

Performance report of

# Eghlid Safe Community



**Executed by:** Eghlid Safe Community Committee

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**Fig.1.Fars' map and Eghlid's location**



**Fig.2.IRAN's map and Eghlid's location**

## 1-About Eghlid

### 1-1-History of Eghlid

History of this region goes back to the Neo Stone Age period which means one thousand years before Christ.

Historical places such as Hoozcheh Dokhtargir, Tang Boragh epigraph, kooshk-e-zar, Kooh-e-yal epigraph, Goor Bahram swamp, Shirin spring, Tol-e- bakoon (bekan) and some other different signs show the old history of the region.

Although Eghlid was located in the northern margin of Fars, the main road from Shiraz to Esfahan passed through Eghlid in the past and as a result it played a more important role in commercial and social activities of Fars at that time. It was part of Hakhamaneshi kingdom 500 B.C (Ekamanian ) by the name Azargata and was the center of horse breeding for wars at Cyrus times.

### 1-2-Eghlid has lots of historical places such as:

Hoz-e- dokhtar, Jame mosque tribune and epigraph, Aspas Castle, Dozdan spring, Tapeh Mehrali Farsi, cave and epigraph of Tang Boragh, historical hill of Bagherabad, Bahram Castle, Golandam Castle, Tol-e-shah neshin, Tol-e- khonjesh, Kooshk zar hill, Nagharkhane hill, Bahram –e-goor swamp, Shahabas inn, Nakisa city.

### 1-3-Religious and recreational centers of Eghlid:

- Enghelab Park
- Rasoolallah spring
- Imamzade Ismail
- Kaaftar Lake
- Ghadamgah (Sedeh) Spring

- Tang Boragh Fall
- Chehel Shahidan Dejkord Spring
- Jame Mosque
- Balangan (hajiabad)
- Emamzade Zobeyde Khatoon
- Imamzade Zeynab Khatoon

#### 1-4-public places information:

• Table1.Number of public places 2009 - Eghlid

Environment	Urban	Rural
Kindergartens	8	6
Leisure environments	3	3
Sports environment	15	1
Universities	7	0
Factories and workplaces	6	2
Food processing Factories and workplaces	5	1

#### 1-5-Geographical Situation

Eghlid is surrounded by Abadeh and Esfahan in north, Marvdasht in south, Sepidan and Yasuj in west. It is the fifth city of Fars with **4705km<sup>2</sup>** area

It is located in the eastern Zagros mountainous climate with long and cold winters and mild and moderate summers.

Major jobs include agriculture, cattle farming, trading, commerce, proletarian, rug weaving

**Table2.Geografic Information-Eghlid 2009**

Title		Unit	Quantity
Area		Km <sup>2</sup>	7054
Average height above sea level		Meter	2320
Average Annual Temperature	Minimum	Centigrade	2.5
	Maximum	Centigrade	25
Average Raining in 2002		Millimeters	157

**1-6- Demographic information:**

**Table3.Number of inhabitants Eghlid 2009**

Item		Numbers
<b>Inhabitant</b>	<b>Total Population</b>	<b>93548</b>
	<b>Urban population</b>	<b>47066</b>
	<b>Rural population</b>	<b>46482</b>
<b>Migrant</b>	<b>*Tribal population</b>	<b>11121</b>

*\*Tribal population is a migrant population inhabiting in Eghlid for 6 months of the year (April to September)*

**Table4.General population information by age group, gender and residential place in 2009 Eghlid**

Age Group	Urban		Rural	
	Male	Female	Male	Female
Less than 1	358	367	375	313
1-4	1507	1590	1327	1190
5-9	1767	1746	1541	1584
10-14	2374	2221	1950	1842
15-19	2927	2548	2584	2450
20-24	3144	2717	3007	2687
25-29	2734	2298	2169	2079
30-34	2062	1999	1930	1907
35-39	1817	1806	1390	1515
40-44	1534	1451	1095	1035
49-45	1273	1095	891	969
50-54	1113	1067	848	859
55-59	796	778	478	658
60-64	626	577	361	403
65-69	635	527	215	241
70-74	464	419	285	273
75-79	366	293	350	237
80-84	156	156	223	149
+85	89	97	71	61
<b>Total</b>	<b>25742</b>	<b>23752</b>	<b>21090</b>	<b>20452</b>

**Table5.Comparative rate of Eghlid's first, second and third cause of mortalities Eghlid 2009**

Ranking	Death Cause	Percentage
1	Cardio vascular diseases	53.7
2	Injuries	13.3
3	Cancers	9.4

**Indicators:** To maintain 6 indicators of international safe community:

### **2-Indicator1:**

Forming an infrastructure based on intersectional collaboration and participation in which every section is responsible for safe community issues in its field of activity.

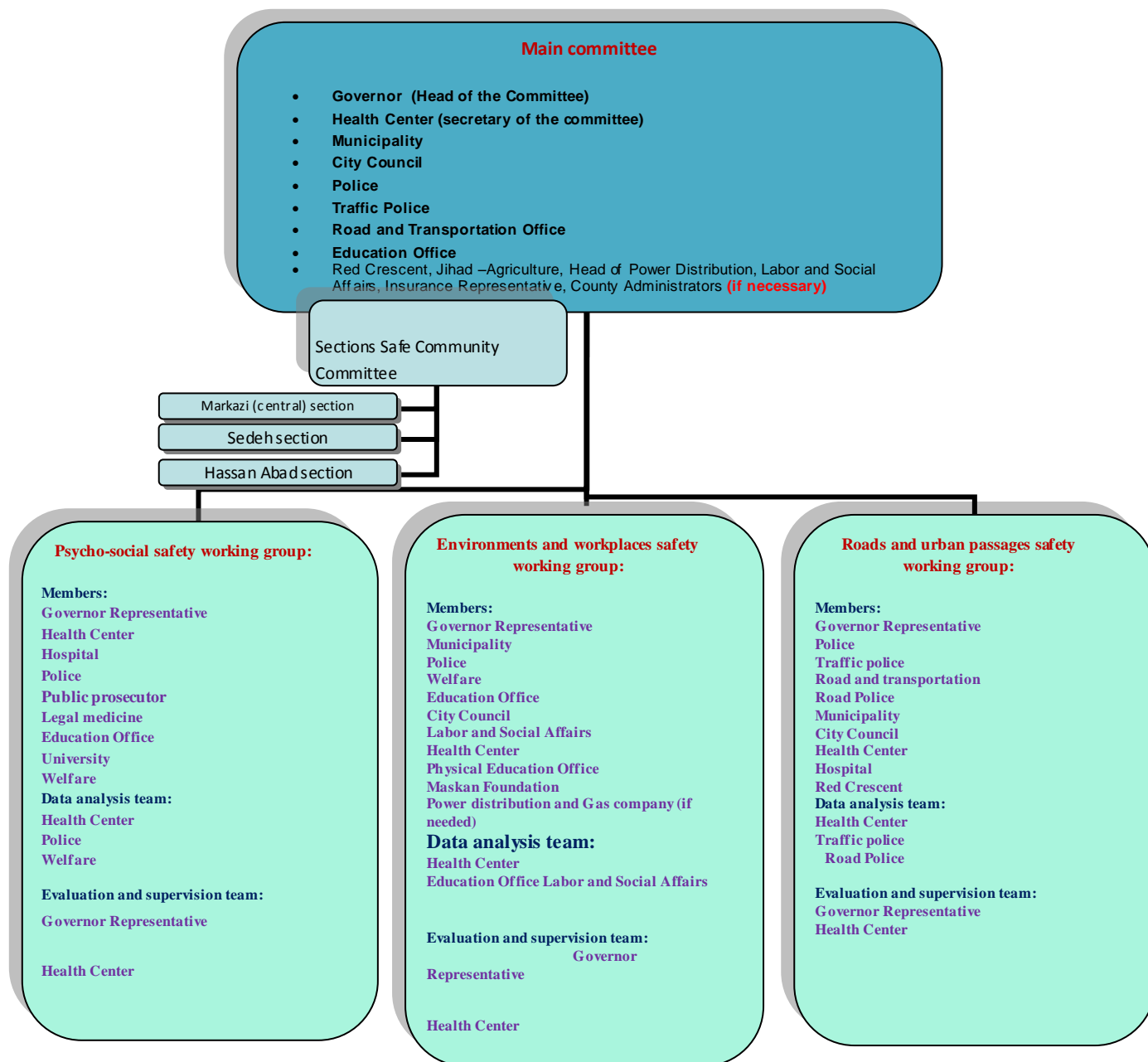
#### **2-1-About committee:**

In Eghlid, injuries are considered to be the second main cause of mortality after Cardio vascular diseases as Eghlid 2009, 60 deaths- which means 13.3%- were caused by injuries(**especially traffic accidents , hits & suicidal attempts**) In order to prevent injuries and reduce death rate and disabilities caused by injuries and socio-economic side effects, injury-prevention committee was formed in 1998 with the participation of governor as the head and health center as the secretariat and local administrators.

In each session, at first the existing situation is explained by members and data collected by health center is announced to all members. Then, ways of injury-prevention are discussed and finally the best and most practical strategies are approved. Each member is responsible for implementing certain programs.

Injury Prevention Committee continued its duty by the name of the County Safe Community Committee in 2004 and is consisted of the main committee with the Governor as the head and Health Center as the secretariat and three following working groups. Meanwhile, Safe Community Committees are formed with member's presence of every section and their confirmed decisions can be implemented by governor's approval.

## Eghlid Safe community committee



*This diagram shows organization of Eghlid safe community committee*

## **2-2-Duties of members of Eghlid safe community:**

**Safe community committee appointed and approved the duties of members in the first session:**

### **2-2-1-Head of Safe Community Committee**

Eghlid's Governor is the head of Safe Community Committee and his tasks are as follows:

**2-2-1-1-**Coordinating activities among safe community members

**2-2-1-2-**Active audience at all meetings

**2-2-1-3-**financial support of programs

**2-2-1-4-** Supervising the process of performing the activities

**2-2-1-5-**Forming evaluation team

**2-2-1-6-** Analyzing the reports of the evaluation team

**2-2-1-7-** Making decisions on the schedule of the meetings

**2-2-1-8-** Specifying the priority of steps with the participation of members

**2-2-1-9-** Reporting the efforts made to local administrators and Safe Community committee and coordinating with them

### **2-2-2-Secretary of Safe community committee**

Task:

**2-2-2-1-**Organizing & forming the committee meetings regularly

**2-2-2-2-**Regulating agenda of the meetings

**2-2-2-3-**Sending invitations for members

**2-2-2-4-**Establishing harmony with members

**2-2-2-5-**Collecting the statistics of accidents and injuries and analyzing the data

**2-2-2-6-**Providing comprehensive reports about statistics

**2-2-2-7-**Organizing the final Action Plan of the committee

**2-2-2-8-**Notifying the specific tasks of members in the committee

**2-2-2-9-**Feedback to committee members and people

2-2-2-10-Communication with Fars province committee

### **2-2-3-Committee members:**

Task:

2-2-3-1-Attending the meetings

2-2-3-2-Identifying risky spots of each administration's activity field

2-2-3-3-Implementing decisions confirmed by Safe Community committee

2-2-3-4-Participation in appointing action plans of each administration's field of activity

2-2-3-5-Participation in identifying the priorities of Eghlid's action plan

2-2-3-6-Reporting data to Safe Community

2-2-3-7-Reporting the process of implementing the decisions

2-2-3-8-Programming safety promotion for all environments with the collaboration of related administrations

2-2-3-9-Implementing practical research programs

2-2-3-10-Communicating with other Safe Communities

2-2-3-11-Suggesting ways to improve Safe Community Committee activities

### **2-2-4-Data collecting and analysis team:**

2-2-4-1-Collecting accidents', injuries', deaths, risky spots data

2-2-4-2-Data registration

2-2-4-3-Data analysis

2-2-4-4-Data reporting to the secretariat

### **2-2-5-Evaluation and supervision team:**

2-2-5-1-Supervising working groups' performances and progress in implementation of confirmed decisions

2-2-5-2-Collaborating with the secretariat in the process of pursuing confirmed decisions

2-2-5-3-Reporting evaluation of the program to the meeting's head and Safe community committee

## **2-3-Working groups:**

### **2-3-1-Roads and urban passages safety:**

Evaluating needs, giving priority, programming, implementing and evaluating programs to improve safety of urban and suburban roads and passages to prevent accidents (car, motorcycle, pedestrian) and to reduce injuries caused by road's accidents(reducing death number and disabilities) are this working group duties.

### **2-3-2-Environments and workplaces safety:**

Evaluating needs, giving priority, programming, implementing and evaluating programs to improve safety of all environments whether educational (kindergarten, school, university) recreational (parks and recreational environments) public places (mosques,...) sport environments(pools, sport halls, stadiums and...)workplaces(administrations, factories and workplaces)or houses are this working group duties

### **2-3-3-Psycho-social safety:**

Evaluating needs, giving priority, programming, implementing and evaluating programs to reduce suicide incidences and to prevent other violence such as wrangling and fights happening at homes or out, others abuse and attempting murder and... are this working group duties.

## 2-4 Activities:

**2-4-1-** Holding sessions to justify the establishment of safe community for different local administrators and health & care personnel by the governor as the head in 1998

**2-4-2-** Holding injury prevention session for different administrations and organizations in 1998 and renaming injury prevention committee to safe community committee in 2003

**2-4-3-** Holding sustainable meetings till now



*Fig.3: Members of Eghlid safe community committee*

## **2-5- Follow –up methods and harmonization activities:**

The governor announces the specific monthly date and venue of holding the meetings for one season. A few days in advance, the committee invites permanent and temporary members, if necessary, according to the schedule of the meeting.

Decisions are notified to members after the governor’s approval. Specified members are to implement the decisions confirmed, by a certain time and report the progress of activities to the committee .The committee evaluates the progress of implementation of decisions in next sessions.

