



KAROLINSKA INSTITUTET
 Department of Public Health Sciences
 Division of Social Medicine



WHO COLLABORATING
 CENTRE
 ON
 COMMUNITY SAFETY PROMOTION

**APPLICATION FOR BECOMING A CERTIFYING CENTRE FOR SAFE
 COMMUNITY PROGRAMS**

Information about the applicant:

Name of
 organisation:.....**Institute for Peace Promotion and Injury/Violence Prevention
 (CISALVA)**...
 Mailing address:...Universidad del Valle, sede San Fernando, Calle 4B, No. #36-00, Edificio
 Decanato de Salud, Office 114, Cali Colombia
 25360.....
 Visiting
 address:....Same.....
 Telephone:....572-556-0255 or 572-557-
 7206..... Fax:.....572-556-
 0253.....
 E-
 mail:.....cisalva@univalle.edu.co.....
 ...
 Responsible for the certification activities:...Maria Isabel Gutierrez, M.D., MSc, Ph.D.,
 Executive
 Director.....
 Contact
 person:.....

In appendix references are given to information in enclosed documentation
 We are familiar with the conditions for accreditation and we agree to fulfill the requirements.
 We undertake to supply all information regarding our activities that WHO CCCSP (The WHO
 Collaborating Centre on Community Safety Promotion) considers to be necessary,
 and to inform WHO CCCSP about all changes that may affect the content of the accreditation.

Place and date:Santiago de Cali, Colombia..... 12 January,
 2007.....

Qualified Organisation

Signatory:.....
 ..

Signatory's name in block letters:.....**MARIA ISABEL
 GUTIERREZ**.....

Include Appendix and send to:
 Moa Sundström E-mail: moa.sundstrom@sll.se
 Coordinator, WHO Collaborating Centre On Community Safety Promotion
 Karolinska Institutet, Department of Public Health Sciences
 Division of Social Medicine, Norrbacka 2nd Floor, SE- 171 76 Stockholm, Sweden
 Phone: +46 8 737 38 70
 Fax: +46 8 33 46 93
www.phs.ki.se/csp



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Appendix

Documentation references

The application, together with the enclosed documentation, is the basis for WHO CCCSP's initial documentation review and tender work. To facilitate this work the list of references below shall be filled in. Answer the questions and refer to the relevant part/page in enclosed documents.

	Yes	No	Reference to document
Is the responsibility and function of the governing board documented? Board.doc	X	O	SCCC-Governing
Is there an organisation chart over the activities? doc...	X	O	Organizational Chart
Is there a description of how the certification activities are financed? Procedures.doc	X	O	see Item #4 of & SCCG-Governing Board.doc
Are there criteria for competence for the different personnel categories, incl. sub-contractors, who work within the certification activities (management, planning, tender work, assessments and certification)?	X	O	see Item #14 of Procedures.doc
Is there documentation showing the qualifications, training and experience of the personnel, incl. subcontractors?	X	O	see webpage www.cisalva.univalle.edu.co "Equipo Humano" & Cisalva Institute.doc
Is there a record system for the keeping of reports and original observations?	X	O	see Item #13 of Procedures.doc
Are there documented procedures for the certification process? Procedures.doc.....	X	O	see
Are there procedures concerning secrecy? Procedures.doc.....	X	O	see

Are there documented rules for appeals?
Procedures.doc..... X O see

Are there procedures for withdrawal and
cancellation of certificates?
Procedures.doc..... X O see

Statement of Intent

Herein, the CISALVA Institute of the Universidad del Valle, asserts its intention to pursue **Certification Center** status for **Safe Community Programs** (Under supervision by The WHO Collaborating Centre on Community Safety Promotion (CCCSP) at the Karolinska Institutet, Department of Public Health Sciences, Division of Social Medicine, Stockholm, Sweden)

Inherent to this Statement of Intent are the following affirmations:

- The CISALVA Institute herein undertakes the responsibility of serving as the primary certifying body for Safe Communities in all Latin America countries;
- The CISALVA Institute publicly affirms its commitment to support local, regional and international Safe Community initiatives;
- The CISALVA Institute pledges to promote the Safe Communities model at local, regional and national levels; and further pledges that
- The CISALVA Institute will continue to conscientiously contribute to knowledge development at the international level through the Safe Community Network, in partnership with the WHO Collaborating Centre on Community Safety Promotion.

Indicators for Certifying Centre Status

As the indicators established by CCCSP for organizations seeking a Certifying Centre status include having a documented record of experience in community safety program development and implementation, including evaluation of safety programs, please refer to the supplementary document entitled, “**Summary of CISALVA Annual Reports, 2002-2005**”. This document provides highlighted summary information on CISALVA’s experience in Community Safety Program Development, including evaluations. As CISALVA’s record and experience in community safety program development and implementation has been undertaken within the context of its role with the Pan-American Health Organization (PAHO) / World Health Organization (WHO) as a Collaborating Center on Injury and Violence Prevention, the following terms of reference, both current and prior, are provided below as a reflection of CISALVA’s ongoing commitment to safety program development, and thus relevant to its anticipated role as a Certifying Center for Safe Communities.

1. Collaboration with PAHO/ WHO on development of methods and implementation of surveillance systems in selected Latin American Countries.
2. Collaboration with PAHO/ WHO in conducting studies on violence and violence prevention. Currently modified to read: Therefore, for the coming four-year cycle we propose that this term of reference be changed to read: “**To conduct studies on violence and violence prevention, as well as peace and safety promotion and injury prevention.**”

3. Collaboration with PAHO/WHO in developing effective ways of cross-disciplinary links for violence prevention. Currently modified to read: **“To develop effective ways of creating cross-disciplinary links for violence and injury prevention, and peace and safety promotion.”**
4. Collaboration with PAHO/WHO in designing and providing training programs on prevention and understanding of the causes of violence. Currently modified to read: **To design and provide training programs on the prevention and understanding of the causes of violence and injury.”**

Additionally, as further support of the intention of Cisolva to serve as a resource for Safe Communities programs in the Latin America region, we make reference to the following goals of CISALVA for supporting research and program development in Latin America:

1. Epidemiology of Violence with a focus on Surveillance System development for observatories of crime, domestic violence, and injury prevention, as well as road safety promotion;

2. Communications and Promotion of a Culture of Peace;

3. Evaluation of interventions and social projects related to violence and injury prevention, and

4. Promotion of Mental Health with emphasis on victims of violence.

Maria Isabel Gutiérrez, M.D., MSc., Ph.D.

Director

CISALVA Institute, Universidad del Valle

Procedures for the Certification Process for Safe Community Status:

In relation to the application of CISALVA to pursue **Certification Center** status with the **Safe Community Programs** (*Under supervision by The WHO Collaborating Centre on Community Safety Promotion (CCCSP) at the Karolinska Institute, Department of Public Health Sciences, Division of Social Medicine, Stockholm, Sweden*) the following procedures have been approved. They constitute the procedures that will be followed in reviewing and evaluating applications for designation as a “Safe Community”.

I. Definition of Terms:

Definition of Safe Community:

A “ Safe Community” can be a: Municipality; a County; a City or a District of a City working with safety promotion, Injury-, Violence- , Suicide- and Natural Disaster prevention, covering all age groups, gender and areas and is a part of an international network of accredited programs.

Implications of Definition:

1. The Safe Community initiative differs in comparison to other injury prevention programs. Certification as a Safe Community implies that **the community itself plays the leading role in the development process.**
2. The term Safe Community implies that the community aspires to **safety in a structured approach**, not that the community is already perfectly safe. Safe Communities are realization of creative **methods of education and environmental change** joined with **appropriate legislation and enforcement** are important beginning elements in realizing a Safe Community.
3. Certification as a Safe Community implies that the community program(s) to prevent and control injuries and accidents have **identified and characterized the injury problem and evaluated the effectiveness of the injury control interventions.** Though epidemiology is not the soul of the safe communities concept, the vital importance of it must be respected.

II. Criteria for Undertaking a Review of Safe Community Applications:

A. An application must be on file simultaneously with the Safe Community Collaborating Center at the Karolinska Institute in Stockholm and on file with the Instituto de Investigacion y Desarrollo en Prevencion de Violencia y Lesiones y Promocion de la Convivencia Social (CISALVA) describing the activities pertinent to the Six Indicators for a Safe Community (see item B).

The

application must be submitted as a hard copy and as a pdf. file; under the following title:

“Application to Become a Member of the Safe Community Network” for International Designation as a Safe Community by the WHO Collaborating Centre on Community Safety Promotion.

The application shall include a report describing the safety promotion activities in the “community”. (The “Community” can either be a County, City, Municipality or a District) related to the 6 Safe Community Indicators (adopted May 2002, and replacing the earlier used 12 Criteria for the Safe Community program). Send the application simultaneously as a:

1) hard copy to:

Attention: Moa Sundstrom, Coordinator
WHO Collaborating Centre on Community Safety Promotion
Karolinska Institutet, Department of Public Health Sciences, Division of Social Medicine,
SE-171
76 Stockholm, Sweden.

