseminated through a handbook that aims to provide practical guidelines for schools-based project design, planning, implementation and evaluation. The project has yielded several publications and will be terminated with the publication of a handbook in the course of 2004.

Pedestrian and Traffic Safety Projects – Write-up

This joint initiative with the CSIR and Innovative Traffic Solutions (ITS) combined social awareness and engineering strategies for improving pedestrian and traffic safety in the Eldorado Park area. All proposed activities for the social awareness aspect of the project have been completed, including community stakeholder meetings, a household survey and focus groups, and developing, implementing and evaluating traffic safety education and awareness programmes in primary and secondary schools. Publications are currently being completed for the 2004 year.

Home-Based Injury and Violence After-Care – Write-up

The Lead Programme has completed all commitments to the Home-Based Injury and Violence After-Care Project after finalising its training and supervision support at the beginning of 2003. The small core group of volunteers that participated is still providing an independent after-care service to the Thembelihle and Vlakfontein communities. Many of these volunteers also recently joined the Home Visitation Project, from which they received additional safety promotion training and support. In 2003, the After-Care Project documented a selection of good practices in the field of home-based care (HBC) and made relevant recommendations towards a model that would be applicable in the South African context. Key recommendations were identified from studies and publications. Recent literature indicates that the success of HBC is associated with the following factors: i) a holistic approach; ii) the recognition of the social, environmental and cultural needs; iii) the targeting of families by providing information that will assist in empowering them to care for the injured and ill; iv) the incorporation of government as well as non-governmental stakeholders, such as traditional healers, churches and other social resources; v) mentoring programmes to stimulate the effective utilisation of existing resources; vi) regular evaluation; and vii) recognition and support of volunteer staffing. A final publication will be completed by December 2004 as a formal termination of the project.

Programme Evaluation Methodologies

A key area of development identified within the Lead Programme in 2001 was the ongoing capacitation and expansion of work in the area of programme evaluation, programme refinement, and contribution to the development of good practices within the safety promotion sector. The Lead Programme has engaged in several evaluations involving initiatives associated with the National Institute for Crime Prevention and Reintegration of Offenders (NICRO), the South African National Roads Agency (SANRAL), the Paraffin Safety Association of South Africa (PASASA), the WHO and most recently, Eskom. These are described hereunder.

The Eskom Public Safety Evaluation - Completed

In 2002, the Lead Programme was contracted by Eskom to conduct an evaluation of its public safety initiatives in several regions of South Africa. The evaluation included a multi-phase national and regional assessment of Eskom's public safety initiatives, assessing their scope, nature and structure, as well as their strengths and areas for improvement. This evaluation was completed by the end of 2003 and several follow-up writing initiatives arising from this evaluation will be completed in the first half of 2004.

Evaluation of NICRO Crime Prevention Programmes - Completed

The National Institute for Crime Prevention and Rehabilitation of Offenders (NICRO) initiated several crime prevention programmes at schools engaging at-risk youth and first-time offenders. The Lead Programme was contracted to evaluate the overall internal organisation, external impact, and efficacy of these crime containment initiatives with a view to discerning lessons for good practices. Several reports were completed and submitted to NICRO.

The Paraffin Safety Initiative – Write-up

A household survey in Shane Kwazulu Natal was conducted to provide baseline measurements for assessing the effectiveness of the Paraffin Safety Association's (PASASA) pre-packaging initiative at a community owned Integrated energy Centre (IeC) and a literature review describing (1) the effectiveness of safe packaging (2) the incidence of paraffin related injuries and (3) relevant safety legislation was completed. Collaborative research with the Paraffin Safety Association of Southern Africa (PASASA) was drawn to a close in late 2003, as the organisation changed its focus from the evaluation of pre-packaging initiatives to policy work. The final outputs for this project will include journal articles based on the two technical reports that have already been completed and submitted to PASASA, namely the review of literature on child-resistant paraffin container closures and a baseline survey conducted in Eshane (Kwazulu Natal), one of the pre-packaging sites. Anticipated publication outputs are due in December 2004 as a formal closure to the project.

World Health Organisation (WHO) Handbook for the Documentation of Interpersonal Violence Prevention Programmes - Completed

In 2002 the WHO commissioned a handbook to document interpersonal violence prevention programmes. Over the 2002-3 period, the Lead Programme and the London School of Tropical Medicine collaborated with the WHO to develop a handbook including criteria for identification, classification and evaluation of interpersonal violence prevention programmes. The handbook has been finalised and was launched in March 2004. A final publication is available from the Lead Programme and the WHO, and as a follow-up project the handbook will be pilot-tested in South Africa, Russia and Brazil in 2004. Funding for the follow-up initiative is to be provided by the WHO.

Evaluation of Medico-Legal Services in Gauteng - Completed

This Strand 3 project was initiated in 1999 following recommendations that emerged from the Rape Surveillance Project, which was conducted in collaboration with the Gauteng Health Department's Directorate of Medico-Legal Services from 1994-2000. The scope of the evaluation project included an assessment of the structure (resources/input) and process (activities) of after-care services for adult rape survivors at 26 medico-legal centres in Gauteng. A multi-method approach was adopted to evaluate the medico-legal clinics.

Although the medico-legal system is increasingly engaged in developing and improving service provision at district and regional levels, these reform efforts have not been consistently applied across the province. Consequently, minimum standards of care are not being met, with problems of access, charges of insensitive treatment of rape survivors, incompetent documentation of medico-legal evidence, lack of resources, inadequate training, disparities across clinics and weak inter-sectoral collaboration being the leading concerns affecting the quality of care provided to rape survivors. The identified challenges to effective service delivery appear to predominate in historically disadvantaged and rural communities. This project has produced 2 academic publications, which are currently in press and an advocacy document for use by policy makers and public health practitioners. The findings have already informed the strategic restructuring of medico-legal services in the province.

Safety Promotion in Council Flats - Completed

This initiative focuses on children and injuries, and involves a study undertaken by the Eldorado Park Volunteer Safety Promotion Team with the aim of developing a safety promotion programme for the council flats in the community. The study was specifically designed to gather quantitative and qualitative information on perceptions of child injury. Respondents, mainly mothers, perceived child injury to be a significant problem with falls, traffic, violence and crime related injuries reported as the most common. Causes of injury were attributed to environmental conditions, such as the lack of appropriate places for children to play, the disrepair of apartment blocks, and refuse or litter within the surrounds. Social problems, such as lack of supervision, alcohol and drugs use, unemployment, violence, crime and gangsterism were also perceived as contributing to child injury. Solutions for injury prevention focussed primarily on environmental changes and increased supervision of children. Both the quantitative and qualitative findings have been published in the form of the Unisa ISHS Occasional Paper series entitled: *Perceptions of Child Injury Risk Factors In a Low-Income Community*, and the results of the study have also been presented at two international conferences.

Volunteer Capacitation and Safety Promotion – Write-up

This project was incorporated into the Home Visitation Programme during 2003. Its main focus was to enhance the capacitation of local unemployed residents in Vlakfontein and Eldorado Park in Johannesburg, and the Strand neighbourhoods of Nomzamo and Broadlands Park to serve as safety and health promotion volunteer teams, and to apply their integrated skills to consolidate and strengthen existing neighbourhood-based safety promotion programmes. Specific prioritised capacitation included youth mentorship and empowerment, substance abuse counselling, teenage pregnancy counselling, team building, literacy, and victim empowerment.

The project included various outreach and advocacy activities including community awareness campaigns (e.g. World TB Day, Child Protection and Injury Prevention, Drug Awareness, Women and AIDS Day), community workshops, local networking and facilitation (e.g. Rural Network for Violence Against Women), media outputs (print and radio) and safety and health promotion research. After the successful registration of the Vlakfontein Volunteer Team as a Non-Profit Organisation (NPO), the

Cape Town volunteer teams were encouraged to embrace this process, and thereby facilitate additional creative ways of sustaining their safety and health promotion advocacy activities in these under-serviced communities. This project is key to understanding and documenting the development of community-based safety promotion infrastructure. Several publications to be finalised in the course of 2004 will herald the formal completion of this project.

As with strand one, significant investment was applied towards projects inherited from Unisa's ISHS and the MRC's ex-trauma group but by the beginning of 2004 the intervention research work centred around the home visitation project and the three cities initiative, both of which will be continued into the next cycle of the CVI.

STRAND 4: INFORMATION DISSEMINATION, CAPACITY BUILDING, OUTREACH AND PUBLIC AWARENESS

Summary:

The objectives of Strand 4 as identified in the original mandate of the CVI, focusses on the rapid and consistent dissemination of information and data emerging from the research initiatives contained in the Lead Programme. For the reporting period activities in this strand promoted the diffusion of good practices through **training, capacity building, information dissemination and theoretical/model development**. This focus is also consistent with the philosophy of the ISHS as a research organisation that facilitates the capacitation of young and emerging academics or researcher practitioners, especially those that have been historically marginalised in processes of knowledge production.

The objectives of training were successfully fulfilled through several short-learning courses during the first period of the CVI's lifespan. These included annualised courses, modularised training courses that contributed to Masters degree programmes, and internships that were offered to researchers and other health professionals. With regard to internal capacity building CVI staff have shown significant progress towards post-graduate and advanced post-graduate qualifications. Several initiatives involving the capacitation of community-based safety promotion workers (most notably within the Home-Visitation Programme) have also been successfully completed. For information dissemination, the CVI utilised various peer-reviewed publications, sectoral reviews, technical reports, policy briefs, public seminars and conferences, rapid information dissemination formats and electronic information dissemination formats. See tables 1 to 15 for details on training and dissemination activities. The key projects that characterised this strand are detailed below.

Current Projects:

African Safety Promotion

(Peer-Reviewed Journal Incorporating the ISHS Monograph Series)

As research-driven organisations, both the ISHS and ex-Trauma Programme have for several years developed a range of publications focusing on safety promotion and injury prevention within a public health and development framework. These publications have generally maintained a low-to-medium level of circulation. In an attempt to broaden their value, a more formalised journal that extends to other practitioners and researchers in Africa was developed. The aims of *African Safety Promotion* are to foster the exchange of ideas among safety promotion and injury prevention practitioners in Africa primarily and other regions of the world.

Funding was obtained from the NRF to drive this process, and during 2001 the necessary infrastructural and academic basis for the journal was finalised (i.e. internationally recognised editorial staff, internationally recognised peer-review board, technical and conceptual format and scope). The first issue of this journal was published in 2002, the second in 2003, and the third and fourth issues are due in 2004. In addition to authorship capacitation of researcher-practitioners in the sector, the journal also aims to seek accreditation from the South African National Department of Education in 2005. It will expand its current base of contributors specifically through locating this peer-reviewed journal within the Injury Prevention Initiative for Africa (IPIFA).

Injury and Safety Monitor

(Incorporating the Trauma Review and the African Safecom News)

The ex-Trauma Programme regularly disseminated its key research findings on injury patterns and profiles through its *Trauma Review*, while the ISHS distributed much of its findings through various occasional publications and the *African Safe Community News*. These publications were directed at researcher-practitioners who had a need for rapid access to critical findings relevant to their work. The *Trauma Review's* format of rapid dissemination allowed for important, cutting-edge and preliminary findings to be located in the public domain, without the time lag that often accompanies peer-reviewed journals. With the closure of the Trauma Programme and the incorporation of much of its work into the Crime, Violence and Injury Lead Programme, the *Trauma Review* was retained but with a slightly different scope. In addition to short articles highlighting empirical research findings

related to injury patterns, trends and profiles, it now also includes a focus on prevention programmes, their efficacy and impact. This linkage between research and its direct application to safety promotion interventions is also encapsulated in its new name (the *Injury and Safety Monitor*), and allows for a focus on problem definition as well as proactive interventions. For the reporting period (2001-4) five issues were produced. In addition, much of this information was translated into more popular publications in the form of community newsletters directed towards community-based information dissemination, thereby contributing to fulfilment of the PAUSET Guidelines.

