



Application for accreditation as
A World Health Organization Safe Community
WHO collaborating center on safe promotion



HOA LONG COMMUNE – LAI VUNG DISTRICT DONG THAP PROVINCE - VIETNAM



Hoalong, 2008

COMMUNE INTRODUCTION

Our Hoa Long commune of Lai Vung district, Dong Thap province is one of the many communes in Vietnam under the process of developing safe communities following 5 Vietnamese safe community standards and 6 WHO safety criteria.

Aware of the fact that injuries are serious problem and tend to increase within the commune area, right from 2002, Hoa Long started to implement The National Policy on Injury Prevention for the period of 2002-2010 under the direct leadership of the provincial, district and commune injury prevention steering committee. After a few years carrying out the Policy, we found that we should focus on childhood injury prevention. In 2003, with the support from Ministry of Health and UNICEF's, Hoa Long has developed a strong childhood injury prevention project (CIP). We has strengthened the capacity of the inter-sectoral childhood injury prevention/safe community steering committee to be able to manage, lead and coordinate CIP activities within the region. An injury surveillance system has allowed for the recording of more than 90% of accidents and injuries cases in the locality every month. Some interventions were carried out in order to reduce occupational accidents, traffic injuries, violence, falling and drowning. Hoa Long was one of the localities that has an enthusiastic, active, creative, experienced team who are competent to implement CIP models.

The inter-sectoral steering committee consisted of representatives from all mass organizations in the commune and has been operated effectively since 2002. Collaborator network, local line departments of all sectors and social organizations has actively participated in the project with many movements such as safe home, the working group of Father Front with the Programme on conciliation and violence control, the youth working group with the Programme on traffic injuries control among young people, the school working group with the Programme on injury prevention/safe community development, the commune culture and information board group with the Programme on regular safety IEC, the Veteran Association's working group with the Programme on non-social evil community, the working group on safe home appliances, the working group with the Cultural and healthy village activities, The National Week on Occupational Safety and Health- Fire and Explosion Prevention, Safe food Month, etc...

Beside that, we have implemented and carried out short-term and long-term plans during 2002-2003, 2004-2006 and 2006-2010. The local people are aware of the risks and danger of accidents and injury so that they have been self-motivated in carrying out some interventions, both simple and complex, at homes, in daily living, at work places, in school and in public areas. Accident and injury data has been regularly recorded, updated, reported and filed in the commune health station. The programme outcomes have been regularly and periodically monitored, evaluated and recorded in the commune and reported to other related agencies. We also send periodical reports to the district and provincial steering committee. Many participants of Hoa Long attended training courses, workshops and conferences in the districts and provinces.

Becoming a Vietnam safe community and member of the International safe community network is an honor of the authority, Party Committee and all people of Hoa Long commune. This means not only an acknowledgement of the efforts and achievements of our commune in the past years but also a motivation for the sustainable development of the programme in the future. With the application profile and related documents, our people of Hoa Long commune would like to introduce ourselves to international friends and share the experiences, lessons learn that we have gained in the development process.

If we could become a member of the International safe community network, the authorities and people of Hoa Long commune will commit to strengthen the safe community development initiative in our locality. In the mean time, on behalf of all people in Hoa Long commune, I am very honored to express the gratitude to the General Department of Preventive Medicine and Environmental Health of the Ministry of Health, UNICEF Vietnam, Programme on Childhood Injury Prevention- Health Service of Dong Thap, Lai Vung Health Center, local and international consultants for the precious contribution and support during the safe community development process in Hoa Long commune.

Nguyen Van Liet,
Vice Chair of People's Committee of Hoa Long,
Head of Injury Prevention/Safe Community Development

RECOMMENDATION

Hoa Long is one of the communes in Vietnam which has been developing the safe community followed WHO safe criteria and Vietnam safe standards.

Under the leadership and direct guidance from the Ministry of Health, Health Service of Dong Thap, Lai Vung health center and UNICEF Vietnam, Hoa Long commune has flexibly adopted a mix of bottom-up and top-down approaches by taking the directives of senior levels as the cornerstone in planning, management, guidance and implementation based on the actual needs and capacity of the commune in each period. With this approach, making full use of local resources, and continuously raising the community's safety awareness, by far, Hoa Long commune has succeeded in developing a safe community according to Vietnam's and WHO's safe community standards. Especially, it is one of the localities in Vietnam which take the child safety as the centre of the safe community development.

I highly support Hoa Long commune to join in the International safe community network. We highly appreciate if WHO collaborator center on safe community promotion could make assessment and approve for Hoa Long commune as a member of the International safe community network.

Thank you very much for your collaboration and support.

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CHAPTER 1: INTRODUCTION OF HOA LONG COMMUNE

1.1 Natural location

Hoa Long is a rural commune in Cuu Long river delta where has interlacing rivers and streams. It confines Lai Vung town in the north, Hoa Thanh commune in the eastern north, Long Thang commune in the eastern south, Vinh Thoi commune in the western south, Long Hau commune in the western north, Tan Hoa commune in the south. The total area is 17.6 km².



Map of Hoa Long commune

The average population of the commune is 11,358, living in 2594 households. The naturally increasing rate of population is 1.10%. There are 5 hamlets in the commune namely Long Hoi, Long Buu, Long Binh, Long Thanh, Long Phu and a resident group with 39 people security teams. The proportion of farming is 75%, whereas home craft accounts 25%. The rate of poor household is 8.71%.

There are 3 elementary schools, 2 kindergartens and one secondary school. The number of kindergarten pupils is 372 with 15 teachers. There are 651 elementary pupils with 41 teachers and 512 secondary pupils with 34 teachers.

The commune has 3km of highway, 400m of crossed provincial road, 6km of district road, and 21km of road related human made, 30km of bridge system. Most of bridges haven't got banister. All communal roads are covered by mineral pitch.



Plank bridge without banister

The common injuries in the commune are road accidents, falls, occupational accidents, drowning, animal bite, burns, suicide, violence and conflict, etc.

1.2 Administrative structure

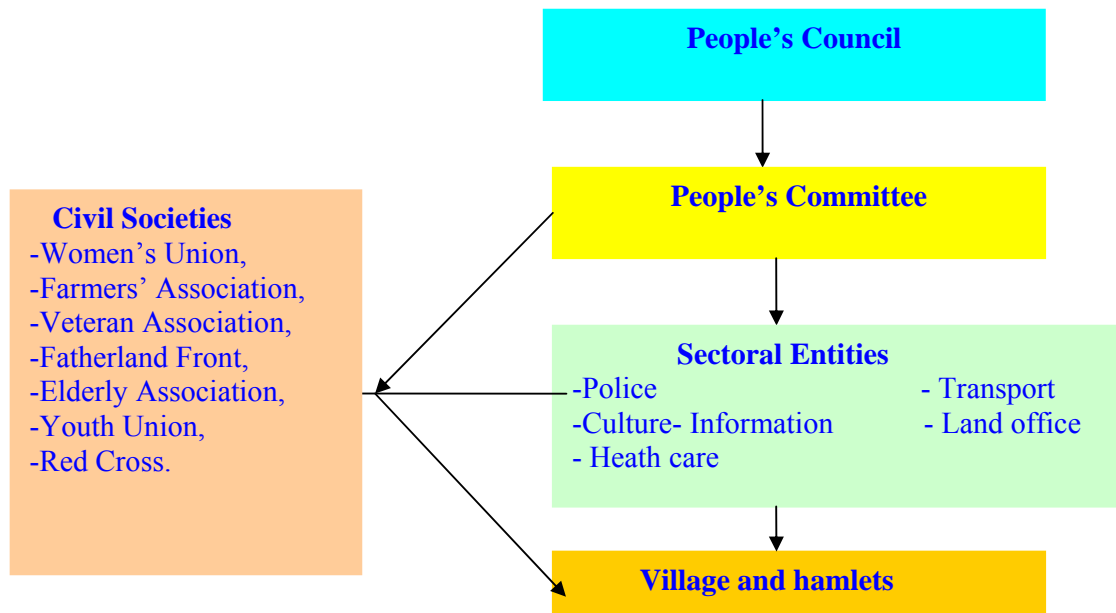
Communal Party enacted Resolution and guided to implement the Resolution to all cells of political party to make sure that all party members grasps thoroughly as well as to steer the citizens to follow the Party's lines and policies. There are 13 cells of political party in Hoa Long communal party, of which 05 cells of hamlets, 03 cells of schools and 05 cells of households. The total party members are 126. The communal party has attained transparent and powerful title and got the award from Provincial People's Committee on "Successfully Completion of task", "The Leading agency of emulation movement in 2006" from the SR Vietnam Government.

The Communal People's Committee consists of 01 chairman, 03 Vice Chairmen and some officers.



People's Committee location

There are 8 sectors and 7 civil societies including: Police - Military, Culture and Information, Health, Population Association, Transportation, Land office, Finance, Invalid and Social Affair, Youth Union, Women Union, Father Front, Farmer Association, Veteran Association, Red Cross and Elderly Association



1.3 Population

According to statistics in 2006, the commune was home to 2594 households. The number of household with children under 18 years old was 2088 with 11.358 residents, of which:

Male:	5.714
Female:	5.644
Children 0 – 4:	804
Children 5 – 14:	1.854
Children 15 – 18:	978
From 19 to 60 :	6.905
More than 60 :	817

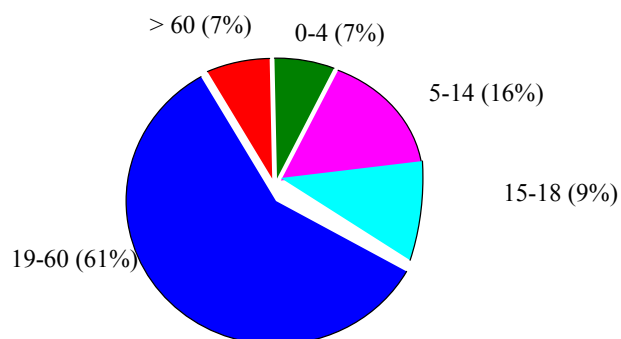


Chart 1. Distribution of population by age groups

The above chart shows that the population in the labour age accounts for large percentage (61%) of total communal population. This is an advantage of Hoa Long in mobilizing the human resource for communal works as well as the development of risk factors of injury.

1.4 Socio economic condition

- Proportions of agriculture are 75%, other services accounts for 25%
- Most of residents are Kinh ethnic.
- Religion of inhabitants are Buddhism, Cao dai and Hoa Hao.

The communal living and economic have greatly developed. Most of households have adequate equipments such as motorbikes, TV, electric devices, etc.

- The capita annual income is approximately 6 millions VND.
- 90% households have TV and radio.
- 95% households use electric for living
- 90% household use clean water

The radio system covers 5/5 hamlets of the commune. The number of solid and half solid houses accounts for 90%.

The rate of cultural households is only 91%. There are 5/5 hamlets attained cultural village with the percentage of 100% (Long Hoi village has achieved the advanced cultural award for many years).

The rate of poor household is 8.16% (Communal statistics in 2007)

The commune has 3km of highway, 400m of crossed provincial road, 6km of district road, and 21km of road related human made, 30km of bridge system. Most of bridges haven't got banister (30/40).

There are 06 regular educational facilities in the commune included in 01 secondary schools, 03 elementary schools and 02 kindergartens.

The number of pupils and teachers are as follows:

+ Elementary: 651 pupils and 41 teachers.

+ Kindergartens: 372 pupils and 15 teachers

+ Secondary school: 512 pupils and 34 teachers



Health system:

The communal health station (CHS) is appropriately built with 7 permanent staff including a general practitioner, a general assistant-doctor, a primary assistant doctor, an obstetrical and pediatric assistant doctor, a traditionally medical assistant-doctor, a secondary midwife, a primary midwife.

The CHS is equipped with fully essential equipments for first aid and treatment of common disease (Tool set of CIDSE).

Besides, there are 16 collaborators who are responsible for household management, involving in IEC on home safety, improving risk factors and injury surveillance in all hamlets of the commune.

100% collaborators and teachers of kindergarten, some teachers of elementary and secondary school have attended in training courses on first aid knowledge and skill of injury.

100% schools are equipped with first aid kits (6/6 school).

100% collaborators are provided first aid kits for implementing first aid for victims before dispatching to the health facilities.