**Table6.Eghlid Safe community performance in 1998-2009 (exterior committee)**

<b>Year</b>	<b>Number of Meetings</b>	<b>Number of Approved Decisions</b>	<b>Applying Percentage</b>
<b>1998-2009</b>	30	220	85.5

## **3-Indicator 2:**

Long-term sustainable programs covering genders, all ages, environments and situations

A5-year action plan (2006-2011) was prepared to prevent injuries in all age groups; both gender and all environments based on indicator No.2 and are in the process of action currently. The action plan is prepared by the collaboration of the relevant authorities in their field of activity. The most important targets of the prepared action plan are as follows:

- Safety of roads and passages
- Safety of public places, recreational environments, sport environments, educational environments (kindergartens, schools)
- Safety of homes and workplaces
- Improving safety culture
- Promoting public participation

- Designing research-based interventions
- Evaluating environments through check list
- Psycho-social safety (Suicide-violence)

### 3-1-Activities:

- 3-1-1-Educating administrators’ representatives about ways of setting the action plan
- 3-1-2-Surveying programs by the secretariat
- 3-1-3-Members’ feedback
- 3-1-4-Final revision of the program
- 3-1-5-Monitoring program's implementation
- 3-1-6-Implementation

**Table7. Titles of the Action plan**

	<b>Title of Programs</b>	<b>Responsible Organization</b>	<b>Implementation period</b>
<b>1</b>	Increasing Safety of suburban roads	Road and Transportation Office	<b>From 2009-2011</b>
<b>2</b>	Increasing Safety of urban roads	Traffic Police/Municipality	<b>From2009-2011</b>
<b>3</b>	Increasing Safety of public places, recreational and leisure environments	Municipality	<b>From2009-2011</b>
<b>4</b>	Increasing Safety of schools	Health Center/Education Office	<b>From2009-2011</b>
<b>5</b>	Increasing Safety of sport environments	Health Center/Physical training	<b>From2009-2011</b>
<b>6</b>	Increasing Safety of kindergartens	Health Center/Welfare	<b>From2009-2011</b>
<b>7</b>	Increasing Safety of factories	Health Center/Labor Office	<b>From2009-2011</b>
<b>8</b>	Increasing Safety of homes	/Health Center/Maskan Foundation*	<b>From2009-2011</b>

*\*A foundation supervising rural construction of buildings*

### **3-2-Activities to improve safety in public places**

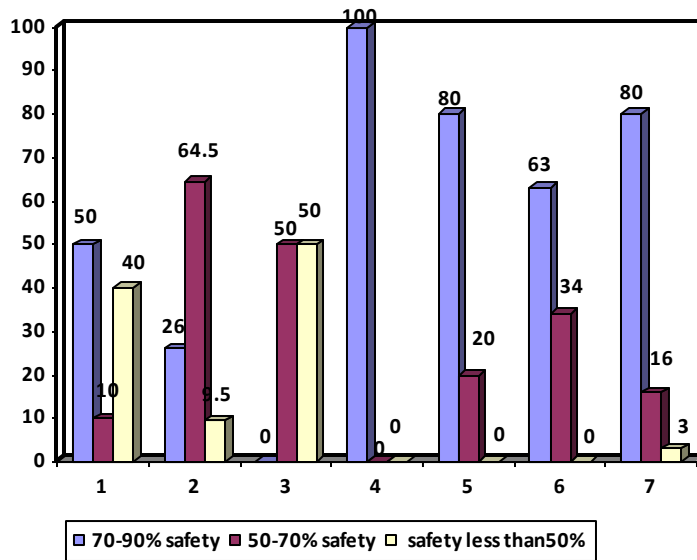
Public places are those environments used by the public such as kindergartens, parks, sports environments, factories, roads and passages and programming to improve their safety is essential. The most important activities done are as follows:

- 3-2-1-Providing the checklist of surveying safety situation**
- 3-2-2-Visiting different environments and filling out relative checklists**
- 3-2-3-Analysis of the results**
- 3-2-4-Reporting existing data and results to the committee**
- 3-2-5-Surveying existing situation and setting priorities to implement interventions**
- 3-2-6-Approving considered interventions and their confirmation by members**
- 3-2-7- Intervention**
- 3-2-8-Monitoring and surveying the program**
- 3-2-9-filling out the checklist after intervention and surveying the results**

**Table8.Surveying safety situation in different environments through filling out safety checklists**

<b>Type of Environment</b>	<b>Total Number</b>	<b>Number of Visited Places</b>	<b>Percentage</b>
<b>Schools</b>	<b>181</b>	181	<b>100</b>
<b>Homes</b>	<b>9728</b>	9460	<b>97.2</b>
<b>Factories</b>	<b>5</b>	5	<b>100</b>
<b>Sports Environments</b>	<b>10</b>	10	<b>100</b>
<b>Swimming Pools</b>	<b>1</b>	1	<b>100</b>
<b>Parks</b>	<b>3</b>	2	<b>66</b>
<b>Kindergartens</b>	<b>11</b>	10	<b>90</b>
<b>Health and Care Centers</b>	<b>13</b>	12	<b>92</b>
<b>Health Houses</b>	<b>32</b>	32	<b>100</b>

**Chart1:Percentage of Safety situation in different environments–  
Eghlid 2009**



- 1- Kindergartens
- 2- Schools
- 3- sport environments
- 4- swimming pools
- 5- factories
- 6- health and care centers
- 7- health houses

*This diagram (1) shows the current safety situation at different environments*

### **3-3-Kindergartens:**

Kindergarten is a place to take care of under 6 year- old children who are highly vulnerable. Most important injuries in this age group are traumas, poisoning, burn and fall. Unfortunately at present special places are not designed for kindergartens and due to certain issues such as being convenient to the streets, selecting large buildings for kindergartens, most of them are time worn and lack the necessary safety requirements and since some places are rental too many changes can't be done, therefore in safety promotion program of kindergartens it was tried to make the maximum changes possible for improving their safety by repeated visits which was fortunately successful. Most important activities done are as follows:

**3-3-1-** Surveying safety situation of urban and rural kindergartens

**3-3-2-** Completing safety surveying checklist

**3-3-3-** Analysis of checklists and proposing them in committee

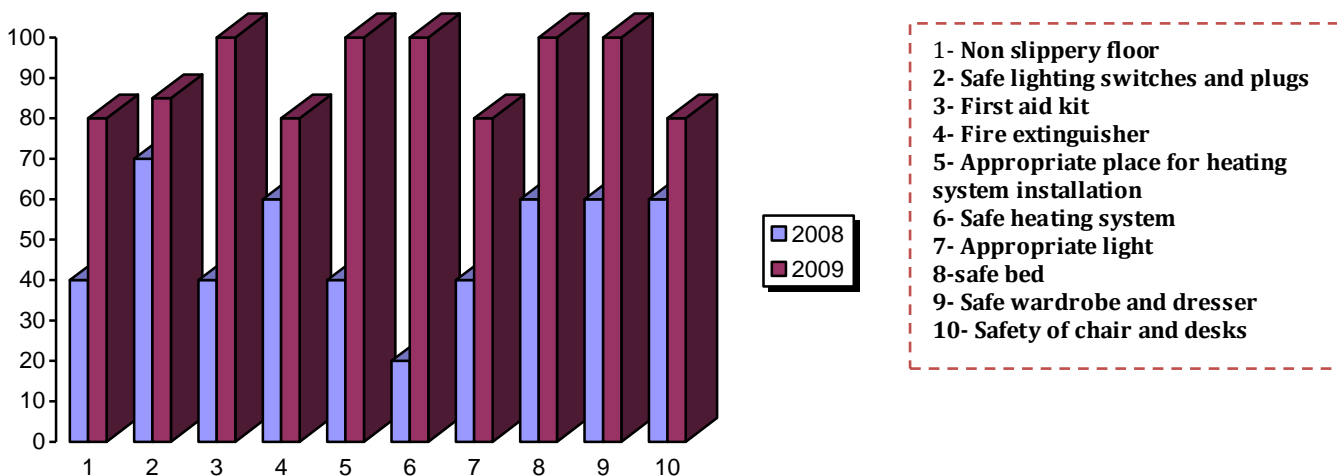
**3-3-4-** Reporting existing defects to Welfare to be removed

**3-3-5-** Identifying a one month period to remove defects

**3-3-6-** Second visit and giving written notification if defects were not removed

**Chart2: Safety situation of urban kindergartens before and after interventions**

**Eghlid 2008-2009**



*The entire safety items have been promoted at kindergartens after interventions*

### 3-4-Schools:

Children and teenagers between 7-18 are studying in 3 levels of elementary, middle and high school in Eghlid and Sedeh sections. 80% of Eghlid schools and 35% of Sedeh Schools are time worn and their safety levels are lower than newly constructed schools. Therefore in safety program for schools it was tried to improve schools' safety and to reconstruct time worn schools and to equip schools with first aid kits and educated experts. Safety situation of schools is determined through completing checklists by environmental health experts and Behvarzes. Most important activities done are as follows:

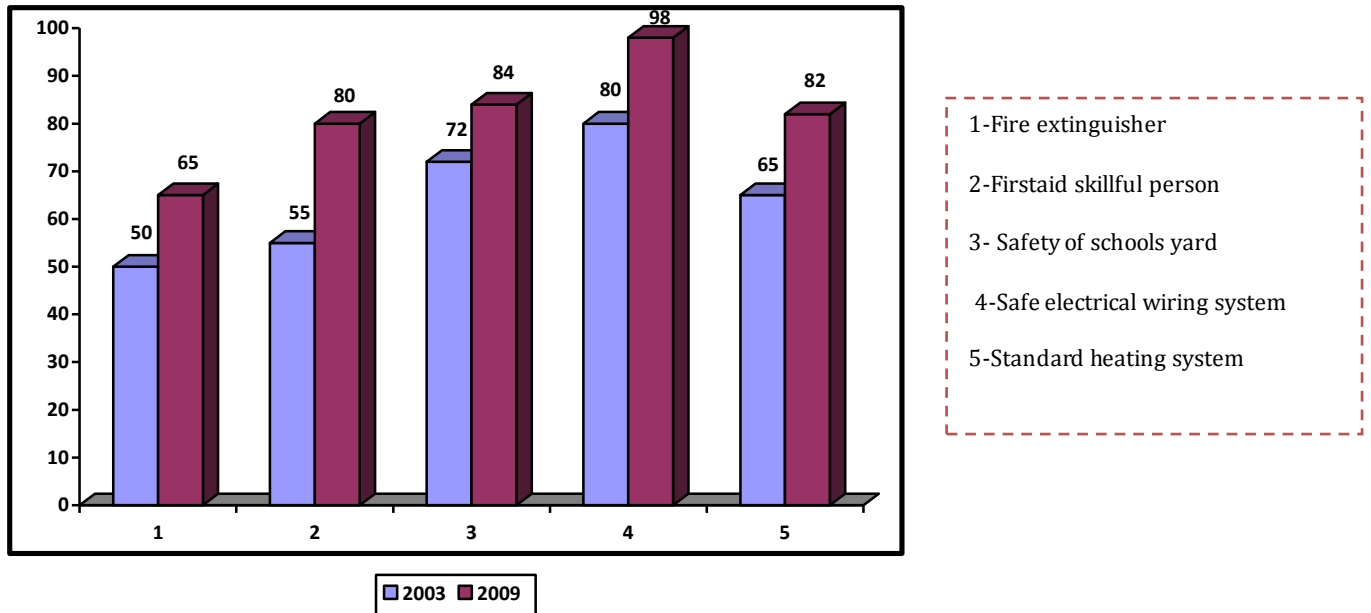
**Table9. General information of Elementary to high school students and number of schools in 2009 -Eghlid**

Level	Number of Schools		Number of Students	
	Urban	Rural	Urban	Rural
Elementary	33	76	3694	3216
Middle School	21	35	2678	1460
High School	20	14	3717	1057
Total	74	125	10089	5733

**Table10. Percentage and type of interventions at schools -Eghlid 2009**

Type of Intervention	Achievement percentage	Applying at present
1 Surveying safety situation of schools	100	
2 Educating principals about first aid issues	83	
3 Educating health observers about injury prevention and first aid issues	92	
4 Equipping schools with first aid kit	90	*
5 Reconstruction of time worn schools	10	*
6 Changing the schools located near roads	20	*
7 Schools' police program	80	*
8 Installation of alert signs and layouts	20	*
9 Identifying type of injury happened at school	43	*

**Chart 3: Percentage of Safety situation of schools before and after interventions -Eghlid 2003-2009**



*The entire safety items have been promoted at schools after interventions*

### **3-5-Sports Environments:**

Sports environments include indoor and outdoor halls, pools and stadiums. Safety checklists for pools have been provided and completed and other places safety promotion is one of the program goals. Most important activities done are as follows:

**3-5-1-**Providing safety checklist of sports environments and pools

**3-5-2-**Visiting sports environments and identifying safety situation of mentioned environments to implement necessary interventions

### **3-6-Parks and Playing facilities**

This county has lots of natural recreation environments due to its temperate climate which cause lots of visits in summer from different parts of the country. There are some kids' playgrounds mostly being reconstructed at the moment. These parks have been checked on safety issues and safety checklists have been provided for them. There are few Neighborhood Parks in this county.

