

Child Safety Promotion and Injury Prevention Research Center (CSIP), Thailand

International Safe Community Support Centre
And
membership in the International Safe Community network

Column 1 Questions to be answered by the community	Column 2 Questions to be answered by the certifiers
Section A Community Overview	
<p>A.1 Briefly describe the community and its historical Development</p> <p>Subdistrict Administrative organization (SAO) of Wang Sai Phun have been founded on 30 March, 1996 according to the Tambon Council and Tambon Administrative Authority Act, B.E. 2537 (1994). Wang Sai Phun SAO is located on the east of Amphur Wang Sai Phun at 349/1 Moo.2, Tambon Wang Sai Phun, Amphur Wang Sai Phun, Pichit Province. It is 3 km far from Amphur Wang Sai Phun and 32 km far from Pichit Province.</p> <p>(Remark: Tambon in Thai means subdistrict; and Amphur in Thai means district)</p> <p>Wang Sai Phun SAO is the medium size of SAO and neighboring tambons are:</p> <ul style="list-style-type: none">- North-Tambon Nong Pla Lai, Amphur Wang Sai Phun, Pichit Province- South-Tambon Nong Phra, Amphur Wang Sai Phun, Pichit Province- East-Tambon Sai Yoi, Amphur Noen Maprang, Pisanulok Province- West- Tambon Nong Phra, Amphur Wang Sai Phun, Pichit Province <p>Total areas of Wang Sai Phun SAO are 60 sq.km or approximately 37,500 Rai. The majority are foothill basins and lowlands. Wang Sai Phun SAO is subdivided into 13 Mubans, which comprise of</p>	<p>Are the descriptions sufficient? ✕ yes ✕ no If no! What is missing:</p>

- Muban no. 1 Baan Wang Sai Phun
Muban no. 2 Baan Wang Sai Phun Nai
Muban no. 3 Baan Bung Makrud
Muban no. 4 Baan Wang Saeng
Muban no. 5 Baan Noen Hua Lo
Muban no. 6 Baan Tak Daed
Muban no. 7 Baan Tung Mong
Muban no. 8 Baan Nong Yang
Muban no. 9 Baan Wang Plab
Muban no. 10 Baan Nong Raman
Muban no. 11 Baan Wang Mong
Muban no. 12 Baan Nong Yang Tai
Muban no. 13 Baan Nong Yang Nuea

(Remark: Muban in Thai means village. Only muban no.1&2 are partially governed by Wang Sai Phun SAO)

Most of people in Wang Sai Phun are agriculturists and farmers. Major vocational works are weaving, needlework, fishery, cattle farm, frog farm, domestic fowl farm, organic plants, etc. Service works are mechanics, earthen jar makers, tile makers, motorbike fixing, construction labor, etc.

Education are

1. Non-formal education
2. Pre-school child care development center
3. Village reading room
4. Schools
5. Agricultural technology transfer center

100% of people in Wang Sai Phun SAO are Buddhism. Wat is Buddhism religious places. There are 10 temples in Wang Sai Phun SAO.

Regarding the health service, there is Tambon Baan Nong Yang Health Promoting Hospital in charge of muban no. 5,6,7,8,10,11,12,13 and Wang Sai Phun hospital in charge of

muban no. 1,2,3,4,9.

Safety and injury issues in Wang Sai Phun are related the followings:

1. traffic
2. school / child-care development center
3. playground
4. use of products such as toy, commodity, medicine, game, computer, food, etc.
5. natural disaster such as flood, storm
6. environmental pollution such as domestic waste, chemical exposure in agriculture
7. family and society violence such as crime, drug, physical attack, self harm, etc.
8. injury and accident such as drowning, falling, electricity, fire or flame, heat, animal, etc.

Wang Sai Phun SAO have long implemented injury prevention and reduction on community participation based in every single step. Each safety unit will collaborate with both public and private agencies. The SAO focus both risk group and environmental risk, as well as all community problems. To have the sustainable solution, the SAO will fully utilize both community resources and budget to deliver the utmost benefits toward community safe promotion.

Safe Community Working Group was originated from the core leader group of Baan Noen Hua Lo, comprised of people in different working areas and from village council approval to mobilize the child safety work, then leading to safe community work in 2003. After that, Wang Sai Phun SAO have fully implemented the safe community project. On 22 February 2011, Tambon Wang Sai Phun, therefore, was designated as number 228 in the International Safe Community Membership Network since then.

Wang Sai Phun have proceeded the safe community work continuously with the safety focus in all groups at all age such as traffic safety, safety in child care center, etc. The safe community works go well under the collaboration from both external and internal community agencies; and lead to change in safety promotion policy covering all villages of the district.

A.2 Describe the strategy, ambitions, objectives and work in the community in regard to safety. It must be a higher level of safety than average for a community in the country or region.

Wang Sai Phun Safe Community have detemined 3 strategic areas

Are the descriptions sufficient?

✕ yes

✕ no If no! What is missing:

as followings:

1) Safety Promotion: aimed to change policy and create

- Community participation for long-term solutions
- Clear surveillance plan for community
- Risk survey in community
- Community resource utilization plan toward safety promotion
- Action plan and key success indicators for safety work

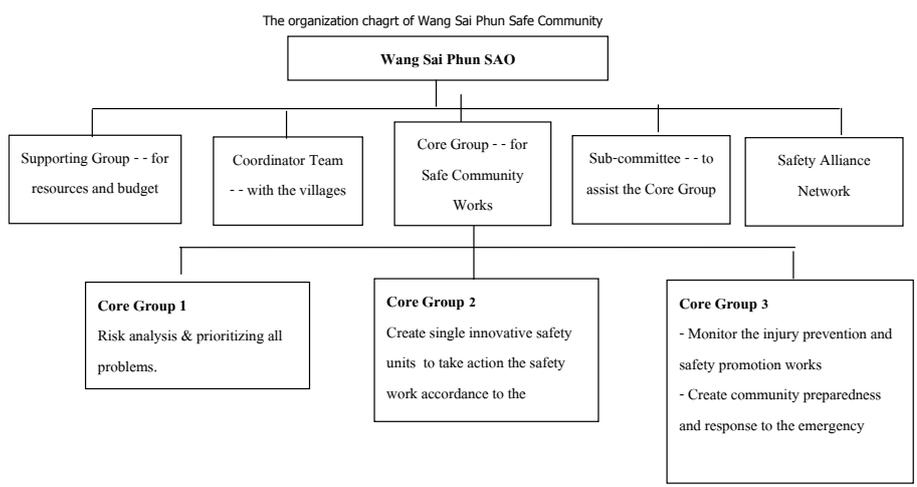
2) Safe Environment: aimed to have

- A linkage with external agencies to solve safety issues mutually.
- Community preparedness for emergency.

3) Safe Behavior: aimed to bring the community member attention towards

- the causes of all types of injury.
- the risk target groups such as vulnerable groups.
- against the risk behavior and dangerous products.
- the promotion of safe equipment
- education and training about community safety
- the practical knowledge about community safety and ensure that it is possible for replication to communities.

A.3 How are the mayor (or similar function of the community) and the executive committee involved? Who is chairing the cross-sector group?



