Community-centred and data-driven interventions for school safety: The Walking Safely to School Project

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ABSTRACT

The South African Schools Act (1996) stipulates that schooling is compulsory for all children from 7 to 15 years or Grades 1-9 (Government Gazette, 1996), making safe travel to school essential. According to the 2023 General Household Travel Survey, two-thirds of South Africa's 15.4 million school-going children walk to school, yet inadequate road infrastructure poses significant safety risks (Koekemoer et al., 2017). The Walking Safely to School Project, implemented at selected Tshwane schools, addresses these challenges through a comprehensive, evidence-based approach. Key project components include engaging stakeholders and communities to identify safety concerns around schools, school-based road safety training, pedestrian infrastructure assessments using the iRAP Star Rating for Schools (SR4S) tool, and implementing targeted road upgrades. As the first global evidence-based tool to measure and communicate the risks children face on school journeys, SR4S helps guide improvements and advocates for speed limit reductions in school zones. This paper discusses the project's preliminary findings on community safety perceptions, baseline SR4S results for school pedestrian infrastructure and outcomes from simulated upgrades using the SR4S Demonstrator. By adopting a community-centred, data-driven approach, the project aims to create safer school zones and establish a model for scaling up school safety interventions across South Africa.

Keywords: School travel, safe school zone, road upgrades, road safety

1. INTRODUCTION

Despite some encouraging signs of progress highlighted in the latest Global Status Report on Road Safety, there are two grim realities. Firstly, the African Region has actually seen a 17% rise in the number of road deaths since 2010 (WHO, 2023). This suggests that current efforts in this region fall far short of what is needed to achieve the target of halving road deaths by 2030. Secondly, on a global level; road crashes continue to be the leading cause of death for children and young adults aged 5-29 years (WHO, 2023).

The global picture mentioned in the preceding paragraph is mirrored in South Africa where road traffic crashes are a major cause of death and serious injury for children. For instance, data for South Africa for 2021 from the Global Burden of Disease (GBD) website shows that road injury is the leading cause of death for males and females aged 10-14 years and second and third leading cause of death for males and females respectively in the age group 15-19 years (GBD, 2024), as shown in Tables 1 and 2 below.

Table 1: GBD 2021, South Africa, deaths rates (per 100 000) - Males aged 10-14 years and 15-19 years

	Males aged 10-14					Males aged 15-19				
	Cause	Global	South Africa	%	Cum.%	**Cause**	Global	South Africa	%	Cum.%
1	**Road injuries**	5,072	11,145	13,3	13,3	Interpersonal violence	8,954	51,769	29,2	29,2
2	Interpersonal violence	1,180	9,314	11,1	24,4	**Road injuries**	17,031	27,709	15,6	44,9
3	HIV/AIDS	1,519	9,075	10,8	35,2	HIV/AIDS	2,661	19,717	11,1	56,0
4	Drowning	4,273	7,341	8,8	44,0	Self-harm	7,170	14,634	8,3	64,3
5	Lower respiratory infections	2,401	6,088	7,3	51,2	Covid-19	4,465	9,804	5,5	69,8
6	Covid-19	2,546	5,442	6,5	57,7	Lower respiratory infections	2,258	5,639	3,2	73,0
7	Diarrheal diseases	1,840	4,277	5,1	62,8	Drowning	4,217	4,079	2,3	75,3
8	Tuberculosis	0,962	3,703	4,4	67,2	Tuberculosis	2,830	3,981	2,2	77,6
9	Meningitis	1,316	2,763	3,3	70,5	Diarrheal diseases	2,161	3,120	1,8	79,3
10	Congenital birth defects	2,196	1,606	1,9	72,4	Meningitis	1,475	2,425	1,4	80,7
11	Foreign body	0,398	1,557	1,9	74,3	Idiopathic epilepsy	1,841	2,191	1,2	81,9
12	Exposure to mechanical forces	0,531	1,408	1,7	76,0	Other unintentional injuries	1,669	1,863	1,1	83,0
13	Fire, heat and hot substances	0,362	1,388	1,7	77,6	Exposure to mechanical forces	1,334	1,788	1,0	84,0
14	Leukaemia	1,448	1,200	1,4	79,0	Fire, heat and hot substances	0,450	1,667	0,9	84,9
15	Other unintentional injuries	0,802	1,157	1,4	80,4	Chronic kidney disease	1,836	1,374	0,8	85,7

Child pedestrians are particularly vulnerable. For instance, data from the Road Traffic Management Corporation (RTMC) for the calendar year 2023 shows that there were a total of 11 883 road fatalities with 45% of these fatalities being pedestrians (RTMC, 2023). The same report above shows that 16% of all pedestrian deaths in South Africa involved children aged between 0-14 years. Children residing in low-income neighbourhoods are more at risk due to various factors, such as inadequate road infrastructure, exposure to traffic as pedestrians and lack of supervision (Koekemoer et al, 2017).