Most important activities done are as follows:

**3-6-1-** Surveying safety situation of parks and playing facilities

**3-6-2-** Reporting existing defects and dangers to Municipality

**3-6-3-** Correcting defects such as closing bouncy castle, collecting old devices and replacing them with new ones, using foam floor mats at children playground

**Table 11. Most important activities at leisure environments in 2006-2009,  
Eghlid's Municipality**

Activities Description		Activities			
		2006	2007	2008	2009
1	Tiling( $m^2$ )	4000	8900	1080	11530
2	Standardizing Playground Facilities	3Tool	10Tool	15Tool	20Tool
3	Providing Lighting	100candles	120candles	200candles	300 candles
4	Installation of safety signs	10signs	15signs	30signs	56signs
5	Installation of Free phone line			3	3
6	Promoting and renewing Playground Facilities	5Tool	7Tool	10Tool	20Tool
7	Closing (bouncy castle)	-	-	-	1 instance
8	Foam floor mats for playgrounds(m)	-	-	-	20



*Promoting safety situation of parks and leisure environments*

### **3-7-Factories:**

#### **3-7-1-Activities in factories:**

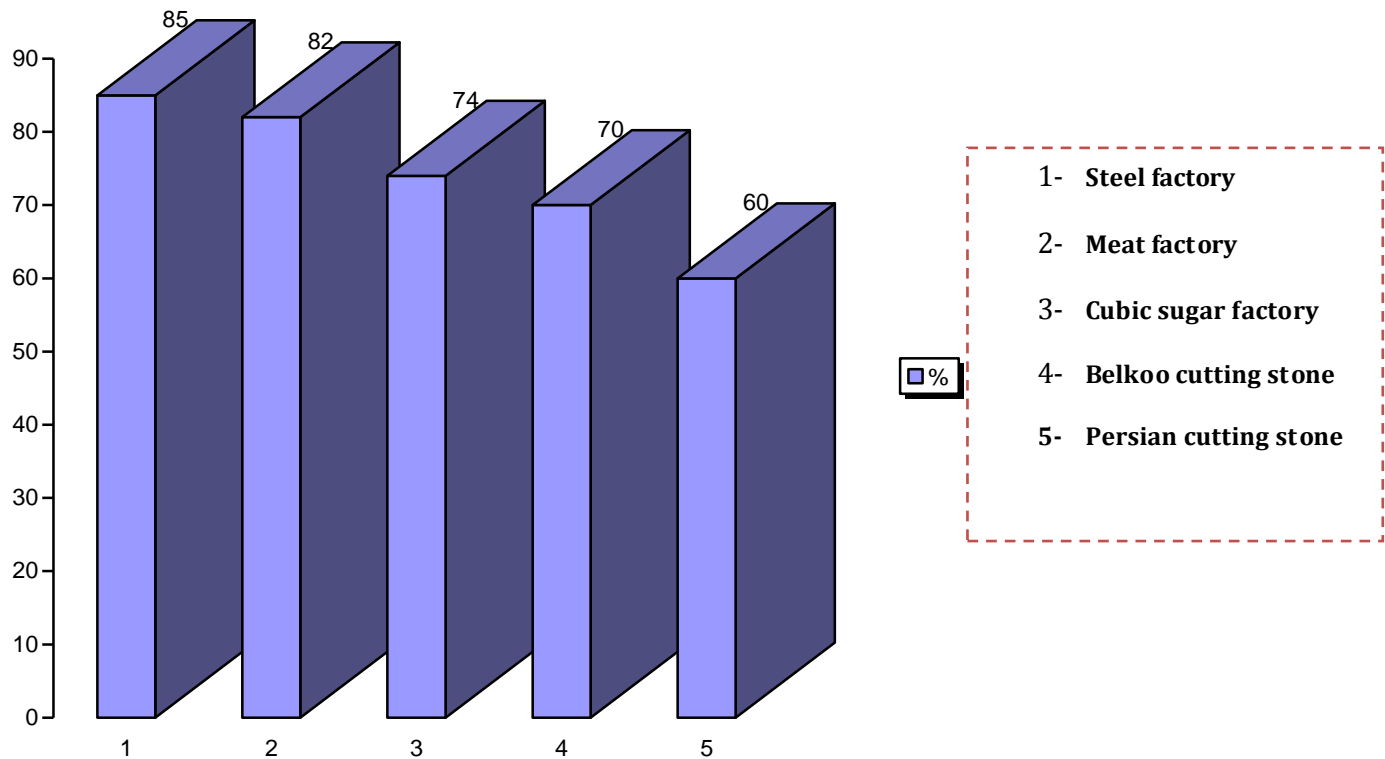
**3-7-1-1**-providing safety checklist

**3-7-1-2**-Completing checklist by professional and environmental health experts

**3-7-1-3**-Reporting checklist's results to safe community committee to implement necessary interventions

**3-7-1-4**-Introducing "health lover employers" and publishing recognition and encouragement letters for them

**Chart4. Percentage of safety situation of factories with +25 workers –Eghlid 2009**



### **3-7-2-Programs in Occupational Environments and Factories**

**3-7-2-1-**Inspecting Workplaces under labor law, private and governmental ones in urban and rural areas by inspectors of Labor office

**3-7-2-2-**Forming technical safety committee and occupational health committees and inspecting deficiencies at workplaces

**3-7-2-3-**Declaring the suggestions of Labor office inspectors' to reduce injuries to safe community committee secretariat

- 3-7-2-4-** Educating farmers about water wells and electric pumps about electric shock hazards
- 3-7-2-5-** Educating workers about hazardous issues at workplaces and using personal safety protection tools
- 3-7-2-6-** Educating farmers who use water-well with electric pumps about installation of safeguard on shafts
- 3-7-2-7-** Educating employers about injury prevention at workplaces
- 3-7-2-8-** Educating occupational health experts of factories and appoint health volunteers to convey necessary educational issues
- 3-7-2-9-** Electing 2 successful employers for implementing safety and health issues as 'health lover employer' and appreciating them on labor day
- 3-7-2-10-** Providing safety checklists for occupational environments , filling them out and sending them to health center

### **3-8-Activities at home**

Most injuries at homes include suicidal attempt (95.3/100000) and hits (87.6/100000) and poisoning (45.9/100000).

#### ***3-8-1-Activities:***

- 3-8-1-1-** Inspecting safety situation of homes in urban and rural areas with less than 20000 inhabitants
- 3-8-1-2-** Educating families with inappropriate safety situation to correct risky locations

**3-8-1-3**-Educating mothers with less than 6 year old children based on" healthy children" plan

**3-8-1-4**-Educating health volunteers to participate in home's safety

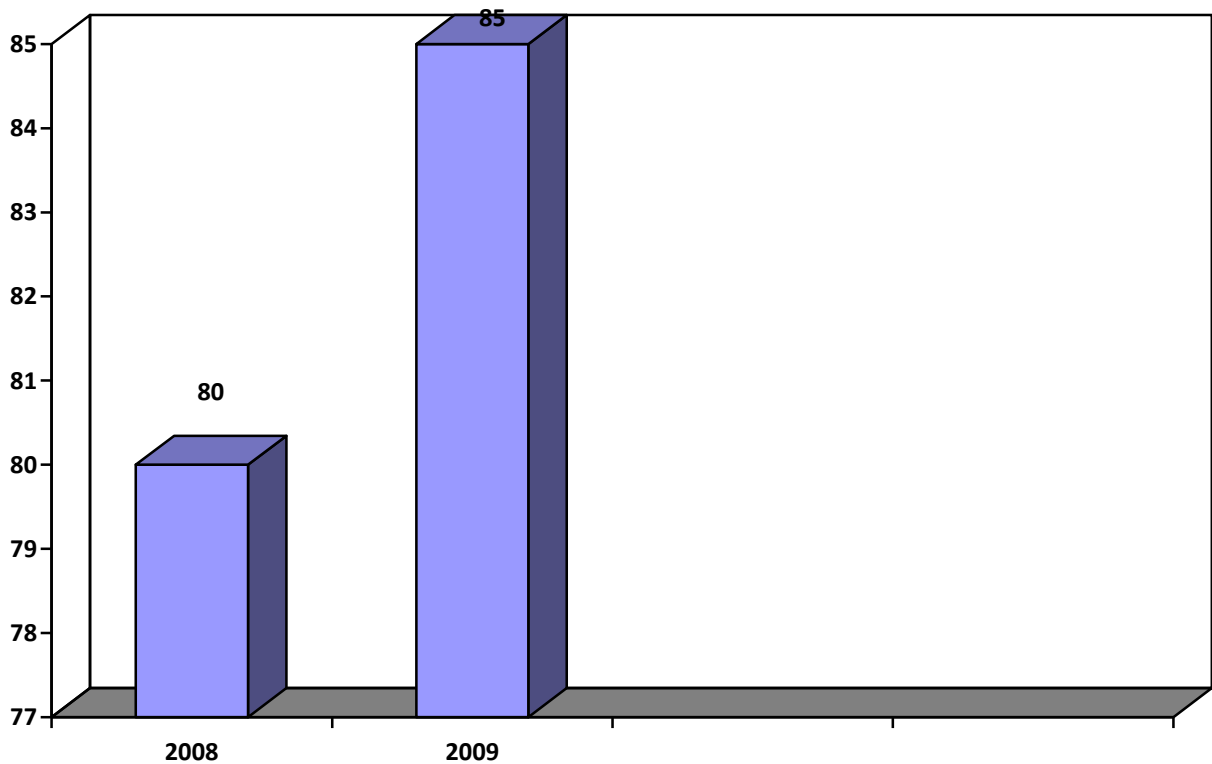
**3-8-1-5**-Safe community committee pursuit through **maskan foundation**

( **An organization supervising rural building constructions**)to recieve permit before building constructions by people

**3-8-1-6**-Safe community committee pursuit through Gas Company to alarm hoseholds about disconnected gas delivery pipelines because of mending or reconstruction of gas pipes to prevent probable injuries

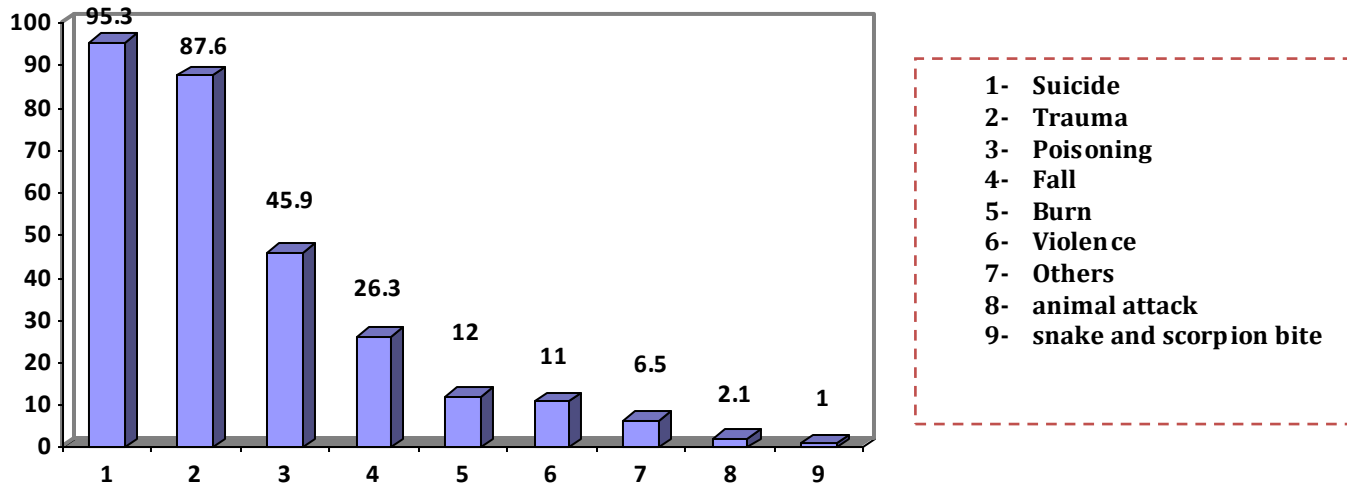
**3-8-1-7**-Providing 10 safety recommendations for households before leaving

**Chart 5.Safety percentage of visited rural homes in 2008-2009**



*Safety promotion program of rural homes began in 2000 and was accelerated in 2008-2009*

**Chart6: Incidence rate of injuries taking place at home sorted by type in Eghlid- 2009 per 100000person (registered at hospital's emergency)**



*This chart shows the first injury at home is suicide*

### 3-9-Activities about Suicide

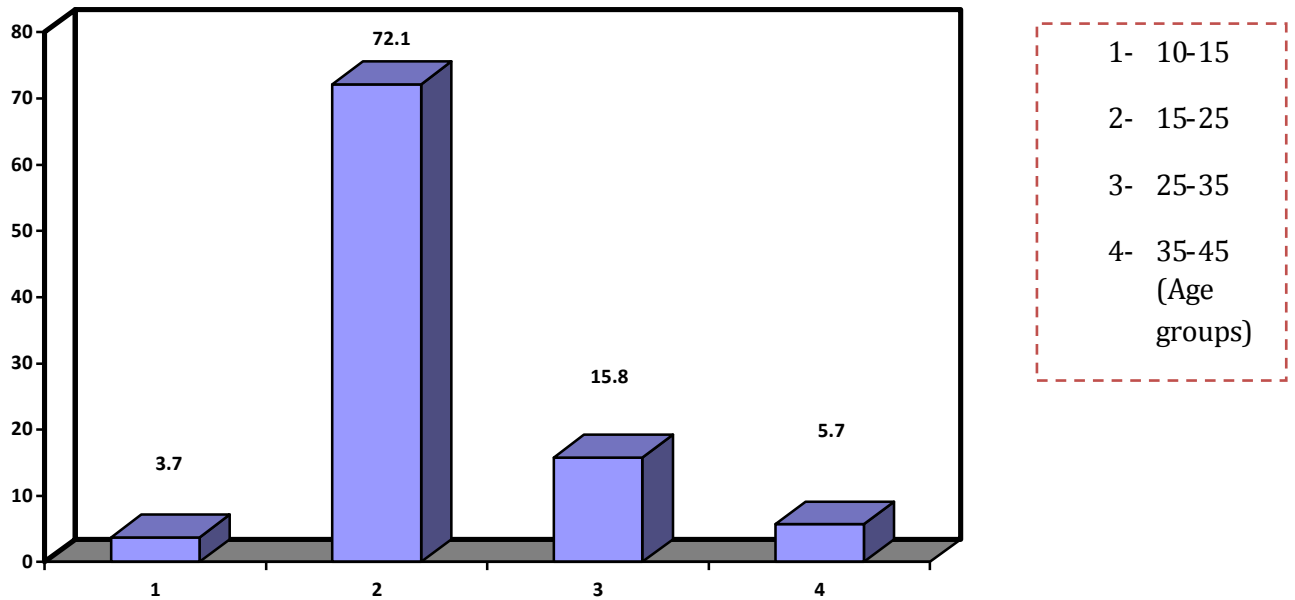
**3-9-1-**Providing supplementary form for better survey of the existing situation (age group, gender, cause...)