2) Also, a hard copy to:

Dr. Maria Isabel Gutiérrez, Director
Attention: Dr. Jorge Mena, Coordinator
CISALVA Certifying Center for Safe Communities in Latin America
Facultad de Salud - Oficina 114, Universidad del Valle (San Fernando)
Calle 4B No. 36-00, Dirección Postal 25360
Cali - Colombia

3) and as a Word and pdf. file to E-mail: moa.sundstrom@smd.sll.se / cisalva@univalle.edu.co And a text for the WHO web page (see Item #3 below).

B. It is understood that throughout the support, consultation and evaluation process CISALVA will be promoting the development of Safe Community programs which adhere to the following six **Indicators for Safe Communities**:

Indicators for Safe Communities:

Communities in a Safe Community setting have:

1. An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community;
2. Long-term, sustainable programs covering both genders and all ages, environments, and situations;
3. Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups;
4. Programs that document the frequency and causes of injuries;
5. Evaluation measures to assess their programs, processes and the effects of change;
6. Ongoing participation in national and international Safe Communities networks.

(adopted in Stockholm May 2002)

III. Requirement of Program Description for CCCSP Webpage

The applicant for Safe Community status will forward a program description for publication on the web page of the WHO Collaborating Centre on Community Safety Promotion in Stockholm. (This program description affords a short version of the activities including photos). (See Attachment I). The form for the provision of the program description will be provided to the applicant as needed and is available in pdf format at the CCCSP website.

The file for the web page shall be sent to:

[Moa Sundstrom](#), Co-ordinator
Karolinska Institutet
Department of Public Health Sciences
Division of Social Medicine
Norrbacka, 2nd Floor

SE-171 76 Stockholm, Sweden
Phone: + 46 (0)8-737 38 70
Fax: + 46 (0)8- 33 46 93

IV. Expenses for Processing of Safe Community Applications

The applying “Community” will cover all costs related to the “Site Visit” and designation ceremony.

V. Procedures for Site Visits (*adopted by CCCSP 2004-11-03*)

A. Prior to scheduling a Site Visit:

The following requirements shall be fulfilled before the “Site visit”. An Application as a member of the Safe Community Network shall be **sent at least one month before the scheduled site visit** to the WHO CC on Community Safety Promotion (CCCSP), with a copy forwarded by CCCSP to the CISALVA Institute for follow-up purposes.

B. The Site Visit

The Site Visit will be conducted by CISALVA in accordance with the procedures for Site Visits adopted by CCCSP as of 3 November 2004. The following matters **shall be documented** in conjunction with the Site Visit and subsequently filed in the record system established by CISALVA for this purpose. For this purpose, a **Checklist** will be utilized by the Evaluator(s) with additional documentation of the rationale for decisions made attached to the Checklist (see Attachment III)

1. A meeting with the cross-sectional group that is responsible for the safety promotion in the community.
2. Field visit at the following safety activities (at least).
 - Children
 - School /youth
 - Elderly
 - Traffic
 - Surveillance
 - And/or other relevant activities.

3. **Duration of visit:** 1 - 2 days

VI. The Decision Regarding Safe Community Designation

Upon completion of the Site Visit and all documentation of the community evaluation, a joint evaluation meeting will be conducted with all Safe Community support personnel and administration in attendance for the purpose of reviewing the application and the findings from the Site Visit. In arriving at a final decision, the CCCSP will be consulted and input received for additional consideration. Program strengths and weaknesses will be clarified and plans for follow-up and further consultation will be provided as identified by the evaluation team and reported to the applicant community on a timely basis. It is only after this evaluation meeting will a final decision be reached concerning designation of the community as a “Safe Community”.

VII. Safe Community Promotional Material

Information will be provided to representatives of interested Safe Communities concerning how to order flags, table flags, pins and other Safe Communities items from the CCCSP. CISALVA will facilitate this process, as needed.

VIII. Agreements for Designated Safe Communities

An Agreement will be signed between the Community and the Karolinska Institute, WHO Collaborating Centre on Community Safety Promotion with any needed facilitation of this process provided by the CISALVA Institute, PAHO/WHO Collaborating Centre on Injury and violence prevention. For this purpose, the names, including titles for those planning to sign the agreement will be forwarded to the CCCSP (see Attachment III for an example of this Agreement).

IX. Availability of Safe Community Logo

The Safe Community logo will be sent as a file by the CCCSP following the completion of a successful application by the community. The Safe Community Logo and can be used only after the designation. The logo is currently being updated to be used more easily with graphic applications on flags, stationary, *etc.*

X. Redesignation as a Safe Community

The WHO Collaborating Centre on Community Safety Promotion at the Karolinska Institutet has decided to perform the follow up of the Safe Communities activities after 5 years.

XI. Withdrawal and Cancellation of Certificates

As the Agreement signed for designation as a Safe Community acknowledges the community's willingness to continue to document and evaluate their efforts for sustaining their status as a designated Safe Community, and, further, as the agreement acknowledges the community's willingness to share and spread their experiences to others through national and international efforts, therefore documented and verified breaches of this agreement, shall constitute grounds for withdrawal and cancellation of certification. Prior to any such action, a complete review of the matter will be conducted by the Certifying Center in consultation with the WHO Collaborating Center for Community Safety Promotion (CCCSP). Upon the finding that a substantive breach of the contractual relationship exists which and is not amenable to a "Plan for Correction for Deficiencies", the withdrawal and cancellation of the Safe Community designation will occur with concurrence by the CCCSP.

XII. Appeals for the Decisions of the Certifying Center (CC)

The decisions made by the CC concerning designation, re-designation, or withdrawal and cancellation of certificates of Safe Community status are subject to an appeals process. The decisions of the CC may be appealed in writing within fifteen business days of the date of the decision stating the nature of the complaint and the grounds for it's appeal. Within fifteen days of the receipt of the appeal by the Certifying Center, the governing board will meet and consider the appeal. Within fifteen days of this meeting, a decision will be made by the CC governing board and forwarded both to the originating community and to the CCCSP. If the finding of the CC governing board is again contested, a final appeal made be made within fifteen days of the receipt of the decision to the governing board of the CCCSP for final disposition of the appeal in accordance with adopted procedures.

XIII. Records System

To assure the confidentiality and safety of all applications, reports, original observations, files and data pertaining to the activities of the Certifying Center they will be kept in a secure location designated by the Director of the CISALVA Institute. These records will be kept in a separate, locked filing cabinet and made available only to authorized CC personnel. Electronic files will be kept similarly secure and confidential under password protection known only to the Institute Director and the designated CC staff. As part of the Records System for the Certifying Center, there shall be documentation as to the qualifications, training and experience of all associated personnel, including all subcontractors for work with the Certifying Center.

XIV. Criteria for competence of personnel assigned to the CC

All personnel working with the Certifying Center, including sub-contractors, shall be under the direct supervision of a trained Epidemiologist who has demonstrated expertise concerning the WHO Safe Communities Program. Additionally, all Certifying Center personnel will meet the following criteria in establishing their competence:

- A. Demonstrated knowledge and familiarity with the background and development of the Safe Community movement internationally, including key concepts and knowledge of best practices in the field.
- B. Knowledge, training and experience in program development and evaluation.
- C. Attendance and participation in Safe Community Conferences, preferably on

both on a national and international basis, as well as demonstrated efforts to

stay abreast of the latest developments in the field.

ATTACHMENT 1

Questionnaire

For information on the Safe Community Network web page
<http://www.phs.ki.se/csp/>

Presentation of the Safe Community Programs

Photo: The Community

Name of the Community:

Country:

Number of inhabitants:

Program started year:

"WHO- designation" year:

Info address on www for the Program: No:.....Yes, where?

For further information contact:

Name:

Institution:

Address:

Zip code: City:

Country:

Phone (country code included): Fax:

E-mail:

Info address on www for the institution (or community as a whole): No:.....Yes, where?

The program covers the following safety promotion activities:

For the age group

Photo: Typical safety feature

Children 0-14 years:

Youth 15-24 years:

Adults 25-64 years:

Elderly 65+ years:

At the following environments:

Home:

Traffic:

Occupational:

School:

Sports:

Leisure:

Other: What?....._

—
Violence prevention (intentional injuries):

—
Suicide prevention (self-inflicted injuries):

Programs aiming at "High risk-groups:

—
Surveillance of injuries: Where?

Numbers per year:

Population base:

Started year:

Publications: (Scientific)

Produced information material, pamphlets:

Staff

Photo of leader(s):

Number:

Professions: part-time or full-time:

Permanent:

Temporary:

Organization:

Specific inter-sectoral leadership group:

General public health/health promotion group:

International commitments:

Study visits:

Participation in Safe Community conferences: Where?

Hosting Safe Community Conferences: When?

Hosting "Traveling Seminars" :

Other, what?.....

Attach as separate files the following photos in color as a jpg.file:

NOTE: Max 20 kB and the size not bigger than 400x400 pixlar.

