



CHILDSAFE ANNUAL REPORT

01 April 2020 - 31 March 2021

Table of Contents

Chairperson's Message	01
Executive Director's Message	02
Our Vision & Mission	03
Home Safety Programme	04
Inpatients' Safety Education	05
Burn Prevention	06
Safe Travel To School	07
The Impact of COVID-19	09
Walk This Way	10
Child Road Safety	11
Research & Publications	12
Financial Report	13
Board Members	15

CHAIRPERSON'S MESSAGE

Helen White

Chairperson : ChildSafe South Africa

While it seems that nothing is the same in our world, some things remain unchanged. As adults are reeling to cope with our new reality, children have lost very little of their curiosity, desire for adventure and the need to push their boundaries. In fact, as parents worked from home and schools were forced to close their doors, children were faced with more freedom and unsupervised care and, of course, a greater risk of falling prey to accident and injury.

As the world turns its attention to vaccines and social distancing, we at ChildSafe feel an increased responsibility to collaborate with our partners and supporters to keep kids free from harm in this dynamic and unpredictable space.

For ChildSafe, the past year have been especially difficult as we mourned the loss of two of our committed Board Members, Mark Jansen and Professor Tania Douglas. The impact of their contributions will live on in our work as we strive to see our paediatric trauma units empty.

We also reluctantly accepted the resignation from our long serving President and Chairman, Professor Sebastian van As who has taken on a senior role in health for Limpopo province. Fortunately for ChildSafe, Professor van As will continue to serve on the Board and the organisation will continue to benefit from his leadership, experience and passion.

We welcome the addition of five new ChildSafe Board Members during 2020 and 2021; Natasha Wagiet, Andrew Brown, Dr Heloise Anne Buys, Associate Professor Sithombo Maqungo, and Dr Dirk von Delft. We appreciate the professional expertise that they bring to ChildSafe. Their expertise will enhance our ability to reduce and prevent intentional and unintentional childhood injuries through action and empowerment.

While no one can predict what the next year has in store for us, we do know that we must be intentional about creating a world where our children can learn, play, explore and grow without fear of harm. The staff, Board and volunteers at ChildSafe are sincerely grateful for the one constant we have experienced - the unwavering commitment from our partners and supporters.



EXECUTIVE DIRECTOR'S MESSAGE

Yolande Baker

Executive Director

It is my pleasure to present the work of ChildSafe during this last year. It has been an interesting year of new challenges for ChildSafe as we faced the challenges and outcomes of the COVID-19 pandemic. Like many others, we had to quickly adapt our services and programmes so that we could continue to provide our injury prevention messages to families, schools, Early Childhood Development Centres, carers, community child health workers and health care professionals across the country. During this crisis, the prevention of injury to South African children remained as important as ever. Our ability to provide proactive simple prevention strategies, while not adding to the anxiety associated with the pandemic, was crucial.

In this annual report, we have highlighted the many ways in which we work to reduce childhood injury in our communities. As an organisation, we use Research, Education and Advocacy to further our mission.

Each year, we release relevant research reports to inform our campaigns and evaluate our impact. We use this evidence to educate the families in our South African communities on simple ways to keep their children safe. This includes works for antenatal groups, prevention of injury in Early Childhood Development settings, school programmes (transport and home safety), health professional training and community expos. In addition, ChildSafe advocates for important legislative and policy changes that will improve the lives of young children. This year we have been heavily involved in creating coordination structures nationally to raise awareness in government, non-governmental organisations and community-based organisations on including injury prevention across their child programmes.

In the last year, ChildSafe has invested in our abilities to provide our key messages through our digital platforms. With improvements in the available technologies and the new requirements due to COVID-19, we converted many of our workshops and training to video conferencing and webinars. Our face-to-face services also required changes, smaller groups and different ways of engaging participants.

I would like to thank our Chairperson, Ms Helen White and the Board of ChildSafe for their ongoing commitment to our organisation. As we continue to provide injury prevention services during a global pandemic, the support and guidance of our board and subcommittees are as invaluable as ever. I would like to extend my appreciation to our partners, sponsors and supporters who make it possible for ChildSafe to provide injury prevention services and campaigns to all parts of South Africa.

Most importantly, I would like to extend my thanks to the team at ChildSafe. The COVID-19 pandemic raised several challenges for our staff over the past year. As a team, they quickly adapted to working within the new restrictions and continued to provide quality services to the children and families of South Africa.



