



Name of the Community : Farashband

Country: Iran

Number of inhabitants: 54,901

Programme started year : 2006

International Safe Communities Network Membership: Designation year: 2011

By European Certifying Centre

Info address: <http://www.farashband.sums.ac.ir/sc>

Full Application report: <http://www.phs.ki.se/csp/pdf/applicationreports/264farashband.pdf>

FURTHER INFORMATION:

Dr. Habib Bagherpoor Haghghi

Farashband Health Care Center

Sepah St., Farashband, Fars Province

71348-14336

Farashband, Iran

Phone: +987523521300-3

Fax: +987126625281

CHILDREN 0-14 YEARS:



1. Epidemiological survey of injuries within this age group and setting the priorities.
2. Integrating the programme of educating mothers about safety principles in order to prevent injuries of children under 6 years based on prevalent injuries in each group.
3. Executing the programme of safety promotion in kindergartens aiming at decreasing injuries within this age group.
4. Planning to invite experts from Fire Department, Health center and Police to schools in order to educate students.
5. Executing the programme of Hamyar-e Police (police-cooperator) in elementary schools.

YOUTH 15-24 YEARS:

1. Epidemiological survey of injuries within this age group and setting the priorities.

Considering this fact that traffic accidents esp. motorcycle accidents have allocated a major part of injuries within this age group to themselves, therefore most activities were focused on this programme which mainly include:

1. Implementing the research plan of "Determining the situation of safety among cyclists "aiming at identifying the factors which cause injuries.
2. The programme of mandatory purchase of helmets when buying motorcycles.
3. Executing the programme of "Prohibition of using motorcycles in junior high schools".
4. Planning in order to deploy traffic police in the two cities of Dehram and Nojin.
5. Executing symbolic programmes such as carnivals of motorcycle riding with helmet.
6. Implementing extensive educational programmes in order to prevent traffic accidents within this age group.

ADULTS 25-64 YEARS:

Since this age group are the active class of the society, therefore analyzing the injuries of this age group, setting priorities and subsequently intervening and educating have been done based on different occupational and social groups that are briefly as follows:

1. Planning to stimulate public cooperation esp. health volunteers in order to identify prevalent injuries and educate safety principles throughout the neighborhoods.
2. Implementing periodic educational programmes in public places esp. mosques.
3. Periodic education of safety principles particular to different trades and shopkeepers.
4. Implementing periodic educational programmes particular to parents of students.
5. Implementing educational programmes aiming at promoting safety skills and trauma prevention particular to workers, contractors and factory administrators (According to high incidence of injuries within this group).
6. Educating 100% of workers about using self protection devices with the cooperation of Occupational health unit and Labor & social affairs office.
7. Implementing educational programmes for using self protection devices for 835 farmers.

ELDERLY 65+ YEARS:

- Epidemiological survey of injuries within this group.
- Integrating the education of safety principles with the elderly healthcare programme.
- Holding educational programmes particular to health volunteer's expert, volunteers and health workers aiming at empowering the elderly in order to reduce injuries within this group.

HOMES:

1. Analyzing home injury data and setting priorities.
2. Implementing educational programmes in a neighborhood scale by volunteers and healthcare centers in order to reduce prevalent home injuries.
3. Completing the safety checklist for rural homes by Behvarzes (Health workers) annually.
4. Analyzing the completed checklists and determining homes' safety problems
5. Planning for face to face education during the process of completing the checklist
6. Intersectoral harmony in order to reduce those safety problems which need more substantial planning.

TRAFFIC:



Before



After

1. Forming the safe community traffic committee.
2. Identifying high-risk spots of urban and suburban passages.
3. Ranking high-risk spots in order to reform them.
4. Raising safety problems of passages and intersections in the committee and pursuing in order to remove them.

OCCUPATIONAL ENVIRONMENTS:

1. Forming the safe community committee for sports, leisure and occupational injuries seasonally with the presence of experts from Labor, Social welfare, Occupational health and Jahade-agriculture offices. (It's necessary to say that most people are farmers).
2. Convening monthly meetings of the safety & health protection committee in workplaces with more than 25 workers in order to prevent occupational injuries.
3. Convening monthly meetings of the technical protection committee in power distribution Office, determining safety deficiencies and removing them.
4. Forming the committee of pesticides in Jahade-agriculture office and offering necessary education in order to prevent and reduce the use of pesticides in farms.
5. Planning in order to implement educational programmes in labor environments aiming at increasing safety skills in occupational environments considering the type of occupations and related injuries in each of them.
6. Planning in order to pay constant visits to occupational environments to determine unsafe items.
7. Executing the programmes of labeling and MSDS (material safety data sheet) for 6 chemical materials available in the city annually.
8. Executing the programme of measuring and reforming illumination and sound in workplaces.
9. Executing HSE (health safety environment) programme and obtaining HSE license in of be 'sat Station Company.
10. Employing experts in some of the mines and companies in order to pursue problems and issues related to safety.