From the chart, the Chief Executive of Wang Sai Phun SAO plays the roles as followings:

1. Be the deputy chairman of 'Supporting Group' for Wang Sai Phun Safe Community to assist in the financial suuport.

Are the descriptions sufficient?

Is the mayor involved?

✘ yes

✘ no

Is the executive committee involved?

✘ yes

✘ no

Who is chairing the crosssectional group?

✘

2. Be the consultant of 'Core Group for Safe Community Work - - Group 3'

The Core Group for Wang Sai Phun Safe Community have worked closely with the villages' core leaders to shape the risk behavior of community members into the lower level so that it can lead to safer environment and change members' perception that injury is not related to individual fortunate. Safety can be created, starting from the sharing ideas, doing together, and enjoying the fruitfulness together.

A.4 Describe the injury risk-panorama in the community.

Table 1: The number of injury related accident and other causes from 2011-2015

Accident-related-Injury and Other Cause-related-Injury	Year				
	2011	2012	2013	2014	2015
1. Transport Injury	58	49	39	30	25
2. Falling	13	8	5	3	2
3. Injury related mechanical impact from object or material	10	5	4	2	0
4. Injury related mechanical impact from people or animals	7	4	2	0	0
5. Drowning	1	0	0	0	0
6. Electrical injury, Thermal injury, Radioactivity related injury	2	1	0	0	0
7. Fire and flame related injury	1	1	0	0	0
8. Burn from external heat sources (heated objects, hot liquid)	3	2	1	0	0
9. Animals or plants poison	4	2	1	0	0
10. Injury from natural energy source	1	0	0	0	0
11. Self harm	2	1	0	0	0
12. Physical attack or assault	5	4	3	2	0
13. unknown cause and unclear intention	2	1	1	0	0
Total	109	78	56	37	27

From table 1, it showed number of injury related accident and other causes from 2011-2015 declined gradually. Probably, it resulted from the continual implementation of safe community works on 3 strategic areas namely safety promotion, safe environment, and safe behavior. However, traffic injury must be concerned for better solution.

Is the risk-panorama sufficiently described?

✘ yes

✘ no If no! What is missing:

Table 2: The number of injury risk related accident and other causes from 2011-2015

Accident-related-Injury Risk and Other Risks	Year				
	2011	2012	2013	2014	2015
1. Transport Injury	116	98	78	60	50
2. Falling	26	16	10	6	4
3. Injury related mechanical impact from object or material	20	10	8	4	0
4. Injury related mechanical impact from people or animals	14	8	4	0	0
5. Drowning	2	0	0	0	0
6. Injury impact toward breathing	0	0	0	0	0
7. Electrical injury, Thermal injury, Radioactivity related injury	4	2	0	0	0
8. Fire and flame related injury	2	1	0	0	0
9. Burn from external heat sources (heated objects, hot liquid)	6	4	2	0	0
10. Animals or plants poison	8	4	2	0	0
11. Injury from natural energy source	2	0	0	0	0
12. Poison from other sources	0	0	0	0	0
13. Use overwhelming force	0	0	0	0	0
14. Unknown causes	0	0	0	0	0
15. Self harm	4	2	0	0	0
16. Physical attack	10	8	6	4	0
17. Unclear intention	0	0	0	0	0
18. War related injury	0	0	0	0	0
19. Unknown cause and unclear intention	4	2	1	0	0
Total	218	155	111	74	55

From table 2, it showed number of injury risk related accident and other causes from 2011-2015 declined gradually as well. Probably, it resulted from the continual implementation of safe community works on 3 strategic areas as above.

Section B Structure of the community

B.1 Describe the demographic structure of the community

According to civil registration section of Wang Sai Phun SAO, the population are 5,856 - - male are 2,897, female are 2,959, 1,625 households. Average density is 6 persons/sq.km. (dated 24 February 2016) as shown in Table 1.1

Table 1.1 Population statistics from civil registration section of Wang Sai Phun SAO

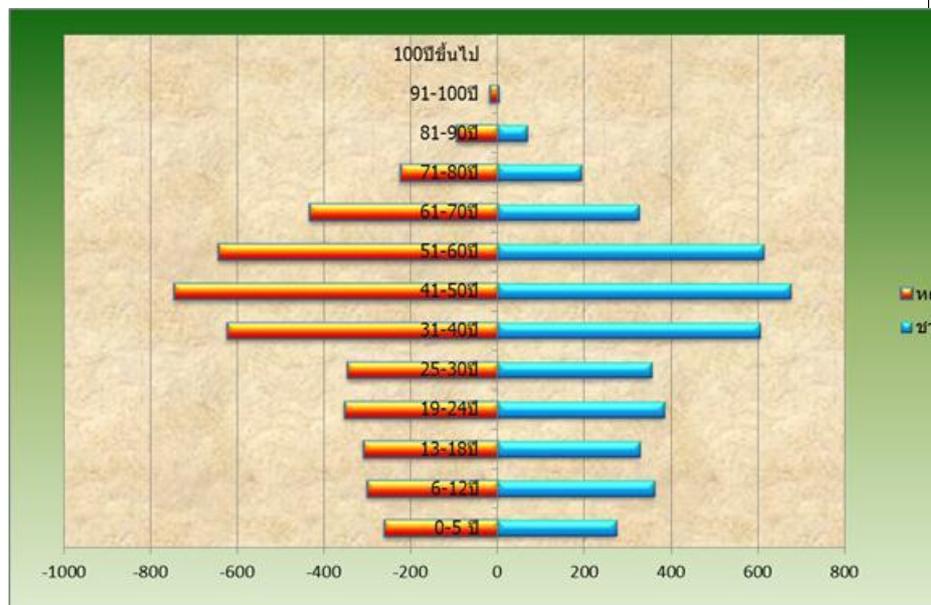
Village (Muban in Thai)	Household	Population		
		Male	Female	Total
Muban 1 Baan Wang Sai Phun	39	55	56	111
Muban 2 Baan Wang Sai Phun Nai	21	25	27	52
Muban 3 Baan Bung Ma Krud	94	200	190	390
Muban 4 Baan Wang Saeng	133	235	228	463
Muban 5 Baan Noen Hua Lo	280	486	490	976
Muban 6 Baan Tak Daed	136	249	257	506
Muban 7 Baan Tung Mong	100	184	190	374
Muban 8 Baan Nong Yang	201	346	362	708
Muban 9 Baan Wang Phlab	106	188	193	381
Muban 10 Baan Nong Ra Man	124	206	189	395
Muban 11 Baan Wang Mong	97	193	193	386
Muban 12 Baan Nong Yang Tai	107	191	209	400
Muban 13 Baan Nong Yang Nuea	187	339	375	714
Total	1,625	2,897	2,959	5,856

Is the demographic structure and the different risks sufficient described?

✗ yes

✗ no If no! What is missing:

Most of people in Wang Sai Phun SAO are migrated from North Eastern Region such as from Udorn Thani province, Roi Ed province, Kanlasin province, Khon Khen province, Uthai Thani province, Lopburi province, Phetchabun province, etc.



From the population pyramid, it showed the trend of 20 years in future will be characterized as aging society . The elderly will increase, in contrary with the decreasing in working aged people. Dependent condition will be increased.

B.2 Describe the SC/IP at present and the plans for the future.