OUR VISION



Promote understanding

of the nature, extent and cost of childhood injuries.



Raise awareness

about child safety and injury prevention.



Be a scientific body of knowledge

regarding childhood injuries and preventative methods.



Advocate for standards

and legislation regarding children's products and safer environments.



Prevent occurrence

reduce frequency and minimise the severity of childhood injuries.



Foster involvement

as a basis for childhood accident and injury prevention services.



Be a resource centre

to provide meaningful information and resources regarding childhood injuries and their prevention.



Increase participation

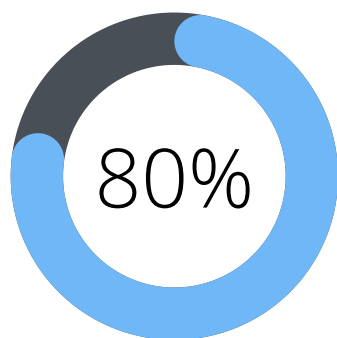
from all sectors of the community (government and private organisations) to develop and implement injury prevention measures.

OUR MISSION

ChildSafe believes that every child has a right to grow and flourish in a safe environment without the threat of injury. We work with government, industry, non-governmental and community-based organisations, community groups and individuals.



HOME SAFETY PROGRAMME



Approximately **80%** of child injuries that present at the Red Cross War Memorial Children's Hospital are sustained in and around the child's home. Children under the age of 6 years are most at risk of preventable injuries such as burns, falls, poisoning, suffocation, drowning, choking and electrocution. Therefore, the *Home Safety Programme works to create safe environments for young children under 6 years in and around the home*. The Home Safety team works with caregivers, parents, child health and community workers, as well as early childhood development practitioners. The main aim is to build knowledge and capacity to prevent future injuries.

Due to COVID-19 regulations, children were seen spending most of their time at home and this presented certain risks. For example, there was a slight increase in child poisoning with young children drinking hand sanitizers and disinfectants. On the other hand, children were also exposed to hazards such as hot cooking stoves and boiling water in kettles thereby, risking burn injuries.

ChildSafe was able to develop a back-to-back A5 pictorial one-pager which informed parents and caregivers on how to keep their children safe at home during the lockdown. This was well received and was widely disseminated in the different wards at Red Cross War Memorial Children's Hospital, other partners, and stakeholders as well as on our social media platforms. An additional 6 resources in the form of infographics were also developed and distributed widely online. These were on burns, poisoning, falls, drowning and transport.

To adhere to the lockdown restrictions, the Home Safety team shifted all the training programs from physical contact to online. Parents of injured children from the Trauma Unit and other wards from the hospital continued to be counselled by the Home Safety team.

Worked with Health Promoters to raise community awareness about prevention of child injuries	43
Number of people who participated in webinars or online trainings on injury prevention	645
Community members reached with child injury prevention information	15 670
Baby carriers distributed to new mothers at baby clinics	12 186
Child injury prevention materials such as posters and pamphlets distributed	8 547
Strategic partnerships established to strengthen programming and expand reach for child injury prevention work	29



INPATIENTS' SAFETY EDUCATION

HOME SAFETY PROGRAMME

Annually, an average of 8 000 children are admitted to the Trauma Unit at the Red Cross War Memorial Children's Hospital due to an injury. This is a matter of concern as most of these injuries can be prevented. Even minor injuries can be traumatic for caregivers and their families causing immeasurable and avoidable misery and pain.

ChildSafe works closely with different wards at the Red Cross War Memorial Children's Hospital to ensure that caregivers of children who were admitted for injuries are provided with education and counselling before the child is discharged. The aim is to prevent recurrence of injuries for the same child and provide caregivers with knowledge on prevention of injuries within their own home. The Social Work department and the other wards of the Red Cross War Memorial Children's Hospital refer parents to ChildSafe, whenever they observe that a parent would benefit from Safety Education. This one-on-one session involves a counselling session with a social worker and a demonstration in the Centre's Safety Room. Caregivers are counselled on how to care for the child at home both physically and psychologically.

During this reporting period, 350 cases/caregivers were provided with counselling and support to prepare for the discharge of the child into home care.