**3-9-2-**Analysis of data and indicators in committee

**3-9-3-** Proposing necessary interventions such as identifying suicide cause in suicidal referring to hospital, informing psychological health expert of health center consulting them and their family, implementing educational program about children breeding for students' parents, implementing life skill program for school and university students, students' parents and instructors,...providing and delivering different educating issues about safety

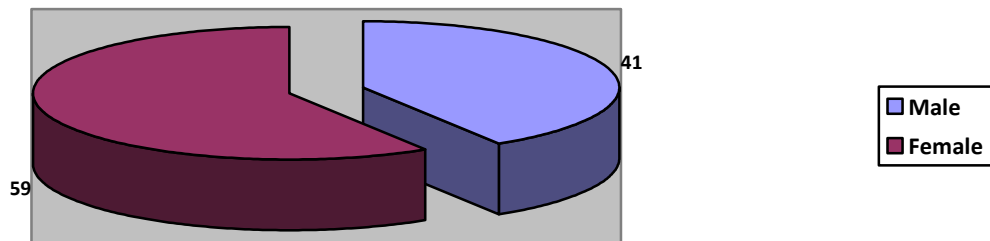
**3-9-4-**Implementation of confirmed interventions

**Chart7: Comparative figure of suicide attempter's age group (%) -Eghlid 2008-2009**



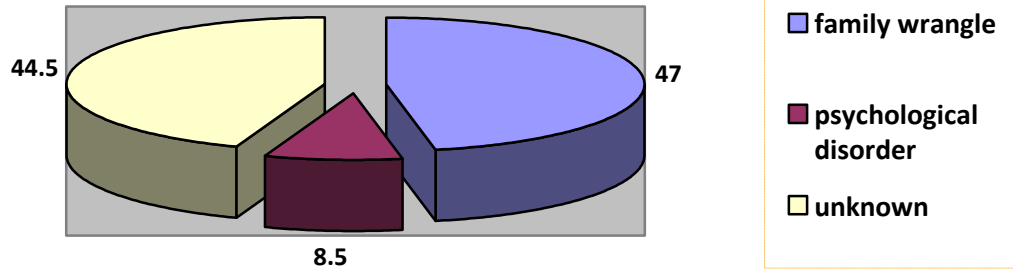
*Shows that more than 70% of suicide is allocated to 15-25 age group*

**Chart8: Comparing percentage of suicide incidence among men and women - Eghlid -2009**



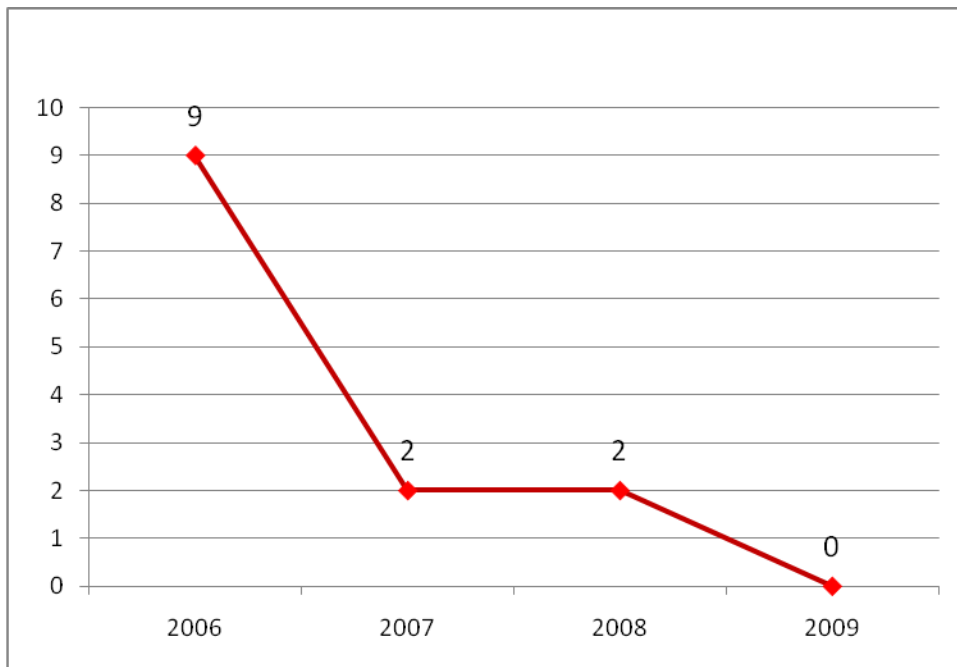
*Shows that about 60%of suicides are attempted by women*

**Chart9: Comparative percentage of suicide causes -Eghlid -2009**



*Shows that most of suicide causes are family wrangles and psychological are a few cause and a great percentage of suicide attempts had unknown causes since many attempters were unwilling to tell the truth*

**Chart 10: Number of deaths caused by suicide 2005-2009**



*Shows a considerable decrease in number of deaths caused by suicide in 2006-2009*

### 3-10-Increasing Safety in Roads and traffic Passages:

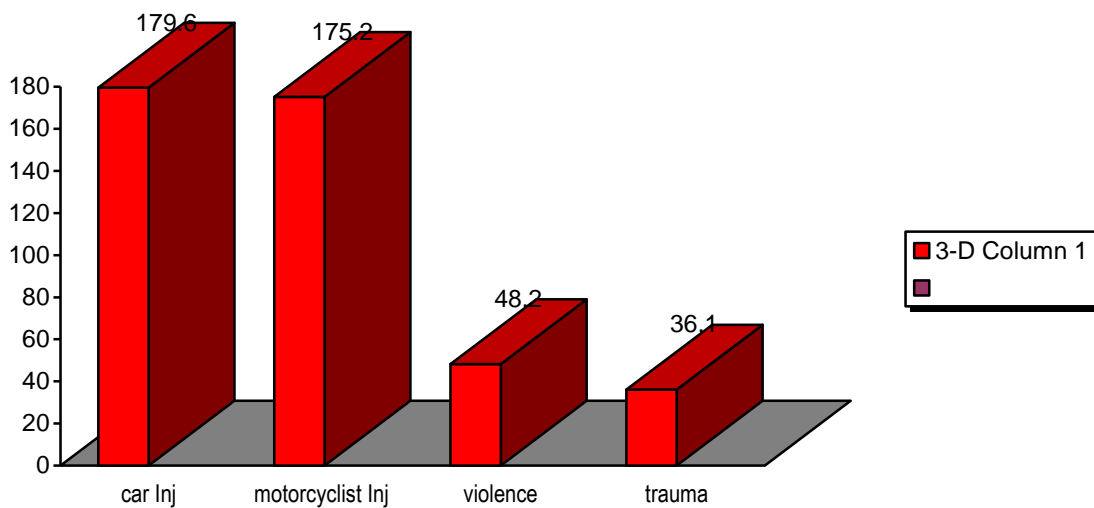
3-10-1-Surveying safety situation of urban and suburban roads and passages

3-10-2-Data analysis and identifying risky locations

3-10-3-providing action plan to improve safety situation by committee

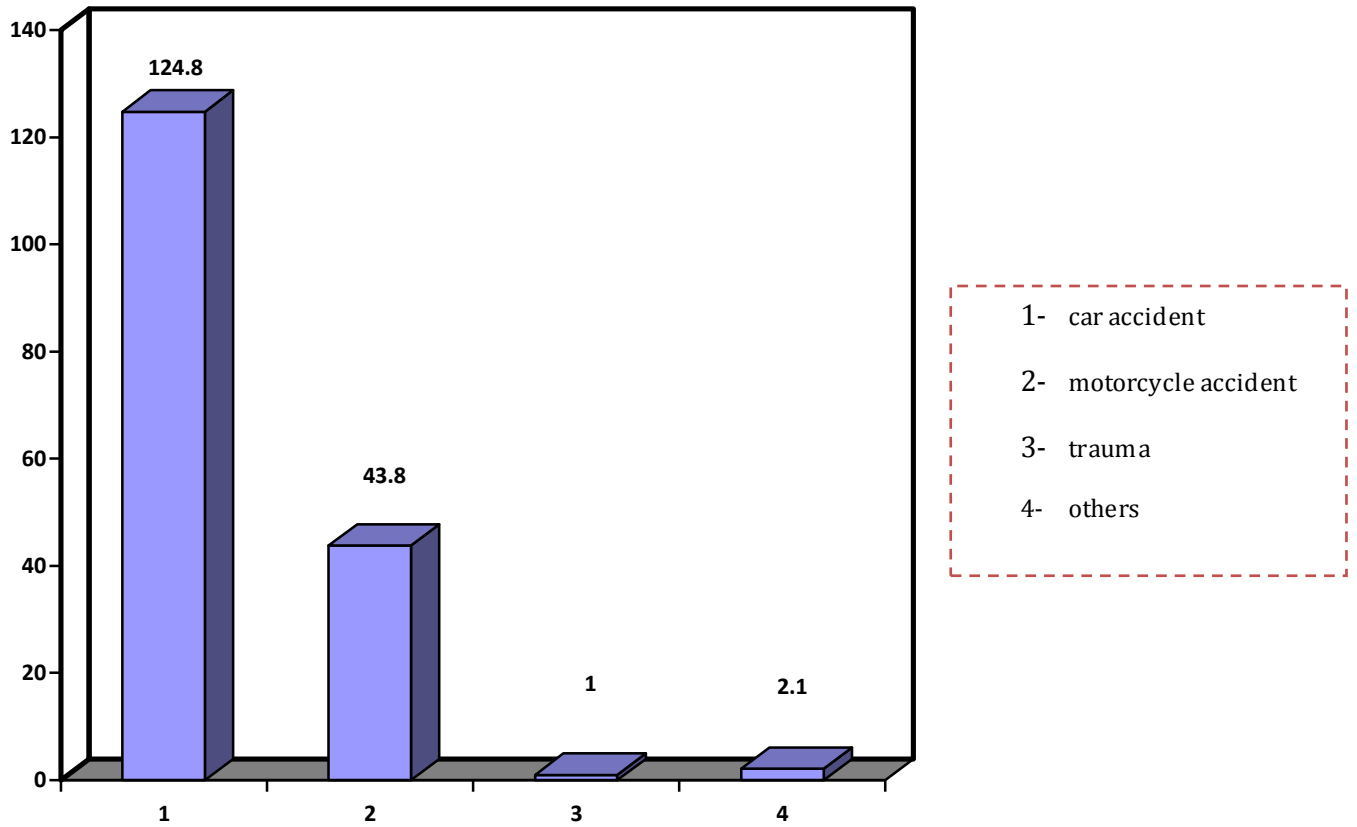
3-10-4-Implementation of interventions and confirmed decisions

**Chart11: incidence rate of injuries at alleys and streets by type per 100000 people -Eghlid 2009**



*Most of injuries at alleys and streets' cause are traffic accidents and violence is the second cause*

chart12: Incidence rate of injuries at roads and freeways by injury type per 100000 person -Eghlid  
2009