1. The community
2. Typical safety feature
3. The leader(s)

Please send by e-mail to:

Moa.Sundstrom@smd.sll.se

ATTACHMENT II SAFE COMMUNITY EVALUATION CHECKLIST

Safe City Applicant: _____ **Contact Information:**

Phone (country code included): Fax: _____ E-mail:

_____ Country: _____

Info address on www for the institution (or community as a whole): No:.....Yes, where?

Safe Community Indicators	YES	NO	Explanation Attached?
1. An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community;			
2. Long-term, sustainable programs covering both genders and all ages, environments, and situations;			
3. Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups;			
4. Programs that document the frequency and causes of injuries;			
5. Evaluation measures to assess their programs, processes and the effects of change;			
6. Ongoing participation in Safe Communities networks.			
A. National Safe Communities Network			
B. International Safe Communities Networks			

Program Strengths:

Program Weaknesses:

ATTACHMENT III



**A
SAFE
COMMUNITY
AGREEMENT**

between

**the WHO Collaborating Centre on
Community Safety Promotion
Karolinska Institutet
Department of Public Health Sciences
Division of Social Medicine**

and

C a l g a r y

to

implement an ongoing programme of injury control. This initiative will cover the whole community including people in all age groups, all environments and all situations. The parties agree to document and evaluate their efforts and to actively spread their experiences nationally and internationally.

**Calgary, Alberta, Canada
3 April 2003**

.....
Bob Hawkesworth
Deputy Mayor
The City of Calgary
Centre

.....
Nancy Staniland
Safer Calgary Co-Chair

.....
Leif Svanström
Professor
WHO Collaborating

on
Community Safety
Promotion

.....
Dale Stanway
Chief Executive Officer

.....
Alderman Diane Colley-Urquhart
Safer Calgary Co-Chair The City of Calgary

Universidad del Valle
Institute for Peace Promotion and Injury/Violence Prevention
Cali – Colombia

Governing Board for the Safe Communities Certifying Center

Whereas,

By Agreement #.011 of the Superior Council of the Universidad del Valle of December 17, 1997, the Institute for Peace Promotion and Injury/Violence Prevention (CISALVA) was created to serve as an autonomous academic-administrative unit within the Universidad del Valle, and

Whereas,

The mission of CISALVA was designated in Article #2 of said Agreement as that of contributing from a university perspective to the gaining of knowledge concerning the origins of the different manifestations and expressions of violence and to their prevention, as well as to the creation of capacity for peace promotion, and

Whereas,

In line with this stated mission and for purpose of applying for the recognition of CISALVA as a Certifying Center for the World Health Organization's Safe Communities Program for Latin America,

Therefore,

A Governing Board for the Safe Communities Certifying Center is hereby duly constituted this 12th day of January, 2007.

Creation of Governing Body and Administration

Article One: For completion of its function and responsibilities the Governing Body will have the following organization:

- a. Governing Board
- b. Certifying Committee
- c. Director
- d. Administrative Support Unit

Article Two: The Governing Board constitutes the highest organization for direction and governing of the Certifying Center.

Article Three: The Governing Board will have the following nature and composition:

- a. Five persons as selected by the Executive Director, including
- b. One person appointed to serve as Chairperson of the Board;
- c. The CISALVA Executive Director will serve with voice but without a vote;
- d. The Administrative Assistant will act as a non-voting Secretary to the Governing for keeping minutes of all meetings;
- e. In keeping with the mission and vision of the CISALVA Institute, in the selection process every effort will be made to assure a diverse, cross-disciplinary composition to the Governing Board;

- f. After the selection of the founding governing body, future membership selections will be made with the advice and recommendations of the Governing Board itself;
- g. To better assure continuity of services, three of the initial five members of the Governing Board will be appointed to renewable terms of service of two years; the remaining two members will be appointed for a renewable term of service of one year. All subsequent appointments will be made for terms of service of two years.

Article Four: Frequency of Meetings

The Governing Board will ordinarily meet at least two times per year.

Additional

meetings may be convoked by the Director, Chairperson, or by the petition of at least two of its members for the purpose of attending to pressing matters of business in duly carrying out its responsibilities. In all cases announcements of the meetings will be sent in advance by the Director within fifteen calendar days of the date of the scheduled meeting.

Article Five: Quorum

Valid deliberations by the Governing Board shall be constituted by the presence of the Director, Chairperson, and at least two additional Board members. Preferably, all decisions made will be done so by a consensus of the members present. If a consensus is not possible, decisions made may be reached with a majority of the votes of the members present.

Article Six: Minutes

The minutes of all meetings must be kept and approval of the minutes of all meetings must be made by all Governing Board members in attendance.

Article Seven: The functions of the Governing Board are as follows:

- a. To define the policies and procedures for the Certifying Center;
- b. To assist the Director of the Institute in the design and management of plans and programs for the Certifying Center, providing timely advice and consultation;
- c. To periodically evaluate the functioning and activities of the Certifying Center towards assuring increased effectiveness, efficiency, and validity to its operations;
- d. To develop strategies for increasing public awareness and disseminating information concerning the services of the Certifying Center;
- e. Insure the financial sustainability of Certifying Center services by leveraging resources and through fundraising efforts;
- f. To approve the policies, budget, and financial statements presented by the Executive Director as prudent and in harmony with standard operating procedures and it's authority within the university community;

- g. To support and promote Safe Community initiatives in accordance with recognized indicators and support and promote the Safe Communities model at local, regional, national, and international levels;
- h. To insure that the Institute and Certifying Center continues to conscientiously contribute to knowledge development at the international level through the Safe Community Network, in partnership with the WHO Collaborating Center on Community Safety Promotion;

Article Eight: Certifying Committee

The Certifying Committee of the Governing Board shall be composed of a majority of the members of the Governing Board whose function is to review all applications for Safe Community designation. Preferably by consensus, if possible, but otherwise by majority vote, will grant approval or denial of Safe Community designation to applicants along with a stated rationale for the decision made.

Article Nine: Executive Authority

The Executive Director of the CISALVA Institute is recognized as having the highest executive authority and will be responsible for the administration and advancement of the Certifying Center. The function of the Executive Director includes:

- a. Administer the resources, programs and projects of the Certifying Center;
- b. Prepare and present to the Governing Board strategies, plans, programs, and financial reports oriented to the accomplishment of the purposes of the Certifying Center;
- c. Authorize the disbursement of funds for the functioning of the Certifying Center within established university practices;
- d. Will act as an auditor of expenses;
- e. Carry out the responsibilities previously noted in this document.

Completed in Santiago de Cali in the Office of the Executive Director of the Institute for Peace Promotion and Injury/Violence Prevention and by Executive Decree this 12th day of January, 2007.

Maria Isabel Gutiérrez, M.D., MSc., Ph.D.
Director
CISALVA Institute, Universidad del Valle

Annual Reports (Year/2002...2005)

Title of the Collaborating Centre: **Collaborating Centre for the Promotion of Peaceful Coexistence and the Prevention of Violence and Injury for the Latin American and Caribbean region**

Institution name: Universidad del Valle

Exact name of the department/unit/section/laboratory, etc. which acts as the WHO Collaborating Centre: CISALVA Institute

City and country of location: Cali, Colombia

1. Implementation of the work plan:

1.1 Work performed in relation to the terms of reference: The first term of reference for CISALVA mandates: *“To collaborate with WHO on the development of methods and implementation of surveillance systems in selected South American Countries.”* The following related activities highlight CISALVA’s systematic work in addressing this term of reference:

- *1. Name of the activity:*
Pilot Study of the International Classification of External Causes of Injuries (ICECI), in Cali, Colombia
- *How the activity was implemented:*

The objective of this project has been to test the International Classification of External Causes of Injuries (ICECI) in two Hospitals in Cali, Colombia. This is aimed at the implementation of public health interventions for the prevention and control of injuries.

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Two emergency departments with a high patient flow of external causes of injuries were selected. Emergency department doctors were trained to pilot the ICECI. The form used was an adaptation of the questionnaire tested in Nicaragua and El Salvador. This form was adapted to the local needs and coded with categories proposed by ICECI. During 4 months (18 weeks), information was collected from all the cases presented at the emergency departments. A quality control process in each site was carried out, keeping records of reported errors and followed-up the correction process that was also recorded. Double entry data was performed using EpiInfo 2000. A uni-variate and bi-variate analysis was done using SPSS 9.0.

Results showed that injuries affect men in a higher frequency (71%). Non-intentional injuries were reported in 63% of the cases, followed by intentional injuries (32.8%) --- divided between interpersonal violence (31%) and suicide (1.8%). Comparing intentionality among men and women, significant differences were found in both intentional and non-intentional injuries at $p < 0.001$. Injuries take place principally at home and in the streets, with significant differences in

frequency

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between men and women ($p < 0.0001$). 1254 traffic injuries were recorded, motorcyclists being the most frequent (32.5%), followed by pedestrians (25%)

cyclists (24.1%). Regarding the use of the ICECI form, in the first week a total

of completion errors were obtained, decreasing progressively until only 9% of

errors were recorded during the last week

- *Publications and other outcomes:*

- * Translation into Spanish of the ICECI V 1.2

- * Development of a Clinical History for injuries of external cause.