Crime, Violence and Injury Prevention in South Africa: Developments and Challenges

The Review is a biennial publication which is similar in format to other reviews in the social and health sector in South Africa. The review seeks to provide a comprehensive analysis of the South African crime, violence and injury sector. The Review includes an analysis of key developments and major emerging priorities in the sector. It is intended that the Review be used as a tool to facilitate a co-ordinated strategy aimed at the prevention and control of crime, violence and injury. The publication is intended as a resource for policy-makers, funders and service providers. To date the Lead Programme has produced one issue containing chapters from a range of specialists. It focuses on injury surveillance, gun-homicide, traffic fatalities, violence against women and makes a call for a more extensive Review. One issue of the Review was launched in April 2004 and is available from the CVI.

Seminar Series and Electronic information Dissemination

The CVI hosts several public seminars each year. These seminars often include a mixture of Lead Programme staff and other specialists in the area of safety promotion and injury prevention, and attract a range of participants. Since the launch of the Lead Programme, seminars are hosted each year in different cities in South Africa. Topics discussed are of national importance in the sector, but with an emphasis on applied value in a range of contexts. High-level international and national speakers and discussants are frequently involved since we target a broad range of researchers, practitioners and decision-makers. The seminar series also consistently links the existing work of the Lead Programme to national crime, violence and injury priorities. Since its inception, the CVI has hosted more than 30 public seminars.

Electronic media have also become an increasingly integral part of the information dissemination and profiling process within both the MRC and the ISHS. During 2003, monthly newsletters were distributed electronically, profiling the staff and work in the Lead Programme. This format is likely to be incorporated into the MRC's and Unisa's internal electronic newsletters from 2004 onwards to reduce the pressure on our limited resources. At present there are also two newly updated sites available on which to review the Crime, Violence and Injury Lead Programme. These sites are constantly being streamlined and augmented with additional resource materials for end-users. They are fully integrated and hyper-linked for end-user convenience at <http://www.unisa.ac.za/dept/ishs> and <http://www.mrc.ac.za/crime/crime.htm> In addition, several Lead Programme publications have also been available electronically on Sabinet since the beginning of 2003, and data requests can also be made electronically (see tables 6 to 8). The activities outlined above will continue during 2004, but the seminar format is likely to be converted to a mini-conference format twice yearly.

Conferences, Networking & Public Dissemination of Information

As part of its dissemination campaign, the CVI co-hosted several pivotal national and international conferences such as the Indo-South Africa Dialogue on Truth, Reconciliation and Human Rights, jointly organised by the Developing Countries Research Centre at the University of Delhi, and the ISHS; the 1st Indian Ocean and 3rd African Regional Safe Communities Conference in Mauritius, for which the ISHS and Lead Programme were co-hosts and co-organisers; and the 2nd African Regional Safe Communities Conference, 2001. Furthermore, the CVI engaged the print or visual media, and furthered collaborations with national and international groups (e.g. WHO Units, IPIFA, Safe Communities Movement, WHO Collaborating Centres for Violence and Injury Prevention Research and Training). Since the launch of the CVI, staff have participated extensively in these types of activities (see Annexure C). Most significantly in the next phase of the CVI's activities is the preparation associated with the ISHS and Lead Programme's successful bid to host the *8th World Congress on Injury Prevention and Safety Promotion* in South Africa in 2006.

Training Courses, Teaching & Supervision

Both the ISHS and the MRC have consistently promoted capacity development by offering various training courses and initiatives to staff and interested parties (see table 15). Some of the courses offered directly by the Lead Programme since 2001 have included a comprehensive masters level module on community psychology, public health and safety promotion, various courses at community level on safety promotion, qualitative (ecological) methodologies and analysis, quantitative (statistical) methodologies and analysis, an introduction to community based research, Epi Info training with CAPFSA, and an annual Injury Control and Traffic Safety Course (in collaboration with the Indian Institute of Technology in New Delhi, India).

These are all certified courses, and the masters level module and Injury Control and Traffic Safety Course have been developed into two fully accredited and certified short learning courses within the UNISA system. Furthermore, these modules will contribute to a fully-fledged masters course in safety promotion. During 2004, the development of the MA (Injury Prevention and Safety Promotion) will be completed and is expected to begin formally in 2005.

Given the CVI's interface with tertiary education, various staff members have participated in the research supervision of masters level students. Several masters level dissertations were supervised to completion by Lead Programme staff during this period or are still in progress at present. The ISHS is also registered with the Health Professions Council of South Africa as an internship-training site for research and community counselling psychologists, and accommodates a maximum of 6 interns annually.

In brief the Lead Programme as per the PAUSET guidelines attempted to translate its research findings into applied sectoral action through public seminars, training courses, varied publications, policy briefs and press conferences, formal teaching and research supervision. Data produced by the CVI were used in campaigns advocating for firearm control, child safety, pedestrian safety, and the provision of medico-legal services for women. The table below extracted from a CVI publication shows the utility of NIMSS data.

Why and By Whom was NIMSS Data Used?

Use	Pathologists	NGOs	Govt. Departments	Universities
Education and Public Debate		✓	✓	
Policy Influence: Advocacy		✓	✓	
Informing Internal Policy: Management Tool	✓		✓	✓
Teaching, Training & Research	✓		✓	✓
Strengthening Commitments to Implement Legislation		✓	✓	
Building and Strengthening Cross-sectoral Alliances		✓		
Justify New Projects & Lobbying for Intervention	✓	✓	✓	
Academic Presentations	✓	✓		✓
Media Presentations Incl. Internal Newsletters		✓		
Initiate Prevention Projects		✓	✓	
Further Funding/Funds	✓	✓	✓	

* This table is extracted from the article by Seedat, M & Nascimento, A. (2003). Prevention and Intervention Practice in Post Apartheid South Africa. V. Franchi (Ed.) and N. Duncan (Cons. Ed.). *The Use of Public Health Research in Stimulating Violence and Injury Prevention Practices and Policies: Reflections from South Africa*, 25(1), 31-47.

Capacitation, Outreach and Public Awareness Outputs

The following tables 1 to 15 represent the capacitation, outreach and public awareness activities of the CVI for the first reporting period.

Table 1: 2001 Staff Development

Staff Member	Course Attended	Affiliation	Course Duration	Provided by
Royal Lekoba Johannes Moabi Lyndsey Lourie	HIV/Aids training	UNISA	4 days	Township Aids Project
Royal Lekoba Farzana Sader	Effective Volunteer Management	UNISA	2 days	Volunteer Centre
Babsy Mathebula Victor Peteke Lyndsey Lourie Royal Lekoba	Computer Training	UNISA	15 days 6 days 4 days 5 days	Teachers Training Centre UNISA Computer Department
Johannes Moabi	Small Business Training	UNISA	5 days	YEDEP
Sandra Marais Hilton Donson	UCT Summer School: Forensic Research and Laboratory Work	MRC	5 days	
Sandra Marais Hilton Donson Mzimkhulu Maziko Megan Prinsloo	Data Management with MS Access & SPSS	MRC	1 day	
Hilton Donson Anneke du Toit	Introduction to MS Access	MRC	1 day	
Hilton Donson	MS Access	MRC	1 day	
Mzimkhulu Maziko	MS Project Course	MRC	1 day	
Midred Dreyer	Partnership Workshop	UNISA	5 days	Norwegian People's Aid
Mildred Dreyer Victor Peteke	Academic Management System	UNISA	1 day	UNISA
Shahnaaz Suffla Richard Matzopoulos	IPIFA Injury Epidemiology Course	UNISA MRC	5 days	IPIFA
Shahnaaz Suffla	Media Workshop	UNISA	2 days	MRC
Ashley van Niekerk	Emergency Services and Life Savers Educators Course	MRC	5 days	Emergency Services
Garth Stevens Mohamed Seedat	Research Exchange - George Washington University School of Public Health, USA.	UNISA	8 days	George Washington University School of Public Health
Garth Stevens	Research Exchange – University of Lyon Institute for Psychology, France	UNISA	14 days	University of Lyon Institute for Psychology, France
Garth Stevens Brett Bowman Susanne Bender Ashley van Niekerk Shahnaaz Suffla Richard Matzopoulos Mohamed Seedat	Costing Workshop	UNISA UNISA UNISA UNISA MRC UNISA	2 days	SIDA-NRF
Mildred Dreyer	Gender Assessment	UNISA	3 days	Norwegian People's Aid

Table 2: 2002 Staff Development

Staff member	Course	Date of course
Donson, H.	Scientific Writing Course, University of Stellenbosch	16-17 October 2002
Donson, H.	Intermediate Course: Quantitative data analysis with SPSS for Windows	16-20 September 2002
Stevens, G.	Evaluation for Development: An Advanced Course in Evaluation, Pretoria	9-11 May 2002
Suffla, S.	Traffic Safety Course, Durban	25-28 March 2002
Suffla, S.	Ethics and Forensics Course, Psychological Society of South Africa, Cape Town	3 August 2002
Swart, L.	Evaluation for Development: An Advanced Course in Evaluation, Pretoria	9-11 May 2002
Swart, T. M.	Injury Control and Traffic Safety Course, Durban	25-28 March 2002
Swart, T. M.	Good Governance Programme: Gender Equality and Domestic Violence, University of Pretoria	9-13 September 2002
Swart, T.M.	Domestic Violence and Sexual Assault Seminar, Dinamik Institute, Johannesburg	8-9 November 2002
Van Niekerk, A.	The Public Health Approach to Injury: Introduction and Rationale, Durban	29 April 2002
Van Niekerk, A.	The Public Health Approach to Injury: Design, Methods and Public Health Interventions, Durban	29 April 2002
Marais, S.	Introduction to Programme Evaluation Module 213, University of Stellenbosch	6-10 May 2002
Marais, S.	Programme Evaluation Design Module 313, University of Stellenbosch	13-17 May 2002
Matzopoulos, R.	Injury Control and Traffic Safety Course, Durban	25-28 March 2002
Prinsloo, M.	Injury Control and Traffic Safety Course, Durban	25-28 March 2002
Prinsloo, M.	Health Management, UWC Winter School	8-12 July 2002
Prinsloo, M.	Measuring Health and Disease: Intermediate Epidemiology, UWC Winter School	15-19 July 2002
Prinsloo, M.	Project Management, Peninsula Technikon	7 August - 4 September 2002
Sukhai, A.	Injury Control and Traffic Safety Course, Durban	25-28 March 2002
Sukhai, A.	Alcohol Problems, UWC, Cape Town	15-19 July 2002
Sukhai, A.	Scientific Writing Course, Durban	21-22 October 2002