*This chart shows traffic is the most important cause of injuries*



*Fig.4.constructing a safe road beside the old road*

**Table12. Examples of activities for urban and suburban traffic passages-Eghlid 2009**

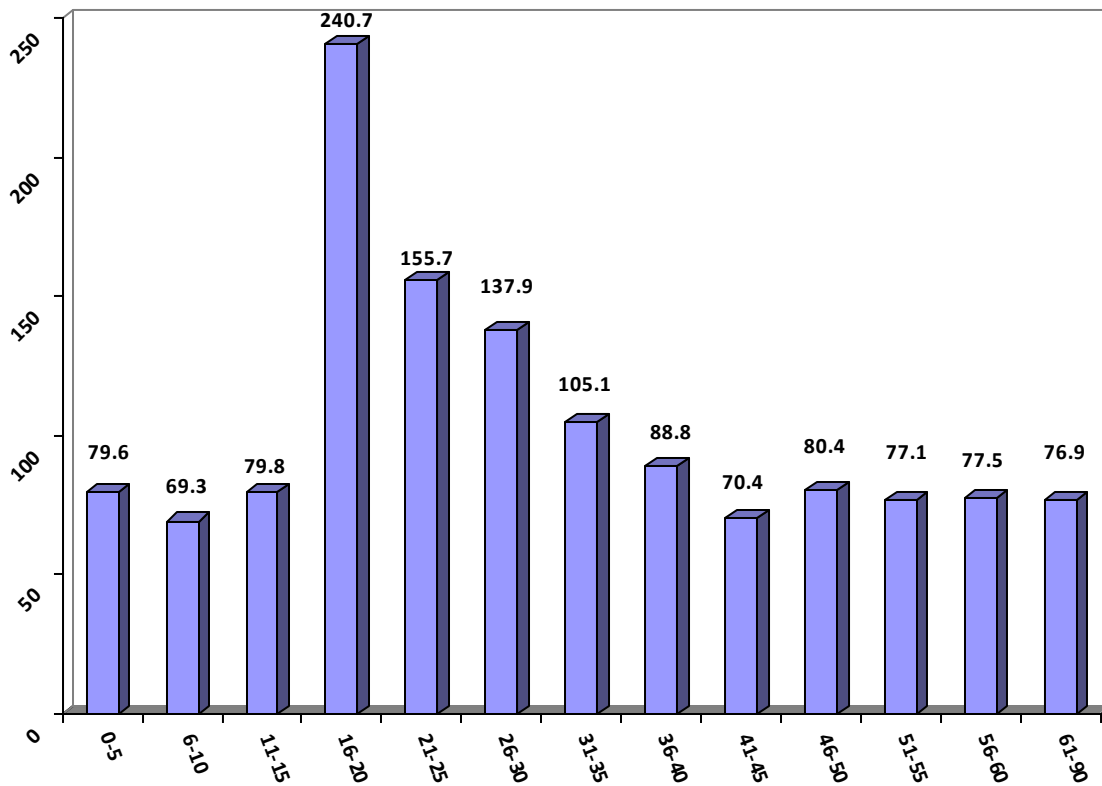
Activities		Number
1	Constructing Entrance and Exit Ramps at Intersections	5
2	Installing Safety Signs in Eghlid- Yasooj Road	450(40km)
3	Constructing Eghlid- Yasooj Road Shoulder	In 6km
4	All Roads Maintenance	1500m <sup>2</sup>
5	Bridge Construction	2
6	removing Risky Locations of Timarjan Defile	10
7	Repairing and installing solar traffic Lights	19
8	Demolishing Old Dangerous Buildings	all roads
9	Creating card park zones to decrease traffic	Enghelab road
10	Construction of bus terminal building and eliminating traffic from city center passages	1 building
11	Widening the main boulevard	
12	Wall Construction in some parts of of Saheli river to prevent people's fall in the river	
13	Extricating some parts of sidewalks	
14	Notifying the owners of advertisement billboards to install billboards in appropriate places	
15	Reconstruction and repairing Saheli river wall at risky locations to prevent People and Cars from Fall	
16	Installation of Speed Ramps in Some Parts of City Passages	
17	Leveling and Surfacing Passage Bumps	
18	Installation of Alert Signs in City	
19	Closing Some U-Turns in Boulevards	
20	Prunning Trees by Roads' sides	
21	Widening,infrastructure,asphalt coating,removing obstacls such as power posts,bridge widening, installation of solar lights at Sade-Doroodzan intersection	5 power posts 2 Solar lights
22	Widening,infrastructure,asphalting of Mojtam-e-goosht with Railroad office's cooperation,installation of pre alert sign installation of solar lights and layout of mentioned intersection	2 signs 2 Solar lights
23	widening, asphalting, infrastructure and layout of Shahrmian intersection	1 road
24	Construction of Imamzade Ismaeel defile and ring road in 11km such as infrastructure , asphalting,layout and side safety guard at	3000m
25	Shoulder widening and road leveling and installation of 2 solar lights in taghar turn of Soormagh-eghliid road	1 road
26	Installation of solar lights at Pahlavani intersection	2
27	Shoulder widening, asphalt coating at Eghlid- Yasuj roads in 58 km, widening 6 bridges in this road	
28	Installation of solar lights at Abbarik intersection	1
29	Layout, building road shoulder, installation of solar lights at Ahmadabad intersection	3 solar lights
30	Installation of needed safety signs and layout in Emamzade Ismaeel in 18 km	24km of layout 580 signs
31	Building road shoulder,leveling both sides of road,installing respective safety signs,widening Kanas bridge, aspas-Imamzade Ismaeel road	In24km
32	Installation of Safety Signs	2700 signs
33	Layout of suburban roads	In470km

### 3-11-Steps taken to improve safety of age groups

#### *3-11-1-Programs:*

- 3-11-1-1-Identifying hazardous issues in every age group
- 3-11-1-2-Implementation of educational programs for each age group
- 3-11-1-3-Holding competitions to reduce injuries
- 3-11-1-4-Holding safety exhibitions

**Chart13: incidence rate of registered injuries in Eghlid hospital per 10000 person in 2009**



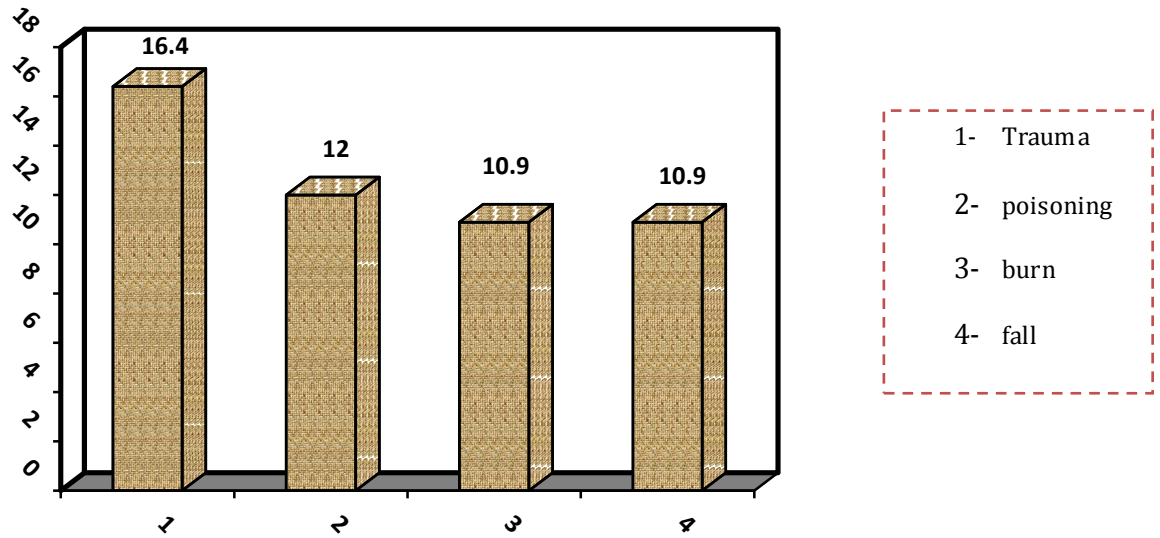
*Shows that 11-40 especially (16-20) age group are the most hospital registered injured persons*



*Fig.5.Educating children by the police*

*Chart14: incidence rate of the first four injuries in 0-4 age group per 10000 person*

*Eghlid 2009*



Shows that trauma and poisoning are the first and second rank of injuries at 0-4 age group

### 3-11-2- 0-4 age group

#### 3-11-2-1-Activities:

3-11-2-1-1- Educating preschool and kindergarten instructors about injury prevention

3-11-2-1-2 - Educating mothers with less than 5 year children about injury prevention

3-11-2-1-3 - Educating injury prevention issues to kindergartens' children

3-11-2-1-4 -Providing and distributing pamphlets about burn to high risk groups

2- 5-9 and 10-14 age groups

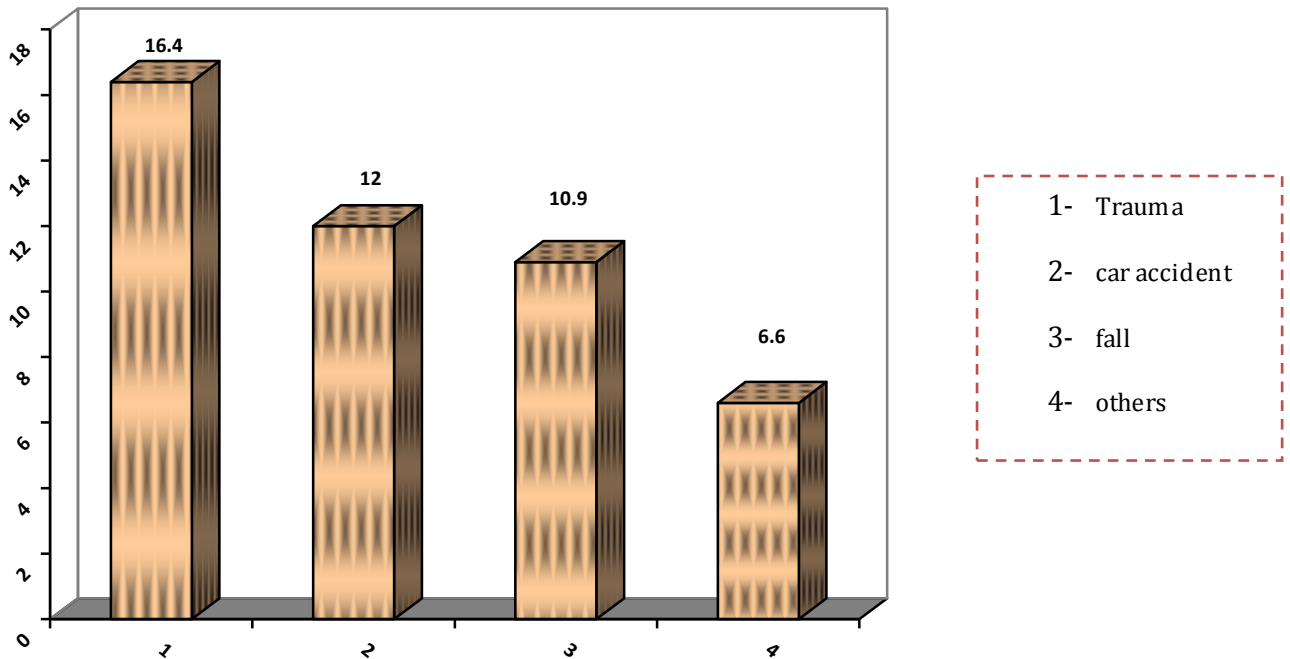


*Fig.6. Holding exhibitions by children*



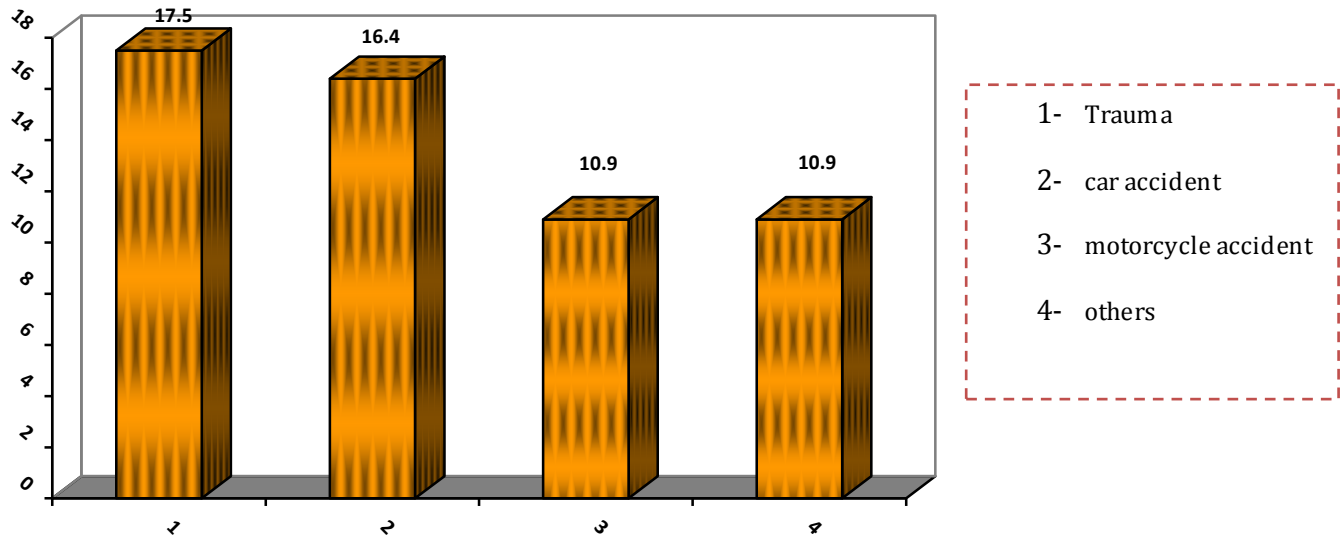
*Fig.7. Educating students in the traffic park*

**Chart15: incidence rate of the first four injuries in 5-9 age groups per 10000 person - Eghlid 2009**



*Shows that trauma and car accidents are the two main causes of injuries in 5-9 age group*

**Chart16: incidence rate of the first four injuries in 10-14 age group per 10000 person  
Eghlid 2009**



*Shows that Traffic accidents specially car accidents are the main cause of injuries and trauma is the second cause in 10-14 age group*

### **3-12- 10-14 age groups**

#### **3-12-1-Activities:**

**3-12-1-1** -Educating injury prevention, first aid and rescuing injured people to students

**3-12-1-2**-Educating schools' health instructors to prevent injuries, an introduction to safe community, its targets and indicators of a safe school

**3-12-1-3** -Holding bicycle riding competition and giving safety helmets to competitors

**3-12-1-4**-Providing safe bicycle riding pamphlet and delivering to students

**3-12-1-5**-Educating school teachers about first aid and rescuing the injured .

**3-12-1-6** -Forming "school's police" at elementary schools

**3-12-1-7** -Holding earthquake maneuver at schools with the collaboration of red crescent society

3-12-1-8-Educating traffic issues to preschool and kindergarten children and constructing temporary traffic park in Children Park by the police.

3-12-1-9 -Holding painting and handiwork exhibition about safety and health in Valliasr Center , choosing best ones and giving prizes.