- * The incorporation of the problem of external caused injuries, intentional and

intentional, in the agenda of the health institutions of the city and of the local administration. Information obtained by the injury surveillance system has been

significant benefit to community policy councils in some areas of the city that

become involved with the information system.

- * Operation of External Caused Injury Surveillance System in the Hospital

de Paula Santander in the city of Santander de Quilichao – reference center for

northern region of the Department of Cauca. This region has been affected by

armed conflict of Colombia. There is potential to keep other types of external

injuries under surveillance, some of which are very rare in the city of Cali, such

injuries caused by land mines.

- *Evaluation* (e.g. evaluation of a course by the participants):

CISALVA hosted an international workshop on evaluation of epidemiological

surveillance systems with emergency departments of selected hospitals in

El Salvador and Colombia. Cali, April 6-8, 2005.

- *Difficulties (if any):*

- * An identified difficulty was with the lack of resources in the emergency departments of hospitals, i.e., lack of personnel to systemize data. Therefore, systematization of data may be affected by the large number of patients that each practitioner must deal with.

- * The performance of this project was difficult due to several changes inside the structure of the public health system during its execution. These changes inside health institutions accompanied a permanent rotation of staffers among different institutions and at the central level of the Health Secretariat. This led to delays in

formation of management and work experience (or expertise) of several

- * A lack of political willingness from some hospital directors was perceived.

expressed the belief that it was important to be involved with the implementation

surveillance systems in these hospitals, but that belief wasn't reflected by the concrete actions of appointing human talent and resources for allowing the system to work properly.

* The high volume of injured patients in the emergency services of public health facilities is a threat to the functioning and sustainability of the External Caused Injury Surveillance Systems.

- *Recommendations, where applicable, for: further implementation of the activity*
More focus and political will is needed at the national level of the Ministry of Welfare for the implementation of External Caused Injury Surveillance Systems. This political willingness must be reflected in the formulation of regulations and in the assignment of resources for its sustainability. The magnitude of the problem of external caused injuries in Colombia, and specifically of violent injuries, justifies the implementation of injury surveillance systems in the country.

However, frequent health events make it necessary to design novel strategies for surveillance. Between 15% and 35% of emergency service consultations are due to external caused injuries. Frequent health events can be kept under surveillance with a strategy of sentinel centers, in which relatively complex surveillance systems can be implemented, depending on logistic, administrative and financing facilities.

- *Revision of the terms of reference*
Prior management work must be undertaken to guarantee that institutions are active with proposals for the expansion and improvement to the injury surveillance systems.
- *Preparation of the terms of reference of the next designation period (4 years)*
An extension of the effort for achieving good quality information about injured people has been undertaken in the third phase of this project of public health surveillance system. Methodologies and tools designed and promoted by the WHO are being implemented, such as the Injury Surveillance System and the International Classification of External Causes of Injuries.
- *Related activities (e.g., follow-up and monitoring)*
As mentioned above, this project is in its third phase of its definitive incorporation into the surveillance system of the local health direction of the city of Cali. Similarly, from the learned experiences of system implementation in Cali, additional projects are under development in the cities of Pasto and Ibagué. Also, a strategy for incorporating this surveillance system into the national public health surveillance system of Colombia is being undertaken.

- *2. Name of the activity:*
Regional Workshop on the External Causes of Injuries
- *How the activity was implemented:*

21st
the

CISALVA participated in the event that took place in El Salvador from January to the 26th, 2003. The CISALVA Institute made the presentation “**Advances of Pilot Study on the International Classification of External Cause Injuries**”.

Prevention
USING

- *3. Name of the activity:*
Workshop: Injury Surveillance System
- *How the activity was implemented:*
The Epidemiology Program Office of the Center for Disease Control and invited us to this event held in Atlanta (USA) from August 25th to 29th on EPIINFO 2002. Information concerning the application of this software was later disseminated to city and regional hospital staff in Colombia through subsequent regional trainings and piloting studies of the ICECI system.

activity
was
the

- *4. Name of the activity:*
Injury Surveillance System Workshop, Atlanta, 2003.
- *How the activity was implemented:*
The Center Injury Prevention of the CDC conducted this workshop as a joint with the implementation project on injury surveillance systems. The main goal the training of work-groups from different Latin-American countries to utilize software for injury surveillance – EpiInfo. A generic file for data gathering and establishing related variables in a data base was developed
- *Publications and other outcomes:*
Proposal of a Generic File for Injury Surveillance in Latin-America and a Surveillance Data Base Code Book.
- *Evaluation* (e.g. evaluation of a course by the participants):
This was a very educational experience for the participants at the workshop.

They

learned how to use a free tool (EpiInfo) for the design of software for injury surveillance systems.

certain

- *Difficulties (if any)*
The software used (EpiInfo) is still undergoing development and still presents failures in its functioning, especially with regard to analysis. Also, knowledge of computer software varied greatly among participants, and this made the process more difficult for all.

orientation

- *Recommendations, where applicable, for further implementation of the activity:*
We advise the establishment of different training groups for future workshops, in accordance with their knowledge of computer software.
- *Related activities (e.g., follow-up and monitoring)*
The development of future workshops for improving the use of injury surveillance software is necessary.

Systems,

- *5. Name of the activity:*

International Evaluation Workshop on Hospital Injury Surveillance

April, 2005 Cali, Colombia.

- *How the activity was implemented:*

CISALVA arranged and hosted this workshop under the auspices of the Pan-American Health Organization (WHO/PAHO) and the Centers for Disease Control and Prevention (CDC) of the United States. It took place in Cali, Colombia on the 6-7 of April, 2005. It included participants from Argentina, Brazil, Colombia, El Salvador, Honduras, Mexico, Nicaragua, Paraguay, Peru, United States and Venezuela. The general objectives of this workshop were to evaluate information systems of some particular hospitals in Nicaragua, El Salvador, and Colombia and to share ongoing experiences with other countries. The specific objectives were: to determine the quality of collected information; to evaluate the simplicity, acceptability, and flexibility of the systems; to identify the opportunities for collecting, analyzing, and disseminating information; to determine the use and dissemination of information in decision making; to determine the stability of the system, and the cost of the system operations. A final objective was to also define corrective measures and mechanisms for expansion.

- *Publications and other outcomes:*

The recommendations and conclusions reached from this workshop were compiled by the organizers (PAHO/CDC).

- *Evaluation (e.g. evaluation of a course by the participants):*

It was a very enriching experience for the work-group from the CISALVA

Institute.

On the one hand, developing the evaluation tool in collective work with the

PAHO

and CDC staff was very interesting. On the other hand, observation of

improvements

to the surveillance system instituted by the different hospitals involved with the project and the ability to share the learning experiences with other countries was

also

very interesting. The instruction provided by this workshop will enable the incorporation of new elements in the development of the injury surveillance

systems

both in the country and in the region.

- *Difficulties encountered:*

The time allocated for developing the surveillance system evaluation was short, given the complexity of the guidelines. Also, in some of the participant countries there are no other health information systems available to help evaluate the sensitivity and positive predictive value of the injury surveillance system.

- *Recommendations, where applicable, for:*

A. Further Implementation of the Activity:

Surveillance system evaluation is a complex task that requires time and

resources.

Therefore, it must be assigned as a whole project with evaluation identified as

the

main objective.

B. Related Activities (e.g., follow-up and monitoring):

A recommendation for enhancing this work in the future would be to develop an evaluation component project for surveillance systems as an independent

activity.

- *6. Name of the activity:*
Congress on “**Domestic Violence: a Problem for Everyone**”
- How the activity was implemented:
In this event held in Guanajuato, Mexico on the 1st of October 2004, CISALVA’s Director participated as consultant and keynote speaker on the topic a “**Proposal for a Domestic Violence Surveillance System in the State of Guanajuato**”.

- *7. Name of the activity:*
ICE (Injury Collaborative Effort) Conference, Cuernavaca, Mexico, June 2005

- *How the activity was implemented:*
This activity was organized by the CDC. Advances made in using external

caused

classifications and statistics were presented during this event. The CISALVA Institute participated with the presentation of a pilot study about the ICECI codification. A novel methodology for the reduction of codes and categories adaptable to the needs of each country was a product of the study.

- *Publications and other outcomes:*
All presentations made at this event may be downloaded from the web page of

the

Injury Collaborative Effort.

- *Evaluation (e.g. evaluation of a course by the participants):*
A specific and specialized issue was addressed at this meeting, and attendants demonstrated their comprehension of it. Therefore, the participation by researchers from the CISALVA Institute was thought to be a key contribution to the development of injury statistics. Another important outcome was the establishment of colleague contacts for future specific problem resolution for both the region and the country.

- *Further implementation of the activity*

More participation must be given to Asian and African countries.

- *Preparation of the terms of reference of the next designation period (4 years)*

Taking into account the experience and expertise in the injury control and prevention research field, the CISALVA Institute could become a reference

center

for this topic in Latin America.