Table 3: 2003 Staff Development

Staff Member	Course Attended	Date of Course
Bowman, B.	Interdisciplinary Domestic Violence and Sexual Assault Seminar	12 th -14 th November 2003
Bulbulia, A.	Drug Directions Workshop	10 th -12 th September 2003
Donson, H.	Web-GIS Application: Microsoft Excel 2000 Macros. MRC Parow Advanced SPSS Course	12 February 2003 8 April 2003. 02 October 2003
Ebrahim, H.	Enriched Structural Family Therapy Training Injury Control and Traffic Safety Course Interdisciplinary Domestic Violence and Sexual Assault Seminar	22 nd May 2003 21-25 th July 2003 12-14 th November 2003
Harinarain, E.	Enriched Structural Family Therapy Training Injury Control and Traffic Safety Course Interdisciplinary Domestic Violence and Sexual Assault Seminar	22 nd May 2003 21-25 th July 2003 12-14 th November 2003
Lourie, L.	Magnet Database Training	20 May 2003
Matzopoulos, R.	Web-GIS Application: Introductory Course. Microsoft Excel 2000 Macros. MRC Parow Advanced SPSS Course Introduction to Childhood Injury Prevention: A Community Approach. Red Cross Hospital	12 February 2003 8 April 2003. 02 October 2003 2 June 2003
Peteke, V.	Magnet Database Training Advanced MS Word Course Agenda and Minute Taking Course	20 May 2003 22 – 23 September 2003 14 October 2003
Prinsloo, M.	Advanced Epidemiology: Summer School, UWC. Web-GIS Application: Introductory Course. Alcohol Problems: Winter School, UWC. Scientific Writing Skills SPSS Course	20-24 January 2003 12 February 2003 7-11 July 2003 02 September 2003 02 October 2003
Roper, J.	Enriched Structural Family Therapy Training Injury Control and Traffic Safety Course Programme Evaluation Course	22 nd May 2003 21-25 th July 2003
Seedat, M.	Sabbatical: Traffic Safety and Indigenous Approaches to Safety Promotion, IIT, Delhi	June 2002- May 2003
Swart, T.M.	Enriched Structural Family Therapy Training Suicide Risk Assessment Workshop	22 nd May 2003 4 th November 2003
Sukhai, A.	Introductory SPSS training course	29 th September to 02 nd October 2003
Van Niekerk, A.	Web-GIS Application: Introductory Course. Epidemiology and Field Research Course, Umea University	12 February 2003 July 2003
Sedite, D.A.	Introduction to Programme Evaluation. Epistemological Foundations for an all-inclusive Research Paradigm in the Search for Global Knowledge by N. Nabudere, UNISA	6 to 8 August 2003. 20 August 2003

Table 4: 2004 Staff Development

Staff Member	Course Attended	Date of Course
Megan Prinsloo	Social Transitions & Health, Linköping Univ., Sweden	19 Jan – 20 Feb 2004
All Staff	Social Inequalities in Injury Risk, MRC	5 April 2004

Table 5: Progress of Post-Graduate Studies undertaken by Research Staff (excluding Interns) during the First Phase of the Crime, Violence and Injury Lead Programme

Name	Progress
Hilton Donson	MPH in progress
Megan Prinsloo	MPH near completion
Anesh Sukhai	MPH completed
Brett Bowman	PhD submitted for examination
Ashley van Niekerk	PhD mid-defense
Stephanie Burrows	PhD mid-defense
Garth Stevens	PhD data collection phase

Table 6: 2002 Special Data Requests and Customised Reports

Person	Affiliation
Mr. Doug Thomson	PhD student at University of Natal
M. Loots	SAPS
Dr. B.D. Bhana	Dept. of Forensic Medicine, University of Pretoria
Mr. Adrian Bradley	Gordon Institute of Business Science
Pamela Groenewald	Burden of Disease Unit, MRC
Ms. Deborah Budlender	Centre for Actuarial Research
Mr. Saleem Salaam	Woolworths

Table 7: 2003 Special Data Requests and Customised Reports

Prepared by	Prepared for
Harris, C. & Matzopoulos, R. Domestic Electrocutions in South Africa for the year 2001. November 2003	Report prepared for Bentley West Management Consultants
Sukhai, A. Customised Report for Durban, KwaZulu-Natal. November 2003	Prepared for the KZN Department of Health
Donson H. Khayelitsha area: Western Cape Customised report 2003. October 2003	Report prepared for Capt. Caroline Jameson, South African Police Services
Maruping, M. Five Cities report on drowning by alcohol for 1999-2001. October 2003	Report prepared for Prof. Knobel, Forensic Medicine Department, University of Cape Town
Donson H. Data supplied for completion of Thesis on "Causes of death in children under 14 years in 2001. August 2003	Data supplied to Dr Yolande van der Heyde, Forensic Medicine Department, University of Cape Town
Donson H. Alcohol-related mortality among the youth in 2001. June 2003	Report prepared for: Dr. Neo Morojele, Alcohol and Drug Abuse, Medical Research Council
Donson H. A profile of fatal drownings in South Africa. June 2003	Report prepared for Godfrey Mockè, Swimsafe
Matzopoulos, R. Customised report on drowning in South Africa. May 2003	Report prepared for Nelmarie du Toit, Child Accident Prevention Foundation of Southern Africa
Maruping, M. Alcohol related mortality % cases with BAC \geq 0.05g/100ml. August 2003	Data supplied for Andreas Plüddemann, South African Community Epidemiology Network on Drug Use
Matzopoulos, R. Data supplied for completion of questionnaire on the burden of alcohol related harm and alcohol policy in South Africa for the World Health Organisation. June 2003	Data supplied for Dr Charles Parry, Alcohol and Drug Abuse, Medical Research Council
Matzopoulos, R. Trauma data	Data supplied for Groote Schuur Trauma, Dr André Attfield. November 2003

Table 8: 2004 Special Data Requests and Customised Reports

Prepared by	Prepared for
Swart, T., Harris, C. & Matzopoulos, R. (2004). Traffic data form NIMSS annual reports (2001 and 2002)	Request by Greer van Zyl (WHO) for data from NIMSS annual reports (2001 and 2002) to be used in a pamphlet for World Health Day 2004
Harris, C. & Matzopoulos, R. (2004). Homicides in the Western Cape and Northern Cape, South Africa for the year 2002	Report prepared for the Institute of Security Studies, Ted Leggett
Maruping, M. (2004). NIMSS data.	Data supplied for University of Cape Town, Mr N. Siddiqui
Matzopoulos, R, Bradshaw, D., Seedat, M. (March 2004) The extent of injuries in South Africa	Report prepared for Dr Yogan Pillay (National Department of Health)

Table 9: 2003 Media References

DATE	FORMAT	AGENCY	TITLE
Wednesday, 2 Apr 2003 - 13:10 hrs	Radio	SAFM STEREO (ENG) 515 000 RAMS Main Midday News @13:00 [Eng]	The Medical Research Council says most unnatural deaths in South Africa are caused by the use of firearms.
Wednesday, 2 Apr 2003 - 16:13 hrs	Radio	LESEDI FM (SES) 3 787 000 RAMS News extra @ 16:00 (Sotho))	The Medical Research Council says many deaths in South Africa are caused by incorrect use of guns. Richard from the Cape Town Crime Centre, says 28% of deaths are caused by gunshots and 26% deaths are caused by road accidents.
Tuesday, 22 Apr 2003 - 08:04 hrs	Radio	P4 RADIO - CAPE (ENG)	The Medical Research Council released a report this weekend which stated that drunk male pedestrians between the ages of 30 and 34 years were most at risk of being killed in the Western Cape.
Wednesday, 23 Apr 2003 - 13:01 hrs	TV	E-TV	More than 200 people were killed on South African roads this Easter weekend. A new research conducted by the Medical Research Council and UNISA suggest that most of these deaths are related to drunk and driving.
Wednesday, 30 Apr 2003 - 16:31 hrs	Radio	SAFM STEREO (ENG)	A survey has found that more South Africans died from gun related deaths than any other unnatural causes. The study has just been conducted by the Medical Research Council and UNISA Crime, Violence and Injury Lead Program Unit. Johannesburg has the highest rate of gun deaths.
Wednesday, 30 Apr 2003 - 09:03 hrs	Radio	RADIO ALGOA (ENG/AFR)	The Medical Research Council will release it's third report on the National injury mortality surveillance system today, but the report will show that firearms are the leading cause of unnatural deaths in South Africa in 2001.
Wednesday, 30 Apr 2003 - 13:05 hrs	Radio	RADIO SONDER GRENSE (AFR)	According to the Medical Research Council and Unisa are more people dying at the hands of weapons than any other cause of death in South Africa.
Wednesday, 2 Apr 2003 - 13:10 hrs	Radio	SAFM STEREO (ENG)	The Medical Research Council says most unnatural deaths in South Africa are caused by the use of firearms.
Wednesday, 2 Apr 2003 - 16:13 hrs	Radio	LESEDI FM (SES) 3 787 000 RAMS News extra @ 16:00 (Sotho))	The Medical Research Council says many deaths in South Africa are caused by incorrect use of guns. Richard from the Cape Town Crime Centre says 28% of deaths are caused by gunshots and 26% deaths are caused by road accidents.

Thursday, 3 Apr 2003 - 06:47 hrs	Radio	CAPE TALK (ENG) 81 000 RAMS Morning Show with Nigel Pierce (Eng)	The Medical Research Council has just reported its third annual report of the National injury mortality surveillance system. Discussion on this report's findings.
Tuesday, 22 Apr 2003 - 19:05 hrs	TV	E-TV 11 240 000 TAMS Main Evening News @ 19:00 (Eng)	More than 200 people were killed on South African roads this Easter weekends, which is the same as last years. A new report released by the Medical Research Council and UNISA have showed that most of these people were drunk.
Tuesday, 22 Apr 2003 - 08:04 hrs	Radio	P4 RADIO - CAPE (ENG) 261 000 RAMS News Extra @ 08:00 (Eng)	The Medical Research Council released a report this weekend which stated that drunk male pedestrians between the ages of 30 and 34 years were most at risk of being killed in the Western Cape.
Wednesday, 23 Apr 2003 - 06:04 hrs	TV	E-TV 11 240 000 TAMS News Extra @ 06:00 (Eng)	More than 200 people were killed on South African roads this Easter weekend. A new research conducted by the Medical Research Council and UNISA suggest that most of these deaths are related to drunk and driving.
Wednesday, 30 Apr 2003 - 16:31 hrs	Radio	SAFM STEREO (ENG) 515 000 RAMS PM Live [Eng]	A survey has found that more South Africans died from gun related deaths than any other unnatural causes. The study has just been conducted by the Medical Research Council and UNISA Crime, Violence and Injury Lead Program Unit. Johannesburg has the highest rate of gun deaths.
Wednesday, 30 Apr 2003 - 09:03 hrs	Radio	RADIO ALGOA (ENG/AFR) 392 000 News Extra @ 09:00 (Eng)	The Medical Research Council will release it's third report on the National injury mortality surveillance system today, but the report will show that firearms are the leading cause of unnatural deaths in South Africa in 2001.
Wednesday, 30 Apr 2003 - 13:05 hrs	Radio	RADIO SONDER GREENSE (AFR) 1 584 000 RAMS Main Midday News @ 13:00(Afr)	According to the Medical Research Council and Unisa are more people dying at the hands of weapons than any other cause of death in South Africa.
Wednesday, 30 Apr 2003 - 13:00 hrs	Radio	RADIO METRO (ENG) 5 549 000 RAMS Main Midday News @ 13:00 (Eng)	In a survey conducted by the Medical Research Council and Unisa's Crime, Violence and Injury program, it was found that more South Africans die of gunshot related incidents than any other cause, including car accidents
Wednesday, 30 Apr 2003 - 13:14 hrs	Radio	LESEDI FM (SES) 3 787 000 RAMS Main midday news @ 13:00 (Sotho)	A research conducted by UNISA in conjunction with the Medical Research Council shows that more people die from gun shots rather than natural deaths. A research conducted by Technikon SA and the Human Rights Commission shows that people killed by police have decreased.
Wednesday, 30 Apr 2003 - 18:26 hrs	Radio	RADIO LOTUS STEREO (INDIAN) 467 000 RAMS Current Affairs (Eng)	A survey has shown that more South Africans die from gun related deaths than any other unnatural causes of death. The study was done by the Medical Research Council and Unisa's Crime, Violence and Injury led programme, and shows that death from guns are more than that of road accidents.