BURNS PREVENTION

HOME SAFETY PROGRAMME

Every year, the Red Cross War Memorial Children's Hospital treats approximately 1000 children for burn injuries. Within the Home Safety Programme is the **Burn Prevention Project** that consists of two innovative concepts to prevent burns in the home: the Safer Candle, and the Kettle Strap.

The **Safer Candle Project** promotes safer use of candles in a glass jar, with dry sand to provide the jar and the candle stability as well extinguishing any flames should the jar topple over. Extensive hot water burns are the most common burn injuries seen at the hospital, with the majority being caused by kettle scalds due to "pulling the dangling kettle cord". **The Kettle Strap** is a device to hold the electric kettle in place even if the cord is pulled, thus preventing it from falling over and potentially burning a child with boiling hot water.

Since COVID-19 lockdown started March 2020, hot water burns injuries increased with more children and parents at home in small and crowded houses. This led to ChildSafe producing a Burns Prevention Infographic, which was easily made available to stakeholders, partners, hospitals, and on our website. The increase in burn injuries led to several radio interview requests during this lockdown period. Parents and caregivers who were referred to the Centre for Safety Counselling from the Trauma Unit continued to receive demonstrations of Safer Candle use.

Over 12 697 Safer Candle Jars prepared, and 8 187 extra educational Safer Candle leaflets have been distributed to families since the inception of the Safer Candle in 2006.

Burn Injury	This Year
Flame	42
Fluid	734
Heat Contact	42
Electrical	34
Chemical	16
Explosion	2
Other	3



Children treated at hospital for burn injuries	873
Children treated for hot water burns due to pulling kettle cords	107
Safer Candles and Kettle Straps, with burns prevention information distributed	341

SAFE TRAVEL TO SCHOOL



The [Safe Travel To School Programme](#) aims to make scholars' daily journeys safer, by encouraging scholar drivers to install a telematic tracking device which helps them monitor four key driving behaviours namely: braking, cornering, accelerating, and speeding. The [tracking device records and monitors](#) the driving performance of each driver for each trip and each driver is sent his or her driving results on a quarterly basis.

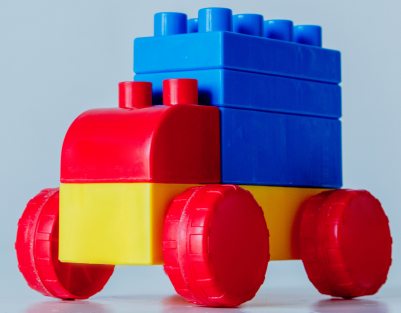
Safe Travel To School ensures that each driver participates in the following key interventions including:

- Conducting a multi-point vehicle check before the installation of a tracking device
- Monitoring driver behaviour using telemetric data transmitted by the vehicle tracking device
- Providing regular feedback and awarding incentives to improve driving behaviour
- Testing drivers' eyesight and providing glasses where necessary
- Training the drivers in First Aid, defensive driving, and child safety training
- Monitoring health indicators and referring drivers to local health providers for necessary treatment

A driver, must be fully compliant with licencing regulations, have completed First Aid and defensive driving training and must have attained full scores in the four key measures of his/her driving behaviour, to be eligible to be selected as the safest driver every quarter and to win cash prizes. The overall annual winner in 2020, Anne Arendse, has been in the programme since 2017, and has frequently been one of the top performing drivers.

Number of drivers currently on the programme by end December 2020	996
Number of drivers recruited in 2020	96
Number of drivers transporting children with special needs	209
Children transported daily to and from school	20 000
Number of drivers who have received First Aid training	57
Number of drivers who have received defensive training	58
Number of eye tests conducted	284
Number of Personal Protective Equipment packs distributed	522

SAFE TRAVEL TO SCHOOL



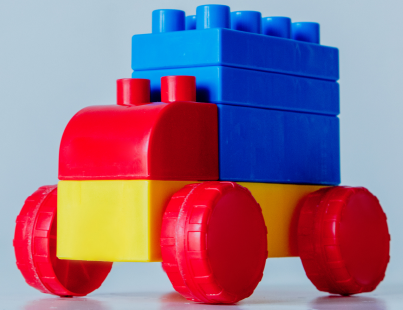
The [Safe Travel To School Programme](#) was launched during 2013 when the first 63 drivers were recruited. The diagram below depicts the number of devices installed and the number of active drivers participating in the programme in the period 2013 – 2020. However, the number of [participating drivers which totals 996](#) and tends to fluctuate as it takes into account attrition as drivers exit the programme for various reasons. By the end of 2020, the cumulative cohort stood at 996 drivers who transport just under 20 000 learners to and from school daily—with not a single recorded injury or death since the project began in 2013.