- *Related activities (e.g., follow-up and monitoring)*

Further meetings of this type should be developed and pursued.

Summary of the Term of Reference Concerning Surveillance Systems:

Whether assuming a leading or collaborative role, the seven highlighted activities above reflect CISALVA’s broad and active involvement in methodological development and implementation of surveillance systems throughout Colombia and the Latin American region. In fact, at prominent international forums, such as the WHO World Conferences on Injury Prevention and Safety Promotion and the International Safe Community Conferences, CISALVA has shared its research and evaluative findings and initiatives, as well as proposed methodological refinements, with countries from around the world.

Also thanks to CISALVA’s work, the International Classification System for External Causes of Injuries (ICECI) is now available in the Spanish language. CISALVA has now attained considerable expertise with surveillance system applications with a broad range of related social issues, e.g. intentional and non-intentional injury, intra-family violence, road safety, youth observatory development, and crime observatory

development. Surveillance system development is clearly a priority programming thrust of both the World Health Organization (WHO) and the Pan American Health Organization (PAHO). Therefore, the effective performance by CISALVA on a range of programming tasks associated with this development, implementation, and dissemination process for surveillance systems provides WHO and PAHO an invaluable asset for guaranteeing continued progress with this important work. The continuation of CISALVA's work with this point of reference is therefore recommended for the coming four year WHO/CC cycle.

1.2 Work performed in relation to the terms of reference: The second term of reference for CISALVA mandates: ***“To conduct studies on violence and violence prevention.”*** The following related activities highlight CISALVA's systematic work in addressing this term of reference:

- *1. Name of the activity:*

2003 Fifth Faculty of Health Research Symposium, Universidad del Valle

- *How the activity was implemented:*

The faculty of Health of the Universidad del Valle arranges this event each year to highlight research. On October 22- 24, 2003 professors and students of the Faculty of Health, and special national and international guests, presented advances and results from investigations in the health fields. The main purpose was to renew the commitment to society by the faculty and renew its commitment to the health and the integral well-being of the population. Dialogues and meetings served as a stimulus to experts and health investigators in the region and the country.

- *Publications from studies and other outcomes:*

CISALVA participated with the following study presentations reflecting

research:

1. **Approach to the Suicide Problem in Cali: A Descriptive Analysis on the Profile of the City.**
2. **Trial of the International Classification of External Cause Injuries in Cali Colombia.**
3. **The Strategy of Information, Education and Communication for the Promotion of Peaceful Coexistence in Colombia.**
4. **Characterization of Murders in Four Cities of the Colombian Southwest**
5. **Crime Observatories: A Surveillance System in Public Health.**
6. **A profile of Domestic Violence in Cali and Valle del Cauca: A Glance from Colombian Observatories.**
7. **Factors Associated with Mortality by Traffic Injuries in 6 Cities of the Colombian Southwest.**
8. **Profiles of Deaths by External Cause in the Departments of the Colombian Southwest.**
9. **Effectiveness of the Technological Transference of a Public Health Surveillance System for the Exercise of Local Government.**

from

Colombian

- *2. Name of the activity:*

2004 Sixth Faculty of Health Research Symposium, Universidad del Valle

- *How the activity was implemented:*

Since 1999, this annual event has been held to present advances and research

results

to academic peers, to the general community, and to health care service

representatives. Research activities undertaken by CISALVA representatives during the year were reflected, as well as those of the health faculty of the Universidad del Valle were both presented and discussed.

- *Publications and other outcomes:*

CISALVA participated with eight oral presentations reflecting current research:

- 1) **Mental Hygiene Diagnosis in the City of Ibagué**
- 2) **Analysis of the reduction in homicide-related deaths in the cities of Pasto and Ipiales between 2003 and 2004, from the formulation of public policies**
- 3) **State-of-the-art in family violence and peaceful intra-familial coexistence promotion from the review of experiences developed in the country.**
- 4) **Evaluation of an information, education, and communication strategy for the promotion of peaceful coexistence in Bogotá, Cali, and Medellín**
- 5) **Cost-benefit analysis model of projects from the support program for coexistence and citizen safety in the city of Santiago de Cali, (joint work between CISALVA and the Socioeconomic Documentation and Research Center - CIDSE)**
- 6) **Effect of countermeasures undertaken by the municipal administration on the incidence of fatal traffic injuries and traffic related events in Cali, Colombia, 1993-2003.**
- 7) **Correspondence between the mechanism and the object producing injury in trauma epidemiology.**
- 8) **Evaluation of the impact of coexistence projects in the city of Santiago de Cali.**

- *3. Name of the activity:*

7th World Conference on Injury Prevention and Safety Promotion “Safety 2004” Vienna, Austria, Europe, June 6 – 9, 2004

- *How the activity was implemented:*

This event was organized by the Institute for Home and Leisure Time Safety (Institut Sicher Leben), www.sicherleben.at, part of the Austrian Board for Safety and Prevention, located in Vienna, Austria, in partnership with the Austrian Ministry for Health and Women and the Austrian Ministry for Transport, Innovation, and Technology. More than 1500 delegates from all over the world participated in the conference. It was intended for professionals and organizations involved in all aspects of prevention, control and research related to violence, suicide, unintentional injury and safety. In addition to providing an opportunity to highlight CISALVA’s research initiatives, it provided opportunities for creating cross-disciplinary and cross-cultural linkages.

- *Research publications and other outcomes:*

CISALVA made two poster sessions and numerous oral presentations, including:

- 1) **Fatal Injuries Surveillance System: A Tool for Mayors in Mid-sized Cities in Colombia**
- 2) **Promotion of Peaceful Coexistence: a Community Intervention in Colombia’s Main Cities of Bogotá, Cali and Medellín**
- 3) **Panel Discussion on Capacity Building in Injury Prevention and Control**
- 4) **Ten Years of a Fatal Injury Surveillance System Using Linkage Data in Cali, Colombia, 1993-2002**

- 5) **Domestic Violence Surveillance System: a Tool to Approach the Problem**
- 6) **Pilot Study of the International Classification of External Causes of Injuries (ICECI), in Cali, Colombia**
- 7) **Integrated Attention Protocol for Domestic Violence: An Institutional Strategy**
- 8) **Periodical Mass Media Dissemination of Information from a Fatal Injury Surveillance System in Cali, Colombia**
- 9) **Traffic Injury Mortalities: Associated Factors in Six Mid-sized Cities of the Colombian Southwest**
- 10) **Homicide Characteristics in Four Colombian cities**
- 11) **Co-evaluation of the Impact of Prevention Strategies for Motor Vehicle Related Injuries in Cali, Colombia, 1993-2003**
- 12) **Impact of Public Policies Implemented in Cali, Colombia to Prevent Homicides 1993-2002**
- 13) **Suicide in Cali, Colombia, 1994-2003**
- 14) **Pedestrians Mortality Risk Factors in Cali, Colombia, 2001**
- 15) **Communication Strategies for the Promotion of Peaceful Coexistence in Colombia's Main Cities of Bogotá, Cali and Medellín**
- 16) **Fatal Pedestrian Injuries in Cali, 1993-2002**

- *Evaluation:*

The Researchers from the CISALVA Institute who attended the conference had the opportunity to network, create cross-disciplinary linkages and learn about the latest advances in injury prevention and safety promotion.

- *Recommendations for further implementation of the activity*

South Africa will host the next scheduled Conference. The CISALVA Institute

of

the Universidad del Valle, in association with the Ministry for Social Welfare

and

other institutions of Colombia, has submitted an application for Colombia to host

the

9th World Conference in Bogotá, and is now in finalist status.

- *Related activities (e.g., follow-up and monitoring)*

The designation of the hosting country for the 9th World Conference remains pending.

- *4. Name of activity*

The 13th International Safe Community Conference

- *How the activity was implemented:*

This conference was held in Prague, Czech Republic, on the 2nd-4th of June

2004, at

the National House of Smichov in Prague with more than 400 participants (330 international participants).

- *Publications and other outcomes:*

CISALVA participated with the abstract and oral presentation "**Strategy for the Promotion of Peaceful Coexistence in Colombia's Main Cities**". Also, five

more

abstracts were presented:

- 1) **Social Communication to Increase Safety in Cali, Colombia**
- 2) **Integrated Attention Protocols for Domestic Violence: an Institutional Strategy**

- 3) **Domestic Violence Surveillance System for Prevention Purposes**
- 4) **Traffic Injury Mortalities: Associated Factors in Six Mid-sized Cities of the Colombian Southwest**
- 5) **Countermeasures to Prevent Traffic Injuries in Cali, Colombia**

- 5. *Name of the activity:*

Information, Education and Communication Strategy (IEC) for

Interpersonal

Cali

Violence Prevention and the Promotion of Peaceful Coexistence in Bogotá, and Medellin

- *How the activity was implemented:*

the

a

promote

The Ministry of Social Protection in Colombia concerned with the problem of violence is leading an intervention in association with the CISALVA Institute in three main cities of Colombia. The main idea is to design, develop and evaluate a strategy of Information, Education and Communication (IEC) oriented to and increase conflict resolution abilities in men and women aged 15 to 44.