Friday, 2 May 2003 - 18:01 hrs	Radio	KING FISHER News Extra @ 18:00 (Eng)	According to a report by the Medical Research Council and the University of South Africa, 24% of unnatural deaths are due to homicides with the use of firearms and sharp instruments.
Tuesday, 3 Jun 2003 - 06:04 hrs	TV	RADIO LOTUS STEREO (INDIAN) 467 000 RAMS Current Affairs (Eng)	The high number of children deaths and injuries from gun violence has come under the spotlight in Cape Town. A round table was held to discuss the problem. A survey undertaken by senior researchers at the Red Cross Children's Hospital has revealed that more than 1000 children are shot and killed each year. The discussion was organised by Gun Free South Africa. Some of the long term effects faced by the children are sleeping disorders and sleeping problems.
Wednesday, 11 Jun 2003 - 18:21 hrs	TV	SABC TV2 14 919 000 TAMS Main Evening News @ 19:00 (Afr)	The DA is resorting to the legal system, to force Government into publishing the latest crime statistics. There are discrepancies in the figures on murder brought out by the police and the figures released by the Medical Research Council.

Table 10: 2004 Media References

DATE	FORMAT	AGENCY	TITLE
Thursday, 29 January 2004- 14:30 hrs	Radio	Radio Pulpit	History of the Centre for Peace Action Seedat, M.
Wednesday 04 February 2004 15:00 – 15:15	Radio	Radio Pulpit	ISHS & CVI Stevens, G.
Thursday 12 February 2004 15:30-15:45	Radio	Radio Pulpit	Violence: Extent and Prevention Bowman, B.
Thursday, 18 March 2004, 10:00	TV	Carte Blanche	Child Passenger Deaths Matzopolos, R.
Thursday 26/02/2004 10h00-10h30	Radio	SAFM, Vuyo Mbuli	Driver Aggression Sukhai, A.
Wednesday 25/02/2004	Radio	702, David O' Sullivan	Driver Aggression Sukhai, A.
Wednesday 25/02/2004	Radio	Cap Talk, John Mathon	Driver Aggression Sukhai, A.
Friday, 19 March 2004, 13:00	Radio	702 SA FM Stereo Radio	Findings of NIMSS 2002 report Matzopolos, R.
Monday, 29 March 2004, 08:00	Radio	Radio Sonder Grense	Findings of NIMSS 2002 report Donson, H.

Table 11: 2001 Public Seminar Series

Date and Place	Title
9 May 2001 (PTA)	Open Day Presentation at UNISA
10 May 2001 (JHB)	Launch of the Evaluation Report on Medico-Legal Services in Gauteng (Part 1): Implications for the Development of Best Practices in the After-Care of Rape Survivors, Shahnaaz Suffla, <i>Institute for Social and Health Sciences</i>
4 October 2001 (CPT)	Launch of the MRC-UNISA Crime, Violence and Injury Lead Programme
18 October 2001 (JHB)	The Impact of Crime and Violence on the Delivery of State Health Care Services in the Western Cape, Sandra Marais, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i> The 2000 National Injury Mortality Surveillance System, Richard Matzopoulos, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i>
22 November 2001 (JHB)	An Audit of Women's Leadership Programmes in South Africa, Cheryl de la Rey, <i>University of Cape Town</i>

Table 12: 2002 Public Seminar Series

Date and Place	Title
24 April 2002 (JHB)	Establishing Injury Surveillance Systems in South Africa: Challenges, Benefits and Pitfalls for Implementation and Data Diffusion, Tanya Swart & Mohamed Seedat, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i>
15 May 2002 (CPT)	Examining the Substance Abuse-Injury Nexus, Sandra Marais & Hilton Donson, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i>
13 June 2002 (DBN)	Combined Presentation, Mohamed Seedat, Sandra Marais & Anesh Sukhai, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i>
17 July 2002 (JHB)	Schools-Based Safety Promotion Programmes: Why we need them and what works?, Tanya Swart, Hilton Donson, Gail Wyngaard, Sadiyya Haffejee & Wiebke Wilhelm-Makgabo, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i>
14 August 2002 (CPT)	Volunteerism, Home Visitation Programmes and Injury Prevention: Getting Back to Basics, Lu-Anne Swart, Ashley van Niekerk & Salla Atkins, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i>
11 Sept 2002 (DBN)	Combined Presentation, Wiebke Wilhelm-Makgabo, Tanya Swart, Hilton Donson & Garth Stevens, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i> ; Elna van Niekerk, <i>CSIR</i>
24 October 2002 (JHB)	WHO Global Report on Violence: Roundtable on Implications for South Africa
13 November 2002 (CPT)	Identifying Good Practices in the Prevention of Violence, Sandra Marais & Sadiyya Haffejee, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i>

20 November (DBN)	Combined Presentation, Ashley van Niekerk & Sadiyya Haffejee, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i>
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Table 13: 2003 Public Seminar Series

Date and Place	Title
12 February 2003 (JHB)	Perspectives On Intimate Partner Murders, Professor Patricia Mercader <i>Institut De Psychologie Sociale, University Of Lyon, France</i>
13 February 2003 (PTA)	Research On Woman Abuse: Important Methodological Considerations, Professor Patricia Mercader, <i>Institut De Psychologie Sociale, University Of Lyon, France</i>
14 February 2003 (PTA)	Psychology In France: Training And Research Priorities, Professor Patricia Mercader, <i>Institut De Psychologie Sociale, University Of Lyon, France</i>
18 February 2003 (JHB)	Alcohol And Drug Abuse Disorders, Richard A. Rawson Ph.D., <i>Pacific Southwest Addiction Technology Transfer Center Ucla Integrated Substance Abuse Programs</i> and Donnie W. Watson, Ph.D., <i>Ucla Integrated Substance Abuse Programs Friends Research Institute</i>
18 March 2003 (MP)	National Injury Mortality Surveillance Systems, Richard Matzopoulos, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i>
31 March 2003 (JHB)	Women and Peace, Shobna Sonpa, <i>Institute for Technology, New Delhi, India</i>
02 April 2003 (CPT)	National Injury Mortality Surveillance Systems, Richard Matzopoulos, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i>
30 April 2003 (JHB)	National Injury Mortality Surveillance Systems, Richard Matzopoulos, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i>
23 May 2003 (JHB)	An [Intermediate] Outcome Measure For The Safe Schools Project, Linnea Axman, <i>George Washington University</i>
05 June 2003 (JHB)	Child Labour in the South African Agricultural Sector: Its History, Prevalence and Potential Prevention, Prof. Norman Duncan, <i>Crime, Violence and Injury Lead Programme</i> ; Dr. Alan Kirkaldy, <i>University of Venda</i> ; Brett Bowman <i>Crime, Violence and Injury Lead Programme</i> ; Thuli Letsoalo, <i>Institute for Farmworkers Research and Development</i>
20 August 2003 (DBN)	Attitudes and Behaviours among Durban/South African Drivers, Ms Thokozani Nkomonde and Mr Thokozani Mbatha Road Rage, Aggressive Driving and Other Hazardous Driving Behaviour in the DMA, Anesh Sukhai, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i>
30 September 2003 (JHB)	Sense of Community Research: Applications, Issues, and Developments, Christopher Sonn, <i>Victoria University, Australia</i>
02 October 2003 (CPT)	The Epidemiology of Childhood Burn Injuries in the Western Cape, Ashley van Niekerk, <i>Crime, Violence and Injury Lead Programme</i>

27 October 2003 (CPT)	Road Traffic Injuries – World Health Day 2004 to Highlight Road Safety, Margie Peden, <i>World Health Organisation</i> Road Rage, Aggressive Driving and Other Hazardous Driving Behaviour in the DMA, Anesh Sukhai, <i>MRC-UNISA Crime, Violence and Injury Lead Programme</i> Community Based Approached to Road Safety - The Case of Eldorado Park, Tanya Swart, <i>Crime, Violence and Injury Lead Programme</i>
26 Nov 2003 (JHB)	A review of schools-based violence prevention initiatives: Preliminary findings and emergent good practices, Tanya Swart, Hanifa Ebrahim, Eshmin Harinarain & Jonathan Roper, <i>Crime, Violence and Injury Lead Programme</i>

Table 14: 2004 Public Seminar Series

Date and Place	Title
19 March 2004 (JHB)	The 2002 Annual Report of the National Injury Mortality Surveillance System, Mohamed Seedat, Richard Matzopoulos, <i>Crime, Violence and Injury Lead Programme</i> ; Dr Wendy Watson, <i>Department of Transport</i> ; Prof Pityana, <i>University of South Africa</i> ; Prof William Pick, <i>Medical Research Council</i>
31 March 2004 (PTA)	Ethics in Scientific Publishing, Prof Lucie Laflamme, <i>Karolinska Insitutet, Sweden</i>
7 April 2004	Launch of the Crime, Violence and Injury Prevention in South Africa: Developments and Challenges, Ashley van Niekerk, Richard Matzopoulos, Anesh Sukhai, <i>Crime, Violence and Injury Lead Programme</i> ; Dr A. van As, <i>CAPFSA</i> ; Prof L. Molamu, <i>UNISA</i> ; Prof A. Mbewu, <i>MRC</i> ; Dr C. Parry, <i>MRC</i>

Table 15: 2001-2004 Training Courses Offered

Date and Place	Title
First Semester, 2001, JHB	Qualitative Methods Course
First Semester, 2001, JHB	Quantitative Methods Course
First Semester, 2001 JHB	Public Health, Community Psychology and Safety Promotion Masters Module
June 2001 (CPT)	Injury Control and Traffic Safety Training Course
25-28 March 2002 (DBN)	Injury Control and Traffic Safety Training Course
Second Semester, 2002 (JHB)	Public Health, Community Psychology and Safety Promotion Masters Module
November 2002, Malawi	Community-Based Safety Promotion Research
22 May 2003 (JHB)	Enriched Structural Family Therapy In The South African Context
First Semester, 2003 JHB	Public Health, Community Psychology and Safety Promotion Masters Module
21-25 July 2003 (JHB)	Injury Control and Traffic Safety Training Course
5 April 2004 (CPT)	Social Inequalities in Injury Risk
First Semester, 2004 JHB	Public Health, Community Psychology and Safety Promotion Masters Module
17-21 May 2004 (JHB)	Injury Control and Traffic Safety Training Course

OUTPUTS/OUTCOMES

OUTPUTS/OUTCOMES

Summary:

The novel institutional arrangements between the MRC and UNISA that resulted in the co-directorship of the Crime, Violence and Injury Lead Programme has produced a mandate that is diverse, yet extremely comprehensive. This multiple mandate has been managed carefully over the first phase of the Lead Programme, to yield the maximum number of outputs and outcomes. Nevertheless, a great deal of strategic management was required during this period to ensure a balanced fulfilment of all objectives associated with this multiple mandate.