Staff of health station of Hoa Long

In 2007, the CHS was recognized to meet national benchmarks. Of which, there are some standards related to injury prevention and safe community development such as :

- More than 70% households has the basic knowledge on essential health care practices for mothers and children at homes and in the community, accidents and injuries prevention and the prevention of other dangerous diseases.
- Epidemical communicable diseases are early detected and timely reported in line with the stipulations of the Ministry of Health (including in food poisoning, pesticides poisoning and injury). In cases of epidemic outbreak, emergency responses and appropriate referral are carried out according to the technical delineation
- Early detection and timely reporting of accidents and injuries in the commune are implemented. In case of accidents and injuries, proper delivery of first aids and referrals, if necessary, is performed..
- 100% health station workers are trained about first aids and trauma care. 100% of them have emergency and injury prevention IEC skills.
- The CHS is fully equipped with instruments and supplies and able to meet the demands for handling illness and accidents and injuries of minor and moderate nature.

PART II

OVERVIEW OF SAFE COMMUNITY HOA LONG

2.1 Objectives and missions

2.1.1. The National Policy on Accident and Injury prevention

In line with the Decision No. 197/2001/QĐ- TTg by the Prime Minister ratifying the 2002-2010 stage national policy on injury prevention with the following objectives

- a) General objectives: Step by step reduce accidents and injuries in all social, life's fields including communications and transportation, labour and production, family life, at school and public places etc so as to achieve positive results in ensuring safety for people's happiness, hence, contributing to the sustainable development of the national economic, political and social aspects.
- b) Specific objectives:
 - Raising awareness and sense of responsibility of agencies, organizations and individuals, thus improving their behaviours and habits in order to reduce accidents and injuries.
 - Socializing CIP activities, raising the issue to administration of all levels, social organizations and the entire people.
 - Applying strong and timely interventions in order to step by step reduce accidents and injuries, especially serious accidents.
 - By 2010, reducing the number of accidents in school by 40%, in labour and production by 30%, in family and community by 30% compared to 2000. By 2005, the number of traffic accident fatalities reduce from 14 to 11 and by 2010, to 9 per 10,000 transportation means.

Following the Decision No. 170/QĐ-BYT dated on January 17th, 2006 by the Minister of Health approving the national guidelines on safe community development, injury prevention covering the followed content: general regulations, standards, development procedures and documents for safe community recognition. The guideline is a foundation for developing and disseminating the safe community model in the nationwide of Vietnam.

2.1.2 Injury prevention/safe community development objectives of Dong Thap

Following the National Policy on Injury Prevention 2002-2010, Dong Thap province established the steering committee on injury prevention/safe community development in which the Health Service was the standing agency.

The plan of injury prevention/safe community development has been integrated into the provincial annual work plan and received many concerns from the provincial leaders. Since 2003, childhood injury prevention has been added to injury prevention/safe community development project. So far, this project has gained some achievements in IEC, building safe models such as safe home, safe kindergarten, safe community. In the next stage 2006-2010, the province continues to carry out injury prevention/safe community development as well as for childhood Injury Prevention.

2.1.3 Injury prevention/safe community development objectives of Hoa Long commune

Facing with the serious injury situation and implicit risks threaten to community health, life, Hoa Long commune has implemented the childhood injury prevention program since 2003:

Overall objective

Contributing to the achievement of the expected strategic result of the Child Injury Prevention Programme and the National Policy on Accident and Injury prevention stage 2002-2010. The project aims at raising community awareness on child injury prevention, changing behaviour of children, parents and community leaders and reduction in the incidence of injuries in the family, school and community

Objectives in 2007

- To improve project management capacity for 100% staff at all levels.
- Continue to enhance IEC activities, raising awareness on CIP to ensure that 100% project schools and more than 80% project households are communicated about CIP.
- Continue to carry out the environment modification, eliminate 20% risk factors of childhood injury in the community, reduce 10% injury related mobility in comparison with the previous year, developing safety models, achieve more than 25% safe home and more than 70% safe school.
- Enhance to implementation of safety legislation in the community
- Developing a safe community which meet the national safe community standards and international safe community standards.

2.2. Process of Safe Community development

2.2.1 Achievements of stage 2003-2004

In 2003, Hoa Long commune implemented childhood injury prevention activities with the following aims:

- To establish the communal steering committee consisting of 7 members namely Vice Chairperson (Head of the committee), Head of communal health station (Deputy Head) and other members from population, family and children sector; head of culture and information sector, Head of Women's Union, Dean of elementary school and Head of communal police.

- The steering committee members in collaboration with other local sectors implemented childhood injury prevention integrated with health care and protection in the commune. They also directly guided



Steering committee on injury prevention of Hoa Long commune

collaborators to do IEC for each household on type of injury, how to prevent injury, safe home. In line with IEC, the injury surveillance was conducted strictly step by step.

- 50% households were given IEC on causes of injury, how to prevent injury by direct way like household visiting, group discussing integrated with meeting of sector and social organizations in the commune, contest for collaborators and by indirect way such as radio system, distributing pictures, leaflets on prevention of drowning, traffic injuries, pesticides poisoning, food poisoning, etc.

- To conduct surveys on injury risks at local to make a baseline for developing a plan on injury prevention.

- To send 35 staff to participate in district training courses on IEC skill and first aid of injury (collaborators, teachers, communal health staff)

- To conduct intervention activities aimed to reduce risk factors of injury including in:

+ In the household:

- Making fences and gates for 20 poor households in the commune to set sentinel models of safe home.

- Encouraging community to repair themselves safe electric system, to make fences around fish lake, good preservation of pesticides,...

+ In the school:

Making fence, half solid gate for day-boarder kindergarten of Long Phu village and fence, solid gate for kindergarten of Long Buu village.

+ In the community:

- Making mineral pitch for district road of Long Hoi village. Removing 60% rope bridge and replacing with plank bridge to facilitate the transportation..

- Building a safe playground In Long Hoi village.

- Organizing many swim learning class for 80 communal children from 6 to 15 years old.

Table 1: The number of cases/deaths related to injury by age in 2004

Type of injuries	Cases	Deaths
Traffic injuries	22	
Occupational accident	27	
Fall	21	
Animal bite	06	
Drowning	03	02
Burn	10	
Chemical Poisoning		
Suicide		
Violence, conflict	11	
Other	23	
Total	123	02

The above table showed that in 2004 the total injury cases were 123, of which 2 deaths. Fall was the leading cause of morbidity with 27 cases. Traffic injury ranked the second place with 22 cases.

The remarkable point of injury prevention activity in Hoa Long commune during this stage was IEC activity of collaborator and health staff network. Besides, Hoa Long commune also implemented well the injury collection and report.

However, the injury situation was still occurred complicatedly. The communal leader of all level as well as the community didn't have awareness on injury prevention and safe community development to make it to become a large movement with participation of community.

2.2.2. Achievements of stage 2005-2006

In stage 2005 – 2006, the injury prevention of Hoa Long commune attained significant results with the support of Ministry of Health, UNICEF and provincial and district steering committee

- The communal steering committee was strengthened with regular meeting, plan developing, organizing the injury prevention, encouraging households to build safe home, conducting prevention activities of some common injuries like traffic accidents, drowning, occupational accidents, food safety and hygiene.

- To implement IEC through communal radio system twice a month, distributing 1000 leaflets IEC material were provided and hang at resident area, school to make all people access and participate in injury prevention.

Like other communes in the district and province, Hoa Long also focused on IEC of government's legislation documents on traffic safety, drowning prevention due to the characteristic of river system and the real fact of drowning in the commune by direct ways such as:

- Group discussion integrated with sector and social organizations in the commune (Women's Union, Farmer Association, Red Cross, Youth's Union, Committee on Population, Family and Children) on propagandizing of developing safe home and prevention of specific injury at local. The total group discussion were 256 with 6.567 participant times.



IEC pictures on CIP

- Organizing contests for injury prevention collaborators appealing more than 50 candidates.

- The communal health station presented VCD film and organized topical meeting on injury prevention which integrated with regular vaccination and nutrition practice at village with 75 sessions and 971 participants.



Contest of drawing pictures at school

- In the school: the IEC on injury prevention was considered as one of the contents of weekly extracurricular activities with the topic of prevention of drowning, traffic injury, fall, burn, poisoning, etc.

- To select talent pupils to participate in the contest of drawing pictures on injury prevention. Some pupils also got high prize and their pictures were kept for IEC activities.

- At home: The district steering committee printed and distributed to collaborators the safe home checklist.

The safe home standard sets were delivered to each household that the collaborators visit. They also visited regular households and encouraged the households to follow the standards. By the end of 2006, only 25% household reached the standard after checking.

With the above IEC kinds, 85% people in the commune had awareness and participated in injury prevention activities. Although the result of safe home development was still limited, people had the change in their awareness to make a base for striving safe community development

- To assign 50 communal staff, health workers and collaborators to attend in training courses on first aid on injury prevention, burn, guidelines on injury collecting and reporting, developing plan, injury surveillance and re-training course for collaborators.

- The environmental modification activities in the commune were as follows:

- + At home: The CIP project supported 80 circuit breakers and 50 fences for households at local. The people in the community themselves modified the environmental house to restrict the risks like making fence around house, improvement of electric system, animal vaccination, etc with aim to develop safe home step by step.

- + In school: The project supported to make fence behind the elementary school Hoa Long, making reduced speed edges in secondary schools Hoa Long to eliminate traffic injuries in front of school gate.

With the sector's budget in 2005–2006, elementary schools in the commune were invested for improving playground, making fence, gate, developing some new classrooms in Hoa Long school in Long Binh and Long Thanh villages with the total fund of 900 millions VND.

- + In the community: The project supported to build a safe playground in Long Buu village, to make 03 bridge banisters in Long Binh, Long Hoi hamlets. The total budget was 16 millions VND. We also set many traffic signs in district roads to contribute to reduction of traffic accidents.

Traffic and Construction sector invested and mobilized community to improve and make mineral pitch for 100 communal roads with the length of 30 km as well as cover stone and pitch for some inter village road with the length of 20 km; to build 10 new concrete bridges replacing plank bridge and eliminating rope bridge at local. It was a huge fund of the government and people for modification risk factors in the community.

- + In collaboration with elementary schools and Youth's union kept organizing swim learning classes for children from 6-15. Every year, there were 100 children who could swim.

The injury surveillance system was trained and retrained, followed the injury collecting and reporting monthly.



Traffic signs in the communal road

All injury cases occurred at local were received first aid before dispatching to the nearest health facility.

Table 2: Situation of death and case related to injury from 2005–2007.

Content	2005 Cases/ Deaths	2006 Cases/Deaths	2007 Cases/Deaths
Traffic injuries	09/ 00	47/ 01	20/ 01
Occupational accident	14/ 00	16/ 00	12/ 00
Fall	15/ 01	17/ 00	10/00
Animal bite		04/ 00	08/ 00
Drowning	02/ 01	03/ 01	02/ 02
Burn	01/ 00	04/ 00	04/ 00
Chemical Poisoning			01/ 00
Suicide		03/ 00	01/ 00
Violence, conflict	03/ 00	05/ 00	06/ 00
Other			01/ 00
Total	44/ 02	98/ 02	65/03

However, the morbidity and mortality rate of injury in 2005 and 2006 were still high, especially in 2006 with a great increase because of traffic injuries, fall, burn, drowning. The number of deaths had not reduced, especially death related to drowning with 1 casualty. But in 2007, the total of injury case was decreased

2.2.3. Achievements of implementation of 6 criteria of international safe community in 2007

Following to the CIP project of Dong Thap in 2007 aimed to reducing the number of cases and deaths of injury, Hoa Long commune has registered to become a national safe community based on the Decision No. 170/QĐ-BYT dated on 17/01/2006 of MOH.

With the support of MOH, UNICEF and project management board of Dong Thap, District People’s Committee, Health Center of Lai Vung and the consensus of Party at all level, authority, social organizations and the community, Hoa Long commune tried to attain the objectives of injury prevention and international safe community development program.



Monitoring and supervising of higher level to Hoa Long

PART III INJURY STATUS OF HOA LONG COMMUNE

1.5 Injury situation

According to annual statistics on disease of communal health station, injury constitutes a relatively high rate in compared with other disease in the local. It is a point drawn an attention in order to identify specific causes and develop an appropriate intervention plan.

The childhood injury prevention project has been carried out since 2003 in 2 communes. Hoa Long is one of two primary communes,. Currently, there are 4 project communes. During 2004-2007, there were 330 injury cases, 9 deaths (accounted for 2.72%). The common causes of injury were traffic injury, occupational accident, fall, burn, drowning, etc.