- *Publications Related to this Study*

* **Guidelines for Preventing Women and Child Maltreatment** - “Hogares Felices”

* Publication of **Peaceful Coexistence and Violence and Injury Prevention** – “*Estado del arte sobre comportamientos, conductas, normas culturales de la población asociados a comportamientos agresivos de las ciudades de Bogotá, Cali y Medellín.*” ISSN 1794-2764

* ***Creencias, Actitudes y Prácticas sobre Violencia en Bogotá, Cali y Medellín***” Línea de Base- ISBN 958-670313-4

* Work documents on Peace Promotion and Violence and Injury Prevention – “**Taller de Radio Foros Componente Capacitaciones Comunitarias**” ISSN 1794-2764

* “*Evaluación del Impacto de una Estrategia de información, educación y Comunicación para la prevención de la violencia en Bogotá, Cali y Medellín 2003/2004*” ISBN 958-670361-4

* **Libro de la Convivencia** ISBN 958-706033-4

- 6. *Name of the activity:*

Evaluation of Short-term Impacts on the Support Program for Coexistence

and

Citizen Safety

- *How the activity was implemented:*

This project is being undertaken by CISALVA in conjunction with the Socioeconomic Documentation and Research Center (CIDSE) of the Universidad del Valle. Its main objective is to establish short-term impacts of seven projects of the Coexistence Support and Citizen Safety Program. The measurement of impact is in terms of their contributing to diminished levels of violence and increased safety in the municipality of Cali. The seven programs are: 1) Unlearning juvenile violence, 2) Technical-business capacitating/endeavouring

youth, 3) Support fund for juvenile initiatives, 4) Intra-family violence prevention and good treatment, 5) Community organization and intra-family violence prevention, 6) People on the street and in public places, 7) Community and Institutional Confidence, Peace Districts, and Coexistence 1, 2, and 3.

Summary of the Term of Reference Concerning Studies on Violence Prevention:

The above noted six activities serve to highlight CISALVA`s research studies during the past four year period. These activities provide documentation of the dissemination of a total forty-four studies. Further, an additional twelve abstracts of studies are in submission to the 2006 World Safety Promotion Conference in Durban, South Africa, and two other extended articles are in the process of submission to international professional journals concerning the methodology developed for crime observatories and social marketing campaigns. Beside the sheer number of studies undertaken by CISALVA, the scope of the topical areas researched address a broadening agenda for the advancement of violence prevention initiatives that is noteworthy. The expanding topical areas addressed range from such WHO priority areas as pedestrian accidents and road safety prevention to other priority areas, such as intra-familial violence, interpersonal violence, peace promotion efforts, injury prevention, cost-benefit analysis procedures, mental hygiene diagnosis, and youth suicide prevention initiatives. One of the principal functions of WHO Collaborating Centers is participation in the production "...synthesis and dissemination of information, namely the scientific and technical information they need for the conduct of their activities" (www.bireme.br/whocc) as well as information of interest nationally and to WHO in the implementation of its programme. We believe that the quality and quantity of research undertaken by CISALVA meets both of these criterion mandates for WHO Collaborating Centers. Another key function for WHO Collaborating Centers concerning research involves their playing an essential role in training and research training, in particular. Though serving with measured independence as an Institute, CISALVA is embedded in the School of Public Health at the Universidad del Valle and therefore readily meets this essential WHO/CC research training function. Consequently, we believe that this term of reference should be continued in the next four-year cycle, but changed to better reflect CISALVA`s broadening focus. Therefore, for the coming four-year cycle we propose that this term of reference be changed to read: **"To conduct studies on violence and violence prevention, as well as peace and safety promotion and injury prevention."**

-
- 1.3. Work performed in relation to the terms of reference: The third term of reference for CISALVA mandates: ***"To develop effective ways of creating cross-disciplinary links for violence prevention."*** The following related activities highlight CISALVA`s systematic work in addressing this term of reference:
- *1. Name of the activity:*
THE LOCAL DIMENSION OF SECURITY POLICIES: Colombia`s Strategy for Defense and Democratic Security and the Contribution of Government Security Policies
 - *How the activity was implemented:*
 From September 20-21st of 2004, the Colombia Program, in a joint effort with Fundación Seguridad y Democracia, the Center for Strategic and International Studies, and the Inter-American Dialogue hosted various Colombian mayors and Governors; high-ranking officials from the Colombian Army and the National Police; representatives from U.S. federal and local governments; the World Bank,

Local and other think tanks in Washington, D.C., to participate in a workshop on The Dimension of Security Policies: Colombia's National Strategy for Democratic Security and the Contribution of Local Government Security Policies.

Observatories

the

Policies

- *Publications and other outcomes:*
CISALVA participated with the oral presentation “**Municipal Crime as Instruments of Local Prevention Policies and Citizen Oversight**” during the programmed agenda item entitled, Local Level Citizen Oversight of Security in Colombia.
- *2. Name of the activity:*
Conference on Injury in Numbers, Working Together from Research to Practice
- *How the activity was implemented:*
On April 28-29, The National Center for Injury Prevention and Control joined hundreds of scientific researchers, program practitioners, public health, education, and safety professionals, policy makers, advocacy groups, community leaders and stakeholders, as well as representatives of underserved populations gathering in Atlanta.

prevent

the

The objectives of the conference were to: learn about effective practices to and control injury and reduce disability, to discover the latest advances in injury research, to develop and strengthen partnerships to reduce injury, disability and adverse outcomes associated with disability.

Violence

efforts in the

- *Publications and other outcomes:*
The Institute presented the Poster “**Andean Regional Network for Prevention.**” The Andean Network continues a valued regional cross-disciplinary communication link in violence prevention work and efforts in the future will be directed toward both maintenance and development.
- *3. Name of the activity:*
International Seminar “**Policies toward the Prevention of Crime and Violence in Urban Settings**”
- *How the activity was implemented:*
The mayoral office of Bogotá, the Secretariat of Government, PAHO, The Inter-American Development Bank, Andes University- Faculty of Economics and the CISALVA Institute participated in this seminar in Bogotá between the 22nd and 23rd of May, 2003.
- *4. Name of the activity:*
11th Annual Meeting for the Society for Prevention Research: “Research to Policy”
- *How the activity was implemented:*
More than 630 attendees from 42 states and 11 countries travelled to the

meeting
cross-
programming
representatives

Annual Conference, held in Washington, D.C. on June 12 –14. This included a successful blend of cutting-edge science presented from disciplinary perspectives by prevention researchers and policy and updates as they relate to violence prevention, presented by senior of institutes and agencies.

- *5. Name of the activity:*
“Less Traffic Injuries in Cali: Actions from Decent People to Believe Once Again”

- *How the activity was implemented:*

This community-based prevention initiative provided opportunities for interdisciplinary dialog and action in Cali. The main purpose was to launch the “**Stars Campaign**” to reduce the number of pedestrian deaths. The Major’s office and the Secretariat of Transportation organized the event and numerous professionals and community leaders attended. Subsequently, CISALVA researchers helped to evaluate the effectiveness of this prevention campaign.

- *6. Name of the activity:*

WHO Conference on Developing National Policies on Violence and Injury Prevention, 2003

- *How the activity was implemented:*

This meeting, held in Geneva, October 23rd through the 24th, consisted of

the following issues: Review current experience with developing and

national policies and plans on violence and injury prevention, with particular attention to low-and-middle-income countries (LMIC); Define the scope and content of a national policy on violence and injury prevention; Identify the necessary steps to develop such a policy; Determine how countries can move from a national policy to national action; Determine how WHO could most usefully provide guidance to LMIC countries to assist them in developing national policies and/or programs on violence and injury prevention.

The first day of the meeting was devoted to a review of national efforts to develop policies on violence and injury prevention. Through plenary presentations, group work and plenary discussions, the essential steps in developing such a policy and the main points to be addressed in a national policy document were defined. During the second day of the meeting, participants focused their attention on moving from policy toward action and proposed specific contributions that WHO could make to provide support.

- *7. Name of the activity:*

Colombia Social Forum 2004

- *How the activity was implemented:*

The focus and objective of CISALVA in this cross-cultural forum was to focus on coexistence and diversity in discussing aspects and critical areas of violence and conflict management. We met the objective, as well as cultivated opportunities for developing dialogs focused upon future communication, education, and research strategies.

reviewing

implementing

- *8. Name of the activity:*
“Posters from the Global Campaign for Violence Prevention”
- *How the activity was implemented:*
 On the basis of this campaign CISALVA managed and requested three posters to spread the message throughout the city of Cali in different circulating areas. These posters were translated into Spanish by CISALVA and posted free of charge in urban bus stops around the city beginning in August, 2004 by the private advertisement company “Euacol”. Spreading the message across the social and cultural divides of the community has, in some cases, over-exceeded the expectations of the circulation program. From its beginning, it has contributed to the initiatives taken by other sectors of the CISALVA Institute by broadening the impacted audience. It seems to have had a clear impact on the city and varied communities.