Within the MRC system, the mandate of the Lead Programme emphasises amongst other outputs:

- The generation of technical research data through sound scientific procedures
- The identification of psychosocial priority areas for research and intervention
- The dissemination of this data beyond the scientific community to the broader public, sectoral role-players and key decision-makers
- The stimulation of injury prevention and safety promotion policies and practices within the sector including governmental and non-governmental structures
- The presence of a demonstrable social impact at the closure of the Lead Programme

Within the UNISA system, the Institute as co-director of the Lead Programme operates within the triple mandate of the university, which focuses on:

- The generation of knowledge and knowledge products through rigorous scientific research
- The dissemination of research findings through peer-reviewed and accredited publications
- The application of research to the production of learning courses and formal tertiary teaching practices
- The application of research towards the social and democratic development of South Africa

As a WHO Collaborating Centre that directs a WHO Safe Communities Affiliate Support Centre the Institute and its Centre for Peace Action (CPA) are mandated to generate research, knowledge products and training courses to further a public health approach to injury prevention across the African continent. The CPA is specifically mandated to contribute to the development and management of demonstration community-based safety promotion initiatives, focused on planning and monitoring methodologies and the training health personnel.

While these mandates are clearly not mutually exclusive, they are extremely comprehensive and despite natural synergies between them, sometimes resulted in internal pressures within the Lead Programme when determining target outputs and outcomes. However, the Lead Programme successfully marshalled its resources during this period and has been able to address each objective of each mandate through the generation of specific outputs and outcomes.

Its primary output can be seen in its extensive generation of research related outputs, including books, book chapters, accredited articles, peer-reviewed articles, non-peer reviewed articles, journal development, technical reports and customised reports. Furthermore, specific outputs associated with information dissemination more broadly can be seen in its development of policy briefs, conference participation and networking, public seminars, training and teaching, etc. (See sections on Capacitation, Outreach and Public Awareness Outputs as well as Annexure C).

**SUMMARY OF FUTURE
STRATEGIES AND OBJECTIVES
(2005 – 8)**

SUMMARY OF FUTURE STRATEGIES

In presenting and reviewing the future strategies, it is necessary to consider the Institute's multiple mandates including the CVI's original mandate; the present base of organisational, programmatic and research skills within CVI; and the priorities and strategic opportunities emerging during and at the close of the CVI's first cycle.

The original mandate of the Lead Programme and those associated with UNISA and the WHO centred around the need for scientifically-generated information on the patterns, determinants and prevention of injuries. In seeking to address this need, the Lead Programme will continue to follow the public health logic assumed by other successful prevention work and which upholds the idea that safety promotion is contingent on problem definition, risk factor identification, development and testing of pilot programmes, and implementation and on-going measurement of effectiveness. While physical injuries were the primary target for investigation and intervention we also gave due regard to psychosocial features at the levels of secondary and tertiary prevention.

Capitalising and building on the rapidly emerging programmatic and research skills, the CVI will make a shift away from descriptive data generation to greater inferential and analytical research within specific identified priority areas. The logical termination of a range of projects will free up energies and expertise towards analytical focussed studies in three areas. These include the ongoing need for **mortality injury surveillance** to provide accurate, reliable and timely national, provincial and city-level data to direct analytical research, intervention and policy prioritisation; **city-level research and interventions** that will cut across the identified priority areas of violence, suicide, unintentional childhood injuries, and traffic injuries; and **capacitation and information dissemination** (see Figure 2). Training, capacitation and information dissemination will remain a central priority for the Lead Programme so as to strengthen the research-policy nexus, ensure appropriate data uptake, facilitate sectoral and inter-sectoral building, and encourage knowledge transfers and exchanges.

Figure 2: Strategic Framework of the MRC-UNISA Crime, Violence and Injury Lead Programme (2005-8)



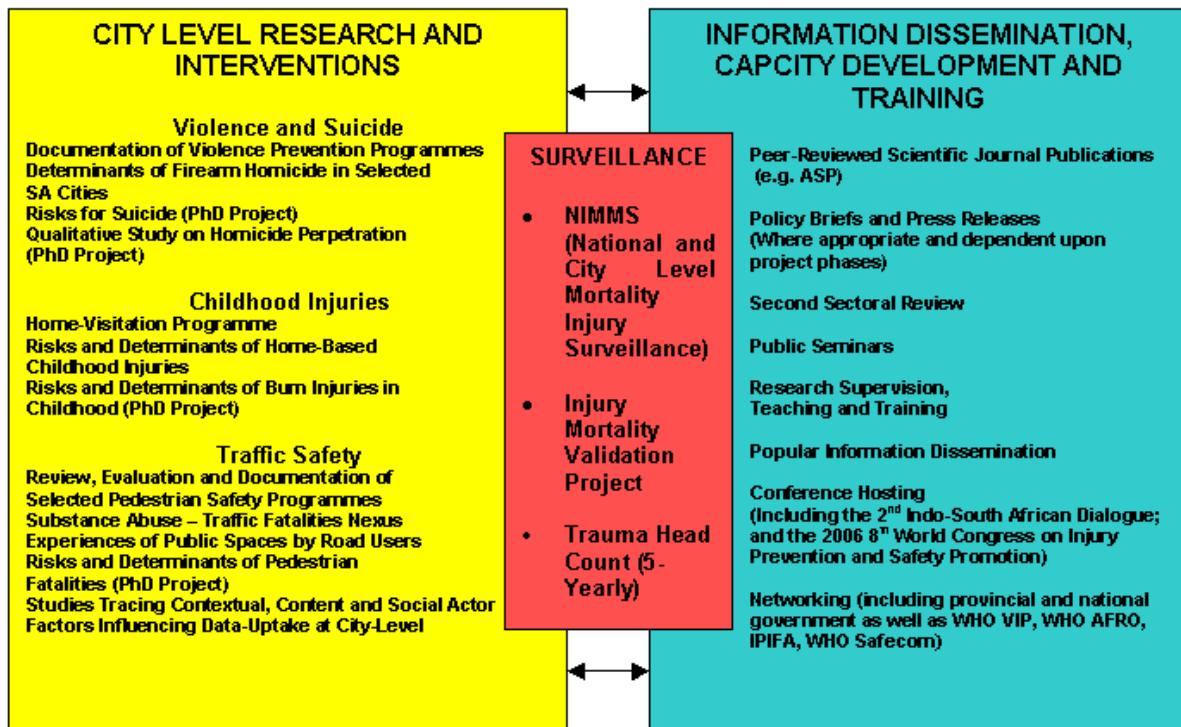
SUMMARY OF FUTURE OBJECTIVES

For the next cycle the ISHS as the *de facto* director of CVI will continue to function as a university research institute and a WHO Collaborating Centre for Violence and Injury Prevention Research and Training within the parameters of the original CVI mandate and associated objectives, detailed earlier in this document. Thus, the objectives for the next cycle (2005-8) are:

1. To contribute to the development of appropriate methods and indicators required to assess the magnitude, risks and impact of priority fatal injuries (e.g. violence, traffic and childhood burns);
2. To contribute to the development of city level including community-based violence prevention and management programmes that focus on studying planning and monitoring methodologies within the framework of the WHO project "SAFECOM";
3. To cooperate with WHO, WHO Collaborating Centres, and other appropriate national/regional bodies to further the conceptual development of a public health approach in injury and violence prevention;
4. To engage in health research and safety promotion research in the areas of violence prevention, traffic safety and childhood injury prevention with special regard to specific vulnerable groups such as youth and women or specific type of communities and cities;
5. To cooperate with WHO and other regional programmes for Africa as considered appropriate;
6. To produce knowledge products including sectoral reviews, training courses and guidelines for the prevention of priority injuries; and
7. To advise and inform violence and injury prevention policies and initiatives.

In Figure 3 below we summarise the key anticipated projects/activities related to the CVI's mortality surveillance, city-level and information dissemination and capacitation work (2005-8).

Figure 3: Project Objectives of the MRC-UNISA Crime, Violence and Injury Lead Programme (2004-)



Below we describe the objectives for the three focus areas of work.

Focus Area 1: Injury Surveillance

This focus area has historically provided both the fatal and not-fatal injury data that has driven the prevention projects of the Programme in its first cycle. The area of injury surveillance will continue to generate accurate, timeous and useful information that will inform the empirical bases from which all other focus areas must draw for the implementation of successful, 'best-practice' and data-driven prevention projects. Accordingly, the objectives of this focus area are:

1. To continue to conduct national and city level surveillance of injury mortality¹.
Product(s):
 - National and general city-level injury mortality reports
2. To encourage and document data uptake processes at city-level.
Product(s):
 - Customised city-level injury mortality reports
 - Guidelines for strengthening and promoting city level data uptake
3. To validate NIMSS data against other mortality data sources (e.g. inquest courts, SAPSS).
Product(s):
 - Tools for injury mortality validation
 - Guidelines and tools for assuring quality, accurate injury mortality data
4. To strengthen individual and institutional capacities for planning, implementing and maintaining injury surveillance systems nationally and across selected sites in the African region.
Product(s):
 - Training manual and CD providing guidelines for the establishment of injury mortality surveillance systems
 - National and regional network development*
 - Training courses*
 - Post-graduate students specialising in injury surveillance
5. To conduct a headcount of non-fatal trauma cases.
Product(s):
 - Reports on non-fatal injuries
6. To conduct and subject the NIMSS descriptive data to a variety of analytical measures that will generate insights into the less visible variables and factors that contribute to the magnitude and prevalence of injuries.
Product(s):
 - Reports and journal articles on the determinants of violence and injuries in South Africa.
7. To infuse analyses and findings emerging from (6) above, with the pertinent social and health theories that could best account for and explain emergent determinants and trends for violence and injury in South Africa.
Product(s):
 - Reports, book chapters and journal articles that apply theory to the development of data-driven models to account for the determinants of violence and injury in South Africa.

¹ The current surveillance project will not be expanded unless significant resources are provided by the National Department of Health for these purposes and for ultimate housing of the project within this department.

* These products are developed and informed through surveillance research projects but are disseminated through the information dissemination, capacitation and training processes and channels.

Focus Area 2: City-Level Research and Interventions

This area of focus considers cities as microcosmic test-beds for the generation of injury and violence data and the tracking of the utility thereof. Cities thus provide valuable sites for the programme to conceptualise, implement and document prevention initiatives on a manageable scale. The close nodes of proximity between city councils, local government and prevention agencies, make cities a conducive context in which to track both the utility and outcome of violence and injury prevention sector stimulation. City-wide data production and documentation of prevention lessons will therefore constitute a significant focus of the Lead Programme during its second cycle and has 3 primary objectives:

1. To compile research data of key importance (e.g. violence, suicide, traffic, childhood injuries) for city-level policy making bodies.
Product(s):
 - Customised city-level reports on determinants of firearm homicide (cities where NIMSS has full coverage)²
 - Customised report for the City of Tshwane on determinants of suicide
 - Customised report for the City of Cape Town on determinants of childhood burn injuries
 - Customised city-level reports on patterns and determinants of traffic deaths
 - Report for the city of Durban on the determinants of pedestrian fatalities
 - Customised city-level reports on the substance-abuse traffic fatalities nexus

2. To provide city and regional municipal level decision makers and practitioners with tools for the prevention of interpersonal violence, pedestrian fatalities and childhood injuries.
Product(s):
 - Handbook detailing good practices for interpersonal violence prevention programmes: Database publication and ongoing documentation
 - Handbook on good pedestrian safety programmes: Database publication and ongoing documentation
 - Manual and video-materials on home visitation programmes
 - Injury risk assessment tools

3. To advocate for increased investment in violence prevention and safety promotion at city and municipal-regional levels.
Product(s):
 - Violence prevention framework document
 - Safety promotion policy implementation framework document
 - Training course/modules in safety promotion policy development
 - Handbook on what seems to work for SafeCom in South Africa

² This focus on firearm homicide at the city level informs the bulk of the criminogenic and crime-management of the Lead Programme during its second cycle.