Table 1: Situation of death and case related to injury from 2004 to 2007

Description	2004 D/C	2005 D/C	2006 D/C	2007 D/C
Traffic injuries	22/ 00	09/ 00	47/ 00	20/ 01
Occupational accident	21/ 00	14/ 00	16/ 00	12/ 00
Fall	27/ 00	15/ 01	17/ 00	10/00
Animal bite	06/ 00		04/ 00	08/ 00
Drowning	03/ 02	02/ 01	03/ 01	02/ 02
Burn	10/ 00	01/ 00	04/ 00	04/ 00
Chemical Poisoning				01/ 00
Suicide			03/ 00	01/ 00
Violence, conflict	11/ 00	03/ 00	05/ 00	06/ 00
Other	23/ 00			01/ 00
Total	123/ 02	44/ 02	98/ 02	65/03

Table 2: Situation of injury in adult and children 2006 - 2007

No.	Description	2007		2006	
		D/C	Children < 18	D/C	Children < 18
1	No. of injured patient	65/03	45/02	98/02	39/01
2	Causes				
	Traffic injuries	20/01	12/00	47/00	15/00
	Occupational accident	12/00	07/00	16/00	
	Fall	08/00	08/00	04/00	04/00
	Animal bite	10/00	10/00	17/00	13/00
	Drowning	02/02	02/02	02/01	02/01
	Burn	04/00	02/00	04/00	02/00
	Chemical Poisoning	01/00	01/00		
	Suicide	01/00	01/00	02/01	
	Violence, conflict	06/00	05/00	05/00	03/00
	Other	01/00	01/00		

According to statistic in 2007, there were 65 injury cases in Hoa Long commune with a decrease of 33.67% (98 casualties) in compared with 2006's, of which traffic injury accounted for 30,76% with one death. Traffic injury resulted in low awareness of community. There were 12 cases of occupational accident because of low awareness of using protective equipment and low detail regulation on labour. Falls with 10 cases resulted in mischievous children and lack of parents' supervising. Next was animal bite with 8 cases due to playing with dog and cat and letting pet wander. Violence also constituted with a relatively high rate with 6 cases because of personal disagreement when drinking alcohol. Drowning was the leading cause of death with 02 cases in children under 4 years old although it rarely happened. The reason was that adult were neglect in caring children who didn't know how to swim .

In general, root causes of injuries lie in poor awareness and carelessness of the community people. Besides that, there are still many high risk points in the commune which haven't been modified.

The injury consequence is not only a physical and mental damage but also a burden of family care giver. Thus, accidents and injuries are not only a social burden, but also the reason which put many households into poverty.

PART IV

CRITERIA FOR INTERNATIONAL SAFE COMMUNITY

4.1 CRITERIA ONE: AN INFRASTRUCTURE BASED ON PARTNERSHIP AND COLLABORATIONS, COVERED BY A CROSS-SECTIONAL GROUP THAT IS RESPONSIBLE FOR SAFETY PROMOTION IN THEIR COMMUNITY

The Party and People's Committee of Hoa Long commune mobilized political system to concentrate on the national safe community development as follows:

- Activities of injury prevention and safe community development were put into the Resolution of Party, People's Council which have been promulgated to all sector and community to carry out.

- Strengthening and building capacity on guiding for steering committee, developing safe community of commune, village and school.

-The communal People's Committee enacted the Decision on establishment of Steering Committee consisted of 8 members:

1. Mr. Nguyen Van Liet, Vice Chairman of People's Committee- Head of Steering Committee.
2. Mrs. Le Kim My, Head of Communal Health Station-Vice Head
3. Mr. Tran Quoc Tuan, Head of Population, Family and Children Committee
4. Mrs. Dinh Thi Ut, Head of Women Union
5. Mr. Ngo Thanh Hung, Hoa Long Secondary School Dean
6. Mr. Bui Ngoc Tho, Leader of Public Security
7. Mr Pham Van Chau, Leader of Youth Union
8. Mr. Huynh Phuoc Thinh, Head of Cultural-Information Committee



*Mr. Nguyen Van Liet ,
Vice Chair of People's Committee of Hoa Long,
Head of Injury Prevention/Safe Community Development*



Monthly meeting of the steering committee

The heads of mass organizations participated in the steering committee, then, disseminate the related information to their respective members. Therefore, the injury prevention network surely is reaching the whole commune and covering all of households. Recently, the program also has had the positive support and involvement of Communal Electricity Committee and Transport Committee.

After development the regulations and operating procedures, the steering committee assigns roles and responsibilities to each member. Although all of them are in charge of a special field of injury prevention, the coordination and integration with related programs is effectively carried out. Under the management of the working group, the activities have been completed by sub-groups. The regularly held monthly, quarterly and annual meetings provide timely review of progress, set the objectives for the next period and report to the higher levels .

✚ The Secondary School, Primary School and Nursery School Dean are the heads of the working group named “Injury Prevention/ Safe School Development” and takes responsibility for directing and organizing the implementation of school injury prevention. The working group consists of 18 members who are the school deans, teachers, head of trade union, monitors and head of detached force. The main objectives are to reduce school injuries and to develop the safe school model.

✚ The Head of fatherland Front is the head of the reconciliation group towards a cultural community without violence (mentioned as Reconciliation Group). The members working group is in collaboration with the head of village and sub-groups, policeman, Women union, Youth Union and Veteran Union work for preventing violence and developing the cultural lifestyle in community. In each sub-group, the sub-reconciliation groups are also established to maintain good relations among neighbors and family happiness contributing to the violence reduction.

✚ The Head of Women’s Union is the head of working group on Safe Home Development, Childhood and Elderly Injury Prevention. This 6 member- group has close coordination with the Population, Family Planning Committee, Farmer Union and Youth Union. The set objectives are to achieve safe home standards, to minimize the childhood and elderly injuries through the strong implementation of IEC activities and periodical monitoring and supervision. The working group is divided into sub-groups in each village. Each month they visit, guide and give comments to the households on unsafe factors in need of repair.

✚ The Head of the Red Cross Association is the leader of the working group on first aid. This group cooperated with the Communal Health Station and

Women's Union to implement the objective: all injury cases will receive first aid to minimize deaths and serious injury. The group consists of 15 members and sub-groups in schools, villages and hamlets. All of the working members are trained in first aid skills. They have provided timely first aid to more than 90% of injury cases on site thus contributing to the decrease in deaths and serious injuries.

✚ The Head of War Veteran Union is the leader of working group on Social Evil Prevention and Control in coordination with Policeman and Youth Union. It develops the action plan and aims to directly deter and control violence, gambling and addiction in the community

✚ The Secretary of Youth Union is the leader of Traffic Safety Group in coordination with Police Station and the Veteran Union. The 5-member group works together toward the target of reducing traffic accidents. This group consists of sub-groups in Youth union in school, in hamlets. The members of this group coordinate with Policeman and member of War union, Safe traffic committee of community to reduce traffic accidents within youth group. Their priority is carrying out the IEC activities and mobilizing the youth towards "*Driving without drinking*", ensuring safety and security in the rush hour and in front of school gates

✚ The Head of Farmer Union is the head of Safe Agriculture working group consisting of 10 members. The objectives are to minimize agriculture accidents, especially poisoning by pesticide and chemical substances

4.2. CRITERION 2: LONG-TERM, SUSTAINABLE PROGRAMMES COVERING BOTH GENDERS AND ALL AGES, ENVIRONMENTS AND SITUATIONS

- Communal Steering committee had Resolution on carrying out continuous annual work plan, 2006-2010 plan in injuries prevention/safe community development . From 2002 until now, with the commitment and coordination between 11 departments, faculties, associations (including party, People's council and People's committee) and the enthusiasm of people, many activities have been successfully implemented which has shown the sustainability and the long-term aspect of the plan. In the early years, the plan was developed in an top-down conventional way. However, after applying this approach for a certain period of time, we found out that this conventional way of setting up a plan would not allow us to make full use of local resources, therefore we 'will not be able to assure the sustainability of the program. The set up targets and top-down plan did not reflect the real needs of safety of the locality. The top-down plan made people became passive participants. Even though there were many

activities and interventions carried out but it could not attract the real attention and positive participation of the community.

Therefore, applying the rapid assessment with the participatory method has made full use of local resources. Methods used in the rapid assessment are group meeting, collecting data of accidents, injuries and other visible risks, long interview using semi-orientied way in order to find out the real causes, drawing site map clearly showed all potential hazards,, determining the time and period that accidents usually happen, determining the comon accidents and injuries, determining detail interventions in order to set up a concrete plan.

Every year and every quarter, steering committee set up a concrete plan, including preliminary summing up and report of periodical activities.

Plan of accidents and injuries prevention in the 2002-2003:

Based on the guidance of provinces and districts, of preventing accidents and injuries prevention objectives of 2002-2003 period are:

- Improve the effectiveness of steering committee's operation
- Set up a network of volunteers who will monitor, promote and encourage people to participate in injuries prevention.
- Enhance the intervention activities in prevention of traffic, occupational and daily life injuries

Results of injuries prevention implementation in 2002-2003 period:

- Established and set up operating guidlines for Steering committee.
- Established and activated the network of health volunteers in hamlet: Chief of hamletVolunteers recorded all cases of accidents and injuries happening in the area they are in charge and submit to commune health station monthly. Data of accidents and injuries in the 2002-2003 period were synthesised from all reports of volunteers and commune health station sent it to district office. Volunteers also promote injuries prevention and motivate people to join in the activities.
- Established and activated Arrangement committee in hamlet in order to prevent violence. This committee consists of representatives of Women Union and VietNam country front land.Veteran Association and chiefs of hamlets have arranged and resolved 15 conflicts about land, home and family in the community.
- Cooperated with school Boards of secondary school, primary schools and kindergartens to integrate injury prevention topics into school curriculum 1 hour per week.

Plan of accidents and injuries prevention in the 2004-2005:

Awareing of the existing problems, with the technical supports from UNICEF and General Department of Preventive Medicine and HIV/AIDS control (now called General Department of Preventive Medicine and Environmental Health), Hoa Long started a new approach toward injuries prevention /safe community development. This is the "implementing plan from bootom-up" through PRAP with the participation of people in order to set up a safe community, which also combined with then top down directions, guidelines to set up objectives and targets; but people have the right to take part in actively, to raise their voice about outstanding problems of the community, to analyze the issues and determine solutions as well as resources to proceed.

Many methods were used in the rapid assessment with the participatory approach including local group meeting, collectting information of accidents, injuries and other potential hazards, deep interview in order to find out root causes, drawing site map of potential dangerous places, determining time to make full use of local resources, determining the common accidents and injuries based on the frequence and the seriousness, determining the capacity of community and their roles, feasibility of the interventions .

During the last six years, Steering committee are always responsible for development and implementation of the annual as well as long-term plans on injury prevention. At this moment, the 2008 plan has been finalised, and the plan for 2008-2010 period is being drafted. Moreover, targets of these plans have been integrated with the targets of the the commune social economic and culttural development plan developed by the commune Communist Party, People Council and People Committee. At the same time, these targets are also added into targets of plans of line sectors, mass organisations and villages that have representative playing member-role in the Steering Committee. Annual reports of the commune Communist Party, line sectors and mass organisations also include the issues of injury prevention and safe community development.

Results of the plan in the 2004-2005 period:(untill December/2005)

- 40% house-holds certified as safe home
- 30% schools certified as safe school .
- The village tries to be certified as safe community in VietNam.
- Injury risks decreased by 10%
- No incident of suicide, drowningand electric shock.

- 100% of commune and village health staff and collaborators trained and able to do first aid.
- 95% of accidents and injuries happening in commune recorded.
- Decrease of 10% of accidents and injuries in 2005 in comparison with 2004.

2008 Plan of action on injury prevention:

The 2008 plan of action on injury prevention and safe community development has been developed in the continuation of the previous plans using bottom-up method, mobilize the contribution of knowledge, real experiences, especially with resources from community people, so the plan is highly feasible and it ensures the sustainability.

Goals of the 2008 plan:

By 30/10/2006, Loc Son commune will be designated as a safe community following 5 criteria of Safe community in VietNam and 6 criteria of International safe community.

Specific objectives by 9/2008 :

2.1 Decreased by 20% of traffic accidents in comparison with 2007. Decreased by 20% of falls. Decreased by 20% of violence cases in comparison with 2005 and no death due to accidents and injuries.

2.2. 70% of households certified as safe home.