Summary of the Term of Reference Concerning the Creation of Cross-Disciplinary Links

The above-noted eight activities highlight CISALVA’s involvement with either creating or advancing cross-disciplinary linkages. These activities may either reflect process objectives in developing linkages or outcomes of the cross-disciplinary linkages CISALVA has developed in its violence prevention work. A clear program strength that CISALVA draws upon in addressing this term of reference comes from the fact that the staff of CISALVA are themselves drawn from an array of professional disciplines, e.g. epidemiology, biostatistics, languages, social work, social sciences, social psychology, and social communication, to mention just a few. This strength has not derived by happenstance but from a basic agency philosophy which led to early policy-making decisions that recognized and reinforced the value of a broad social and professional perspective in addressing such a broad-based causalities as violence. Two perhaps exemplary initiatives addressing this term of reference concern CISALVA’s work with the Information, Education and Communication project and the formation and continued maintenance of the Andean Network for Violence Prevention (<http://www.red-andina.com/>). These projects involved developing linkages with NGO administrators, statisticians, systems technicians, web designers, social sciences, educators, an array of print, radio, and television media artists, illustrators, producers, directors, as well as social communicators. For the coming four-year cycle as a WHO Collaborating Center, to better reflect the expanding scope of CISALVA’s work, we propose that this term of reference be changed to read as follows: **“To develop effective ways of creating cross-disciplinary links for violence and injury prevention, and peace and safety promotion.”**

- 1.4. Work performed in relation to the terms of reference: The fourth term of reference for CISALVA mandates: **“To design and provide training programs on prevention and understanding of the causes of violence.”** The following related activities highlight CISALVA’s systematic work in addressing this term of reference:

**Interpersonal
Cali**

- *1. Name of the activity:*
**Information, Education and Communication Strategy (IEC) for
Violence Prevention and the Promotion of Peaceful Coexistence in Bogotá,
and Medellín**
- *How the activity was implemented:*
 The Ministry of Social Protection in Colombia concerned with the problem of

the violence is leading an intervention in association with the CISALVA Institute in the three main cities of Colombia. The main idea is to design, develop and evaluate a strategy of Information, Education and Communication (IEC) oriented to promote and increase conflict resolution abilities in men and women aged 15 to 44.

conflict On the one hand, a baseline with relation to violence and pacific solution of has been established by identifying studies made about attitudes, abilities and cultural regulations related to the aggressive behaviour of the population and by applying the "ACTIVA" survey. The survey application was realized in the first working month in the selected populations and in three other communities (communities and peace circles) as a control. By the eleventh working month the survey was applied to evaluate the intervention.

been On the other hand, a strategy of IEC for mass media according to the "ACTIVA" survey results have been made. The work with mass communication media has solved based on the developments achieved by the CISALVA Institute in Cali through a communication strategy for peace promotion. This offers examples of stories of conflicts by peaceful ways to the communities. They are based on real-life offered other members of the community. In this way, tools, choices or abilities are for the solution of conflicts that are used and proven effective.

for Some others activities have been to identify and motivate natural communication networks. These networks can be part of a participative communication project the promotion of peace. Another activity has been the training of FAMI mothers from the ICBF (Colombian Institute for Family Welfare), leaders and community workers in forums and workshops about conflict solution in the communities with which they daily interact. The community forums are designed for discussion and reflection over creative alternatives to conflict solutions.

other Another activity has been to give advice, tools and skill- training to community members to develop skills in the design and implementation of IEC strategies for additional work with the community media. The community production resulting from these advisories has been accompanied by necessary support during the seven months.

created. Finally, three inter-institutional and one local national committee have been Their main objective is to gather the community organizations, NGO's and other organizations that work in peace matters in each city. The purpose is to develop an

alliance which promotes the work in groups and the reflection about the possibilities

of keeping long terms strategies for peace promotion.

- *Publications*

Publications that stemmed from this study and developed from the course of the study are itemized in second section as this project also qualifies as a study of violence and violence prevention.

- *2. Name of the activity:*

“IF YOU WANT, YOU CAN” --- Mass Media Campaign

- *How the activity was implemented:*

Under the framework of the “Information, Education, and Communication

Strategy

has

in

of

month

for the Promotion of Coexistence in Bogotá, Medellín, and Cali” project which

been jointly developed with the Ministry of Social Welfare, CISALVA produced

2004 twenty short stories in TV format oriented to prevent physical punishment

children. This production was supported by the Colombian mass media channel,

Canal Caracol, which provided for a national diffusion during 20 days in the

of April, 2005.

not

The main objective of this campaign was to strengthen the cultural principle of

using violence against children. The campaign adopted one of the communities

education methodologies developed in the “**Punishment-Free Discipline**

Workshops” project as a baseline. The workshops were directed toward parents

and

focused on changing reactive parenting practices for firm discipline proactive practices that more fully respects children and their rights.

- *Further implementation of the activity*

The possibility of inserting the communication issue and strategy into the dynamics of other media at the regional, local and community level is being developed. Similarly, it is being incorporated as an important component in the methodologies utilized during community training work.

- *3. Name of activity*

Medicine Based on Evidence: The Concept, Instruments and Clinical Application

- *How the activity was implemented:*

From June 27th to the 28th, CISALVA participated in this workshop that took

place

in Cali at the Valle University Hospital. The objective of this course was to

provide

the participants with the basic tools to identify relevant problems in their

professional

practice, to search and analyze them from a critical position based on the

evidence

presented by the literature, and to prepare students to design, execute, and

analyze

research. The course was aimed at students of medicine, teachers and health professionals.

- *4. name of the activity:*
Seminar: “The University Facing Disasters and Forced Displacement”
- *How the activity was implemented:*
This event took place in Cali on June 19-20, and was organized by the Faculty of Health of the Universidad del Valle. The main objective of this seminar was to examine the different aspects that should be part of the training of Health professionals in emergencies and disasters. Additionally, the objective was to contribute to the identification of key contacts dealing with this subject to

support the

construction of state-of-the-art attention to this problem.

- *publications and other outcomes:*
CISALVA participated with the oral presentation: “**Violence in the Colombian Southwest**”.

- *5. Name of the activity:*
Colombia Insists on Human Rights: A Regional Meeting in Cali
- *How the activity was implemented:*
The Institute participated in this Regional Forum, taking part in a working dialog session addressing “**Human Rights and Participation.**”

- *6. Name of the activity:*
Workshop on “Coexistence and the City”
- *How the activity was implemented:*
The main goal of this event was to lead a public debate in which diverse points of view and experience on the topic of coexistence in the city during the last decade could be voiced. This discussion helped construct common points of view that advanced a new generation of proposals for public policies which better reflect the needs and demands of the citizenry. Experts on this matter presented panels, and three work groups were established as follows:
 - 1) Approaches and methodologies
 - 2) Public policy
 - 3) Mass media and public opinion

and

- *7. Name of the activity:*
Training, Educating, and Advancing Collaboration in Health on Violence Injury Prevention (TEACH-VIP)

is

How the activity was implemented:
CISALVA is participating in the pilot testing phase of TEACH-VIP. The course being given to the professional staff in the Department of Surgery of the School of Medicine at Universidad del Valle, Cali, Colombia and separately to the four-year students of the School of Medicine at Universidad del Valle, since November

of

year

2004.

Completion of the course was finalized on July 22nd, 2005, and was taught at a

CISALVA UNICEF Meeting in September 14-16, 2005 by Maria Isabel Gutierrez,
 Director.

1st • *Publications and other outcomes:*
 The translation into Spanish of the whole course will be completed by December
 of 2005.

• *Evaluation* (e.g. evaluation of a course by the participants):
 For purposes of evaluation, students were administered three questionnaires. The
 questionnaires for each trainer involved with the curriculum, as well as for each
 Course Coordinator, will be completed when the pilot test phase ends.

• *8. Name of the activity:*
“Expo Coexistence”

• *How the activity was implemented:*
 This event took place on the 17th of November 2004 in the Cultural Center of
 Cali. It was developed by the Educational Program for Citizen Coexistence and
 Participation (EDUPAR) of the Universidad del Valle with the collaboration of the Municipal
 Public Health Secretariat and the Well Treatment Promotion Network.

promotion People interested in furthering proper treatment and family coexistence
 was invited to the event, which included a local march. The event included five
 interactive activities: Playground, Audiovisual Theatre, Book Showroom, Short
 Stories Showroom and the Itinerant Tent.

of CISALVA participated providing a two-hour video tape, which included stories
 of coexistence and six 30 seconds TV commercials from the “Information,
 Education, and Communication Strategy for the Promotion of Coexistence in Bogotá,
 Medellín, and Cali” project. Also included were stories of coexistence from the
“Punishment-Free Discipline Workshops”. Additionally presented were seven books and
 three posters on violence prevention from the World Health Organization.

CONCERNING VIOLENCE AND MENTAL HEALTH

8. Activity --- How the community organizations in the city of Ibaque
 perceive applicable mental health issues.

1. Implementation of the work plan. For each main activity:

1.1 Work performed in relation to the terms of reference:

X name of the activity

The perception of mental health for the city of Ibaque by their community
 organizations.