	2013-2015	2016	2017	2018	2019	2020
Devices	78	307	214	249	277	103
Drivers	63	246	177	199	275	96



THE IMPACT OF COVID-19

SAFE TRAVEL TO SCHOOL



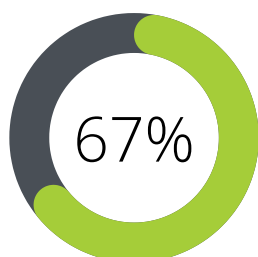
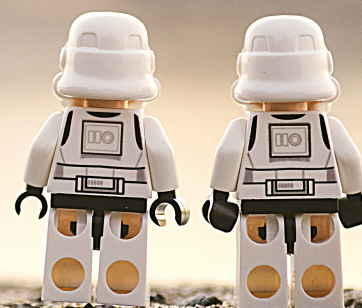
The number of participating drivers would have grown to 1056 was it not for the loss of drivers who left the scholar transport industry because of economic hardship of the COVID-19 lockdown and the continued uncertainty around the opening of schools.

True to its commitment to do more with its allocated resources, Safe Travel To School revised its 2020/21 plan while ensuring it would deliver on its long-term commitments to strengthen the effort to reduce child fatalities and injuries in the Western Cape by developing cohorts of road safety aware, confident, and reliable scholar drivers.

Safe Travel To School COVID-19 strategy included taking the following measures:

- **Working remotely** - limiting the possibility of compromising the health of all its team members
- **Reviewing and reorganising all its delivery systems** – setting up appointments of between 5 to 10 drivers at a time (for installation and maintenance of tracking devices, First Aid and defensive driving training and information sessions) with strict social distancing measures
- **Compliance of major partners** - ensuring that their partners such as St Johns who do eye tests for drivers adhered to COVID-19 regulations.
- **Finding suitable disinfected venues** – the project could not use the hospital premises for most activities, therefore alternate venues were found which ensured that team members and drivers alike would have reduced exposure to each other to limit the spread of the virus.
- **Distribution of Personal Protective Equipment packs** - To ensure that children and drivers limit the spread of COVID-19 during transportation each day, Safe Travel To School allocated funds to purchase and distribute Personal Protective Equipment packs for all 1 000 drivers.
- **Keeping drivers informed of support** – Safe Travel To School sent regular communication via SMS to all its drivers regarding any COVID-19 support related information.

WALK THIS WAY



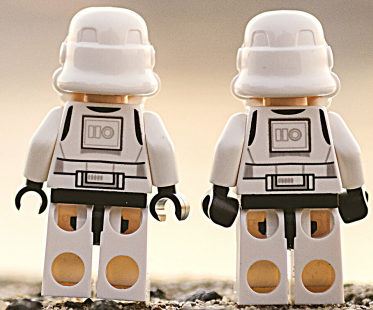
Two-thirds (67%) of South Africa's learners walk to school. The Walk This Way Project focuses on the education of scholars and parents on how to use the road safely as pedestrians. Children have classroom-based information sessions and parents are educated on how to model positive pedestrian behavior for children. Parents in targeted schools are provided with road safety information throughout the academic year, starting with the first back to school parent meeting.

The program has three phases:

1. Provide road safety education,
2. Documents road-user needs on roads near schools and,
3. Modify the environment surrounding the school based on the outcome of a road safety assessments

Children admitted to Red Cross Children's Hospital Trauma Unit for pedestrian road injuries	299
Provinces with active pedestrian safety projects	3
Primary schools participating in pedestrian road safety project	13
Parents informed of importance of modeling safe pedestrian behaviour	39
Teachers trained to provide appropriate and practical classroom road safety education	137
Early Childhood Practitioners trained	83
Special Needs School teachers trained	35
Environmental modifications conducted at schools to create safer school zones	1
Teacher lesson plans	137
Number of workbooks developed for both teachers and students	4
Road Safety Kits disseminated	14
Learners who raised community awareness of child pedestrian safety through participating in International Walk To School Day	84

WALK THIS WAY



After 5 successful years of implementation, the Walk This Way project wrapped up in December 2020 as funding closed. The implementation of the project was greatly impacted by COVID-19 in many ways such as not being able to host learner and parent road safety information sessions due to school closures. Awareness events had to be cancelled so the team had to come up with new ways to raise awareness. Focus was shifted from learner education to equipping teachers and providing resources so they could run road safety lessons with the learners.