2.3. 1 school certified as safe school (based on the standard)

In order to achieve above targets, the community have determined the following strategies:

1. *Strengthen the leading role of the Communist Party and the Government in safe community development.*
2. *Improve dissemination of messages on injury prevention and safe community development to all population by different formats.*
3. *Improve legislations, regulations relating to safety and their enforcement.*
4. *Implementation of environment modification to reduce injury risks.*
5. *Strengthen first aid activities.*
6. *Strengthen the injury recording and reporting.*
7. *Strengthen monitoring and supervision, review and evaluation.*

Based on these above strategies, 28 activities have been planned, each is described in details with: name of activity, implementation methodologies, responsible person/ organization, places, time, resources and expected results. Line sectors and mass organisations have signed the commitment of taking part in this plan: commune people's committee , Veteran Association, villages, kindergarten, Youth Union, Women Union, Primary school, Farmers Association, Fatherland Front Association...

Results of the 2008 plan:(by the end of Quarter3/2006)

- Record and report of 100% of accidents and injuries happening in the commune.
- Decreased by 10% of the number of accidents and injuries in comparison with this period from the last year.
- 66% schools certified as safe school.
- No incident of suicide, drowning and electric shock.
- 75% house-holds certified as safe home.

Draft plan of the 2008-2010 period:

Based on the national plan of action on injury prevention for the 2008-2010 period and Dong Thap injury prevention plan of action, Hoa Long continues implementation of activities that have been done in the previous years: continue to improve the capacity of Injury Prevention (IP) Steering Committee and all its members, strengthen dissemination of messages on injury prevention and safe community development to all populations, implementation of environment modification to reduce injury risks. The commune continues improve its position and its activities in the International safe community network, and is ready to share the experiences on safe community development to other localities.

4.3. Criteria 3: Existence of information, education and communication programmes for high risk groups and environments, and specific programmes for vulnerable people

Childhood injury prevention and safe home development programme: According to the injury data in 2003's report, in 2003, the IP Steering committee decided to add the issue of Safe Home development into the commune programme in order to attract the attention and responsibility of families, especially mothers for safe assurance of their children. Women Union is in charge on managing implementation of this programme.

Objectives of the programme is to reduce the number of children's injuries, develop safe home following VietNam's standards through direct communication and education activities and implementation of other interventions. Thousands times of communication sessions for mothers who have under 5 children have been organised. Four first aid training classes for these mothers in hamlets were organised. Trainers were health staff and Red Cross members. There were 25 participants in each class. After the course, 83% participants understood and have sufficient ability for doing common first aid on burn, drowning and injury by sharp things .

One of the effective ways of communication on injury prevention is the visiting to house-holds of volunteers (collaborators). Hoa Long now has totally 14 collaborators. Each of them has to visit at least 15 house-holds every month to communicate about accidents and injuries and review the safe home checklist. Collaborators also integrate the injury prevention topic into the primary health care. Every month, collaborators convene once to review implemented activities and existing problems, then look for solutions.

Two kindergarten in two villages were formed to take care of under 5 children. The Women Union members also supervise, advise and help each family to do activities to assure safety for family, such as: arrange sharp things out of children's reach, pot of hot soup has cover or be put in high place. The collaborators have made 3 times visit to each household to check, give advice and instruction on how to modify injury risks at home. 1500 times visit to house-holds have been made in 2005-2006.

The above activities have contributed to reduce the children drowning incidents, increased the number of safe home to 75%, and the number of children injured by sharp objects went down visibly.

The establishment and application of the safe home checklist also contributed to the success of the programme. Families can apply the checklist, assess the level of safety of their home by themselves, and modify the injury risks.

Along with these above activities, the provincial, district and commune Steering committees have initiatives in development of safety devices such as: babypen, thermos holder in order to prevent burn. These products are given to the poor families who have children under 10 .

Checklist on safe home

On the other hand, the Steering Committee also encouraged other families to make these things by themselves to protect their children. This is a special aspect that only exists in the communes that participating in the childhood injury prevention activities.

*** Conflict mediation for violence prevention Programme - Development of cultural life.**

Based on the commune injury data , violence accounted for 6% of all injuries in the commune from 2003 to 2007, together with the movement of development cultural life in the commune, the Steering committee have developed a programme on conflict mediation for violence prevention. The conflict mediation group comprises members of Fatherlandfront, Women Association and Elderly People Association, who act to aim at: Reduction of injury due to violence and contribute to development of commune cultural life.

The group' works under the coordination amongthe chief of village, Women Union, Policemen, Veteran Association and the Youth Union to educate and encourage commune people to achieve the standards of Cultural - Healthy - Safety village, actively identify and prevent violence.

From 2003 to 2007, the conflict mediation group have communicated to 312 people times, carried out successfully conflict mediation for 26 cases. This group has carried out very well conflict mediation and management, thus has good impact on injury prevention in the community.

*** Traffic accident prevention programme for young people** was developed in late 2003. This proframme is responsible by the Group acting for the youth with the aim: Reduction the number of traffic accidents among young people.

The group's responsibilities are:

- Develop plan of action for traffic accident prevention for young people.
- Communicate to 100% of youth union members and encourage them to participate in safe community development and traffic accident prevention.

The detailed plan is:

- Educate youth union members not to drink wine, beer and have the driving license when participate in the traffic.
- Eliminate all spots that prevent people's view on roads.
- Collaborate with policemen and safety committee to manage traffic safety in rush hours.

This group also collaborate with chief of hamlet, chief of village and

related house-holds to cut down trees, widen and bring a clearer view in interhamletal traffic ways. As a result, knowledge on traffic accidents prevention has been improved and the number of accidents in the youth has been controlled.

The success of this programme is shown by the decrease in the number of traffic accidents in recent years.

*** Programme on injury prevention and safe school development** is being carried out in all commune primary schools and kindergartens.

Objectives of the programme are: Reduction of the number of accidents and injuries and injury risks at schools. Development of a safe school model.

Programme's plan:

- Educate pupils, teachers, school staff and parents of pupils on the risks and causes of children's injuries. to Remove falling risks when playing or doing gymnastics
- Ensure good condition of infrastructure, create safe studying and playing environment for pupils.
- Solve strictly all negative problems which affect the school in bad way
- Members of the group who in charge of school safety include School Executive Board, teachers, head of school trade union, head of school youth union, head of pupil school leaders, class monitors and vice-monitors. They are responsible for communicating and educating pupils on injury prevention during school lessons, while playing within school and while on roads. The implementation of this plan has been reported weekly in the weekly teacher meeting so that the progress has been monitored regularly. In addition, there has been a collaboration between teachers and pupils' parents so that the injury prevention at home has also been addressed.

The school perceives that in order to become a safe school, each person in the school has to be responsible for their safety, and each school unit has to be a safe unit Therefore, schools have to integrate the issue of safe school development into their regulation.

Besides, all the schools organizes a course named " Safe traffic" for all classes in extra-schoo-curricular activity . Schools also organized contests on children injury prevention drawing contest, writing contest and drama contest. In the last national competition on childhood injury prevention (CIP) in Hanoi in



Contest of accidents and injuries prevention in children at Primary schools

January 2006, Dong Thap team was ranked as the third best team. Hoa Long contributes to this success by having a little member in the team.

The first aid activities is given to the school's Red cross group. The training for pupils is carried out in extra-school-curricular activities or weekend activities. From that, pupils improved their knowledge and acquired minimal skills of first aid to be used in family and in public.

In primary schools, content of preventing traffic accidents has been integrated into school curriculum. During break times, each school has 3 to 5 members of the school safety group, who are also Red flag union members, are in charge of supervising pupil, not allow them to play or run overexcitedly that might lead to accidents and injuries. All classes establish a model of " Safe class and United group of friends"; and ensure that no fighting between pupils can happen .

In kindergartens, in order to integrate safe contents into school lessons, schools have created a special theme on means of transportation and rules of transportation for children from 3 to 5 years olds. Besides, commune people ‘s committee and association of pupils’ parents have made contribution to upgrade roads and upgradethe electricity lighting system for all classes. Hygiene and safe food have also been especially paid attention to, to prevent risks of food poisonings. All kind of food to be selected for children need to be fresh. School kitchen and cooking devices have always been cleaned to ensure sanitation.

To prevent children from dangerous plays, the General Department of Preventive Medicine and Environmental Health and UNICEF have supported kindergartens with safe and healthy toys, that have created a safe play corner for children. Moreover, each school has integrated the safety criteria “No accident and injury in school” into the school targets that has helped teachers and pupils make more effort to develop safe schools.

Untill now, although three schools have increased their pupils and classes but numbers of accidents and injures haven’t been increased comparing to the previous years.



Safe play corner at kindergarten



Hoa Long kindergarten targets

The model of safe schools is considered to be successful and effective. As soon as the programme began, it has received enthusiastic supports and participation from many different people, including pupils, teachers and parents 's pupils.

* **Programme on safe labour in agriculture:** had been initiated in the period 1998-2002; most of agricultural labour accidents are eyes injured caused by rice husk or injury due to sharp objects. With a slogan "safe for production, production must be safe", the main objective of the programme is "Reduction in injuries relating to agriculture" through the following:

- Communication and education to raise awareness for farmers on mechanical technology in agriculture
- Encourage farmers to use labour protecting measures to decrease the risks of being injured.
- Educate farmers to prevent poisoning due to plants protection chemical substances .

The agricultural safety group have 24 members, that were assigned to coordinate with the leaders of villages and hamlets to manage and implement the programme.

By now, no eye injury due to rice husk, neither poisoning due to plants protection chemical substances have been recorded; plants protection chemical substance packages have been collected to the right place; wastes have not been discharged to the fields as before. When using plants protection chemical substance everybody used labour protective equipment.

* **Programme on non social evils in the community** has begun in the period of stage 2003-2007. This program was carried out by the Veteran Association, Fatherland Front and Policemen. The objectives of this program are prevention of drug use, minimization of gambling through education to those who work outside the commune such as in Laos and Cambodia. IEC activities aim to identify persons who breaks law or regularly fighting.

* **Regular safety educational communication programme .**

In order to improve awareness of the community in safety and update community with all the information on injury situations, injury prevention activities at commune, districts, country levels or international level, the injury prevention and safe community development steering committee has established, carried out regular safety educational communication programme.

In order to carry out this programme, the following two regular activities have been carried out:

1. Updating informations on injury situation.
2. Diversifying IEC activities format:

Information have been disseminated to each village through weekly commune loudspeaker radio system, regular line-sectors' meetings, village meetings. Information on injury and injury prevention and safe community development have also been communicated in formats of short stories, poems that have been presented in commune. Information have also been communicated through drawings, that were put in dangerous areas where accidents happen regularly.



Billboard on childhood injury prevention

Especially, the commune has established a communication corner on injury prevention and safe community development in the commune health station where people at all ages can easily access when coming for health check up.

The communication conner has many kinds of documents: books, pictures, , posters, leaflets, some demonstration of safety devices (safe electrical devices) and first aid equipment to...give illustration on injury prevention and safe community development

* **Safe electric programme** has been carried out since 2000 when the national electrical network has covered 100% of communes in the country and the electrical risks appeared like using electric mouse trap, uncovered electric wire and electric outlets are in the children's reach... The goal of this programme is to maximize reduction of electric accidents in families, especially children's injury due to electricity. By communication and education of safe electricity use, and encouraging families to follow safe electricity measures such as putting the electrical outlets out of children's reach, there has been significant reduction in injury due to electrical shock, there was only two electric accidents in 2006 and from then up to now there has been no electric accident. This programme is responsible by the Safe Electricity Group in collaboration with collaborators of the Injury Prevention Programme and heads of villages.

* **Intergarted programmes**

To improve the effectiveness of activities, Hoa Long has integrated the Injury prevention, safe community development programme with many other programmes and movements like:

*** *Development of a cultural and healthy village movement:*** This movement is implemented strongly in the whole commune with the goal: Achieve the standards of Cultural and Healthy village at the same time with achieving the standards of Safe Community.

Specific objectives are:

- 80% families certified as safe home.
- 80% of injury risks in commune are reduced.
- Integration of safe community issues into the village's regulations.
- Reduced by 20% of injury compared with previous year.