Focus Area 3: Information Dissemination, Capacity Development and Training

The generation of injury and violence data and the production of best practice models of prevention must be widely disseminated if injury and violence are to be managed controlled and eliminated in South Africa. Furthermore, the capacitation and training of students, health experts and other stakeholders is imperative in ensuring that the violence and injury prevention movement and sector is sustainable and continues to contribute to the long – term health and safety of all South Africans.

In line with both the MRC and UNISA's commitment to capacitation, training and increasing the social utility of research data, this focus area has several key objectives:

1. To publish research findings in peer-reviewed, scientific formats.
Product(s):
 - Peer review journal and book publications
2. To disseminate research data in appropriate forms.
Product(s):
 - Policy briefs, newsletters and press releases
3. To assist in the ongoing professionalisation and strengthening of the safety promotion sector.
Product(s):
 - Internships
 - Masters course/injury prevention curricula
 - Certificate courses
 - African Safety Promotion Journal
4. To encourage information exchange, and skills transfer.
Product(s):
 - 8th World Injury Prevention and Safety Promotion Conference
 - Seminars
 - Public launches
 - 2nd Indo-South African Dialogue³
5. To encourage greater national investment and prioritising of injury prevention.
Product(s):
 - Second Crime, Violence and Injury Review
 - On-going development of NIMSS
6. To facilitate the expansion and development of the existing South African and wider African Safe Communities network.
Products:
 - A Safe Communities Network

³ This envisaged 2nd Dialogue meeting will include follow-up academic discussions about the resolution of collective and peace promotion in the context of globalisation and democratic development and may provide a basis for firmer research co-operation for the subsequent cycles.

INSTITUTIONAL RECOMMENDATIONS AND APPROVALS

INSTITUTIONAL RECOMMENDATIONS AND APPROVALS

Consistent with the UNISA Institute for Social and Health Sciences and MRC-UNISA Crime, Violence and Injury Lead Programme's commitment to scientific rigour and peer-review, the Lead Programme convened at least one Board Meeting and several expert review panel per annum. In addition to feedback from the MRC's Grants Research Committee, these discussions have provided constructive feedback on the CVI's scope and focus of activities; the methodological soundness of research projects; human and financial resource allocations; and Programme's strategic edge within the sector in relation to key priority areas. We list the key ensuing observations and recommendations below and comment on each in turn:

1. The diverse scope of Lead Programme projects has the potential to over-extend a programme that has limited human and financial resources, and therefore, ongoing streamlining, consolidation and refinement of the scope of activities are required.

While the directorate has been cognisant of this from the very inception of the Lead Programme, it was also necessary to incorporate all existing projects of the ex-trauma Programme and the ISHS during this first period, to ensure organisational stability, inclusivity and staff morale. Over the span of the last three years projects were logically terminated as opportunities arose and where consensus for their closure was obtained. By the close of 2004 the CVI will be focussed on three key areas as detailed above.

2. A gradual shift must be made towards generating greater analytical research focused on risk factor analysis, data-uptake processes and evaluation methodologies.

The increasing capacitation of CVI staff, many of whom are now pursuing their doctoral studies, will allow for a natural move towards analytical studies.

3. The Lead Programme should consider focussing on flagship projects that may be evaluated at a local level, but have national and international significance.

The Home-Visitation Programme and NIMSS initiatives are prime examples of how singular focused projects may be used to marshal maximum prevention actions.

4. In line with the recommendations related to streamlining and consolidating, the external panels recognised the need to ensure appropriate levels of human and financial resources in a Lead Programme of this nature. While the Lead Programme has increased the number of commissioned and externally funded research projects, the level of institutional support for personnel will need to be increased if the Programme is to ultimately meet its mandate.

Upon formalisation as a Lead Programme, the CVI inherited the baseline salary allocated to the ex-trauma group. Aside from the across-the-board individual salary increments, the CVI's baseline allocation for the 2001-4 remained unchanged, thereby curtailing the appointment of senior research staff required by the CVI.

5. At the onset of the Lead Programme, there were also clear articulations about the need to ensure an appropriate level of outputs and outcomes.

Annexure C reflects the extent of research and publication outputs and outcomes, and highlights the balance between scientific publications, technical publications, applied publications (e.g. data utility, public profiling, etc.).

6. The CVI should consider utilising its programmatic expertise alongside the Institute's designation as a WHO Collaborating Centre to facilitate the development of safety promotion research and practice across the African continent.

The objectives and scope of work for the next cycle have been formulated accordingly.

Annexure A: Director's Curriculum Vitae

Annexure A: Director's Curriculum Vitae

MOHAMED SEEDAT

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BRIEF BIOGRAPHICAL CURRICULUM VITAE

Upon graduating as a clinical psychologist in **1987**, Mohamed Seedat joined the Unisa Health Psychology Unit and was involved in programming and co-ordinating community-based interventions for the containment and prevention of injuries including a psycho-educational and counselling service for victims of violent trauma and other apartheid generated stressors in the Soweto Primary Health Care System. In **1989 - 1990** he was a mid-career fellow at Yale University and in **1990 - 1991** he worked as the Director of the Living After Murder Program at Roxbury Comprehensive Community Health Care Centre in Boston, United States. In **1992** he was appointed as the programme director/senior researcher of the Unisa Centre for Peace Action, a community based violence and safety promotion agency in south-west Johannesburg. In **1993** he completed his doctorate and subsequently in **1994** he was appointed to the post of associate professor. In **1996** he assumed Headship of the Health Psychology Unit which was subsequently amalgamated with the Unisa Institute for Behavioural Sciences to form the Institute for Social and Health Sciences (ISHS), a WHO Collaborating Centre for Violence and Injury Prevention Research and Training. Following his appointment as the Director of the ISHS in November **1997**, he functioned as a research manager and principal investigator on several national and international collaborative projects. In **2001** he was appointed as Director of the National Presidential Lead Programme on Crime, Violence and Injury (CVI) focused on injury surveillance, the research-policy nexus, and the development of sustainable programmes for violence and injury prevention. He has served on several editorial boards, international conference organising committees, acted as an external examiner/reviewer on masters and doctoral level research reports/thesis, books, funding proposals and journal manuscripts and provided consultancy to various agencies in the injury prevention, community psychology and development fields. He has published in the areas of community psychology, racism, psychohistory and community development and is chief editor of the first South African community psychology text, "**Theory, Practice and Methods in Community Psychology: South African and other Perspectives**". He has also acted as consultant and advisor to several authorship development initiatives and research Unit applications for the MRC and NRF. Most recently (**July 2002 – June 2003**) Mohamed Seedat was a visiting professor at the prestigious Indian Institute of Technology, New Delhi, India.

Mohamed Seedat has and continues to offer significant academic leadership, managerial and strategic oversight, and technical advice within and outside the ISHS and CVI programme. He has a sound record in creatively managing data, people, partnerships and the overall process of knowledge production and dissemination.

DETAILED CURRICULUM VITAE

EDUCATIONAL AND CAREER DEVELOPMENT BACKGROUND

VISITING PROFESSOR

Indian Institute of Technology: 2002-3

CERTIFICATE PROGRAMME IN HUMAN RESOURCES MANAGEMENT

University of South Africa: 1996

CERTIFICATE PROGRAMME IN FUNDRAISING

University of South Africa: 1993

DOCTOR OF PHILOSOPHY (D. PHIL)

University of Western Cape: 1993

CAREER DEVELOPMENT FELLOW

Yale University: 1989-1990

MASTER OF ARTS, CLINICAL PSYCHOLOGY

University of the Witwatersrand: 1987

HONOURS, APPLIED PSYCHOLOGY

University of South Africa: 1984

BACHELOR OF ARTS

University of Durban-Westville: 1981

AWARDS AND DISTINCTIONS

University of South Africa Research and Development Grant: 2002-3
Indian Institute of Technology Visiting Faculty Grant: 2002-3
National Research Foundation (International Liaison) Grant: 2002-3
5th World Conference on Injury Prevention and Control Grant: 2000
Dallas Safe Communities Conference Grant: 1996
University of South Africa International Conference Grant: 1996, 1993
Centre for Science Development International Conference Grant: 1996, 1993
Nominee for South African Truth and Reconciliation Commission: 1995
Successful Application for Professorship, University of the North: 1994
Africare Fellowship: 1990
Career Development Fellowship, Yale University: 1989-1990
Muslim Youth Movement Scholarship: 1986
Hymie Moross Scholarship, University of the Witwatersrand: 1985
Senior Students Scholarship, University of the Witwatersrand: 1985
Black University Students Scholarship: 1979
Talim University Students Scholarship: 1979-1981

RELEVANT EMPLOYMENT HISTORY

UNIVERSITY OF SOUTH AFRICA (NOVEMBER 1997 - PRESENT) INSTITUTE FOR SOCIAL AND HEALTH SCIENCES (ISHS) & CENTRE FOR PEACE ACTION (CPA)

Associate Professor/Director

UNIVERSITY OF SOUTH AFRICA (1994 - 1997) HEALTH PSYCHOLOGY UNIT (HPU) & CENTRE FOR PEACE ACTION (CPA)

Associate Professor/Head

**UNIVERSITY OF SOUTH AFRICA (1992 - 1993)
HEALTH PSYCHOLOGY UNIT
& CENTRE FOR PEACE ACTION**

Senior Researcher/Director, Community Services

ROXBURY COMPREHENSIVE HEALTH CARE CENTER (BOSTON, USA) (1990 - 1991)

Director, Living After Murder Program (LAMP)

CONNECTICUT CONSULTATION CENTER (NEW HAVEN, USA) (1989 - 1990)

Sessional Trainer, Domestic Violence Psycho-educational Program

**UNIVERSITY OF SOUTH AFRICA (1987-1989)
HEALTH PSYCHOLOGY UNIT**

*Executive Co-ordinator/Researcher
Community Health Psychology Programme*

SOS CHILDREN'S HOME: ENNERDALE, JOHANNESBURG (1987)

Consultant Psychologist

UNIVERSITY OF THE WITWATERSRAND, CAREERS AND COUNSELLING UNIT (1987)

Vocational Guidance Counsellor

TARA PSYCHIATRIC HOSPITAL, COMMUNITY PSYCHIATRIC SERVICES (1986)

Clinical Psychology Intern

DEPARTMENT OF EDUCATION AND CULTURE (1982 - 1985)

Senior Secondary English School Teacher

**TEACHING EXPERIENCE
AND INTERESTS**

- Best Practices to safety promotion.
- Community psychology; creation of safe communities);
- Critical/Emancipatory Psychology;
- Cultural psychology (race, gender and identity);
- Family therapy;
- Health psychology (public health and community perspectives on the prevention of violence and the injury surveillance and prevention;
- History of psychology (Major trends in the evolutionary development of the discipline in South Africa);
- Leadership development and advocacy;
- Traffic injuries and prevention.