Table 2: GBD 2021, South Africa, deaths rates (per 100 000) - Females aged 10-14 years and 15-19 years

	Females aged 10-14					Females aged 15-19				
	Cause	Global	South Africa	%	Cum. %	Cause	Global	South Africa	%	Cum.%
1	**Road injuries**	2,631	7,800	12,7	12,7	HIV/AIDS	4,138	56,458	49,7	49,7
2	HIV/AIDS	1,642	7,292	11,8	24,5	Covid-19	4,132	9,584	8,4	58,1
3	Lower respiratory infections	2,589	5,741	9,3	33,8	**Road injuries**	4,957	7,728	6,8	64,9
4	Interpersonal violence	0,663	5,191	8,4	42,2	Interpersonal violence	1,882	7,150	6,3	71,2
5	Tuberculosis	1,331	3,856	6,3	48,5	Tuberculosis	3,084	5,065	4,5	75,6
6	Diarrheal diseases	2,027	3,797	6,2	54,7	Self-harm	6,242	3,555	3,1	78,8
7	Covid-19	1,751	3,265	5,3	60,0	Lower respiratory infections	2,296	3,338	2,9	81,7
8	Meningitis	1,535	2,423	3,9	63,9	Maternal disorders	6,625	2,587	2,3	84,0
9	Drowning	1,852	2,230	3,6	67,5	Diarrheal diseases	2,393	2,395	2,1	86,1
10	Congenital birth defects	2,172	1,781	2,9	70,4	Meningitis	1,528	1,142	1,0	87,1
11	Leukaemia	1,170	1,044	1,7	72,1	Endocrine, metabolic, blood and immune disorders	0,291	0,846	0,7	87,8
12	Fire, heat and hot substances	0,502	1,017	1,7	73,8	Chronic kidney disease	1,196	0,663	0,6	88,4
13	Other unspecified infectious diseases	0,149	0,866	1,4	75,2	Poisonings	0,256	0,616	0,5	89,0
14	Chronic kidney disease	0,574	0,810	1,3	76,5	Diabetes mellitus	0,686	0,611	0,5	89,5
15	Protein energy malnutrition	0,349	0,809	1,3	77,8	Fire, heat and hot substances	1,149	0,604	0,5	90,0

While child pedestrians in general are a vulnerable road user group requiring interventions, the journey to school requires particular attention. This is because millions of learners' travel to and from school every day in line with the requirement for all children from 7 to 15 years (or Grade 1-9) to be at school (South African Schools Act, 1996). The majority of these learners use walking as their main mode of travel to and from school with figures from the General Household Travel Survey 2023 showing that 65% of all learners walked all the way to their education institution (Statistics South Africa, 2023). It is, therefore, imperative to implement interventions that address the vulnerability of scholar pedestrians. Such interventions should be evidence-based with measurable outcomes. One such intervention is the Walking Safely to School Project currently being implemented at selected schools in the neighbourhood of Mamelodi, in Tshwane (Gauteng Province).

This paper reports on findings from the learner engagement as well as Star Rating for School (SR4S) assessments conducted as part of the project in Mamelodi. It also provides a background to the project including a profile of the project site, motivation for the project as well as a detailed description of the interventions aimed to act as a guide for those interested in replicating the intervention elsewhere.

2. LITERATURE REVIEW

The Safe System Approach (SSA) is a comprehensive framework designed to enhance traffic safety through system-wide interventions, emphasizing the prevention of fatalities and serious injuries. Originating in Sweden with the Vision Zero in 1997, the SSA is built on five key pillars: Safe road users, Safe vehicles, Safe speeds, Safe roads, and Post-crash care (Swedish Transport Administration, 2012). The United

Nations' Decades of Action for Road Safety (2011–2020 and 2021–2030) reinforced these pillars, establishing a global commitment to coordinated, multi-faceted safety strategies. This international framework built on Vision Zero's foundation, fostering collaborative efforts to prioritize safety worldwide. By recognizing the inevitability of human error, SSA aims to create a transport system that minimizes crash consequences and prioritizes safety as its core objective.