Activities:

- Visit each family to communicate or in commune meetings on criteria of Cultural and Healthy Village.
- Set up every bi-annually, quarterly or monthly targets for each village
- Leaders of villages and line-sectors as well as collaborators have been delegated to be responsible for supervising, monitoring, recording and reporting of results of activities' implementation to the head of communes. Achieved results or non-achieved results have been informed openly in the commune or village meetings or on the village weekly loudspeaker system .
- After 4 years implementation, there have been 4/4 villages achieved standards of Cultural and Healthy Village and are designated as Cultural Village according to Thua Thien Hue People's Council circular.

*** *Participation in the Occupational safety- Fire and Explosion Prevention Week every years:*** The commune has organised communication activities on safety in agriculture to encourage no accident to be happened in this period. At the same time, the commune People's Committee under the guidance of the Provincial People's Committee council with the provincial Health Department as the focal point, has set the regulations in safe working, keeping and maintaining plants protection chemical substances.

* ***Participation in the hygiene and food safety month:*** Loc Son has promoted all the families and all the shops in the commune to ensure hygiene aspect in processing foods. No mass poisoning happens in the commune.

* **First-aid programme:** which is led by the president of Red Cross, in collaboration with the commune health station, Women Union, and collaborators of the injury prevention programme. The programme aims at: All the injuries happened in the area are provided timely with first-aids to reduce number of deaths and severe injuries.

The first aid group has 22 members and it has sub-groups in schools and in each village. The members have been trained on the basic first-aid and victims transfer skills.

Reduced the injury risks by 80% in the community and developed the safe model for the vulnerable groups

Many activities were conducted aimed to reduce the injury risks in the community.

Organizing contest on traffic safety in kindergarten of Hoa Long.

Establishing IEC corner on injury prevention and developing safe school model at schools.

100% schools in the commune are equipped with first aid kits (supported by Unicef)

Each school have a team of teachers with skill of first aid when injury occurs.

The school has solution for those break the disciplinary.

There was no case on injury which was absent from class last year.

By the end of 2007 6/6 schools in the commune reach the safe standard.

With good implementation of IEC on injury prevention in the households and schools, the Steering Committee has developed intervention groups with aim to minimize common injuries at local:

- Focusing on drowning prevention with the participation of Section on Population, Family and Children, Women's Union. The collaborators visit each household which has children to propagandize drowning risks (water tank without cover, river, pond, lake, etc.) and to keep children under 5 years old carefully or send them to day-boarder kindergarten, and encourage the family to teach the children from 6 years old swimming.

+ The Youth's Union in collaboration with police conducts the registration on traffic safety with the objective on reducing traffic injury and traffic related risk factor. They also give IEC on Resolution 32/CP and Resolution 46 of the Government for 285 subjectives. Also, they ensure social order, reduce disturbance, violence and fighting among young people and launch a movement "three no" in the commune.

IEC on traffic safety, regulation on helmet wearing when riding motorbike. IEC on not drinking alcohol, over speed, not allowing motorbike race, driving without license for members of youth's union and young people.

IEC on law, civilized lifestyle, cultural family, eliminate social evils among young people. Having a good solution for those who always disturb, fight or cause conflict at local through public education or send them to re-educational schools.

Involving with communal police to patrol and to deal with 13 infringers of traffic safety in the commune.

In collaboration with the village steering committee to repair some bridge with high risks of injury such as improving bridge Bay Bo, Long Hoi village, clearance of trees hide the vision, enhancing inter village road in order to prevent muddy situation after raining.

Especially the Youth 's Union has encouraged people to make fence or gate in the households due to specific characteristic, house near high way(narrow road, crowded of vehicle). Thus, if the household is lack of fence, their children will have high risk of traffic accident when playing near the road.

The Head of Father Front is a member of mediation group on reducing violence, fighting integrated with movement of citizen solidarity and building a cultural lifestyle in resident groups or village. They collaborate with Farmer Association, Women's Union, Veteran Association to handle the contradiction



Meeting with community for IEC



Fence around house to prevent injury in children

in the commune in order to help people to keep good relationship between neighbors.

In 2007, there were 2.122 households reached cultural family standard in the commune. There were 4/5 village attained cultural standard. The communal mediation group received 41 complaints from the community, of which mediation of 15 cases and sending to higher level 26 cases. Good mediation contributed to handle dispute and contradiction and decrease the number of fighting and conflict among people.

The communal health station in collaboration with Farmer Association strengthened IEC on mobilizing people to follow poisoning prevention when using pesticide and contribute to minimize the number of poisoning. 90 % farmers used personal protective equipment when spray pesticides and preserve chemicals and pesticide safe in wood barrel or high place out of children's reach. All bottles contained chemicals were collected and well treated in order to prevent water and environmental pollution, or harm to human.

Food safety in order to prevent food poisoning was one of issues drawn an attention from the local. We also mobilized the community to use clean water Also, we collaborated with other sectors to strengthen to check food safety and prevent food poisoning for more then 60 times of producing, manufacturing, or selling food agencies, school's kitchen at local.



Setting swimming cage and teach children on how to swim

- Activities on modification of risk factors of the community: With UNICEF's support, Hoa Long has conducted intervention activities which contributed to safe community development of the commune like:

- + Organizing 04 swimming class for 80 children from 5 – 15
- + Improving 02 playgrounds in Long Buu and Long Hoi village.
- + Improving banister of 7 bridges in Long Hoi hamlet namely Tac ban bridge, Thay Hien bridge, Bay Bo 1 bridge, Bay Bo 2 bridge, 6 Thanh bridge, Anh Hen bridge, Hai Luong bridge.
- + Supporting on setting 26 traffic signs on district road Hoa Long – Long Thang and Hoa Long – Long Buu .

+ Making gate for safe community developing and 13 panels in respond to injury prevention in Hoa Long.

With the mobilization resource from the community, the commune had a field work, developed plan, repaired or built bridges and roads in the commune included in:

- New bridges: 08 ones, of which 02 concrete bridges with total fund of 72 millions VND, fund from commune contribution 22 millions VND, the remain from people contribution.

- Repairing 06 plank bridges with 14 millions VND, local fund of 3 millions VND, the remain from people contribution.

- Pouring stone and repairing 2.5km of road with 16 millions VND, local fund of 6 millions VND, the remain from people contribution of 10.000.000 VND.

- First aid of injury:

+ 100% collaborators, 80% kindergarten teachers, 20% secondary and elementary teachers, 20% policemen in the commune were trained on realizing and skill on first aid, scene protection when injury occurred .

+ 100% health staff were retrained on essential trauma care. In 2007, 63 injured patients were given first aid and 10 of them were dispatched to the health station for monitoring and treating.

+ Establishing first aid team on traffic injuries and occupational injuries consisted of 4-5 members of the commune. Providing more emergency equipments for pre-hospital trauma care. Sealing light on the first aid station in order to use in the dark for emergency case.

+ 100% schools in the commune were equipped with first aid kits (with support from MOH and UNICEF) and some medication serving pupils.

+ Mobilizing households to equip family medicine chest. Providing 200 family medicine chests for poor households with the budget of 38 millions VND under DOMESCO Pharmacy company.

+ Red Cross with 220 volunteers actively involved in first aid on drowning, fracture, burn and electrocution, etc



Bridge after making banister prevented fall and drowning in children

4.4. CRITERION 4: PROGRAMS THAT DOCUMENT THE FREQUENCY AND CAUSES OF INJURIES

The injury data reporting and surveillance system has been officially taken place since 2002. All of injuries occurred at locality were reported by the collaborator and village health worker network. The injury cases visited to the communal health station (CHS) was recorded in the outpatient log book. The death due to injuries also were reported in the death registration book. All of the morbidity and mortality injury cases were generated and analyzed at the CHS before submitting to the district health centre in the 5th day of next month. The injury recording form, outpatient book and death registration book were collected and archived in the CHS. The collected data are the valuable not only for IEC activities but also for planning and adjusting the plan of action on injury prevention to meet the real local demand on safety. The final injury report were also generated and archived at the district health centre and the Standing office of accident and injury prevention, Ministry of Health

The injury recording form is used for collecting the related injury information by the village health worker and collaborator network. This form consist of the following content: full name of victim, permanent address, place of accident (commune, district, province), occupation, place (on the road, at home, at school or others) injury mechanism (traffic accident, fall, labour accident, drowning, animal bite, poisoning, suicide, violence and other), treatment after getting injured, place of treatment...it is the basic foundation for further adequately collecting the injury information.

By regularly using this form, it could reveal the injury panorama and its trend as well as analyze the morbidity and mortality rate by causes, sex, treatment, consequences that serving for the improvement of working condition, vehicle quality and infrastructure as well as developing the appropriate interventions.

The outpatient log book is used to record the related information of cases visited to the CHS and treated at home. Among the collected information, the related injury cases are generated and analyzed and reported to the higher level health facilities. It consists of 15 columns: body injured part (head, face, neck), injury causes (traffic accident, burn, labor accident, suicide, violence), how the first aid given (bandage, vaccination, medicine use), place of accident (public place, on the road, at school, at home, lake/pond/river). The injury chart is developed and monitored at the CHS. The adequate injury information could be generated from CHS, district health center and poly clinic hospital.

The health staff takes functions of recording the outpatient book. In the CHS, the injury chart is developed and monitored by the head of CHS for further analysis and reporting to the higher level. The district health centre compared the number of injury visitors to the regional polyclinic and hospital with the data feedback provided by the provincial and national hospitals to map out adequately the information of injury serious cases and deaths in each locality.

The death registration book is used for collect the injury death and its causes.

The injury statistic report is used for monthly generating and reporting on injury data to the higher level facilities. The collected information was the basic foundation of plan-making and developing the interventions and preventive measures. Based on the above reporting system, the injury data were collected and analyzed as sex, age group, occupation....since 1998

The injury information provided by CHS could be compared to the Police Station and Justice Committee's resource. The Justice Committee is in charge of monitoring and recording the number of death cases by different causes. Additionally, Police Station is in charge of generating the death cases due to injuries (traffic accident, suicide, poisoning, electrocution, drowning..). Three above resources could be monthly, quarterly and annually compared each other and informed to local people through radio and people meeting. Currently, this injury recording system is integrated into the existing health reporting system for maintaining the data quality and activity sustainability.

Since 2004, 16 collaborators were trained with injury recording, participated in injury surveillance. All injury cases occurred at local were collected, interviewed fully and sent to the communal health station monthly

All deaths related to injury were reported to the communal health station in order to update to the Mortality Book (based on A6/YTCS of MOH).

The communal health station has adequate recording book on number of cases, number of first aid. The head of health station takes functions of summarizing, analyzing, assessing injury situation at local and puts them into the monitoring map by monthly. The mortality report of collaborators are compared with that number of police and justice to analysis, assess and mapping.

In 2007, Hoa Long received a set of computer and applied software on injury report. This make injury collection and report convenient.

In 2007, Hoa Long commune had reduced the injury cases by 10% compared to that number of the previous year

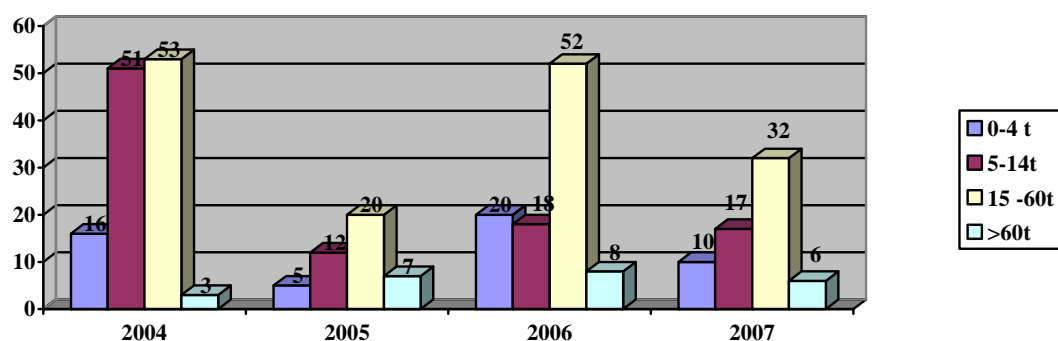


Chart 2: Death related to injury by age group from 2004-2007

Table 5: Injury by causes

Causes \ Year	2004		2005		2006		2007	
	N	%	N	%	N	%	N	%
Traffic injuries	22	17,88%	09	20%	47	47,95%	20	30,77
Occupational accident	27	21,95%	15	34,04%	17	17,34%	10	15,38
Fall	21	17,07%	14	31,38%	16	16,32%	12	18,46
Animal bite	06	4,87%	00		04	4,08%	8	5,20
Drowning	03	2,43%	02	4,54%	03	3,06%	2	3,08
Burn	10	8,13%	01	2,22%	04	4,08%	4	6,15
Chemical Poisoning							1	1,54
Suicide					03	3,06%	1	1,54
Violence, conflict	11	8,94%	03	6,81%	05	5,10%	6	9,23
Other	23	18,69%	00		00		1	1,54
Total	123	100,0%	44	100,0%	98	100,0%	65	100,0%

4.5. CRITERION 5 : EVALUATION MEASURES TO ASSESS THEIR PROGRAMS' PROCESSES AND THE EFFECTS OF CHANGE

In order to assess and monitor the activity progress and the effectiveness of interventions, the evaluation channel was carried out by steering committee as followed:

A. The periodical monitoring and surveillance system:

- The injury data reporting and surveillance system are regularly carried out to timely (monthly, quarterly and bi-annually) report and analyze all of injuries occurred at locality
- The collaborator network and periodical meeting of steering committee



The project management board at central, province and district level supervised Hoa Long commune

The monthly and quarterly meetings have been conducted since 2004 aimed at reviewing and evaluating the activity progress, then, proposing the recommendation for further implementation and drawing up the lessons learnt.