SCHOOLS:

1. Compiling the operational programme of safe-schools.
2. Surveying the situation of safety in schools through checklists.
3. Analyzing the completed checklists and ranking unsafe items at schools.
4. Establishing intersectoral harmony in order to remove unsafe priorities of schools.
5. Planning for educating students, teachers and principals about safety issues.

SPORT:

1. Annual evaluation of the situation of safety in sports environments through checklists.
2. Holding seasonal safe community sports, leisure and occupational committees.
3. Identifying present deficiencies and priority them to be removed.
4. Executing the programme of installing fences in high-risk spots.
5. Planning in order to implement educational programmes aiming at increasing safety skills particular to trainers, athletes and those who use sports environments.
6. Executing the programme of insuring 1300 people who were somehow engaged in sport activities.
7. Pursuing in order to establish motorcycle tracks (Since motorcycle accidents have been ranked the first in injuries; and on the other hand because there is a lack of recreational facilities for the youth).

LEISURE:

1. Surveying the primary situation of safety in leisure environments through the checklist.
2. Holding seasonal safe community sports, leisure and occupational committees.
3. Analyzing the results in order to rank existing unsafe items and deciding to remove them in the meetings of the working group.
4. Providing consultative support about observing safety issues in the projects being built for contractors by the committee.
5. Pursuing in order to provide safe sport equipments and installing them in Koohi Park.

VIOLENCE PREVENTION:

1. Establishing a free counseling center (twice a week) in the healthcare network in order to provide consultative support and educating problem-solving skills to youths.
2. Analyzing violence data and identifying high-risk groups and environments.
3. Planning in order to perform cultural and violence-free activities such as holding violence avoidance classes for high-risk groups.

SUICIDE PREVENTION:

1. Forming the suicide-prevention committee.
2. Holding suicide-prevention workshops for staffs of health network aiming at empowering them to execute prevention programmes throughout the community.
3. Establishing a free counseling centre in the healthcare network in order to provide consultative support and educating the youth about problem-solving skills.
4. Identifying and referring suicide cases to the counseling center to receive consultative support.
5. Doing research in order to identify dangerous factors which can cause suicide and planning for reducing relevant data.

PROGRAMMES AIMING AT "HIGH-RISK GROUPS":

1. Cyclists are the high-risk group of the community that has allocated the highest incidence of injuries among the youth to itself. Therefore, implementing educational programmes enforcing traffic regulations more strictly, increasing availability of helmets and implementing research programmes and pursuing the establishing of motorcycle tracks are among those items being done.

NATURAL DISASTERS:

1. 50% Increase in rural homes safety against natural disaster after intervention (Safety check and help to strengthen the weak houses).
2. Earthquake Maneuver for the students in the schools by disaster management center.

SURVEILLANCE OF INJURIES:

1. Healthcare center
2. Emergency service
3. Legal medicine
4. General bureau of status registration

No. of Injuries in 2009 : 934
Population Base : 54901
Started Year : 2006

SCIENTIFIC PUBLICATIONS:

Produced information materials and research:

- Safe community and organizational duties toward it.

PHOTO OF LEADER:



Staff:

- **Number** : 21
- **Profession** : Part-time 19
- **Full-time**: 2

NAME OF THE ORGANIZATION:

Safe community Specialized committee:

1. Safe community central committee which is in charge of supervising & managing sub-committees.
2. The sub-committee for traffic and accident-prevention in traffic and school environments including :
Gubernatorial, Healthcare network, Municipality, Traffic police, Road & Transportation, Education, Red Crescent society.

3. The sub-committee for injury-prevention in sports, leisure and occupational environments including :
Gubernatorial, Healthcare network, Municipality, Jihad-agriculture, Physical education, Power distribution, Gas Company, Rural & Urban water and waste water, Police, Sepahe Pasdaran.
4. The sub-committee for violence & Suicide-prevention :
Gubernatorial, Healthcare network, Welfare, Emdade Imam Khomeini Committee.

National and International COMMITMENTS:

Visits:

- Visiting Arsanjan's Safe Community programme.
- Communicating with Arsanjan and Neyriz Safe Communities.
- Site visit by WHO CC experts and health ministry of Iran.
- Participating in the national and international safe community conference, Tehran 2007 & 2008, Shiraz 2008, Falun 2011