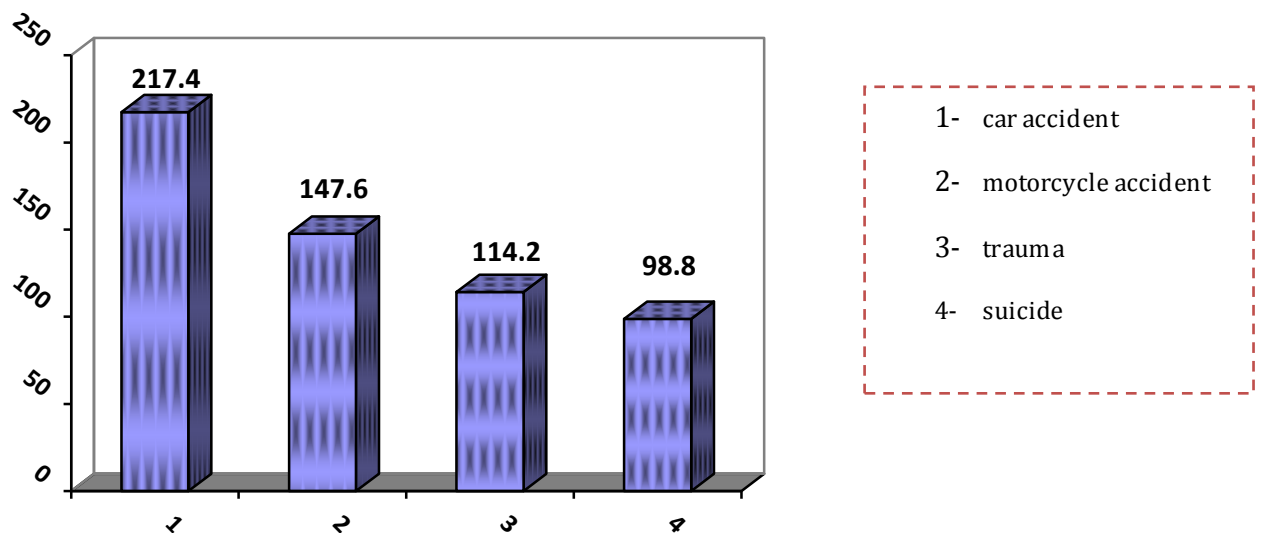
3-12-1-10-Preparing DVD of safe trip(educating traffic issues)and distributing at schools and kindergartens

3-12-1-11 - Providing pamphlets about **Chaharshanbesoori**\* at schools and educating students by teachers and schools heath observers

\*One of iranian's ceremonies held on the night before the last wednesday of the year in which fireworks are common And people jump over fire

### 3-13- 15-24 age group:

Chart17: incidence rate of the first four injuries in 15-24 age group per 10000person - Eghlid 2009



*Although traffic accidents are the main cause of injuries in 15-24 age groups, suicide is in the third rank which is considerable*

### 3-13-1-Activities:

**3-13-1-1-** Holding motorcyclist rallies in 8 rural areas and one urban area to increase motorcyclist's awareness about safety issues and giving safety helmets as prize.

**3-13-1-2-** Providing and delivering pamphlets, leaflets and health mottos about motorcycle accidents' prevention to high risk groups

**3-13-1-3-**enforcing the obligatory use of safety helmets and stopping motorcycles with technical defects by the police

**3-13-1-4-** **Educating** safety principles and injury prevention to:

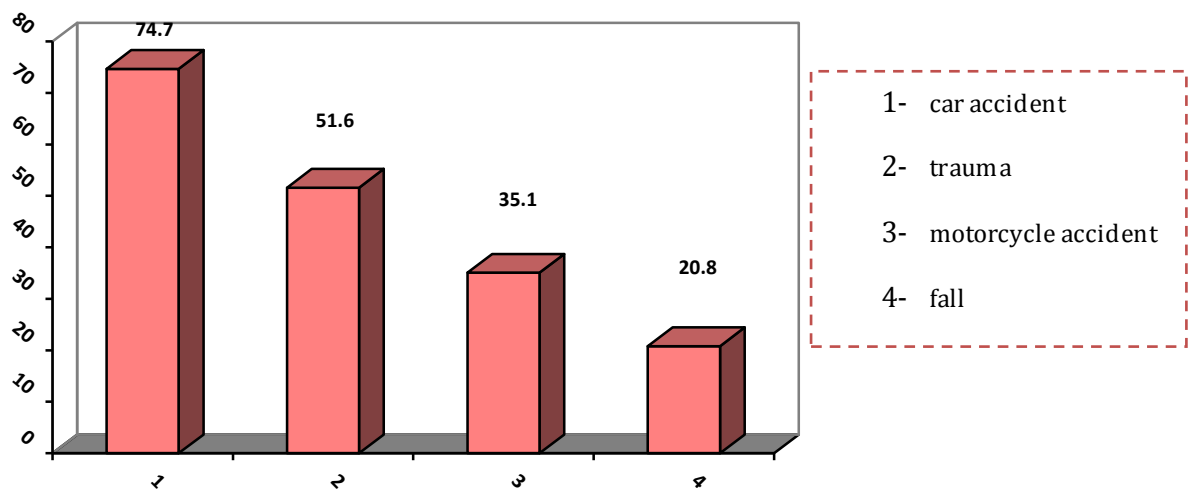
Red Crescent members, Heath liaisons, local administrations' expert volunteers, university students

### 3-14- 25-64age group:

(25-34, 35-44, 45-54, 55-64)

Incidence rate of injuries are almost the same in these 4age group accordingly they are written jointly

**Chart18: incidence rate of 4 first rank injuries in 25-56 age group per 10000person -Eghlid 2009**



*Traffic injuries are the main cause of injuries and trauma is the second cause*

### 3-14-1-Activities:

**3-14-1-1** -Educating public,drivers,motorcycle riders, aid committee liaisons, Nehzat instructors, expert volunteers, public places heads

**3-14-1-2**-Providing and delivering pamphlets about safe community and its targets

**3-14-1-3** -Holding mountain climbing programs with safety mottoes

**3-14-1-4**-Providing and delivering pamphlets about safe driving

**3-14-1-5** -Implementation of obligatory use of safety helmet and seat belts with traffic police cooperation

**3-14-1-6**-Punishing scofflaw motorcyclists and arresting their motorcycle for 3 months

**3-14-1-7** -Providing pamphlets about safety in Nowrooz trips and delivering them by Nowrooz camps, Red crescent youths among Nowrooz passengers and drivers

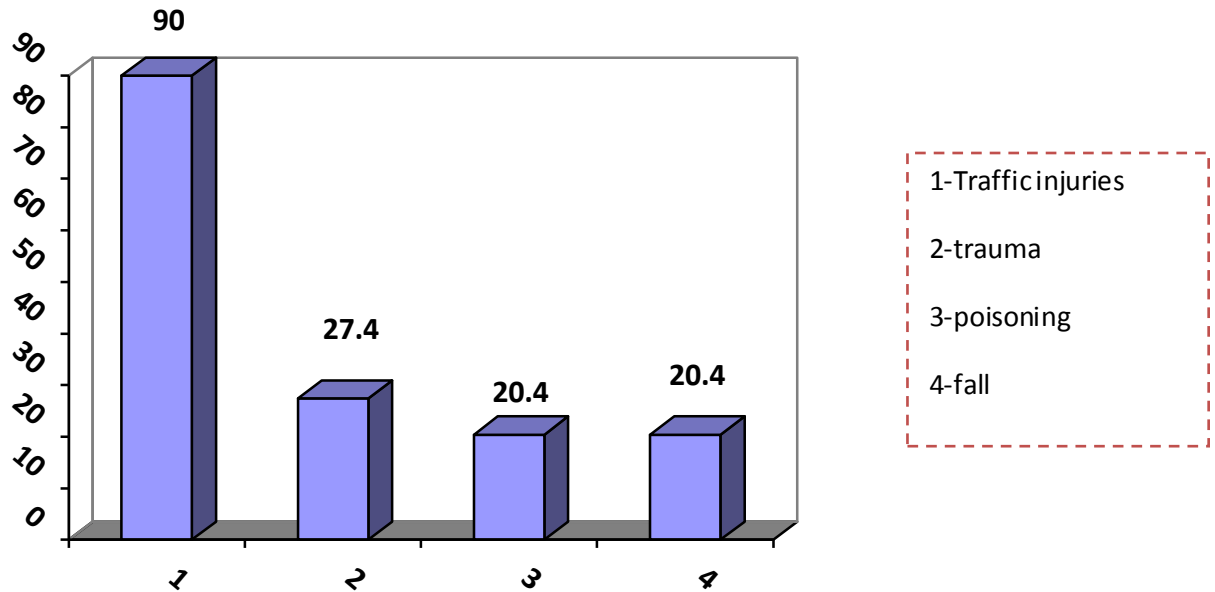
**3-14-1-8** -Forming suicide committee to identify appropriate strategies and necessary interventions

### 3-15- 65+ age group:



*Fig.8.Educating the elderly*

**Chart19: incidence rate of 4 first rank injuries in +65age group per 10000person - Eghlid 2009**



*Traffic injuries is the first cause of injuries in this age group*

### **3-15-1-Activities:**

3-15-1-1- Educating the elderly about injury prevention based on **the elderly' health plan** and special educational books

3-15-1-1 -Holding educational meetings for administrations retired the elderly

**Table 13.** A table of implemented interventions for different age groups about injury prevention- Eghlid

<b>Target Group</b>	<b>Implementation Percentage</b>	<b>Type of Intervention</b>
Parents of Children under 6	50	Implementation of Healthy Child plan
Elementary Students	81.5	Educating injury prevention
Middle School students	57.5	Educating Injury Prevention
HighSchool Students	38	Educating Injury Prevention
Students' Parents	24.2	Educating Injury Prevention
Households	60	Educating Injury Prevention
Parents of Children under 8	30	Educating Injury Prevention
<b>Children under 5</b>	<b>100</b>	Forming under5 children's death committee and planning some kind of interventions such as educating families, reformation of health system at hospitals and reporting the incidences to safe community committee
Children under 5	50	Implementation of Designed Interventions in Death Committee
The elderly	44.5	Implementation of The elderly Care Program
15-65 Age group	2urban/7rural areas	Implementation of Motorcyclist congress
Kindergartens' Children	85	Educating Injury Prevention

### **3-16 -Activities for attracting public participation:**

**3-16-1-** Participation and cooperation of health volunteers, local administrations and factories expert volunteers

**3-16-2-**Announcing risky locations of the areas under volunteers' care to health center

**3-16-3-**Conveying educational messages to households and individuals under care

**3-16-4-**Attracting participation and collaboration of literacy movement organization's instructors

**Table14.educating target groups – Eghlid 2009**

<b>Target group being educated</b>	<b>Percentage</b>
<b>Urban health volunteers</b>	<b>100</b>
<b>Rural health volunteers</b>	<b>40</b>
<b>Expert volunteers of Administrations and factories</b>	<b>100</b>
<b>Instructors of Literacy movement organization</b>	<b>60</b>

### **4-Indicator3:**

Programs that target of high risk groups, and environments and programs that promote safety for vulnerable groups.

Groups and places at risk were identified and proposed in the committee through data reports (number of injuries, disabilities and deaths in each location, time or age or gender group), surveying checklists, observations, public reports, and local authorities.

Identifying and giving priority to urban and suburban at risk places were done by Delphi model and in accordance with all members' opinions ,and members were notified of them to prepare meeting's agenda and program their eliminate.

## 4-1-Activities:

4-1-1-Filling out the data forms and collecting Data of different sources

4-1-2-Identifying priority of injuries based on data analysis

4-1-3-Identifying groups at high risk and risky locations

4-1-4-Proposing subject in safe community working group

4-1-5-Programming to reduce prior injuries

4-1-6-Surveying outcomes

4-1-7-Some high risk groups

**Table 15. Identified priorities of injuries and interventions:**

<b>Identified Priority</b>	<b>Number of committee confirmed Decisions</b>	<b>Implementation Percentage of confirmed Decisions</b>
<b>Traffic injuries</b>	<b>110</b>	<b>78</b>
<b>Hit(Trauma)</b>	<b>15</b>	<b>87</b>
<b>Suicide</b>	<b>8</b>	<b>63</b>

**Table 16. urban and rural high risk locations-Eghlid 2009**

Place	Number of Identified high risk locations in 2008	Number of removed deficiencies	Percentage of Removing deficiencies
Urban Areas	24	13	54.2
between Urban and Rural Areas	33	14	42.5

**4-2-Activities to improve safety at high risk locations:**

4-2-1-Identifying risky locations through data analysis,administrations' reports and public complaints

4-2-2-Identifying priority of risky locations to remove deficiencies

4-2-3-Declare priorities in committee agenda

4-2-4-Implementation of interventions

4-2-5-Final report

4-2-6-Evaluating interventions

**Table 17. Identifying risky locations in traffic passages and identifying their priorities to be removed**

Number of Identified risky Locations	Priority of Risky locations To be Removed		
	Number of the First Priority	Number of the Second Priority	Number of the third Priority
82	16	32	34



*Fig.9.Holding motorcycle competition and presenting helmets*

### **4-3-Activities:**

**4-3-1-**Holding motorcyclist congress with the target of promoting the culture of using safety helmets attended by 150 individuals among 17-65 age group in Eghlid and presenting safety helmets

**4-3-2-** Holding motorcyclist congress in 8 rural centers with traffic police cooperation and giving safety helmets

**4-3-3-**Implementing the program of questioning motorcyclists in 5 urban and 5 rural locations

**4-3-4-**Providing “safe road without accident” billboard and installing it at city entrance

**4-3-5 -**Communicating with all administrations about Personnel’s use of safety helmet

**4-3-6 -** Punishing scofflaw motorcyclists and obligatory use of safety helmet

**4-3-7-**Educating motorcyclists

#### **4-4-7- More activities for high risk groups include:**

**1- Drug addicts:** The coordination council for drug campaign is convened seasonally with the chairmanship of the governor.

**2- Immigrants:** The unit for pursuing the affairs of immigrants exists in the gubernatorial building which is in charge of examining the problems of this group. Also, different educational courses for injury prevention and other health issues are held by the experts of the Health Center during the seasons in which the immigrants move to agriculture farms to work.

**3- Tribal populations:** The bureau of tribal affairs is in charge of examining the situation of this group. Health center has educated young and literate girls of these tribes as health volunteers with the aim of increasing awareness of high risk groups.

**4- Unemployed:** Labor and social affairs bureau is in charge of examining the situation of unemployed and powerful people while Emdad Committee and Behzisti identifies powerless unemployed individuals and provide temporary or permanent services for them.