Injury risks:

- Traffic accidents: low awareness of driver to comply with the traffic law; alcohol drank while driving., the low quality of means of vehicle, over-speed, no driving license, poor road infrastructure: pot hole, bush room hidden the eye-shot

- Labour accidents: lack of knowledge of labour safety. Do not use the safe devices such as glass, gloves, belt and mask; unsafe devices and unsecured labour environment hygiene.

- School accidents: the slippery playground, overactive children playing and fighting.

- Home and community injuries: lake/pond is located near the road without fence (6 places). 2 high-risk explosive places; unsafe pesticide containers, unsecured scaffolding arrangement. Hot water container/food and sharp objects are not kept out of reach of children and elderly.

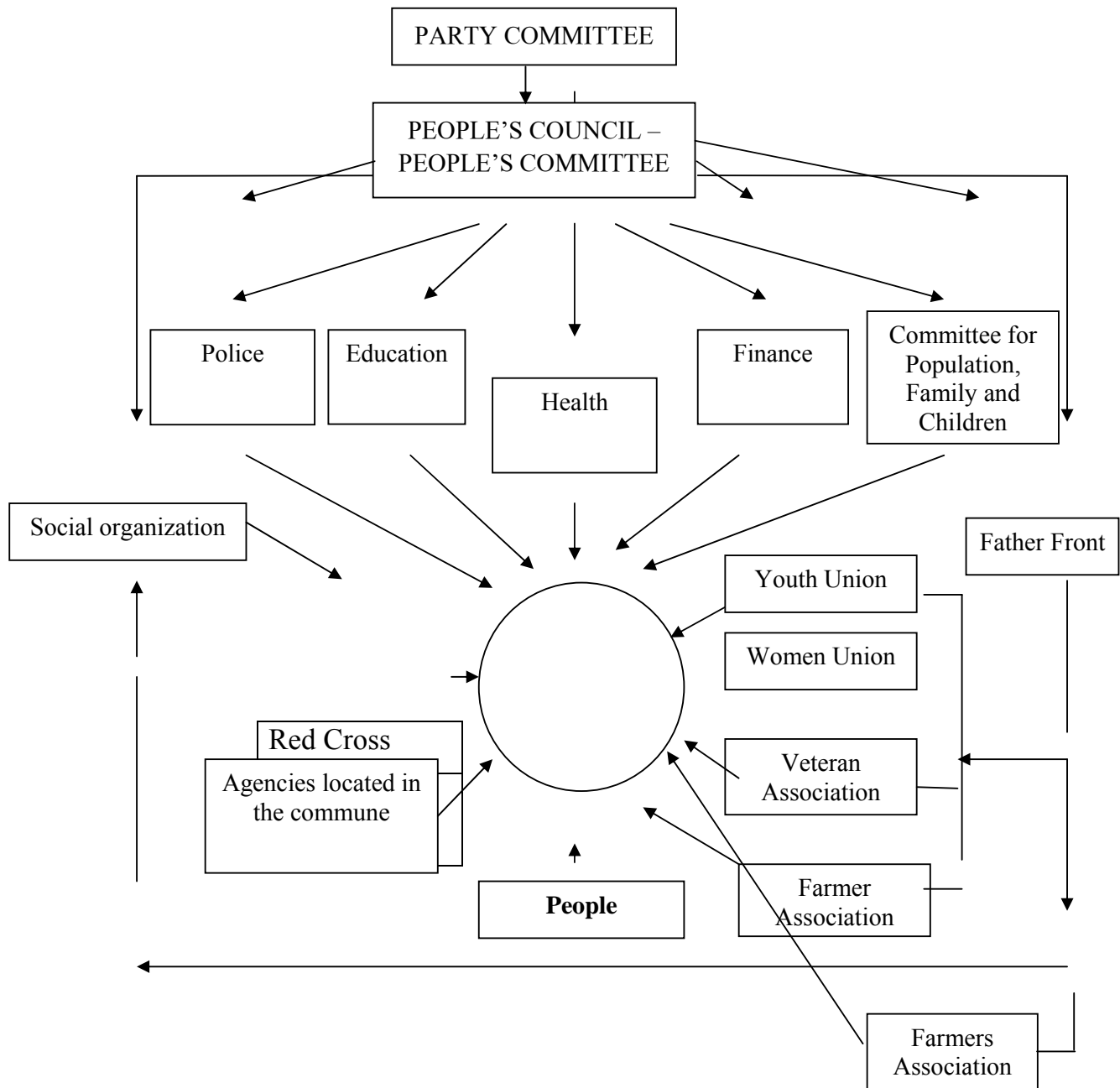
- Violence: Real estate and family disputes

B. Participatory rapid assessment:

Through participatory rapid assessment (PRA), information collection activities, meetings with community, group discussions, semi-structured interviews, mapping of situation, seasoning schedule, priority matrix, analyzing

human resources etc., the steering committee has assessed of the progress and effectiveness of interventions.

Organizational chart of stakeholders in implementation, monitoring and evaluation of safe community development activities in the commune



C. Overall comments and evaluation

Advantage

During 2004-2007 of conducting safe community development, Hoa Long got many achievements because of the followings:

- The determination of Party committee, authority, other sector in the commune and the consensus of the community on safe community development.
- Support from MOH, UNICEF, Province, district.
- The better economic of the commune, the more easily improvement of risk factors of family and mobilization of people.
- Investment and improvement of specialized sectors like transportation, education which contribute to reduce risk factors
- Legislation documents on traffic safety, occupational accidents, school health contribute to facilitate the safe community development at local.

Difficulties

- Specific characteristic of river system, low awareness of people on injury as well as drowning, traffic injuries prevention.
- Drinking and fighting regular happen in the community. The mediation faces many difficulties.
- Risk on stimulating social evils among young people still occurs at local and needs intervention methods.
- Environmental pollution impacts to quality of human life and slow improvement. This issue need to get concern from the local authority in the future.
- Occupational safety is not got much concern from the authority. Community's awareness is limited. The workplace is not safe so that occupational injuries are still high.

In order to maintain the achievements and reduce the morbidity and mortality rate of injury, the steering committee should continue to mobilize the participation of the community, strengthen IEC to make the community have awareness of injury prevention, involving in modification of environment as well as completion of injury surveillance for making plan better.

The communal steering committee would like to express its sincerely thanks to MOH, UNICEF and especially to provincial and district management board for supporting us during safe community development. We completed this materials with aim to evaluation of safe community development as well as to duplication this model to the whole province.

4.6. Criteria 6 - Ongoing participation in national and international Safe Community networks

During the program implementation, the steering committee's members and local people have spared no effort to share experiences and lesson learnt with other localities nationally and internationally. Besides, the program results of Hoa Long commune were also presented and disseminated in the national and international workshops as follows:

- The first scientific conference on injury prevention in October 2005, Hanoi, Vietnam
- The international conference on injury prevention/safe community in Hanoi, Vietnam, November 2006
- The third Asian Regional Conference on Safe communities in November 2007, Bangkok, Thailand

In addition, Hoa Long community also welcomed the delegation of communities through the site visits

- The first 5 Vietnamese safe communities who designated to be member of international safe community network namely Xuan Dinh (Hanoi), Dong Tien and Da Trach (Hung Yen) and Loc Son, Lang Co (Thua Thien Hue).
- The communities developing the safe models sponsored UNICEF from Hai Duong, Hai Phong, Quang Tri, Can Tho and Thua Thien Hue province.

ANNEX 1.

GOVERNMENT

No. 197/2001/QD-TTg

SOCIALIST REPUBLIC OF

VIETNAM

Independence – Freedom - Happiness

Hanoi December 27th, 2001

DECISION BY THE PRIME MINISTER

Approving National Policy on Injury Prevention 2002 – 2010

THE PRIME MINISTER

- Pursuant to Law of Government Organization dated 30th September 1992;

- At the proposal of the Minister of Health

DECIDES:

Article 1.

To approve the National Policy on Injury Prevention for 2002 - 2010, which includes the following main contents:

1. Objectives

a. Overall objective:

To gradually alleviate different types of accidents and injuries such as traffic accidents, accidents at work, at home, at schools, at public place etc. in order to achieve a good effectiveness in securing safety for people's life, Government's properties and people's wealth being to contribute to the sustainable development of the country from a socio-economic and political perspective.

b. Specific objectives:

- To improve the awareness and responsibility of all institutions, agencies and individuals so that they can change their behaviors and life style accordingly in order to reduce accidents and injuries.

- To implement social mobilization as related to injury prevention to get a sharp attention to injury prevention from the authority and social organizations at all levels and from the entire population.

- To implement strict and timely measures in order to gradually alleviate accidents and injuries, especially serious ones.

- To strive so that injuries and accidents at schools will have reduced by 40%, accidents at work by 30%, accidents at home and community by 30% by 2010 as compared with 2000; the mortality by traffic accidents will have

dropped from 14 to 11 victims/10,000 transport means by 2005 and continuing to fall to 9/10,000 transport means by 2010.

2. Solutions

a. Enhancing the leadership and supervision by all sectors and ministries as well as the People's Committee at all levels as regards injury prevention in order to secure safety for the population.

- Clearly identifying that injury prevention constitutes one of the important mandates within the socio-economic development strategy of every locality and it should be elaborated in forms of plans and programs of operation. Specific objectives and measures should be clearly defined in the resolution of the People's Council at all levels as well as in plans of the People's Committee at all levels, different Ministries and sectors as well as socio-economic organizations.

- All concerned ministries and sectors and the People's Committee at all levels should assign the task to an advisory group under the direct leadership of a vice head and this group is in charge of regular follow-ups of this work. This Advisory Group should make a specific plan of actions and carry out regular evaluations and reviews and submit recommendations to local authorities as regards active intentions and solutions aiming at improving the effectiveness of injury prevention.

- Considering injury prevention as a target of the emulation movement in all localities, all sectors and institutions and integrate it into other movements such as cultured villages and families, social evil control etc.

- Providing training to improve the knowledge as well as capacity in terms of organization and supervision of all levels, and paying special attention to monitoring and supervision over the implementation at lower levels; submitting periodical reports.

b. Regularly providing information and education on injury prevention; integrating IEC activities in political activities of all institutions, organizations and communities. The education program should contain the Party's intentions and policies and Government's laws concerning injury prevention securing safety in all aspects of life. Furthermore, the content concerning the improvement of people's knowledge of potential risks and how to prevent accidents and injuries in all aspects should also be included. Moreover, education in terms of injury prevention at schools should also be strengthened.

c. Improving the environmental sanitation, working conditions as well as conditions related to transport means and working facilities; contending against risks so that every one can live and work in safe environment.

- Upgrading the transport system (roads, railways, waterways) including national, inter-provincial and inter-district roads. Special attention should be paid to the improvement of traffic accident areas on highways. The road sign system on all roads should also be reinforced and improved.

- Regularly checking vehicles traveling on roads, on sea and air, equipment and machines at stations, harbors, factories, workshops, construction sites, hydraulic system, civil works electric wire system and other items of the infrastructure. Timely

- Strengthening inspections as regards safety at work to secure that labor regulations detecting and correcting technical errors in order to secure safety during the utilization and operation of different machines and works.