Injury Prevention and Safe Community Current Workplans

Injury Prevention

1. Traffic injury prevention and reduction during New Year festival.
2. Traffic injury prevention and reduction during Songkarn festival.
3. Increase Awareness in driving for children and adults.
4. Workshop meeting on the lessons learned of safe community.
5. Training and field trip for safe community work.
6. Drowning prevention.
7. Wearing helmet for kids before riding.
8. Safe child-care center.
9. Safety check-point at each village.
10. Risk survey in Tambon Wang Sai Phun.

Are the descriptions sufficient?
 ✕ yes
 ✕ no If no! What is missing:

11. Safe Community works in Wang Sai Phun.
12. Health promotional materials and emergency call.
13. Wang Sai Phun safe community promotional materials.
14. Road Safety Prototype and Promotion.

Hazardous Products

- 1.) .Safe playground
- 2.) .Consumer Right Protection
- 3.) .Safe food keeps disease away

Pollution and Toxic Prevention

- 1.) Occupational Health and Safety in agriculture
- 2.) Inspection of chemical exposure in agriculture products
- 3.) Waste segregation
- 4.) Create livable community
- 5.)

Natural Disaster

- 1) Helping victims from flood and storm
- 2) Flood and Storm Preventive Plan

Family and Society Violence

1. Drug Prevention
2. Family violence prevention
3. Adolescent pregnancy prevention
4. Empower feminism and stop family violence

Workplans Future Injury Prevention and Safe Community

Injury Prevention

- 1) .Falling prevention in elderly
- 2) .Traffic injury prevention
- 3) .Electrical injury prevention
- 4) .Prevention of injury related fire and heat
- 5) .Injury related animals

Hazardous Products

- 1.) Risk surveillance from internet corner (computer game corner).
- 2.) Safe playground
- 3.) Inspection of food shops and contaminated food
- 4.) Risk from toys

Pollution and Toxic Prevention

- 1.) Safe agriculturing and no toxic substance
- 2.) Domestic waste management
- 3.) Livable community and community waste segregation

<p><u>Natural Disaster</u></p> <ol style="list-style-type: none"> 1) Natural disaster prevention, response, and mitigation plan (flood-strom) 2) Community recovery plan after disaster <p><u>Family and Society Violence</u></p> <ol style="list-style-type: none"> 1) Volunteers for community crime prevention 2) Anti-drug, No more drug in Wang Sai Phun 3) Male to stop violence 4) Self harm prevention 5) Right love at school-age and adulecent pragnency prevention 	
<p>B.3 Describe the support for sustained injury prevention of the local politicians in the community and which parts of the program have been undertaken and/or supported by the regional government?</p> <p>Local politicians such as Chief Executive of Wang Sai Phun SAO and its officials, village leaders, public health service of Amphur Wang Sai Phun, police station, state highway section, Thai Health Promotion Foundation, Child Safety Promotion and Injury Prevention Research Center (CSIP), Pichit Provincial Social Development and Human Security Office, public agencies and safe community network alliances, all have undertaken the following safe community works:</p> <ol style="list-style-type: none"> 1. Community risk survey 2. Risk analysis and prioritizing the problems 3. Risk modification plans 4. Risk modification and improvement 5. Evaluation 	<p>Are the descriptions sufficient?</p> <p>✕ yes</p> <p>✕ no If no! What is missing:</p>
<p>B.4 Describe the strategic program concerning the safety promotion and injury prevention work, which has been formulated!</p> <ol style="list-style-type: none"> 1. Risk Survey in community <ul style="list-style-type: none"> - Formed the safe community working group. - Risk survey such as the location where having frequent accidents, road surface, unclear site for driving, risk traffic, on-road trees, etc. - Risk analysis and prioritizing the problems. - Risk remedy by the community itself. If beyond community capability, community with support of SAO collaborated with relevant agencies for the works. - Evaluation of risk remedy. 2. Safe child-care center: developed 2 programs namely <ol style="list-style-type: none"> 1) Safe playground 	<p>Are the descriptions sufficient?</p> <p>✕ yes</p> <p>✕ no If no! What is missing:</p>

<p>Ways to do</p> <ul style="list-style-type: none"> a) Set up parent meeting to raise parents' awareness of using playground equipment correctly and safely. b) Encouraged parent participation in designing and maintaining playground equipment. c) Determining rules and playing time for public playground. <p>2) Safe kids by wearing helmet before riding</p> <p>Ways to do</p> <ul style="list-style-type: none"> a) Set up parent meeting to raise parents' safety awareness of wearing helmet correctly for kids before riding. b) Determining a mutual rule between parents and kids, and school in wearing helmet such as if no wearing helmet for 3 times, being fined 20 bath for each. No wearing for more than 3 times, helmet was seized. 	
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B.5 Who is responsible for the management of the SP/IP program and where are they based in the local political and administrative organization?

Community members together with safe community working group were responsible for the management of the SP/IP. The local politician and SAO officials have collaborated with safe community working group and deployed all the information to determine the interventions, public communication media, or local regulation to manage risk environment and behavior.

Traffic Injury risk

- 1.) Road Safety Promotion and Prototype Project.
- 2.) Traffic injury prevention and reduction during major festival such as New Year, Songkarn, etc.
- 3.) Workshop meeting on the lessons learned of safe community.
- 4.) Wearing helmet for kids before riding.
- 5.) Safety check-point at Noen Hua Lo intersection.
- 6.) Safety check-point at each village.

Hazardous Product risk

- 1.) Safe playground.
- 2.) Consumer Right Protection, in particular safe food and safe cosmetics.
- 3.) Safe food keeps disease away.

Are the descriptions sufficient?
 ✕ yes
 ✕ no If no! What is missing:

<p><u>Toxic and Pollution</u></p> <ol style="list-style-type: none"> 1.) Occupational Health and Safety in agriculture 2.) .Inspection of chemical exposure in agriculture products 3.) .Domestic and community waste segregation 4.) .Create livable community <p><u>Natural Disaster</u></p> <p>Helping victims from flood and strom.</p> <p><u>Family Violence</u></p> <ol style="list-style-type: none"> 1.) Family violence prevention 2.) The Prototype of Adulecent pragnency prevention 3.) Powerful village; Zero Violence 4.) Empower feminism and Stop family violence 	
<p>B.6 Which is the lead unit for the SP/IP program?</p> <p>The lead unit for SP/IP program came from the community itself. The community have empowered themselves and achieved several significance in SP/IP program namely village defense volunteers, village development volunteers, and excellent village award, etc. Moreover, the SP/IP program have been more granted and intense as being implemented continuously with the support of WHO and Child Safety Promotion And Injury Prevention Research Center (CSIP) in the field work closely with the community.</p>	<p>Are the descriptions sufficient?</p> <p>✕ yes</p> <p>✕ no If no! What is missing:</p>
<p>B.7 Is the Safe Communities initiative a sustained program or a project?</p> <p>Wang Sai Phun Safe Community was initiated a sustained program with the continual implementation before the designation until now as followings:</p> <p><u>1. Injury risk</u></p> <ol style="list-style-type: none"> a) Found traffic accidents at Noen Hua Lo during the major festival every year. The modifications were about extending the pavement, reflective paint signage, relocating electricity pole, etc. No more traffic accident after modification. b) Started the program 'Wearing helmet for kids before riding' to educate both parent and children about safety in riding by wearing helmet. <p><u>2.Hazardous Product risk</u></p> <ol style="list-style-type: none"> a) The public health service team together with village health 	<p>Are the descriptions sufficient?</p> <p>✕ yes</p> <p>✕ no If no! What is missing:</p>