CHILD ROAD SAFETY

ChildSafe received a grant from [Ford Motor Company Fund](#) to continue our work in [Child Road Safety](#). The project focuses on creating safe walking environments for school child pedestrians. The project aims to create safer school zones around twelve schools in Gauteng and Eastern Cape, through speed reduction in school areas and adapting the physical environment for road transport to accommodate safer child pedestrian walking to and from school. The grant is for two cities, Gqeberha (New Brighton) and Tshwane (Mamelodi).

RESEARCH & PUBLICATIONS

1. Overloaded and Unrestrained: A qualitative Study with Local Experts Exploring Factors Affecting Child Car Restraint Use in Cape Town, South Africa. International Journal of Environmental Research and Public Health. 2020, 17, 4974. (<http://dx.doi.org/10.3390/ijerph17144974>).
2. Physiotherapy in children hospitalized with traumatic brain injury in a South African tertiary paediatric hospital. Physiotherapy Resource International 2020; e1860. (<https://doi.org/10.1002/pri.1860>).
3. Mechanisms of childhood injury: A novel approach to the terminology. Global Health Innovation 2020; 3(2): 1-4. (<https://journals.uct.ac.za/index.php/GHI/article/view/971>).
4. Governments' Responses to the Coronavirus Pandemic clears the Road for their Responses to the Traffic Pandemic. Social and Health Sciences 2020. 149-156. (<https://www.samrc.ac.za/content/social-and-health-sciences-journal>).
5. Repeat Injuries in childhood. SAMJ 2020; 110(12): 1218-1225. (<http://dx.doi.org/10.7196/samj.2020.v110i12.14546>).
6. Does "Shaken baby syndrome" occur in South Africa? A review of emergency room and inquest records in Cape Town. 2021. (<https://doi.org/10.1080/17450128.2021.1893876>).
7. Childhood Injuries. In: Child Health for All. 6th Edition. 2021. Oxford University Press.



FINANCIAL REPORT

Consolidated Audited Annual Financial Statements

01 APRIL 2020 - 31 MARCH 2021

BALANCE SHEET

ASSETS	2021	2020
Fixed Assets	82 634	139 254
Current Assets		
Receivables	17 344	64 575
Cash & cash equivalents	4 113 309	3 338 758
	4 130 653	3 403 333
Total Assets	4 213 287	3 542 587

FUNDS AND LIABILITIES

Funds and Reserves		
Sustainability Fund	1 000 000	1 000 000
Unrestricted Funds	115 898	358 218
	1 115 898	1 358 218
Liabilities		
Payables	214 760	204 664
Restricted Funds	2 882 538	1 979 705
Total Funds & Liabilities	4 213 287	3 542 587



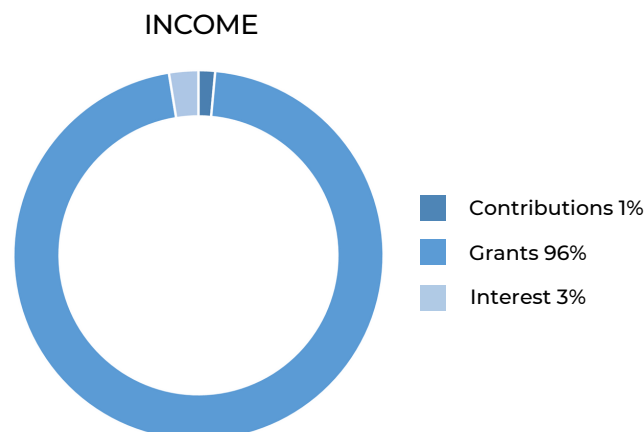
FINANCIAL REPORT

Consolidated Audited Annual Financial Statements

01 APRIL 2020 - 31 MARCH 2021

INCOME STATEMENT

INCOME	2021	2020
Contributions	74 283	48 531
Grants	4 920 557	7 243 720
Interest	151 276	230 956
TOTAL INCOME	5 146 116	7 523 207