X how the activity was implemented

Institute
perspective
the
subjects
and
domestic
formulated

The project “*Mental health perception of the city of Ibagué through their community organizations*” was carried out in agreement between the San Francisco’s Hospital of the city of Ibagué, Tolima, and the CISALVA of the Universidad del Valle. This approach from a mental health was developed through the application of 18 discussion groups in each of the 13 communities of Ibagué and five meetings that covered the rural zone, formed by 17 *corregimientos* (small populations in rural zones). The subjects addressed by the groups were: Concepts and perceptions of mental health and psycho-pathological events, psychoactive substance consumption, domestic violence, education, security, community organization, institutional perception, relationship with institutions and possible solutions to formulated problems.

1.2 Recommendations, where applicable, for:

The main recommendations shown in the project’s development revolve around the implementation of structural programs that promote employment, community capacity and knowledge mobilization. For example, the need for preventive programs concerning psychoactive consumption must be prioritized for youth, making use of facilities and capacities of educational institutions. Also, work is needed with young parents on appropriate strategies and methods for raising their children (i.e., parent education programs).

The improvement of health services is a priority matter. Wider coverage must be achieved, as well as consideration for creating new care-centers and preparing employees or civil servants, for providing better services to the general public that instill clear norms of respect and tolerance.

It is important to follow-up on the duties of the National Police members, both at the administrative and operative level. In the same way, it is also important to regulate their relationships with community members.

While the main actions must be focused on prevention, increasing the level of available information must not be the only outcome. It is necessary to work towards educational proposals that connect the family and school environments. In order to achieve this, a set of personal, family, and social conditions are need for consistent interactions. A health promotion strategy will focus on the social integration of the male adolescent and increasing their interactional

opportunities and relationship dynamics with their environment. The focus is on youth since this population group is at higher risk for most of the studied mental health problems.

9. Activity - SYMPOSIUM

2. Name of the activity:

2005 7th Health Faculty Research Symposium, Universidad del Valle

- *How the activity was implemented:*

Since 1999, this annual event has been held to present advances and research results to academic peers, to the general community, and to health care service representatives. Research activities undertaken by CISALVA representatives and the health faculty at the Universidad del Valle during the year were presented, reflected, and discussed.

- *Publications and other outcomes:*

CISALVA participated with eight oral presentations reflecting current research:

Homicide characterization in the metropolitan area. First Semester 2004-2005. Álvaro Ignacio Sánchez. 7th Health Research Symposium "Research and Society Building Permanent Bridges". Universidad del Valle, Cali, October 2005.

Violence Prevention Policies in the region of Urabá, Antioquia: Based on Epidemiological Surveillance. Rafael Espinosa. 7th Health Research Symposium "Research and Society Building Permanent Bridges". Universidad del Valle, Cali, October 2005

Care-giver Factors Associated with Child Physical Punishment: A Control-Case Approach in a Cross-sectional Study in Bogotá, Cali, and Medellín. Edgar Muñoz. 7th Health Research Symposium "Research and Society Building Permanent Bridges". Universidad del Valle, Cali, October 2005

Public Policies for Domestic Violence in 8 Municipalities of Tolima. Rafael Espinosa. 7TH Health Research Symposium "Research and Society Building Permanent Bridges". Universidad del Valle, Cali, October 2005

Road Traffic Mortality Behavior in the Cities of Pasto and Ipiales Between 2002-2005. Rafael Espinosa. 7TH Health Research Symposium "Research and Society Building Permanent Bridges". Universidad del Valle, Cali, October 2005

Biological Risk Factors in Resident Physicians of the Universidad del Valle's Hospital (HUV). Alba Liliana Silva – Researcher at CISALVA Institute. 7TH Health Research Symposium "Research and Society Building Permanent Bridges". Universidad del Valle, Cali, October 2005

Psychiatric Morbidity Surveillance System – Developing a Model. Edgar Jhonny Muñoz. 7TH Health Research Symposium "Research and Society Building Permanent Bridges". Universidad del Valle, Cali, October 2005.

Evaluation of a Surveillance System for Externally-caused Mortality in Colombian Cities. Andrés Fandiño. 7th Health Research Symposium "Research and Society Building Permanent Bridges". Universidad del Valle, Cali, October 2005

Externally-caused Mortality in Cúcuta and its Metropolitan Area. Víctor Hugo Muños. 7th Health Research Symposium "Research and Society Building Permanent Bridges". Universidad del Valle, Cali, October 2005

Pneumonia Mortality in Children Under Five Years of Age. Cali, Colombia. January 2000 – June 2002. Álvaro Ignacio Sánchez. 7th Health Research Symposium "Research and Society Building Permanent Bridges". Universidad del Valle, Cali, October 2005

Pilot Testing Course in Injury and Violence Prevention for students and professors of the Surgery Department of the Universidad del Valle. María Isabel Gutiérrez. 7th Health Research Symposium "Research and Society Building Permanent Bridges". Universidad del Valle, Cali, October 2005

Prevalence of Disorders in the Nourishing Behavior of First and Second Year Medical Students. Sandra Carolina Giraldo. Researcher at CISALVA Institute. 7th Health Research Symposium "Research and Society Building Permanent Bridges". Universidad del Valle, Cali, October 2005

in
and
2005

Characterization of Riders Who Use Bicycle as a Daily Transportation Mean in the City of Cali. Edgar Muñoz. 7th Health Research Symposium "Research and Society Building Permanent Bridges". Universidad del Valle, Cali, October 2005

Organizations.
Society

Mental Health in Ibagué From the Perception of their Community Organizations. Victor Hugo Muñoz. 7TH Health Research Symposium "Research and Society Building Permanent Bridges". Universidad del Valle, Cali, October 2005

10. **Activity** - EVALUATION OF EARLY IMPACTS (EEI)

2. *Evaluation of Early Impacts and Cost-benefit Analysis Carried Out in 8 Coexistence Projects, performed between 2003-2004.*

1 Implementation of the work plan. For each main activity:

1.1 Work performed in relation to the terms of reference:

X name of the activity

Evaluation of Early Impacts and Cost-benefit Analysis Carried Out in 8 Coexistence Projects, performed between 2003-2004.

X how the activity was implemented

A comprehensive evaluation model was designed that comprises three phases: (1) Coherence evaluation and intervention implementation; (2) early impact assessment, and (3) Cost-benefit analysis. Each one included a series of stages that were developed according to the type of project, the quality of the information, and the existence of base-line data, as well as well-defined intervention and control groups. The model incorporated qualitative and quantitative approaches in each phase. In general, the operators developed commitments for advancing the different projects. In some cases, the range and goal fulfillment in terms of services or activities met with positive results,

while other projects, like Technical-Business Training, were altered during implementation from the original model, and failed to fulfill criteria of integrity, continuity, and fidelity in the formative process. This outcome impeded opportunities for conducting the early impact evaluation. Referring to the participative and associative nature of the interventions, projects such as Peace District and the ones oriented to domestic violence prevention mainly featured these strategies. From the projects directed to youth, the model of Violence Unlearning showed an integrity of its approach, and achieved important results for youth, family and community environments. This occurred through a consolidation of the educator stereotypes, who became transformed into positive reference figures for youth as well as for the community. In general, concerning the sustainability of projects, a weakness was observed in the defined strategies with this purpose for all projects.

Summary of the Term of Reference Concerning Designing and Providing Training Programs on Prevention and Understanding the Causes of Violence:

The above-described ten activities provide a broad sampling of the training programs CISALVA designed, became involved in sponsoring or co-producing, or directly provided to truly a wide spectrum of audiences. As with the other terms of reference, CISALVA demonstrates a breadth and scope of activities and initiatives concerning violence prevention training. Given the social marketing of the mass media campaigns that CISALVA has taken a leadership role with, truly nearly everyone able to read or view a television screen in Colombia has benefited. We recommend the continuation of this point of reference for the anticipated four-year cycle of service for CISALVA as a Collaborating Center for the WHO with only a minor change to reflect the agency's broadening scope of work, i.e. **"To design and provide training programs on the prevention and understanding of the causes of violence and injury."**

- 1.5 Work performed in relation to the terms of reference: The fifth term of reference for CISALVA mandates: ***"To present an annual report summarizing the activities carried out by the Center."*** (Please refer to the attached Annual Reports Document for the years involved.)
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- 1.2 Recommendations, where applicable, for further activity implementations, revision of terms of reference, and subsequent related activities:

While further implementation recommendations for specific activities were previously noted, we would like to stress that Cisalva will have a focus for the next four years on the following research and development programs: *1. Epidemiology of Violence with a focus on Surveillance System development for observatories of crime, intra-family violence, and injury prevention, as well as road safety promotion; 2. Communications and Promotion of a Culture of Peace; 3. Evaluation of interventions and social projects related to violence and injury prevention, and 4. Promotion of Mental Health with emphasis on victims of violence.* As a consequence of these priorities, suggestions for modification to the terms of reference were made earlier in this report and activities that relate to these changes will be pursued during the next designation period.