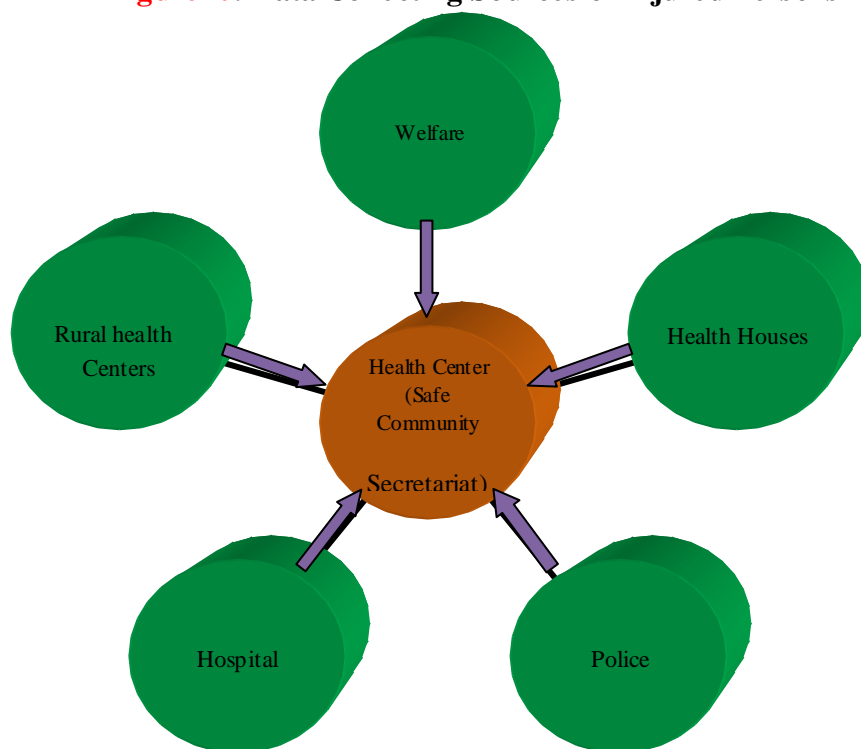
**5- Family disputes and violence:** Consulting meetings are held by mental Health especially students and parents. Also, Behzisti(*Welfare Organization, an organization in charge to help disable people, women, children and old age and...*) has 2 programs by the title of “prevention” which holds educational courses and provides consultative support for families and another program by the title of “reducing divorce” for families with serious problems in order to reduce family disputes and divorce rate.

#### **5-Indicator4: Programs that documents the frequency and causes of injuries.**

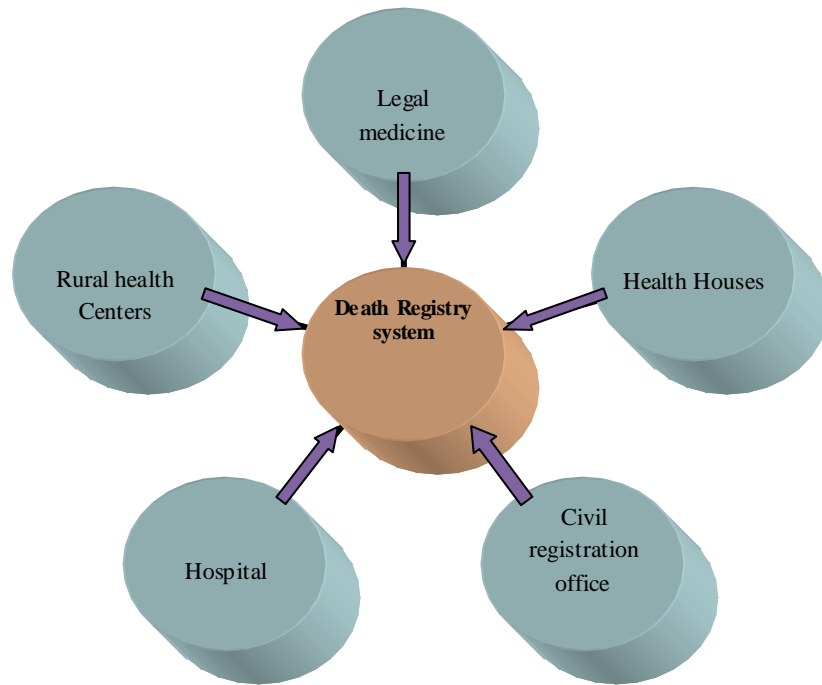
To set a system to take care of injuries Safe community committee organized a data collecting and analysis section. At present data relating injuries, disabilities and deaths are collected and analyzed. Data are collected through injuries registration forms in hospitals, factories, schools, health houses, health and care centers, and police ,only a part of which (registered at hospital emergency)are registered in country injury software, and after that are analyzed. However, because of the geographical situation of Eghlid and long distances of rural health and care centers from city center, the injured ones are admitted and treated by those centers and if the injury is severe or there is a lack of necessary hospital facilities they are dispatched to the city hospital. To solve this problem and not to miss the registration of accidents, in rural centers a notebook is prepared which registers and reports all injured victims of those centers. Death data is also prepared by death registration system.

Most important existing indicators in injury registration is to identify death rate and injury's incident rate sorted by age, gender, place of injury, type of injury and injury's result

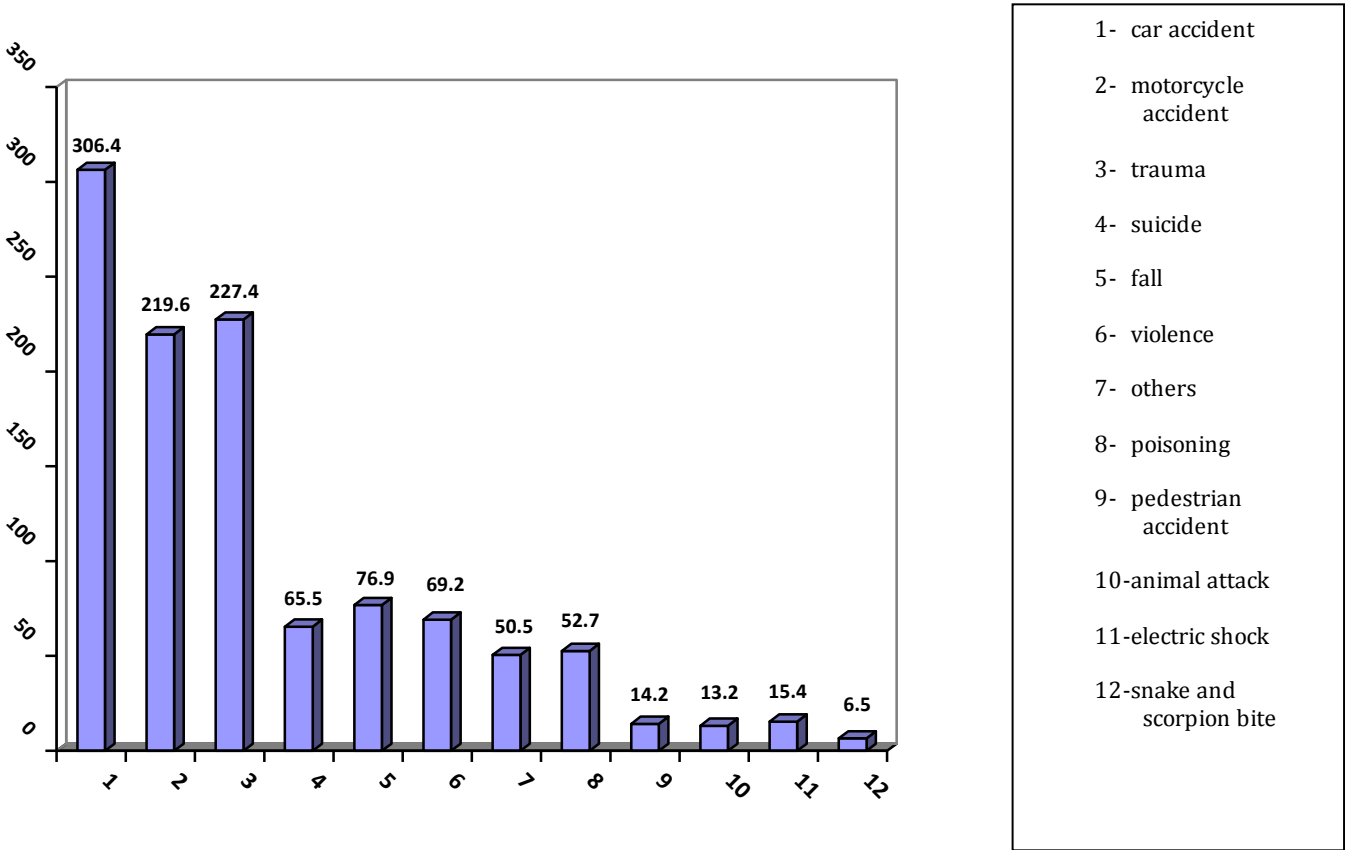
**Figure10: Data Collecting Sources of Injured Persons**



**Figure11:** Data collecting sources of deaths caused by accidents :

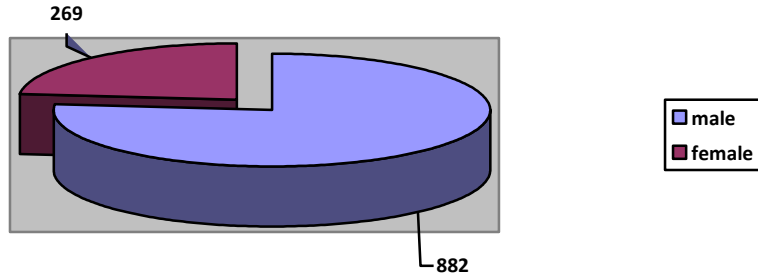


**Chart20: incidence rate of registered injuries at Eghlid's hospital by type in 100000 person in 2009**



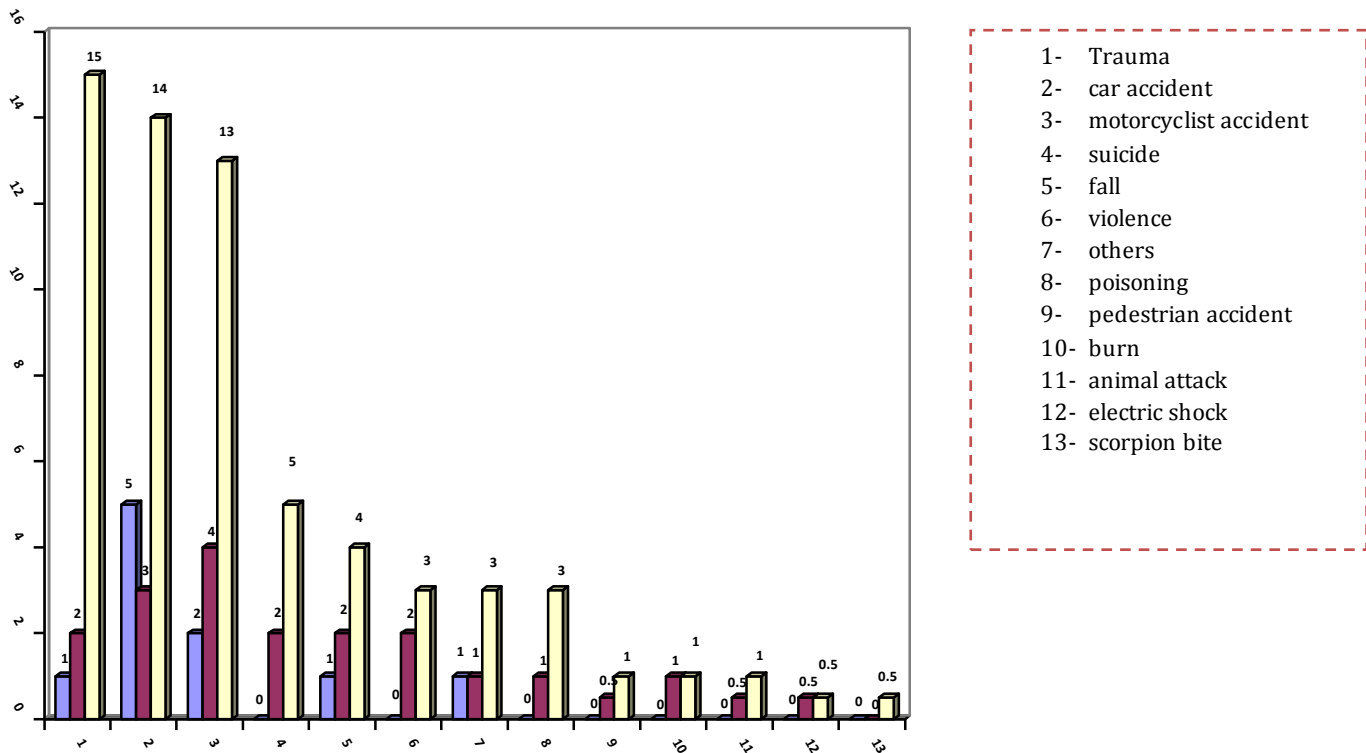
*Shows that traffic injuries (car-motorcycle-pedestrian) are the first cause of injuries in Eghlid's hospital and trauma (hit) and fall are at the second and third time.*

**Chart21: incidence rate of registered injuries at Eghlid hospital by gender in100000 person in Eghlid- 2009**



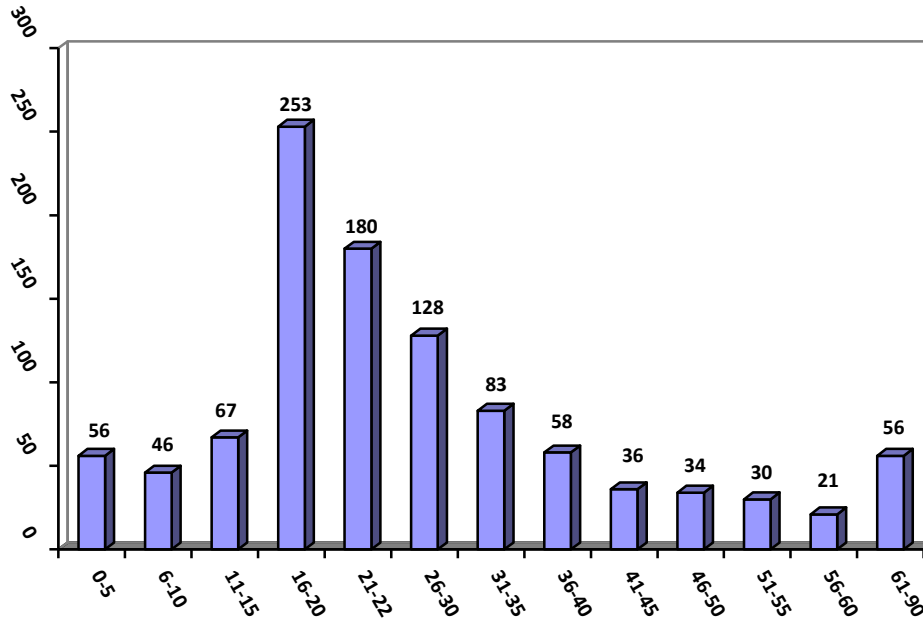
*Shows that more than 80% of injuries happen for males*

**Chart22: Comparative figure of the incidence rate of injuries by place and type in100000 person Eghlid 2009**



*Shows that most of injuries due to different causes happen in urban areas*

**Chart23: Comparative figure of injury incidence by age group in 100000 person Eghlid 2009**



*This chart indicates the 16-20 age groups are the first injured people*

**Table17.Comparative rate of cause of mortality Eghlid 2009**

Ranking	Cause	Percentage
1	Cardiovascular Disease	53.7
2	Injuries	13.3
3	Cancer	9.4

## **6-Indicator5: Evaluation measures to assess their programs, processes and the effects of change.**

It is necessary to have a system for evaluation and monitoring the programs in distinct periods and at the end of any program, to prevent parallel works or wasteful expenses and forming new and effective plans to identify the achievements of any program. Safe community committee has evaluated its programs through seasonal collection of data and final report at the end of any year and also through visiting checklists in seasonal or annual shape or a 6 - month period. Evaluations are done by administrations experts including Labor Office experts, Health Center experts (environmental health, professional health, school's health...), Welfare experts, administrations' technical experts...and checklists are reported to the committee's secretariat by related heads.