- Regularly checking to detect potential risks of accidents in every village, street, school, household in order to initiate interventions are conformed to and safety in labor is assured with the motto: “Safety in production and production must be safe”

- Arranging management of social environment and combating against social evils, crimes and creating healthy lifestyles in families and society serving the purpose of violence prevention. Timely detecting and reconciling family and community conflicts in order to prevent and alleviate problems that can result in suicides, which tend to increase.

d. Making, supplementing and developing laws on injury prevention and social security so as to formulate a legal framework for every citizen to conform to. Special attention should be given to laws as regards the traffic system, labor security, hydraulic work protection, burn and explosion prevention, use of chemicals in agriculture, social security, environmental sanitation as related to production and at home.

- Improving capacity and responsibility as related to agencies in charge of control over the quality of vehicles used by institutions providing driving training lessons and licensing of different types in order to avoid any possible serious accidents caused by these vehicles.

- Close collaboration among different competent sectors should be secured; regularly arranging general checks on driving institutions; comprehensively assessing the capacity, quality and content of their training curricula and procedures for licensing in order to have drivers with good quality.

e. Establishing a system of monitoring, synthesizing, analyzing and classifying accidents and injuries found in each locality over time so as to find out the development, trends and causes of these accidents and injuries for formulating timely and effective intentions and interventions.

f. The health sector should have a full preparation in terms of different types of resources such as equipment, drugs and human resource for timely dealing with emergencies and for properly organizing treatments and rehabilitation.

Organizing an emergency system in relevant places so as to help victims to have quickest and safest emergency treatments. Health facilities, especially those at the district and commune levels should precisely measure the number of accidents and injuries as well as the extent to which these accidents and injuries take place within their locality and tools and drugs often used as well as preparation in terms of human resources for helping victims. Commune health stations and hospitals located near important road systems should be better equipped with a more carefully trained human resource in terms of emergency aid. Village health workers and people within each locality should be provided with training on first aid skills.

Strengthening the capacity of hospitals at district, provincial and central levels for emergencies with special attention paid to serious cases. Treatments and rehabilitation should be properly organized.

3. Implementation of the decision

a. Different ministries and agencies, according to their functions and responsibilities, should collaborate with the authority at all levels and social organizations to generate a synergetic power of the entire society for injury prevention in all aspects of life. In the overall cooperation, each ministry or agency, in accordance with its own functions and mandates, should play a key role in each relevant aspect under their management.

The People's Committees at all levels are responsible for supervising and arranging the cooperation among all agencies under their management as well as all socio-economic organization located in their locality in injury prevention.

b. The MoH is the key body in collaboration with concerned ministries and agencies in supervising and organizing treatments, health care and rehabilitation for victims; guiding the whole population to use drugs safety and to secure food safety in order to avoid food poisoning; monitoring, synthesizing and classifying different accidents and injuries; being the key body in collaboration with other ministries and agencies and the provincial People's

Committee to intensively work on injury prevention in order to develop safe models in all provinces, districts, communes, schools etc. and to draw relevant experiences for expanding safe communities nationwide.

c. The Ministry of Culture and Information in collaboration with concerned Ministries and sectors develops and organizes IEC actives on Injury prevention on mass media.

d. The Ministry of Transport in cooperation with the Ministry of Public Security and the National Committee of Traffic Safety to develop specific measures for improving capacity of the traffic and traffic accident control systems working in high risk places and as related high-risk transport means; recommend to the Government to enact new policies and regulations as related to traffic safety in order to enhance traffic safety and reduce traffic accidents.

e. The Ministry of Education and Training in collaboration with concerned Ministries and sectors implement the school health program which contains also some content of injury prevention and safe schools; compiles documents on prevention accidents and injuries at schools.

f. The Ministry of Labor - invalids - Social Affairs in collaboration with concerned Ministries and agencies supervises and regularly check the conformity to regulations on labor sanitation and safety and the conformity to measures on safety at work.

g. The Ministry of Agriculture and Rural Development in collaboration with concerned Ministries and agencies properly abides by legal regulations and measures to control storms and floods, protect the dyke system and guide farmers to safely store and use chemicals in agriculture.

h. The Ministry of Industry Development in collaboration with concerned Ministries and agencies secures safety in exploring natural resources, in production, utilization of chemicals and electricity, especially in rural areas.

i. The Vietnam Committee of Child Care and Protection in collaboration with concerned ministries and agencies guides and regularly check the conformity to regulations on preventing accidents and injuries for children.

j. The Committee of Sports and Gyms in collaboration with concerned Ministries and agencies guides and regularly check the conformity to regulations on preventing accidents and injuries and securing safety for players and members of sports and gymnastic clubs.

k. Other ministries, agencies and localities should be proactive in cooperating with concerned Ministries and sectors in preventing accidents and

injuries within each sector under their management and in allocating their recurrent funds to injury prevention.

l. The Central Committee of Fatherland Front and its member organizations should cooperate with all sectors at all levels in mobilizing the whole population to actively participate in injury prevention as a contribution to the improvement of living quality and promote the socio-economic development of the country.

m. Based on the National Policy on Injury Prevention, all Ministries and Ministerial bodies should develop their own Plans of Operation on Injury Prevention; the provincial People's Committee should also develop their own Plan of Operation for their province.

n. Establishing a National Steering Committee for Injury Prevention in charge of assisting the Prime Minister in organizing and implementing injury prevention nationwide.

o. The Minister of Health is assigned to be the Head of this National Steering Committee and the MoH is commissioned to be the standing body of this Steering Committee.

Article 2.

This Decision takes effect 15 days after its signing.

Article 3.

All Ministers and Heads of Ministerial bodies, Heads of Government's Offices, Chairmen of the provincial People's Committee in all provinces are in charge of implementing this Decision.

ANNEX 2.

Ministry of Health

SOCIALIST REPUBLIC OF VIETNAM
Independence – Freedom – Happiness

NO: 170 /QD-BYT

Ha Noi, 17 January 2006

Decides

**Approving the guidelines for Safe Community Development,
Accident and Injury Prevention**

MINISTER OF HEALTH

Pursuant to Decree No 49/2003/ND-CP dated on May 15, 2003 by the Government determine function, task, authority and organization structure of Ministry of Health;

Pursuant to Decision No 197/2001/QD-TTg dated on December 21, 2001 by the Prime Minister ratifying the 2002-2010 national policy on accident and injury prevention and fight;

Pursuant to Decision No 243/2005/QD-TTg dated October 5, 2005 by the Prime Minister issuing the action plan of the Government on the implementation of Resolution No 46-NQ/TW dated on February 23, 2005 of the Political Bureau on the people's health care, protection and promotion in the new situation;

At the proposal of Director of Vietnam Administration of Preventive Medicine

Decides:

Article 1. To approve the guidelines for safe community development, accident and injury prevention

Article 2. Vietnam Administration of Preventive Medicine shall assume the responsibility for directing, guiding and supervising the implementation of the Decision

Article 3. This Decision takes effect 15 days after its signing

Article 4. The Chief of Cabinet, the Chief of Inspector, the Director of Vietnam Administration of Preventive Medicine, Director of Departments and Administrations attached to the Ministry of Health, Director of Health Departments of the provinces and centrally-run cities shall have to implement this Decision ./.

Guidelines

Safe Community Development, Accident and Injury Prevention

*(Approved by the Decision No 170/QĐ-BYT dated on January 17, 2006
by the Minister of Health)*

I. General regulation

1. The guidelines regulate the organization of implementation of safe community development, accident and injury prevention work including its content, standards, development process and document of safe community recognition and measures of implementation.

2. Safe community (commune, precinct, and township) is a community able to control and prevent the accident, injury types as well as the risk factors. It should have the involvement of local people, Party cell, authority and mass organizations in all of steps of implementation.

3. Accident is an unintended event that leads to or has a potential lead to injuries. An injury is the physical damage that results when a human body is suddenly or briefly subjected to intolerable levels of energy. It can be a bodily lesion resulting from acute exposure to energy in amounts that exceed the threshold of physiological tolerance, or it can be an impairment of function resulting from a lack of one or more vital elements (i.e. air, water, warmth), as in drowning, strangulation or freezing.

4. The common injury occurred in the community are traffic accident, falls, drowning, burns, electrocution, acute poisoning due to chemical substance and food, injury due to sharp objects ...

II. Safe community standards of Vietnam

1. Safe community is developed based on developing safe home, safe school and the effective intervention in community

2. Vietnamese safe community standards include 5 main following contents:

a) There is a steering committee of primary health care at commune, precinct, and township level assumed the function of directing and implementing the accident and injury prevention work: annually develop and implement the action plan of accident and injury prevention/safe community development in the locality

b) More than 60% of households in the urban and midland (more than 50% for mountainous area) could aware of injury risks in the community and positively participate in implementing the preventive measures

c) Reduced the injury risks by 80% in the community and developed the safe model for the vulnerable groups

d) Established the volunteer and village health worker network for recording, monitoring and analyzing more than 80% of injury cases and well carrying out the first aid service

e) Reduced the injury cases by 10% compared to that number of the previous year (5-7% for mountainous area).

3. The safe home and safe school standards consist of the following content that could be adjusted in accordance with the particular local situation

a) A household is recognized as safe only when:

- 80% the content of safe home checklist is achieved (Annex 1 attached)

- No dead or hospitalized person due to severe injury occurred at home

b) A school is recognized as safe only when:

- 80 % the content of safe school checklist is achieved (Annex 2 attached)

- No dead or hospitalized pupil due to severe injury occurred at school

III. Process of Safe community development, accident and injury prevention

1. Establishing the city/provincial steering committee of accident and injury prevention for directing the implementation of accident and injury prevention/safe community development work. The district and communal steering committees of accident and injury prevention is integrated into the steering committee of primary health care after being supplemented the relating tasks and members

The chairman of steering committee is the chairman or vice chairman of People's Committee in charge of social and cultural affairs. The vice chairman is the health leader, members are the representatives for related mass organizations and unions to injury prevention work

2. Organizing for evaluating and analyzing the injury data and risks, the local safety demand, available resources and policies in term of accident and injury prevention/safe community development as basic foundation for further plan-making

3. Developing the long-term and annual plan on accident and injury prevention in the locality

4. Organizing the implementation of action plan such as information, education and communication (IEC); doing intervention, addressing and minimizing the injury risks; mobilizing the active involvement of local people; strengthening the first aid service in locality

a) Carry out the IEC activities to raise the public awareness on safe community, accident injury prevention and fight through various forms: mass media (radio, television and newspaper), leaflet, poster, slogan and pane. Promote the communication network of volunteers and village health workers for propagating at grass root level and setting up the IEC corner on safe community development, accident and injury prevention in communal health station, cultural houses and public places

b) Organize for implementation of intervention activities to minimize the injury risks in the community:

- Identify the injury risks at home, school and in community
- Upgrade the living environment and working condition
- Address the injury risks at home, in school and community. Prioritize the vulnerable groups such as children, women and elderly and common injury types
- Ensure the home safety such as safe use of electricity, fire, burns and explosive prevention, occupational safety, safe use of drugs and pesticide
- Prevent the childhood from injuries due to sharp objects, electrocution, falls and drowning
- Ensure the elderly safety; prevent injuries due to falls, burns...
- Ensure the traffic safety
- Develop the cultural and healthy lifestyle; prevent the violence, social and domestic evils

c) Mobilize the people involvement in all steps of implementation. The people could participate in promptly identifying and reporting the injury risks, then, actively implementing the preventive measures at home, school and in community; urge and mobilize the involvement of others and family members

d) Strengthen the capacity of leaders, staff of the health sector and other unions, mass organizations and collaborators on injury prevention knowledge and the required professional skills

đ) Promote the quality of trauma care service in community. Provide adequately the needed equipments and kits serving for first aid as regulated. Closely coordinate with the mass organizations to establish the first aid network for timely respond when injuries happen

e) Integrate the accident and injury prevention/safe community development activities into the movement of cultural-healthy village and other national and sectoral programs

5. Set up the injury data reporting, supervising and monitoring system at communal level to provide the needed information for further plan-making and developing the intervention measures and evaluating the activity effectiveness

6. Annually review the implementation of safe community development, assess the achievements to recognize the safe household, safe school and safe community

IV. Document and procedure of safe community recognition

The localities organize for signing the commitment and designation of safe home, safe school and safe community. The ceremony of granting safe certificate is annually held. Concerning to the designed safe home, school and community, the follow-up and re-designation are carried out after 3 year.