EXTERNAL EXAMINER

Course Work

- ~ University of Western Cape (1993 – 2000; 2003) - Honours Social Psychology and Social Oppression Course
- ~ University of the Witwatersrand (1994 - 1995) - Clinical Psychology Masters Programme
- Rand Afrikaans University (1994) - Counselling Psychology Program Selection
- Technikon South Africa (1995 - 1997) - Community Policing IV
- University of Western Cape (1997) - Clinical and Educational Psychology Programmes

DISSERTATIONS/THESIS: EXTERNAL EXAMINER

RAND AFRIKAANS UNIVERSITY

Makhale-Mahlangu, P. (1997) *Gang rape. (Doctoral Dissertation)*

UNIVERSITY OF CAPE TOWN

Abrahams, A. (1992). *The practice and role of black psychologists. (Masters Thesis)*

UNIVERSITY OF THE WITWATERSRAND

Chesno, M. (1998). *Women's Attributions of Blame In Abusive Relationships. (Masters Thesis)*

Mohamed, M. (1998). *Alzheimer's Disease and Caregiver Depression. (Masters Thesis)*

Leibowitz, S. (1997). *Relationship between the goals, cognitive appraisal, coping emotions and responses of peace monitors in the light of a particular stressful experience. (Masters Thesis)*

Davies, S. (1996). *Blame it on Barbie: Body figure preferences and disordered eating amongst adolescent South African females. A cross-cultural study. (Masters Thesis)*

Kelly, M.B. (1996). *Cognitive development, racial attitudes and self-esteem in black South African children. (Masters Thesis)*

Mendelsohn, M. (1996). *Social perspective taking and children's use of the discounting principle in their perceptions of other's kindness in helping. (Masters Thesis)*

Wynn-Potts, J. (1996). *Exposure to stressors, stress responses and coping strategies employed by township teachers. (Masters Thesis)*

UNIVERSITY OF THE WESTERN CAPE

Xonti, A. (2002). *Perceptions of Youth in Informal Settlements About Factors that Contribute to Public Violence. (Masters Thesis).*

Mingo, C. (2000). *Perceptions of community violence in an Elsies River primary school in the Western Cape. (Masters Thesis)*

Abrahamse, P. (1999). *A needs assessment of a group of at risk youth in Mitchell's Plain: A discourse analytical approach. (Doctoral Thesis)*

Dean, C. (1996). *An exploratory study on the occurrence of token resistance (saying 'no' but meaning 'yes' to sexual intimacy) among black university women students. (Masters Thesis)*

Stevens, G.R. (1996). *The 'racialised' discourses of a group of black parents and adolescents in a Western Cape Community. (Masters Thesis)*

April, D. (1995). *An investigation into premature termination of counselling at a university student counselling centre. (Masters Thesis)*

Van Niekerk, A.S. (1995). *Depressive Symptomatology amongst South African Youth with traumatic spinal cord injuries. (Masters Thesis)*

UNIVERSITY OF DURBAN-WESTVILLE

Naidu, T. (1996). *A qualitative exploration of women's experiences of their inter-racial marriages. (Masters Thesis)*

REVIEWER

Served as reviewer for the following :

1. South African Journal of Psychology. Special Issue (1996 - 1997).
2. De La Rey, C., Duncan, N., Shefer, T. & van Niekerk, A. (1997). (Eds.), *Contemporary Issues in Human Development. A South African Focus*. Durban: ITP Southern Africa Press (Reviewed health and social issues section).
3. South African Journal of Psychology (1995-present, per requests).
4. Injury Control and Safety Promotion (2000-).
5. African Journal of Safety Promotion (2000-).
6. Duncan, N., Gqola, P. & Hofmeyr, M. (Eds.). (2002). *Discourses on difference, discourses on oppression*. Plumstead, CASAS.
7. In addition served as a blind reviewer on NRF and MRC research proposals and research Unit applications.

PROFESSIONAL ASSOCIATIONS AND COMMITTEES

8th World Conference on Injury Prevention and Safety Promotion, Chairperson (2003-)
13th International Safe Communities Conference Committee (2003-2004)
International Traffic Medicine Conference, Scientific Committee Chair, (2004)
7th World Conference on Injury Prevention and Safety Promotion, Scientific Committee Member (2003-2004)
3rd Regional African and First Indian-Ocean Safe Communities Conference, Chairperson (2003)
2nd Regional African Safe Communities Conference, Convenor (2001)
5th World Conference on Injury Prevention and Control Scientific Committee (1998-2000)
9th International Safe Communities Conference Committee (1998-2000)
American Orthopsychiatric Association (1989-1993)
American Psychological Association (1989-1993)
Committee for the Reconstruction of South African Psychology (1993-1994)
International Human Rights and Health Conference Committee (1997)
Licensed by the South African Health Professionals Council as a clinical psychologist (1987-present)
National Alliance for Mental Health (1993-1994)
Sixth International Safe Communities Conference Committee Chairperson and Convenor (1996-1997)
Sixth International Safecom Scientific Committee (1996-1997)
South African Institute of Fund-Raising (SAIF) (1996-present)

EDITORIAL BOARDS / COMMITTEES

African Journal of Nursing and Midwifery (Editorial Board, 1999 - present)
South African Journal of Psychology (Assistant Editor, 1997 - 1999)
Institute for Social and Health Sciences Monograph Series (Editorial Board, 1999 - present)
Injury Control and Safety Promotion (1999 - present)
African Journal of Safety Promotion (Chief Editor, 2001 – present)

POST-GRADUATE STUDENT SUPERVISION (2004)

Garth Stevens – co-promoter, doctoral thesis
Loni Baadjies – supervisor, psychology masters intern
Sarah Mackenzie – supervisor, psychology masters intern

Annexure B: Director's Full Publication List

Annexure B: Director's Full Publication List

SELECTED LIST OF OUTPUTS

PUBLISHED

2004

- Marais, S., Sethi, D., Seedat, M. & van Niekerk, A. (2004). *Handbook for the Documentation of Good Practices for the Prevention of Interpersonal Violence*. Geneva: World Health Organisation.
- Van Niekerk, A., Suffla, S. & Seedat, M. (2004). Crime, Violence and Injury: Epidemiological, management and emerging injury prevention studies. In S. Suffla, A. Van Niekerk and N. Duncan (Eds.), *Crime, Violence and Injury Prevention in South Africa: Developments and Challenges*. Tygerberg: MRC.

2003

- Seedat, M. (2003). Review on "Injuries in South-East Asia Region. Priorities for policy and action". *The National Medical Journal of India*, 16(3), 168 – 169.
- *Seedat, M. & Bowman, B. (2003). Safety promotion in low-income communities. In R. Ekman (Ed.). *Second Advanced Nordic-Baltic Course on Safety Promotion and Injury Prevention Research in Toila, Estonia*. (pp. 8 – 51). Sweden-Karolinska Institutet.
- *Seedat, M. & Bowman, B. (2003). Violence. What is it and how can we use scientific methods to prevent it. In R. Ekman (Ed.). *Second Advanced Nordic-Baltic Course on Safety Promotion and Injury Prevention Research in Toila, Estonia*. (pp. 104 - 112). Sweden-Karolinska Institutet.
- Seedat, M., Kruger, P. & Bode, B. (2003). Analysis of records from an urban African psychological service: suggestions for mental health systems research. *South African Journal of Psychology*, 33(1), 44 – 51.
- Seedat, M. & Nascimento, A. (2003). The use of public health research in stimulating violence and injury prevention practices and policies: Reflections from South Africa. *Journal of Prevention and Intervention in the Community*, 25(1), 31 – 47.
- Stevens, G., Seedat, M., Swart, TM. & van der Walt, C. (2003). Promoting Methodological Pluralism, Theoretical Diversity and Interdisciplinarity Through a Multi-Levelled Violence Prevention Initiative in South Africa. *Journal of Prevention and Intervention in the Community*, 25(1), 11 – 29.
- Stevens, G., Seedat, M. & van Niekerk, A. (2003). Understanding and preventing violence in South Africa: From description and analysis to social action. In K. Ratele & N. Duncan (Eds.). *Social Psychology: Identities and Relationships*. (pp. 353 – 371). Wetton: UCT Press.
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- Van Niekerk, A., Seedat, M. & Bulbulia, S. (2003). Injury in selected peri-urban settlements in the Western Cape, South Africa. *Journal of Psychology in Africa*, 13(2), 101 – 117.

IN PRESS

- Ahmed, R., Seedat, M., van Niekerk, A. & Bulbulia, A. (In press). Towards discerning community resilience in the context of violence and injury. *South African Journal of Psychology*.
- Seedat, M. (In press). Discursive Contours and Thought in Collective Violence, Peace and Peace Promotion. In M. Seedat & M. Mohanty (Eds.). *Collective violence, peace and peace promotion. Indo-South African perspectives*.
- Seedat, M. (In press). Collective violence, peace and peace promotion. In M. Seedat & M. Mohanty (Eds.). *Collective violence, peace and peace promotion. Indo-South African perspectives*.

* These are course work presentations.

Swart, L., Seedat, M. & Sader, F. (In press). Community volunteerism in safety promotion: Benefits, challenges and implications for sustainability in a low-income context. *African Safety Promotion: A Journal of Injury and Violence Prevention*.

SUBMITTED

- Seedat, M. (submitted). The phenomenology of being pedestrian: Asian and African narratives. *Journal of Cross-Cultural Psychology*.
- Seedat, M. (submitted). Violence, peace and peace promotion in contemporary Islamic thought: Implications for dialogue. *Peace and Conflict. Journal of Peace Psychology*.
- Seedat, M., Bowman, B., Duncan, N. & Kobusingye, O. (submitted). Violence and injury mortality in Africa: Magnitude, risks and prevention. *World Bank Report on Africa*. New York: World Bank.
- Seedat, M. & Mackenzie, S. (submitted). The triangulated development of South African psychology: Race, scientific racism and professionalisation. *History of Psychology, (An edited book by Desmond Painter)*.
- Sukhai, A., Seedat, M., Jordaan, E. & Jackson, D. (submitted). A city-level Study of Aggressive Road Behaviours: Magnitude, Predictors and Implications for Traffic Safety. *South African Journal of Psychology*.

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- Seedat, M. (2002). World Report on Violence and Health. Engaging Utopia through evidence. *The National Medical Journal of India*, 15(6), 313 – 316.
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- M. Seedat, with (N. Duncan & S. Lazarus) (Eds.) (2001). *Theory, Method and Practice in Community Psychology: South African and Other Perspectives*. JHB: Oxford University Press. (First South African text on community psychology).
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- Terre Blanche, M. & Seedat, M. (2001). Martian landscapes: The social construction of race and gender at South Africa's National Institute for Personnel Research, 1946-1984. In N. Duncan, A. van Niekerk, C. de la Rey and M. Seedat (Eds.), *Race, Racism and knowledge production in South African Psychology*. (pp. 61 – 82). New York: Nova Science Publishers.

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- Seedat, M., Bonn, M. & Suffla, S. (Eds). (1999). *ISHS Monograph Series*, 1(2), 1-144.
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- Swart, L., Gilchrist, A., Butchart, A., Seedat, M. & Martin, L. (1999). Evaluation of a Rape Surveillance Project and Implications for Prevention. *ISHS Monograph Series*, 1(2), 6-52.
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- Seedat, M. (1991, April). South African psychology: Past, present and future. *Massachusetts Psychological Association Quarterly*, 1-2.
- Seedat, M., Butchart, A., & Nell, V. (1991). Family therapy in primary health care: skills devolution and outcome evaluation. *Contemporary Family Therapy*, 13(2), 143-163.