<p>volunteers, and local officials set up quality inspection of different products such as cosmetics, toys, hampers/gift basket, commodity for monks, grocery. Also, educated community members to select quality products only.</p> <p>b) Made an improvement for public playground consistently.</p> <p><u>3. Toxic and Pollution</u></p> <p>Found problems of waste management and polluted environment. Waste problems such as no domestic incineration, insufficient of waste bins, inappropriate waste management. Community started the program on domestic waste segregation, having more waste bins, public waste collection from twice a week to three times a week, waste composing, no burn trash, unexposed trash bin, etc.</p> <p><u>4. Natural Disaster</u></p> <p>Wang Sai Phun normally have a flooding problem during the rainy season from the slope of east side to west plain. The community have adopted the initiative Kaem Ling or Monkey's Cheeks project. By dredging all the obstructs prior to rainy season, it helped release the excessive flow of water.</p> <p><u>5. Violence</u></p> <p>Community set up 'family violence prevention centre'. Primarily, village core leader would be the direct person in charge to solve all domestic violence.</p>	
<p>B.8 Are the objectives decided by the local politicians covering the whole community? Which are they?</p> <p>The objectives were decided by the local politicians covering the whole community in 5 risk areas namey traffic injury risk, hazardous product risk, toxic and pollution risk, natural disaster, family and society violence. The objectives were all risks surveillance, injury prevention, injury and mortality reduction.</p>	<p>Are the descriptions sufficient? ✕ yes ✕ no If no! What is missing:</p>
<p>B.9 Who have adopted these objectives?</p>	<p>Are the descriptions sufficient? ✕ yes ✕ no If no! What is missing:</p>

Type of Risk	Target Group	Intervention Programs
Traffic Injury Risk	Pre-school children aged 2 – 5 years	1. Road Safety Promotion and Prototype Project. 2. Wearing helmet for kids before riding.
	All groups of community member	1. Traffic injury prevention and reduction during major festivals. 2. Safety check-point at each village. 3. Risk Survey.
Product Risk	Pre-school children aged 2 – 5 years	1. Safe Public Playground.
	All groups of community member	2. Consumer Right Protection and Safe Food
Toxic and pollution risk	All groups of community member	1. Inspection of chemical exposure in farmers. 2. Domestic and community waste segregation. 3. Create livable community. 4. Consumer Right Protection and Safe Food. 5. Safe agricultural products; Testing for toxin in blood.
Natural disaster	All groups of community member	1. Disaster preparedness 2. Helping victims from flood and storm.
Family and society violence	Risk group, All groups of community member	1. Family violence prevention and remedy. 2. The Prototype of Adulecent pragnency prevention. 3. Powerful village; zero violence. 4. Empower feminism and Stop family violence

B.10 How are the Safe Community objectives evaluated and to whom are the results reported?

Are the descriptions sufficient?
 ✕ yes
 ✕ no If no! What is missing:

Type of Risk	Target Group	Intervention Programs	Tools	Results	Report to
Traffic Injury Risk	Pre-school children aged 2 – 5 years	1. Road Safety Promotion and Prototype Project. 2. Wearing helmet for kids before riding. 3. Traffic injury prevention and reduction during major festivals.	- Record of wearing helmet to school.	- Found everyone followed the rules.	- CSIP - Wang Sai Phun SAO - Community
	All groups of community member	1. Traffic injury prevention and reduction during major festivals. 2. Safety check-point at each village. 3. Risk Survey.	- Risk Survey Record - Risk Survey of school bus - Injury and Mortality Record	- Number of injury and mortality rate declined consistently.	- CSIP - Wang Sai Phun SAO - Community
Product Risk	Pre-school children aged 2 – 5 years	1. Safe Public Playground.	- Injury record in the playground	- Found zero injury since 2011	- CSIP - Wang Sai Phun SAO - Community
	All groups of community member	1. Consumer Right Protection and Safe Food. 2. Training workshop to foodshop owner once a year. 3. Proactively educated to foodshop twice a year. 4. Randomly inspected by Health Department once a year. 5. Randomly food chemical test, beverage chemical test once a year. 6. Meeting with consumers once a year. 7. Training with Food and Drug Administration (FDA) once a year.	- Health check-up toolkit - Training - Chemical testing toolkit - Cosmetic testing toolkit - Repeated use cooking oil testing - Educational materials - Certificate of standard foodshop - Foodshop inspection form	- Found noone being injured from consumer products since 2011	- Wang Sai Phun District Health Office - Pichit Provincial Health Office - Evaluation team of Hospital
Toxic and pollution risk	All groups of community member	1. Inspection of chemical exposure in farmers. 2. Domestic and community waste segregation.	- Inspection of contaminated food 1. Borax 2. Preservative substance 3. Flour Bleaching	- Inspection of 35 food stalls, 35 food shops - - all were safe; unfound contaminated food.	- Food sellers - District and Provincial Officials

B.11 Are economic incentives in order to increase safety used?

If yes, how are they used?

In order to increase safety, economic incentives were used under the planned budget and covering in above mentioned 5 risk areas to enable the highest effective and efficient safety works. The planned budget came from SAO, public agents and private agencies.

Are the descriptions sufficient?

✕ yes

✕ no If no! What is missing:

B.12 Are there local regulations for improved safety? If so, describe them.

The local regulations for improved safety were:

1. No burning farmland
2. No firework, no hot-air balloon
3. Set up mutual social sanction for the rulebreakers such as
 - 3.1 community service
 - 3.2 warning
 - 3.3 notify to villagers

Are the descriptions sufficient?

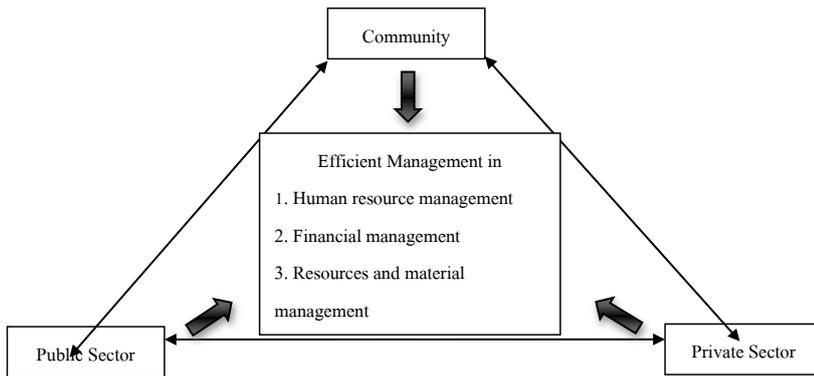
✕ yes

✕ no If no! What is missing:

<p>3.4 posting on village board</p> <p>4. Set up playground rules such as</p> <p>4.1 Only pre-school children aged 2-5 years available for playground</p> <p>4.2 Play in class hour under the supervision of teacher</p> <p>4.3 Play in free time under the supervision of on-duty teacher</p> <p>4.4 Play on holiday, persons in charge is parents and safe playground committee</p> <p>4.5 20 baht monthly for playground maintainance by parents</p> <p>4.6 Keep the playground in good condition and ready to use. Persons in charge is safe playground committee and village leaders.</p> <p>4.7 Teachers, safe playground committee, and child-care teachers take a look closely and give warning if using playground incorrectly.</p> <p>5. Set up rule for wearing helmet such as</p> <p>5.1 wearing helmet both children and parents when riding to child-care center.</p> <p>5.2if children no wearing helmet for 3 days continual, helmet must be returned to child-care center.</p> <p>5.3if parent no wearing helmet for 3 days continual, parent must be fined 10 baht each day.</p>	
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Section C Indicator 1

<p>1.1 Describe the cross-sector group responsible for managing, coordinating, and planning of the SP/IP program.</p>	<p>Are the descriptions sufficient?</p> <p>✘ yes</p> <p>✘ no If no! What is missing:</p>
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Responsibility of each group as followings:

1. Community
 - Regularly joined in meeting and safety intervention programs.
 - Sharing ideas / experiences.
 - Made agreement on public policy.
2. Private Sector
 - Regularly joined in meeting and safety intervention programs such as community service.
 - Improved safety in target group.
 - Supported safety works
 - Shared information with community.
 - Cooperated with community such as being coach in safety works, and academic support, etc.
3. Public Sector
 - Regularly joined in meeting and safety intervention programs such as community service.
 - Improved safety in target group.
 - Supported safety works
 - Shared information with community.
 - Cooperated with community such as being coach in safety works, and academic support, etc.

1.2 Describe how the local government and the health sector are collaborating in the SC/IP work.

Role of local government and health sector

Local government and health sector included local administrators, chief executive of Wang Sai Phun SAO, Pichit provincial health office, Wang Sai Phun hospital, district health office, Nong Yang health promotion hospital, Child Safety Promotion And Injury Prevention Research Center (CSIP), Faculty Of Medicine, Ramathibodi Hospital, village health volunteers, police, educators, Thai Health Promotion Foundation, Pichit Provincial Social Development and Human Security Office, etc. Their major roles were:

Are the descriptions sufficient?

✘ yes

✘ no If no! What is missing:

1. Determining policy in SC/IP works namely set up project plan, made risk analysis, educated in different topics such as first-aid for traffic injured persons, safe product selection, suicide prevention, adolescent pregnancy prevention.
2. Supporting and facilitating safe environment such as improve safe playground, occupational health and safety in agriculture, chemical testing in farmers, consumer right protection and safe food.
3. Setting emergency medical service, drills in helping victims from traffic injury and other disaster namely flood, storm, fire, etc.
4. Educating and raising people awareness on safe driving by setting various interventions such as traffic injury prevention in New Year festival and Songkarn festival, Safe Traffic Promotion and Prototype, Wearing helmet for kids before riding, etc.
5. Supporting family role and women role in family violence prevention and remedy. The program 'Powerful Village, Zero Violence' was also participated with Office of Women's Affairs and Family Development.
6. Cooperating with educational institutes in giving safety knowledge to children.
7. Supporting budget and resources in SC/IP works in institutes and community.
8. Monitoring, assessing the progress of work, reviewing the performance and summarizing the lessons learned from SC/IP works.

1.3 How are NGOs: Red Cross, retirement organizations, sports organizations, parent and school organizations involved in the SC/IP work?

The NGOs have involved in the SC/IP works in 5 risk areas of Wang Sai Phun by cross-sectorial participation based as followings:

1. Traffic Injury Risk: to implement traffic injury prevention interventions, Civil Defense Volunteers of each village cooperated with different agencies as followings:
 - Wang Sai Phun Police
 - Pichit Transport Office
 - Dhama Rasami Maneerat Foundation
 - Wang Sai Phun Health Service Network
2. Hazardous Product Risk: to implement thazardous product prevention interventions, Village Health Volunteers cooperated with different agencies as followings:
 - Wang Sai Phun Health Service Network
 - Faculty of Engineering, Kasetsart University

Are the descriptions sufficient?
 ✕ yes
 ✕ no If no! What is missing:

<p>3. Toxic and Pollution: to implement pollution prevention interventions, Children Volunteers cooperated with different agencies as followings:</p> <ul style="list-style-type: none"> - Occupational Health and Safety, Mahidol University - Nong Yang Health Promoting Hospital <p>4. Natural Disaster: to implement diaster prevention interventions, Dhama Rasami Maneerat Foundation cooperated with different agencies as followings:</p> <ul style="list-style-type: none"> - Wang Sai Phun Red-Cross - Wang Sai Phun Health Service Network <p>5. Family and Society Violence: to implement violence prevention interventions, Village Violence Prevention Center cooperated with different agencies as followings:</p> <ul style="list-style-type: none"> - Pichit Provincial Social Development and Human Security Office - Pichit Provincial Health Office - Wang Sai Phun Health Service Network 	
<p>1.4 Are there any systems for ordinary citizens to inform about risk environments and risk situations they have found in the community?</p> <p>There have been various systems for community members to inform about risk environments and risk situations they have found as followings:</p> <p>1. Regarding any risk environment, notifying to 'Disaster Preparedness and Prevention Center of Wang Sai Phun SAO' through 5 channels namely walk in, safety network, telephone, Facebook, and Line.</p> <p>2. Regarding the emergency medical service, notifying to Dhama Rasami Maneerat Foundation as followings:</p> <ol style="list-style-type: none"> 1.) hot-line 1669 (with no charge) 2.) information transferred from hot-line to Pichit hospital 3.) hospital staff collected data about: <ol style="list-style-type: none"> 3.1 location of incident 3.2 numbers of injured persons 3.3 injured condition, concious or not 3.4 any wound 3.5 any first-aid 3.6 contact telephone number nad person 4.) Call Wang Sai Phun hospital 056-695199 (with charge) <p>3. Regarding domestic violence, notifying to 'Violence Prevention Center' through 5 channels namely walk in, safety network, telephone, Facebook, and Line.</p>	<p>Are the descriptions sufficient?</p> <p>✕ yes</p> <p>✕ no If no! What is missing:</p>

<p>1.5 Describe how the work is organized in a sustainable manner.</p> <p>SC/IP works have been organized in a sustainable manner by making people realize the community ownership and responsibility. Therefore, in the SC/IP works community members could</p> <ol style="list-style-type: none"> 1.) access to the injury and mortality data and information. 2.) help prioritize the risk problems. 3.) participate in risk analysis. <p>participate in problem solving with different agencies namely health office, Wang Sai Phun SAO, highway department, school, etc.</p>	<p>Are the descriptions sufficient?</p> <p>✕ yes</p> <p>✕ no If no! What is missing:</p>
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Section D Indicator 2

<p>2.1 Describe the sustainable work in regard to SC/IP in following areas and how the different sectors including specific NGOs are involved in the work.</p> <ol style="list-style-type: none"> 1. Safe traffic 2. Safe homes and leisure times 3. Safe children 4. Safe elderly 5. Safe work 6. Violence prevention 7. Suicide prevention 8. Disaster preparedness and response 9. Safe public places 10. Safe hospitals 11. Safe sports 12. Safe water 13. Safe schools <p>Wang Sai Phun Safe Community and its SAO have involved in the SC/IP works as followings:</p> <ol style="list-style-type: none"> 1.) Safe road namely road safety promotion, traffic injury prevention and reduction during major festival such as New Year, Songkarn, safety check-points on roads, etc 2.) Safe children namely safe child-care development center, wearing helmet for kids before riding, safe playground, etc. 3.) Safe elderly namely innovative-fall prevention handrail in bathroom, elderly home visit, etc. 4.) Safe work namely young volunteers for occupational health and safety in agriculture, education on occupational health and safety, etc. 5.) Violence prevention namely family violence prevention, 	<p>Are the descriptions sufficient?</p> <p>✕ yes</p> <p>✕ no If no! What is missing:</p>
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Powerful village; Zero Violence, Empower feminism and Stop family violence, etc.