1. Safe home recognition

a) Document

- Safe home checklist verified by village health worker to achieve the content
- A written request of head of hamlet for recognition by Communal People's Committee

b) Based on the above documents, the Commune People's Committee is responsible for considering, evaluating and issuing "Safe home" certificate (attached form in the Annex 4)

2. Safe school recognition

a) Document

- A written request by the school with a self-evaluated checklist attached.
- A written request for recognition by Communal People's Committee attached with the evaluation minutes on the self-evaluation results

b) Based on the above documents, the District People's Committee is responsible for considering, evaluating and issuing "Safe school" certificate (attached form in the Annex 5)

3, Safe community recognition (safe commune)

a) Document

- A safe community checklist verified by the communal health station (attached form in Annex 3)
- A written request of Commune People's Committee for recognition by the District People's Committee

b) Based on the above documents, the District People's Committee is responsible for considering, evaluating and issuing "Safe community" certificate and reporting to the provincial/municipal People's Committee (attached form in Annex 6)

V. Organization for implementation

1) Responsibility of the health sector at different levels

a) Vietnam Administration of Preventive Medicine (Ministry of Health) shall assume the prime responsibility for coordinating, directing and monitoring the implementation of this Decision

b) National hospitals, preventive medicine agencies, hospitals and institutions under the Ministry of Health shall be tasked to

- Direct and coordinate with the local health agencies for evaluating the situation and the implementation of accident injury prevention/safe community development that are the basic foundation for further developing and implementing the action plan

- Carry out the science research on injury risks and efficiency of intervention and preventive measures for further dissemination nationwide

- Professionally guide and develop the training manuals, propagate on accident and injury prevention/safe community development; provide the treatment, first aid and transportation service for common injuries in locality

c) Health departments of provinces and centrally- run cities shall be tasked to

- Advise the Provincial People's Committee on developing the action plan and annual budget on accident injury prevention/safe community development

- Actively make plan and allocate the activity budget on accident and injury prevention/safe community development of the health sector from the total budget of locality

- Consolidate the injury collecting, reporting and monitoring system in locality

- Direct the local health units in implementing the ICE work, training/education, monitoring and evaluating the accident injury prevention/safe community development activities aimed at raising the awareness and strengthening the consultancy and emergency practical skills of health staff at lower level

- Consolidate and strengthen the grass root health network. Provide the resources for injury emergency system to ease up the injury consequences. Organize the emergency and transportation system to transfer the injury victims to the health services in the safest and quickest manner

- Follow, supervise, evaluate and report to the Ministry of Health on the local results. Organize the semi and annual review to encourage and give award to the succeed units

d) The preventive medicine centers of provinces and centrally-run cities shall be tasked to:

- Organize for collecting the injury data and information on injury risks, local safety demand, financial resources and policies on accident injury prevention, safe community development

- Develop the guidelines and carry out the IEC activities on accident injury prevention/safe community development. Strengthen the health staff capacity on accident and injury prevention/safe community development

- Develop and coordinate with the concerning departments, unions and mass organizations in directing the development of injury prevention model such as childhood injury prevention, safe community development and road traffic injury prevention and labor accident prevention

đ) Health station of commune, precinct and town (mentioned as communal health station herewith) shall be tasked to:

- Guide and propagate on injury preventive measures at home, school and public place to local people

- Record and report the injury cases

- Strengthen the first aid quality in communal health station. Consolidate and promote the first aid capacity for the collaborator and village health worker

- Coordinate with the concerning departments, mass organizations to mobilize the people involvement on injury prevention work

- Advise to the People's Committee on developing the action plan on accident and injury prevention, implementing the model of childhood injury prevention, safe community development, road traffic injury prevention and occupational accident prevention

2. The responsibilities of the People's Committee at different level

a) Direct to establish the Steering Committee of accident injury prevention/safe community development with the involvement of concerning departments and sectors

b) Guide in developing the action plan on accident injury prevention/safe community development in their localities

c) Coordinate with the attached units and departments, social and economic organizations to implement the accident injury prevention/safe community development work

d) Invest the budget on accident injury prevention/safe community development work in locality

3. Responsibilities of mass organization

The health sector shall closely coordinate with the social organizations in propagating and developing the safe models in locality

- a) Coordinate with the Labor-Invalid and Social Affairs sector in labor accident prevention
- b) Coordinate with the Transportation and Communication sector in road traffic injury prevention
- c) Coordinate with the Education and Training Departments in childhood injury prevention at school
- d) Coordinate with the Population, Family and Children sector on childhood injury prevention
- d) Coordinate with the Culture- Information sector on propagating the accident and injury prevention in locality
- e) Coordinate and mobilize the involvement and strengths of people, social organizations in accident injury prevention in community and household

In the implementation process, the provincial health department in accordance with the local particular situation could propose to supplement some suitable content as providing that they are not opposed to the Minister of Health guidelines. The checklist contents are provisional, then, could be adjusted and supplemented based on the reflection of local practice.

Safe Home Checklist

Full name of household head:

Address:

.....village.....commune.....district.....province

No.	Contents		Household self-evaluation	
			Achieved	Not Achieved
1. Home safety (safe use of electricity, fire and explosive prevention, labor safety and safe use of drugs)	1	Sockets, plugs are safe and kept out of reach of children		
	2	No leaking electric wire		
	3	Have the circuit breaker to assure safety		
	4	Safe use of electricity: not using electricity for mice trap, switching off all unnecessary electric devices		
	5	Petrol, oil, gas, oxygen containers and pipes must be fully safe and put far from flames.		
	6	Not producing, using, storing and transporting the explosive and inflammable materials		
	7	Have a family drug cupboard. Drugs must be labeled and put in the cupboard which is locked and placed out of reach of children; adequately have the common injury first aid		
	8	Use the fresh food and drink, clean water and individual hygiene to prevent the food poisoning		
	9	Chemicals, pesticide must be labeled with clear instructions, expiry date,		

		storage instruction; food and drinking water shall be kept out of reach of children		
	10	Have personal protective devices when spraying agricultural chemicals (clothes, hat, mask, boots, gloves) when plucking rice off the ears (clothes, goggles, gloves, mask)		
	11	Cover belts of threshers, rice-husking machines		
	12	The labor protective devices must be safe for using and kept out of reach of children		
	13	The dog must be vaccinated, chained, and wear muzzle when going out		
2. Childhood safety	14	Have solid gates, doors, fences (with appropriate height) if the house is located near roads/railways		
	15	Separate the house and fish pond, lake, lime hole with a fence to prevent the children easy to penetrate in		
	16	Wells and water containers must be safety covered		
	17	Stair hand-rests should have safety netting; at the end of the stair case there must have barriers with appropriate height; the balcony shall have banisters or windows so that children cannot crawl or climb through it.		
	18	Have container for vacuum flasks of boiling water. Containers of hot things, matches, lighters are kept out of reach of children		
	19	Have safety fences around the fire if it is placed on the floor. The kitchen		

		must have a door.		
	20	Sharp objects (knives, scissors, crescents...) are neatly kept and out of reach of children		
	21	Tiny toys or tiny and easy-to-swallow things (coins, marbles, peanuts, longan nuts..) are not available in the playing area of children under 5 year old		
	22	Under-6 children are taken care by adults or kept in kindergartens.		
3. Elderly safety	23	The yard, floor of the bathroom, the floor of the main house, path must be smooth and built of non-slippery material.		
	24	Thresholds, steps shall not be too high		
4. Traffic safety	25	Vehicle users must hold registration permit and driving license		
	26	Motorcyclists shall use the helmet		
	27	Vehicles shall have adequate lights, safe brakes, horns, mirrors.		
5. Healthy and cultural lifestyle	28	Properly address family disputes (in terms of finance, housing, land and other benefits...). No deep conflicts with neighbors; no disputes. Listen and respect ideas of the reconciliation team.		
	29	Family is united, happy and children are good		
	30	No family member committed to social evils such as gambling, alcohol and drugs abuse, prostitution, superstition...		
6. Accident & injury	31	No dead or hospitalized person due to severe injury at home		
	32	No family member caused injuries to other people		

Note:

How to evaluate:

Achieve: Well implement the checklist content

Not achieve: Not yet implement or implement insufficiently the checklist content

.....date monthyear

Verification by village health worker
(Signature & full name)

.....date monthyear

Household head
(Signature & full name)

In the process of implementation, the provincial health department in accordance with the local particular situation could propose to supplement some suitable content as providing that they are not opposed to the Minister of Health guidelines. The checklist contents are provisional, then, could be adjusted and supplemented based on the reflection of local practice.

Safe School Checklist

(Kindergarten, nursery, primary school, lower secondary school,
junior school)

School name:

Address:

No.	Contents	School self-evaluation	
		<i>Achieved</i>	<i>Not achieved</i>
1	Develop the safe school regulations		
2	Have monthly plan on implementation and evaluation		
3	Have a network of accident and injury, violence prevention at school; developing safe school model (including school health care, headmasters, class monitors, Youth Union, Red Cross)		
4	Have slogans and posters on accident and injury prevention		
5	Have fences around the school and guards taking care of schoolchildren from going to roads to prevent traffic accidents		
6	Regularly inspect, detect and address the potential injury risks such as walls and columns threatening to fall down, slippery paths and yards, unsafe gyms and sports facilities, unsafe electricity system...		
7	Develop the direct interventions in places of potential injury risks		
8	Safe places for sports, gyms and swimming activities		

9	No addicted pupil		
10	Have equipments and drugs for timely response when pupil got injured		
11	80% of pupils are trained on traffic safety		
12	No school violence		
13	No death and hospitalized cases due to severe injury at school		

Note:

How to evaluate:

Achieve: Well implement the checklist content

Not achieve: Not yet implement or implement insufficiently the checklist content

.....date monthyear

Verification by Communal People's
Committee

.....

.....date monthyear

principal
(Signature & seal)

In the process of implementation, the provincial health department in accordance with the local particular situation could propose to supplement some suitable content as providing that they are not opposed to the Minister of Health guidelines. The checklist contents are provisional, then, could be adjusted and supplemented based on the reflection of local practice.

Safe Community Checklist

Name of commune/precinct/town:.....

District.....Province/ City

No.	Contents	Self-evaluation by CHS	
		<i>Achieve</i>	<i>Not achieved</i>
1. Organize for implementation	Have the accident injury prevention/safe community network in the commune, village with monthly meetings		
	Have a implementation plan on accident and injury prevention/safe community development work		
	Have specific plans to minimize all types of high-risk injuries in the community		
	The head of villages organize village meetings to remind households to self-evaluate as checklist content		
2. Advocacy to raise the public awareness on accident injury prevention	Have IEC workers on accident injury prevention/safe community development		
	Have pictures and slogans on accident and injury prevention in public places.		
	Develop IEC corners on accident and injury prevention/safe community in the cultural house and communal health station		
3. Reducing	Regularly inspect and have the direct		

injury risks	interventions in the high- injury places e.g. preventing traffic accidents, drowning, burn, poisoning, falls, labor accident...		
	Reduce the injury risks by 80% in the community.		
	>50% households achieve safe household benchmark.		
	>50% schools are safe		
4. Injury surveillance and emergency system	Have workers to monitor and analyze the injury types		
	The commune health station has sufficiently the required facilities and equipment for first aid		
	>80% of injury cases are monitored		
5. Evaluation, final review	Reduce the injury cases by 10% compared to that number of the previous year (5 - 7% in mountainous areas)		
	Have tables and graphs for evaluation based on criteria.		
	Have quarterly/ 6-month/ annual review and evaluation and registration for safe recognition at all levels		
	Have a plan on safe community recognition		

Note:

How to evaluate:

Achieve: Well implement the checklist content

Not achieve: Not yet implement or implement insufficiently the checklist
content

.....date monthyear date monthyear

Verification by Communal People's
Committee

Communal health station

.....

.....

SAFE HOME CERTIFICATE

SOCIALIST REPUBLIC OF VIETNAM
Independence – Freedom – Happiness

CERTIFICATE
SAFE HOME

People’s Committee of Commune

CERTIFY THAT:

.....
HAS ACHIEVED “SAFE HOME” STANDARD IN 200.....

.....date.....month 200..
People’s Committee ofDistrict

Decision No.....
... Date... month 200...
No.....

SAFE SCHOOL CERTIFICATE

**Socialist Republic of Vietnam
Independence – Freedom – Happiness**

**Certificate
safe school**

People’s Committee ofDistrict

Certify That:

.....
Has achieved “safe school” standard in 200.....

.....date.....month 200..
People’s Committee ofDistrict/Town

Decision No.....
... date... month 200...
No.....

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