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1988

- Seedat, M., Cloete, N., & Shochet, I. (1988). Community psychology: Panic or panacea. *Psychology in Society*, 11, 39-54.

1987

- Seedat, M. (1987). Service agencies: Professionalism or empowerment. *Life after Birth Conference Proceedings*, 1-5, ACP Publication.

1982

Seedat, M., & Bawa, U. (1982). The power of the disabled. *Vuka*, 1, 20-26 (Durban Crescent Publications).

SELECTED LIST OF PRESENTATIONS

2004

Bowman, B., Burrows, S., Seedat, M. & Duncan, N. *The Social Determinants of Injury and Mortality Patterns in South Africa: Moving Beyond 'Race' as a Primary Risk factor*. Paper presented at the 1st Regional Congress of Social Psychiatry in Africa, Caesar's Gauteng, Johannesburg, 21-25 March 2004.

2003

Seedat, M. Exploring indigenous peace building possibilities for civil society in Kashmir. *A three-day workshop*. New Delhi, India, January 2003.

Seedat, M. Crime prevention and development: What role for Civil Society? *A two-day workshop*. Open Society Foundation, Cape Town, 26-27 June 2003.

Seedat, M. Social, Cross-cultural and Research Psychology: Methodology and Findings. *A two-day workshop*. Rand Afrikaans University, Johannesburg, 28 – 29 August 2003.

2002

Atkins, S., Van Niekerk, A., Ndayi, L., Lekoba, R. & Seedat, M. Community perceptions of childhood injury risk factors. *8th Annual PsySSA conference*, Cape Town, 25 – 27 September 2002.

Atkins, S., Ndayi, L., Van Niekerk, A. & Seedat, M. Utilising home visitation in low-income settings: Conceptual and implementation issues. *MRC/UNISA ISHS Seminar Series*, 14 August 2002.

Seedat, M. & Nascimento, A. The use of public health research in stimulating violence and injury prevention practices and policies in South Africa. *MRC-UNISA Seminar Series*, Johannesburg, 24 April 2002.

Seedat, M. & Nascimento, A. The use of public health research in stimulating violence and injury prevention practices and policies in South Africa. *MRC-UNISA Seminar Series*, Durban, 13 June 2002.

Seedat, M. Forms of Violence and their Prevention: Reflections from South Africa. *IIT Humanities Department Seminar Series*, 26 September 2002.

Seedat, M. Role of Psychology in Peace and Reconstruction: Lessons from South Africa. *Psychological Foundation Monthly Seminar Series*, New Delhi, 23 September 2002.

Seedat, M. Whose space is it anyway? Sensory overload, disenfranchisement and resistance in Delhi's streets. *IIT, Transport Research and Injury Prevention Programme Seminar Series*, New Delhi, India, 24 October 2002.

Seedat, M. Considering Traffic Behaviour in a Contested Social Space: Hints of Indigenous Knowledge Systems on Safety. *Presented at the International Course on Transportation Planning and Road Safety*, Indian Institute of Technology, New Delhi, India, 14 – 21 December 2002.

Seedat, M. Peace promotion, truth, and reconciliation. Reflections from South Africa and Implications for India. Centre for Developing Countries Research, University of Delhi, December 2002.

2001

Seedat, M. Possible Notes for an Affiliate Centre: What can the CPA offer? *2nd Regional African Safe Communities Conference*. Midrand, South Africa (4-5 April, 2001).

Suffla, S., Seedat, M. & Nascimento, A. An evaluation of Medico-Legal Services in Gauteng: Implications for the development of Best Practices in the After-Care of Rape Victims. *2nd Regional African Safe Communities Conference*. Midrand, South Africa (4-5 April, 2001).

2000

- Ahmed, R., Bulbulia, S., Seedat, M., van Niekerk, A. & Wyngaard, G. Resilience: A South African investigation into "bouncing back" after injury. *5th World Conference on Injury Prevention and Control*. Delhi, India. (5-8 March, 2000).
- Bulbulia, S., Seedat, M., Wyngaard, G. & van Niekerk, A. Traffic injuries in a South African peri-urban neighbourhood study. *5th World Conference on Injury Prevention and Control*. Delhi, India. (5-8 March, 2000).
- Seedat, M. (2000). Community psychology and safety: A psychospiritual perspective. (State-of-the-art-lecture). *5th World Conference on Injury Prevention and Control*. Delhi, India. (5-8 March, 2000).
- Seedat, M. (2000). Best Practices to violence prevention in low to middle income contexts. Considerations and draft proposals. *9th International Safe Communities Conference*. Dhaka, Bangladesh. (26 - 28 February, 2000).
- Seedat, M. (2000). Thinking about best practice violence prevention services: background, possibilities and challenges. *Best Practices Workshop*, JHB: Technikon Conference Centre. (2-3 February, 2000).
- Seedat, M. & van Niekerk, A. Considerations in the development of best practices for safety promotion. (Keynote address, presented by second author). *Substance Abuse, Crime, Violence and HIV/AIDS Consequences of Poverty Conference*, Cape Town, (1 - 5 July, 2000).
- Seedat, M. Safety promotion in low-income communities: Reflecting on the Thembelihle safety promotion project. *Fire and Life Safety Workshop*. Johannesburg. (8 September 2000).
- Stevens, G., Seedat, M., Swart, L., Van der Walt, C. & Swart, T. Synergising research and service delivery in the prevention of violence amongst school-going youth in a South African community. *Geneva 2000 Forum*, Geneva, Switzerland. (26-30 June, 2000).
- Suffla, S., Seedat, M., van Niekerk, A. & Bulbulia, S. Community responses to select violence related behaviours: Retreating or bouncing back. *5th World Conference on Injury Prevention and Control*. Delhi, India. (5-8 March, 2000).
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- Swart, L., Seedat, M. & Stevens, G. The prevalence of violence in teenage dating relationships and associated factors. *ISHS Seminar Series*, (27 July 2000).
- Swart, L., Seedat, M., Ricardo, I., Johnson, K. & Stevens, G. Violence in adolescents' romantic relationships: Findings from a survey amongst school-going youth in a marginalised South African community. *Geneva 2000 Forum*, Geneva, Switzerland. (26-30 June, 2000).
- Van Niekerk, A., Bulbulia, A. & Seedat, M. Childhood Injury in Selected Informal settlements. *ISHS Seminar Series*. (August, 2000).
- Van Niekerk, A., Bulbulia, S., Seedat, M. & Wyngaard, G. Injury Trends among Children in a Peri-urban South Africa study. *9th International Conference on Injury Prevention and Control*. Dhaka, Bangladesh. (26-28 February, 2000).
- Van Niekerk, A., Bulbulia, S., Seedat, M. & Wyngaard, G. An epidemiological investigation of injury in a Western Cape neighbourhood study. *5th World Conference on Injury Prevention and Control*. Delhi, India. (5-8 March, 2000).
- Wyngaard, G., van Niekerk, A., Bulbulia, S., van der Walt, C., Masuku, S., Stevens, G. & Seedat, M. Learners' perceptions of safety, injury and violence in three schools in a peri-urban setting in the Western Cape. *9th International Conference on Safe Communities*. Dhaka, Bangladesh. (26-28 February, 2000).
- Wyngaard, G., Masuku, S., Seedat, M., van Niekerk, A. & Bulbulia, S. A comparative study of young people's perceptions of safety and violence in three schools in the Western Cape and Gauteng regions of South Africa. *9th International Conference on Safe Communities*. Dhaka, Bangladesh. (5-8 March, 2000).
- Wyngaard, G., Masuku, S., Van der Walt, C., Stevens, G., Van Niekerk, A., Bulbulia, A. & Seedat, M. A comparative study on primary and secondary school learners' perceptions of safety in a peri-urban setting in the Western Cape. *ISHS Seminar Series*. (31 August, 2000).

1999

- Seedat, M. The Impact of Apartheid. Psychoethical perspective. *Traumatic Stress in South Africa Conference*. (27-29 January, 1999).
- Seedat, M., Rama, D., Kruger, P. & Masuku, S. Occupational Health and Safety in Gauteng Police Stations: Results of a 1997-8 survey. *ISHS Seminar Series*. (25 August, 1999).
- Swart, L. & Seedat, M. Relationship Violence and Health Risk Behaviours Among Eldorado Park High School Adolescents. *ISHS Seminar Series*. (21 September, 1999).
- Van Niekerk, A., Bulbulia, S., Wyngaard, G. & Seedat, M. An Epidemiology Profile of Injury and Violence in a peri-urban neighbourhood in the Western Cape. Paper presented by (1st Author) at the *Annual Conference of the Psychological Association of South Africa*. (18-23 July, 1999).
- Van Niekerk, A., Bulbulia, S., Wyngaard, G. & Seedat, M. Safe Schools Programme: A Public Health Approach to Creating a Safe Environment where Learners and Learn and Teachers can Teach. Paper presented by (3rd Author) at the *Building Cultures for Peace Conference*. Kwa-Zulu Natal. (13-18 July, 1999).
- Van Niekerk, A., Bulbulia, S., Wyngaard, G. & Seedat, M. An Epidemiology Profile of Risk to Violence and Injury in a Rural Neighbourhood Study in the Western Cape. *ISHS seminar series*. (21 September, 1999).

1998

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- Jaggan, V., Vally, A. & Seedat, M. School Safety: A Johannesburg School Experience. *Seventh International Conference on Safe Communities*. Rotterdam. (13-15 May, 1998).
- Kruger, P., Wege, J. and Seedat, M. Stressors related to occupational health and safety at Gauteng Police Stations. Poster presentation at the *Fourth Annual Congress of the Psychological Society of South Africa*, Cape Town. (9-11 September, 1998).
- Seedat, M., Kruger, P., Jaggan V., Wege, J. and Alexander, G. Occupational health and safety at Gauteng police stations: a preliminary analysis. *ISHS Seminar Series*. (27 February, 1998).
- Seedat, M., Kruger, P., Bode, B. and Jaggan, V. Clinical Psychology in An Urban African Context. *ISHS Seminar Series*. (25 June, 1998).
- Seedat, M., Bulbulia, S., Lekoba, R., Titus, F. and Pikashe, N. Risk and Resilience in A Semi-Urban African Context: Methodology for Participatory Safety Promotion. (a) *First African Regional Safe Communities Conference*, Harare, Zimbabwe. (17-20 November, 1998). (b) *5th International Conference for Health and Human Rights*, Cape Town, South Africa. (3-6 December, 1998).

1997

- Bulbulia, A. and Seedat, M. The Rusthof Safety Promotion and Resilience Programme in the Western Cape. *6th International Safe Communities Conference*, Johannesburg. (15-18 October, 1997).
- Seedat, M. & Swingewood, L. An exploratory investigation of sexuality and sexual violence among young mothers in a South African township. A poster presentation to the *6th International Safe Communities Conference*, Johannesburg. (15-18 October, 1997).
- Seedat, M. Science, Resilience and their Implications for Prevention. (Keynote address). *6th International Safe Communities Conference*, Johannesburg. (15-18 October, 1997).

1996

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- Seedat, M. The construction of violence in South African newspapers: Implications for media intervention. *Fourteenth International Conference on the Social Sciences and Medicine*, Peebles, Scotland. (2-6 September, 1996).

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**Annexure C:
Full Publication and Research Output
Listing of the MRC-UNISA Crime,
Violence and Injury Lead Programme
(2001 to present)**

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Full Publication and Research Output Listing of the MRC-UNISA Crime,
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