Meanwhile the committee has a supervising and examining team to evaluate the implementation process of committee programs. The members of the team are appointed by governor. The team has the responsibility to evaluate the existing situation of the committee and to report to the meeting's head.

### **Steps taken toward Indicator 5**

Monitoring index & evaluation were complied when programming action plans for all environments & age groups

Evaluation indicators:

**6-1-**Completing evaluation checklists for homes, schools, kindergartens, leisure environments before and after intervention

**6-2-**Surveying & analyzing data of injuries &accidents collected from various sources and comparing them with similar previous ones

**6-3-**Regular supervision on committee members' performance

**6-4-**Surveying the incidence rate of accidents before &after interventions

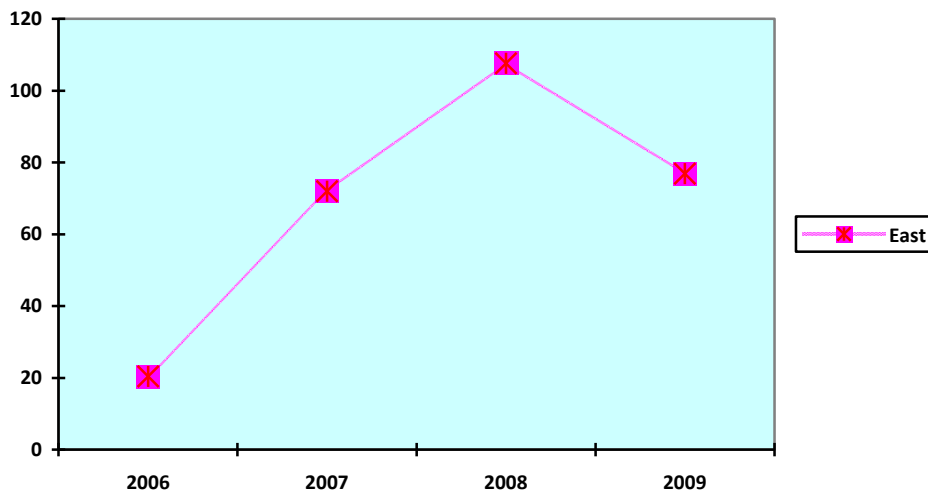
**Table18. Evaluation of holding meetings' situation and implementation of enactments**

Title of Survey	2008	2009
Percentage of holding meetings	50	75
Percentage of implemented enactments	79	70

**Table19. Safety percentage of rural homes -Eghlid 2008-2009**

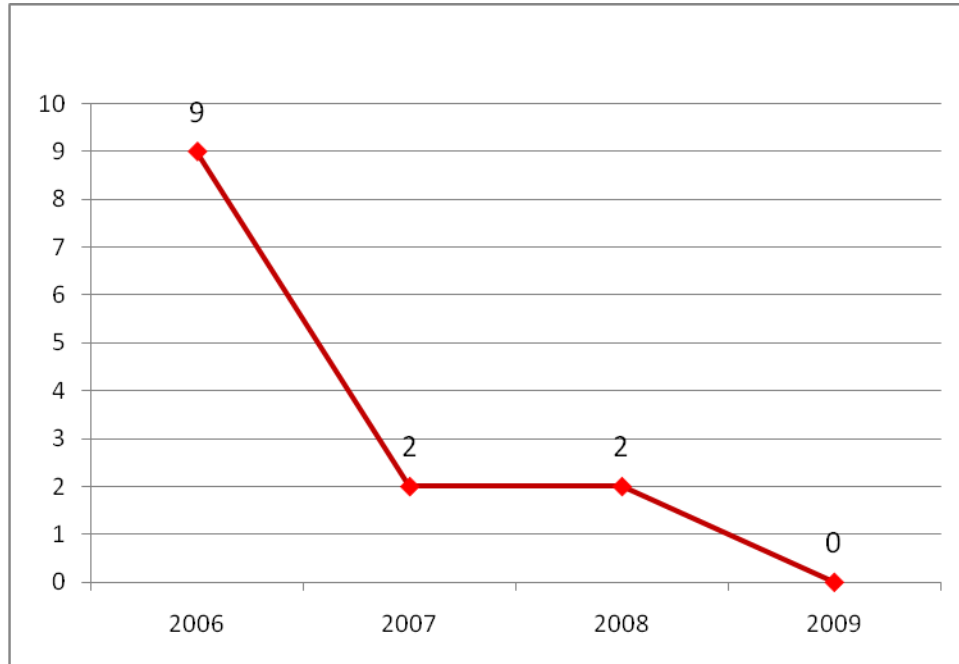
Title of Survey	2008	2009
Percentage of homes' safety survey	87.7	92.5
Percentage of homes with appropriate safety situation	80	85

**chart24: comparative figure of incidence rate of deaths caused by injuries in100000 person -Eghlid 2006-2009**



*Shows changing rate of deaths caused by injuries*

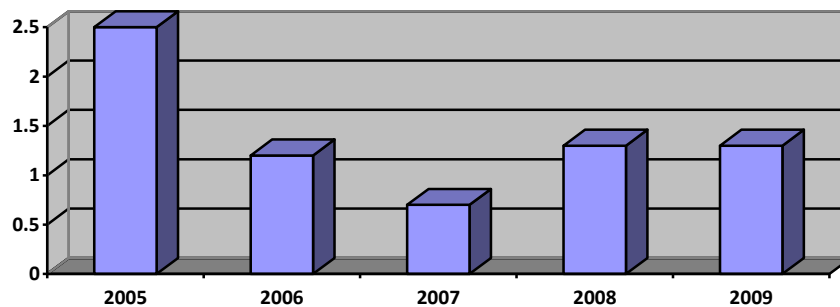
**Chart 25: Number of deaths caused by suicide 2005-2009**



*Shows a considerable decrease in number of deaths caused by suicide in 2006-2009*

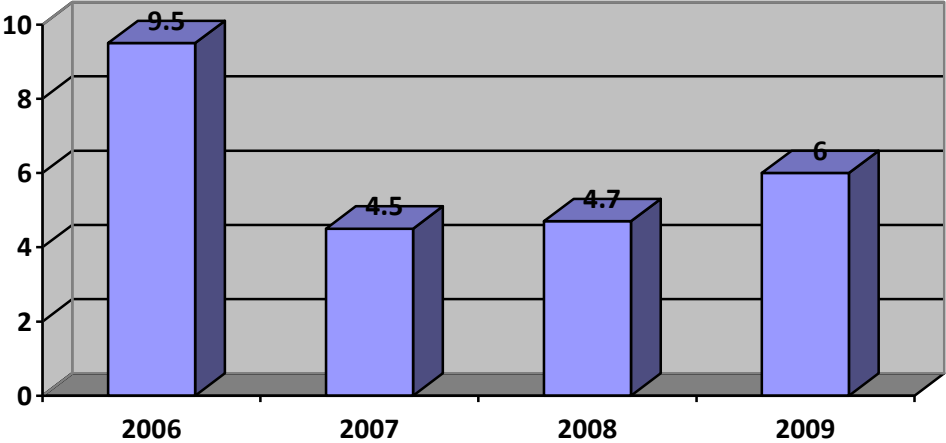
\*Attempt to suicide is one of the main injuries in Eghlid; therefore, it was selected as one of the priorities for intervention and also rigid monitoring especially among 15-24 age groups by Safe community committee.

**Chart 26: comparative figure of incidence rate of burn in 100000 person -Eghlid 2005-2009**



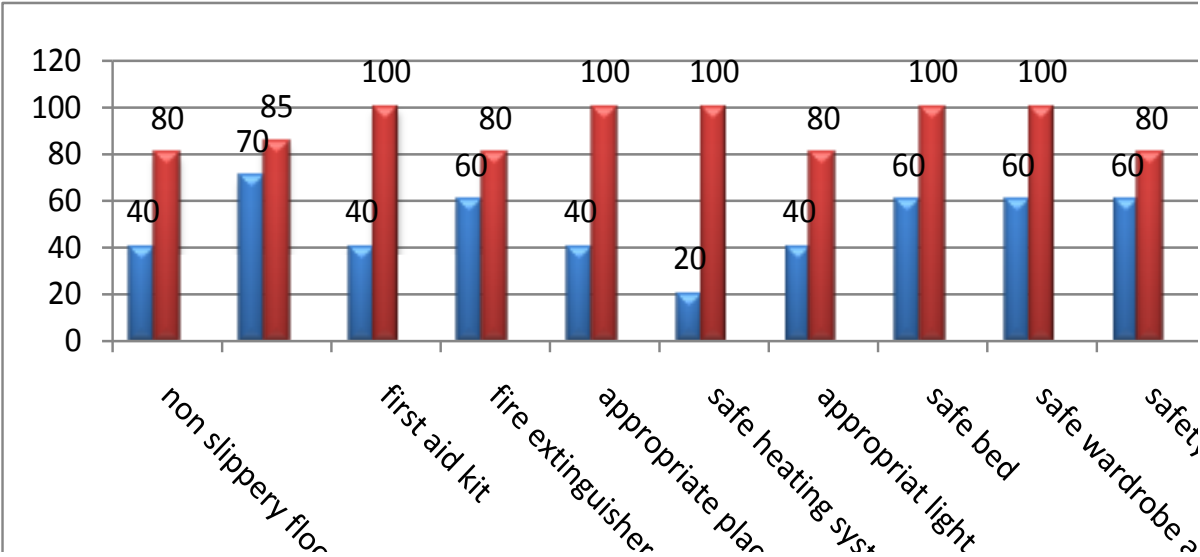
*Chart 26 shows continues reduction in burn with slight fluctuation*

**Chart 27: comparative figure of incidence rate of violence in 100000 person -Eghlid 2005-2009**



*This chart shows an increase in rate of violence at 2009 after 2 years reduction*

**Chart 28: Safety situation of urban kindergartens before and after interventions -Eghlid 2009-2010**



*The entire safety items have been promoted at kindergartens after interventions*

## **7-Indicator6:**

Ongoing and on time participation in national and international safe community network

7-1 -Participation in Abadan safe community workshop

7-2-Participation in Kashan safe community workshop

7-3-Participation in Iran and Sweden safe community joint workshop in Tehran

7-4-Visiting Arsanjan safe community

7-5-Visiting Neyriz safe community

7-6 -Hosting visits by experts from several provinces

7-7-Establishing Eghlid's safe community web site



*Fig10-Site visit by WHO Collaboration center and Health ministry and Shiraz University*

## **8-Publication:**

8-1- Pamphlet of "Motorcycle or Death Vehicle"

8-2 - Pamphlet of 'Safety in Nowrooz Trips'

8-3-Leaflet of 'safety in driving'

8-4 -Pamphlet of 'Safety of agricultural electric pumps'

8-5 -Pamphlet of working with electric pumps

8-6- Pamphlet of 'Kids' Burn'

8-7- Pamphlet of 'safe bicycle riding'

8-8 -Prevention of traffic injury

8-9-Link of different issues on the site of health and care network

### **9-Cultural programs**

9-1 -publishing articles in local newspaper

9-2 -Distributing Pamphlet and leaflet

9-3 -Increasing knowledge of teachers and students about safe community targets

**Table20. Methods of informing the public about safe community targets**

Target Group	Number	Methods of Informing
Public	2 newspapers Eghlid - 2009	Local Newspaper
Public	10000 paper	Pamphlet-Leaflet
Health experts and Behvarzes	4 educational meeting	Educational Workshop
physicians and Midwives	2 meetings	Educational class
Schools	83% Principals 92% Health supervisors	Educational Workshop



*Fig.12 Typical safety sticker*

- 9-4- Holding different competitions
- 9-5- Holding Mountain climbing program
- 9-6- Marching
- 9-7- Bicycle riding
- 9-8- Motorcyclists' congress
- 9-9- Introducing "no car day"
- 9-10 -Announcing a day as "safe riding day"
- 9-11-Providing and distributing alert stickers



*Fig.13.safety Exhibition*

***Acknowledgment:*** We respect and appreciate everybody in around the world who works for safety promotion and injury prevention which could reduce people's pain and improve equity.

*We also respect who shows the way and help us to compile this report.*

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