- 6.) Disaster preparedness and response namely set up disaster preparedness and response plan, helping disaster victims from flood and storm.
- 5.) Safe public places namely set up close circuit television (CCTV) and light poles in public areas, etc.
- 6.) Safe sports namely set up more light poles in stadiums, etc.
- 7.) Safe water namely drowning prevention programs, etc.
- 8.) Safe homes namely risk survey in home, etc.

Baan Tung Mong school and Noen Hua Lo Nongyang Pittayakom school have implemented safe school program namely school safety round, injury record, safety curriculum, safety prevention intervention program, etc.

Dhama Rassami Maneerat Foundation have implemented safe community works as followings:

- 1.) safe traffic namely helping traffic injured persons, etc.
- 2.) disaster preparedness and response namely helping disaster victims from flood, fire, and other disaster, etc.
- 3.) safe water namely ways to help drowning person, etc.

Health Service Networks of Wang Sai Phun have implemented safe workplace program, suicide prevention, and ways to help disaster victims, etc.

2.2 Describe the work with genders, all ages and all environments and situations. Describe all activities like falls prevention and how the work is done.

1.) Violence prevention: It found woman is vulnerable to the family and society violence. Wang Sai Phun have empowered woman's right and ban family violence. This was done by surveying violence situation, making discussion to report different status of man and woman in a family that led to violence problem, making analysis and setting women's right empowerment and equity plan. All information and knowledge were shared to village leaders and educated in form of 'walk rally' workshop so that the village can have effective violence prevention surveillance.

2.) Safe children at age 2-5 years: Naturally, children aged 2-5 years like to climb and tend to be injured. Safe community working team and Wang Sai Phun SAO, child-care givers, village leaders, and parents carried out meetings to brainstorm ways to have safe playground. Improved safe playground could be seen

Are the descriptions sufficient?

✕ yes

✕ no If no! What is missing:

from playground modification, playground equipment made from abundant domestic or natural materials, assigning in charge persons for playground maintenance, improving sand playground surfaces, educating children to play correctly, assigning on-duty teachers or child-care givers to take close care when children in the playground, always having playground in good condition, having regular playground and playground equipment inspection, etc.

3.) Safe environment: Risk environment is a major cause towards injury incidents. Wang Sai Phun in collaboration with its members made risk survey, risk analysis, assessed and prioritized the risk problems. Then, making environment modification action plan. The intervention helped to increase the sense of ownership in a community, the membership in living and responsible together, and increase personal capability in risk analysis and problem solving for safer community.

Section E Indicator 3

3.1 Identify all high risk groups and describe what is being

done to increase their safety. Groups at risk are often:

- 1. Indigenous people**
- 2. Low-income groups**
- 3. Minority groups within the community, including workplaces**
- 4. Those at risk for intentional injuries, including victims of crime and self-harm**
- 5. Abused women, men and children**
- 6. People with mental illness, developmental delays or other disabilities**
- 7. People participating in unsafe sports and recreation settings**
- 8. Homeless**
- 9. People at risk for injuries from natural disasters**
- 10. People living or working near high- risk environments (for example, a particular road or intersection, a water hazard etc.**
- 11. People at risk due to religion, ethnicity or sexual preferences**

Wang Sai Phun could target the risk group and made unsafety prevention for each vulnerable group as followings:

Low-income groups: Major group of people in Wang Sai Phun are agriculturers and farmers. They are vulnerable to the chemical used in agriculturing. Unsafety prevention programs were inspection of chemical exposure in farmers, young volunteers for occupational health and safety in agriculture, create livable community in term of reduction the chemical use, etc.

Are the descriptions sufficient?

✗ yes

✗ no If no! What is missing:

Type of Risk	Target Group	Intervention Programs	Results
Toxic and pollution risk	All groups of community member	1. Inspection of chemical exposure in farmers. 2. Domestic and community waste segregation. 3. Create livable community. 4. Consumer Right Protection and Safe Food.	- Inspection of contaminated food 1. Borax 2. Preservative substance 3. Flour Bleaching Agent 4. Formaline 5. Insecticide
		5. Safe agricultural products; Testing for toxin in blood.	- Testing for toxin in blood for chemical users and consumers.
		Results of Blood Testing	
		Consumers	Chemical Users
		58 persons taken testing - normal – cases - safe 1/10 cases - unsafe 47/39 cases - risk 9/7 cases	95 persons taken testing - normal – cases - safe 2/35 cases - unsafe 71/37 cases - risk 22/21 cases
			Remark: 2 times testing during 3 month period.

1. Abused women and children: They are vulnerable to family violence. Family violence prevention programs were Powerful village; Zero Violence, Empower feminism and Stop family violence, etc

2. Teenagers: Giving information to the risk teenagers, informing adolescent pregnancy situation, indicating the risk and negatives if being pregnant before 20. To reduce adolescent pregnancy rate among teenagers below 20,

- Wang Sai Phun implemented the followings:

1.) Educated village health volunteers about adolescent pregnancy. Village leaders educated its members about birth control and have 'get free condom' service.

2.) Carried on sexuality education to core leaders in order to replicate to others.

3.) Carried on sexuality education for parents so that they can community suitably with their children.

4.) Set teenager core leaders in community to communicate with friends and share the information.

5.) Set consultation service through different channels namely telephone, line, facebook.

- Schools implemented the followings:

1.) Educated the adolescent pregnancy prevention to teachers and students.

- 2.) Safe Sex Education and Birth Control in teenagers.
- 3.) Set student core leaders to be accessible to risk group in order to share information and able to get free condom service.

- Wang Sai Phun Health Service Networks implemented the followings:

- 1.) Set Teenager Clinic connecting to the hospital
- 2.) Accessible to teenager clinic in extra time
- 3.) Educated birth control to public health officers
- 4.) Birth control service to teenagers and teenaged mother aged below 20
- 5.) Accessible to get free condom service and emergency birth control pil

Results:

Data	2014		2015		2016		Indicator
	No.	%	No.	%	No.	%	
Women aged – 19 in Wang Phun	303	-	297	-	280	-	-
Women aged – 19 in Wang Phun, First pregnancy & delivery	12	39.60	10	33.67	6	21.43	- Rate of alive pregnant woman aged 15-19 and successful delivery / 1,000 pregnant woman aged 15-19 must not exceed 42 women.
Women aged – 19 in Wang Phun, Not pregnancy & delivery	2	16.67	2	20	2	33.33	- Repeated pregnancy of teenaged mother must not exceed 10%.
Women aged – 19 in Wang Phun, Have birth control	9	75	10	100	6	100	- Rate of birth control for teenaged mother aged 15-19 after must not below 80%.