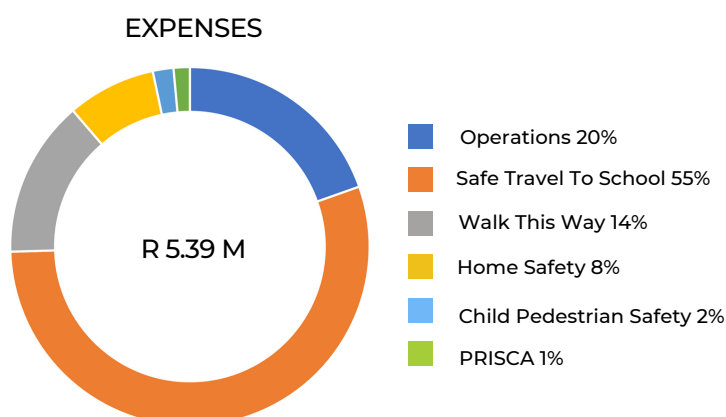
EXPENSES

Program Costs

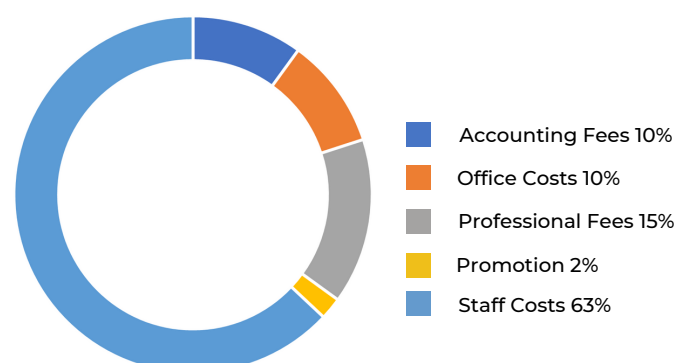
Safe Travel To School	2 961 390	2 956 391
Walk This Way	762 643	1 718 940
Home Safety	429 898	599 069
Child Pedestrian Safety	100 283	-
PRICSA	78 851	914 490
TOTAL PROGRAM COSTS	4 333 065	6 188 890

Operating Expenses

Accounting Fees	108 472	202 253
Office Costs	104 123	183 623
Professional Fees	159 127	245 957
Promotion	19 099	71 821
Staff Costs	664 372	649 299
TOTAL OPERATING EXPENSES	1 055 193	1 352 954
TOTAL EXPENSES	5 388 258	7 541 844
Net deficit	-242 143	-18 637



OPERATIONS EXPENSE BREAKDOWN



BOARD MEMBERS

Ms Helen White

Programme Communications,
Mastercard Foundation

Dr Denver Hendricks

Head – BioChemistry, University of
Cape Town

Prof Sebastian van As

Head – Surgical Service, University
of Limpopo

Ms Diana Ross

Public Relations

Dr Daan den Hollander

Head – Burns Unit, Albert Luthuli
Hospital

Prof Linda Ronnie

Dean of Commerce, University of
Cape Town

Prof Ashley van Niekerk

Director – Violence, Injury & Peace
Research Unit, South African
Medical Research Council

Mr Frans Bicker Caarten

Head – Private Chartered
Accountant

Prof Alp Numanoglu

Head Paediatrician, Red Cross War
Memorial Children's Hospital

Ms Natasha Wagiet

Pro Bono & Corporate Social
Investment, ENSafrica

Adv Andrew Brown

Advocate, Cape Bar

Prof Heloise Buys

Head - Medical Emergency, Red
Cross War Memorial Children's
Hospital

Prof Sithombo Maqungo

Head - Orthopedic Trauma
Service, Groote Schuur Hospital

Prof Dirk von Delft

Head – Trauma Unit, Red Cross
War Memorial Children's Hospital

IN MEMORIAM

There are some who bring a light so great to the world that even
after they have gone the light remains.



Prof Tania Douglas

Biomedical Engineering,
University of Cape Town



Mark Jansen

Director, Provincial Department
of Transport and Public Works

FUNDERS



WOOLWORTHS



Discovery
Insure



Wheel Well
FOR CHILDREN IN ROAD SAFETY

SAFE
K:DS
WORLDWIDE™



Western Cape
Government



+27 21 685 5208
www.childsafe.org.za

Woolworths ChildSafe Research and Educational Centre,
Red Cross War Memorial Children's Hospital,
Klipfontein Road, Cape Town

NPO: 003-467 PBO Number: 18/11/13/4312