3.2 Give examples of high risk environments

1. Describe how risk environments in the community are identified

Found risk environments in Wang Sai Phun were traffic route, assembly points, shallow water resources, playground, barbed wire fort/fence, canals, domestic waste, bad smell from animal manure, insufficient light in public areas, bad mingle areas, game shops, polluted environment and risky environment.

2. Describe prioritized groups and/or environments

Safe Community team and Wang Sai Phun SAO made a risk

Are the descriptions sufficient?

✘ yes

✘ no If no! What is missing:

survey in community and then, mutually made risk analysis and prioritized the problems with its members in order to carry on environment modification to prevent unsafety and injury.

3. Are there specific programs for their safety in the community

Wang Sai Phun regularly conduct community safety round to survey all the risk environment. The actions were as followings:

- 2.1 Made mutual understanding about safe community with community leaders and brainstormed the risk environment found in community - - 3 persons from 1 village.
- 2.2 Made walking survey route to collect all risk areas by photo, detailed record, and doing map in within 1 month.
- 2.3 Made analysis together aout the problem situation and improvement guidelines.
- 2.4 Prioritized the risk environment.
- 2.5 Made a report.

4. Describe the timetable of the work

Intervention	Timeline		
	January	February	March
1. Made mutual understanding about safe community with community leaders and brainstormed the risk environment found in community - - 3 persons from 1 village.	↔		
2. Made walking survey route to collect all risk areas by photo, detailed record, and doing map in within 1 month.	←→		
3. Made analysis together aout the problem situation and improvement guidelines.		↔	
4. Prioritized the risk environment.		↔	
5. Made a report.			←→

5. Are these groups involved in the prevention aspect of these programs?

5.1 Low-income groups: Major group of people in Wang Sai Phun are agriculturers and farmers. They are vulnerable to the chemical used in agriculturing. They are fully involved in the unsafety prevention programs were inspection of chemical exposure in farmers, young volunteers for occupational health and safety in agriculture, create livable community in term of reduction the chemical use, etc.

5.2 Abused women and children: They are vulnerable to the environment risk namely bad mingle areas, game shops, risky

places, broken family. All lead to violence, family violence, adolescent pregnancy, drug problem. The violence prevention programs were Powerful village; Zero Violence, Empower feminism and Stop family violence, Drug prevention, Adolescent pregnancy prevention, etc

Section F Indicator 4

4.1 Describe the evidence-based strategies/programs that have been implemented for different age- groups and environments.

- 1) Children group: Sample programs were 'Wearing helmet for kids before riding' and safe playground. Evidence data were from survey and record. Results showed from 2011 there was no program rule breakers and no injured persons from playground.
- 2) All age groups: Sample program was Testing for toxin in blood for chemical users and consumers (as shown in below table). Evidence data were from screening. Results shown in the table.

Testing Results for toxin in blood for chemical users and consumers

Testing for toxin in blood for chemical users and consumers.	
Results of Blood Testing	
Consumers	Chemical Users
58 persons taken testing	95 persons taken testing
- normal – cases	- normal – cases
- safe 1/10 cases	- safe 2/35 cases
- unsafe 47/39 cases	- unsafe 71/37 cases
- risk 9/7 cases	- risk 22/21 cases

Remark: 2 times testing during 3 month period.

Are the descriptions sufficient?

✘ yes

✘ no If no! What is missing:

- 3) Environment: Sample programs were extending the pavement. Evidence data were from road survey and inspection. The evidence data helped to request for the budget of risk modification successful and could accomplish the risk modification as planned.

<p>4.2 Has any contacts been established with ASCSCs , WHO CCCSP, other scientific institutions, or knowledgeable organizations about the development and/or implementation of evidence-based strategies? Which ones? What has been the extent of their counsel? Notice! WHO links to evidence- based interventions are found at the end of form B!</p> <p>The contacts with knowledgeable organizatons in safe community works in terms f academic and financial area were as follows: safe playground team from faculty of Engineering, Kasetsart University, young volunteers for occupational health and safety in agriculture from department of occupational health and safety, Mahidol University, Child Safety Promotion and Injury Prevention Research Center (CSIP), Pichit Provincial Social Development and Human Security Office, Wang Sai Phun Healthe Service Networks, Traffic Police, etc.</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no If no! What is missing:</p>
Section G Indicator 5	
<p>5.1 What local data is used to determine the injury prevention strategies? For example, registering injuries can be done at hospitals, health centers, dentists, schools, care of the elderly organizations and the local police. Household surveys can also be used for collection of data about injuries and risk environments and risk situations. Which methods are used in the community?</p> <p>Local data that have been used to determine the injury prevention strategies were the followings:</p> <ol style="list-style-type: none"> 1.) Basic necessary data 2.) Family and Community Health data 3.) Violence Risk Assessment 4.) Village primary data 5.) Community risk survey data 6.) Injury record of child-care center 7.) Injury record of schools 8.) Record of traffic law breakers 9.) Statistics of traffic accident 	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no If no! What is missing:</p>

<p>10.) Statistics of traffic accidents based on road and incident location</p> <p>11.) Statistics of traffic accidents based on risk behavior of injured person</p> <p>12.) Statistics of traffic accidents based on incident location condition</p> <p>13.) Statistics of traffic accidents based on village</p> <p>14.) Statistics of traffic accidents based on vehicle</p> <p>15.) Statistics of traffic accidents based on risk behavior and age of injured person</p> <p>16.) Mortality record</p> <p>17.) Assessment of community and family empowerment.</p> <p>Apart from those local data, for each household, other data and survey related risk environment and condition included:</p> <ul style="list-style-type: none"> - wound condition, bruise, tear wound, fracture, burning, contusion, etc. - risk condition namely carelessness in using appliances, driving without safety belt, riding with no helmet, drink and drive, etc. - risk environment such as stray dogs, playground, etc. 	
<p>5.2 Describe how data are presented in order to promote safety and prevent injuries in the community.</p> <p>Based on data from safety round, risk survey, risk analysis, injury record compared to indicators and standard criteria of multidisciplinary agents, this would be transferred to community in monthly meeting for making possible action plan and modification plan. If the plan is beyond community capability, it would be transferred to Wang Sai Phun SAO or higher authorization agent for implementation.</p>	<p>Are the descriptions sufficient?</p> <p>☒ yes</p> <p>☒ no If no! What is missing:</p>
<p>5.3 Describe how the community documents and uses knowledge about causes of injuries, groups at risk and risky environments. How does the community document progress over time?</p> <p>The community evidence came from safety round, risk survey, risk analysis, injury record, This was shared among Wang Sai Phun SAO, village health volunteers, civil defense volunteers, children, village committee and leaders, police, and SC coordinators. Evidence helped community to find out causes of injury, risk group, risk environment and risk injury prevention plan. All information would be transferred to community in monthly meeting for making possible action plan and modification plan. If the plan is beyond community capability, it would be transferred to Wang Sai Phun SAO or higher authorization agent for implementation.</p>	<p>Are the descriptions sufficient?</p> <p>☒ yes</p> <p>☒ no If no! What is missing:</p>

6.1 How does your community analyze results from the injury data to track trends and results from the programs? What is working well and has given you good results. What are the plans to continue? What needs to be changed?

The SC that has worked well and given good results was safe children program at child-care development center. The community could analyse the injury record well and found fall injury was at the highest rate as a result of playground equipment not in good condition. In 2011, Wang Sai Phun proposed safe children program and requested budget and experts in safe children for the program to educate parents. It found 100% child injury rate decreased since then. Further from this program, the community would replicate the process from child-care center to neighboring by taking child injury record happened in child home or neighboring to analyse the injury causes, risk environment, problem solving and assesment after risk modification.

Are the descriptions sufficient?
 x yes
 x no If no! What is missing:

6.2 Describe how the results from the program evaluations are Used.

Wang Sai Phun used the program evaluations and safety intervention assessment as followings:

1. Safe children at age 2-5 years: Naturally, children aged 2-5 years like to climb and tend to be injured. Safe community working team and Wang Sai Phun SAO, child-care givers, village leaders, and parents carried out meetings to brainstorm ways to have safe playground. Improved safe playground under the mutual rules are as followings:
 - 1.1 Playground maintenance: 20 baht monthly for playground maintenance by parents.
 - 1.2 In-charge persons in taking care children as follows:
 - Only pre-school children aged 2-5 years available for playground
 - Children must know how to play correctly
 - Play in class hour under the supervision of teacher
 - Play in free time under the supervision of on-duty teacher
 - Play on holiday, persons in charge is parents and safe playground committee

Are the descriptions sufficient?
 x yes
 x no If no! What is missing:

- Playground quality inspection every week
- 2. 'Wearing helmet for kids before riding' program, also set up mutual rule such as wearing helmet both children and parents when riding to child-care center. If children no wearing helmet for 3 days continual, helmet must be returned to child-care center. In contrary, if wearing every time, reward for motivation in practicing safe behavior would be given.

6.3 Describe the changes in pattern of injuries, attitudes, behavior and knowledge of the risks for injuries as a result of the programs.

1 Knowledge, Perception, Awareness in Safety: The Core Group for Wang Sai Phun Safe Community have worked closely with the villages' core leaders to shape the risk behavior of community members into the lower level so that it can lead to safer environment and change members' perception that injury is not related to individual fortunate or supernatural inspiration. Injury comes from carelessness. Community needs to bring its members attention toward the cause of injury and let them know that this can be prevented. Safety can be created, starting from the sharing ideas with others, changing perception in doing safety together, and enjoying the fruitfulness. Sample safety interventions namely community traffic safety and wearing helmet. However, some people lack responsive participation and have perception that safety works belong to public agent only. Community highly needs to change strategy into participative safety interventions.

2. Prominant changed behavior: most of children in Wang Sai Phun wear helmet when riding and parents all need helmets for thier kids. Wang Sai Phun SAO have given free helmets as a pilot project for safe children.

3. Changed Environment: from safety round in Wang Sai Phun, it found danger pavement, danger intersection, danger curve, unclear traffic signage, high speed driving. Environment modification namely extending the pavement, signage at intersection and curve, trimming trees not to obstruct the signage, road surface repairment, etc.

4. Rules, surveillance, data record: Data record was done by surveying. Sample intervention namely safe traffic during

Are the descriptions sufficient?
 x yes
 x no If no! What is missing:

major festivals. Community collected driving data and wearing helmet at each traffic check-point. This helped to know about number of persons wearing helmet, riding behavior, and risk traffic areas which found 28 risk areas for modification.

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Section I Indicator 7

7.1 Describe how the community has joined in and collaborates in national and international safe community networks.

Tambon Wang Sai Phun was originated to be the national safe community network on 5 September 2003. After that, Wang Sai Phun SAO further implemented the SC works consistently until being designated to be the no. 228 International safe community membership network from WHO.

The participation in safe community network in national level; Wang Sai Phun have shared its success and experiences regularly in safe community conference.

In the International network, Wang Sai Phun have also shared its successful experiences in the international conferences such as in the 'The 4th Asian Regional Conference on Safe Communities - - Incorporating global thinking: cultivating local strategy' during 21-24 November 2007; 'The 7th Asian Conference on Safe Communities in Busan,Korea 2014' and Traveling Seminar during 11 -19 May 2014; 'The 22nd International Conference on safe Community Thailand' during 22-25 November 2015 at Dhawaraj Hotel, Nan province

Are the descriptions sufficient?
 ✕ yes
 ✕ no If no! What is missing:

7.2 Will the designation ceremony coincide with any international conference, seminar or other forms of international or national exchange?

The designation ceremony will coincide with the international conference for the purpose of sharing ideas and experience on safe community based which can be share all information and replicate the safe community works to the nation, regional and worldwide level.

Are the descriptions sufficient?
 ✕ yes
 ✕ no If no! What is missing:

7.3 Which already designated Safe Communities will be invited for the designation ceremony?

Wang Sai Phun was invited for the designation ceremony of

Are the descriptions sufficient?
 ✕ yes
 ✕ no If no! What is missing:

<ol style="list-style-type: none"> 1. Talad Kriab Community, Ayudhaya province and Wang Sai Phun, Pichit province during 22 -23 February, 2011 in Bangkok, Thailand. 2. Thesaban Muang Nan, Nan province during 24-25 June, 2016 in Nan province. 	
<p>7.4 Which international conferences and national Safe Community conferences has the municipality participated in?</p> <p>Wang Sai Phun have joined in both national and international safe community conferences as followings:</p> <ol style="list-style-type: none"> 1. 'The 4th Asian Regional Conference on Safe Communities - - Incorporating global thinking: cultivating local strategy' during 21–24 November 2007, Bangkok, Thailand. 2. 'The 2nd National Conference on Safe Community: The Sustainable Pace of Safe Community' during 22-23 February 2011 at Chulabhorn Research Institute, Bangkok, Thailand 3. 'The World Conference Health Promotion 21 IUHPE 2013: Best Investment for Health' during 25 - 29 August 2013 at Pattaya, Chonburi Province. Poster Prestration on "Road Safety Activities in Wang Sai Phun Safe Community" 4. 'The 7th Asian Conference on Safe Communities in Busan, Korea 2014' and Traveling Seminar during 11 - 19 May 2014 5. 'The 22ndInternational Conference on safe Community Thailand' during 22-25 November 2015 at Dhawaraj Hotel, Nan province 	<p>Are the descriptions sufficient?</p> <p>✘ yes</p> <p>✘ no If no! What is missing:</p>
<p>7.5 In which Regional Network for Safe Communities is the community a member or planning to seek membership? (Asian, European, Pan-Pacific, African or Latin-American Regional Network for Safe Communities)</p> <p>Tambon Wang Sai Phun plan to apply for the member of the International Safe Community Network. Its work on Safe Community covering in 5 risk areas and indicators were submitted to Child Safety Promotion and Injury Prevention Research Center (CSIP), Ramathibodi Hospital dated 20 December 2016 so that Wang Sai Phun can have a site visit from Subcommittee of Community Empowerment for Injury and Disaster Prevention in February, 2017 and for designation of membership.</p>	<p>Are the descriptions sufficient?</p> <p>✘ yes</p> <p>✘ no If no! What is missing:</p>

<p>After the designation of safe community membership network, the priority SC works are to coordinate with public and private agencies both domestic and abroad to educate and raise awareness about safety and to replicate the safe community works to other communities.</p>	
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