As mentioned in the preceding section, road traffic injuries are the leading cause of death for children and young adults aged 5–29 years (WHO, 2023). Children's physical and cognitive development heightens their vulnerability to road crashes. Their smaller stature, softer body structures, and inability to see over obstacles like parked cars put them at greater risk as pedestrians (Whitebread & Neilson, 2000). Cognitive immaturity further limits their capacity to synthesize sensory information and make safe decisions in traffic environments, leading to increased risks in hazardous road situations (Dunbar et al., 2001; Zeedyk et al., 2002). In low- and middle-income countries, children face additional risks due to the prevalence of pedestrian injuries and their frequent use of roads for play or roadside activities.

School zones typically experience high student activity during arrival and departure times, leading to increased traffic density from both pedestrians and vehicles. Several studies and initiatives have demonstrated the feasibility and effectiveness of applying SSA to enhance school zone safety. For example, the "Slow Zones, Safe Zones" Project in Vietnam (Sidik et al., 2019) successfully improved safety near schools by implementing 30 km/h speed limits, infrastructure upgrades, and road safety education. This multi-faceted approach significantly reduced traffic-related risks for children. Similarly, Marsh et al. (2016) addressed safety concerns in Qatari school zones, recommending SSA-driven systemic measures, such as infrastructure enhancements and traffic management, to protect vulnerable road users. These studies underscore the importance of holistic, proactive strategies for ensuring children's safety in school environments.

In South Africa, with few exceptions (see for example Vanderschuren & Muchaka, 2023); most school zone safety efforts have historically lacked a holistic approach. The "Walking Safely to School Project" presented in this paper incorporates SSA components including safe infrastructure, speeds, and road users to test its impact on improving safety in local school zones. The initiative emphasizes the importance of systemic, evidence-based interventions, drawing on international best practices, to create safer environments for children.

3. PROFILE OF PROJECT SITE (MAMELODI, TSHWANE)

Mamelodi is a township which is located in the City of Tshwane Metropolitan Municipality, Gauteng Province, South Africa. It is on the east side of Pretoria. While recent data from the 2021 Census is not readily available, Mamelodi is a densely populated area with 334,577 people (Statistics South Africa 2011), with residents living in both formal and informal settlements. There are high poverty and unemployment levels with many residents engaged in informal trading. Local services are generally improving as government aims to provide accessibility for the residents, e.g., learners can access education at 56 primary and secondary schools.

The Tshwane Metro in which Mamelodi is located, has a mix of developed highways and urban roads. However, the road quality may vary between the traditionally white

suburbs and townships. There is generally traffic congestion which is exacerbated by the high number of private vehicles and an insufficient public transport system.

Road fatalities in the City of Tshwane reflect broader trends across the country, where road safety remains a significant concern. According to the RTMC (2023), 10 180 fatal crashes were reported by end of year 2023 in South Africa of which 2 313 occurred in Gauteng. The RTMC 2023 Report flags pedestrian safety as a significant road safety challenge in South Africa with 45,11% of all fatalities being pedestrians in 2023, of which 11,88% being the highest reported in Gauteng.

While neighbourhood-specific figures for Mamelodi are not readily available, the provincial figures for Gauteng are indicative of some of the contributory factors for the road crashes in Mamelodi, including speeding and drunken driving. For instance, in 2023; about 72% of all the nationwide arrests made for speeding were recorded in Gauteng and from the total of 12 338 arrests for drunken driving recorded nationwide, Gauteng led with 50% of all arrest (RTMC, 2023). Challenges on road safety in Mamelodi involve limited pedestrian infrastructure (sidewalks, and pedestrian crossings), high reliance on minibus taxis, which are often involved in road crashes and overcrowded roads and mixed traffic types (pedestrians, bicycles, cars).

Road safety in Mamelodi reflects challenges typical of townships in urban areas whereby pedestrians are vulnerable on account of road fatalities due to informal crossings, lack of pedestrian sidewalks and insufficient traffic calming measures. Contributing factors to road crashes amongst others are high levels of speeding, negative driver behaviour such as alcohol consumption and disobedience of road signs as well as lack of regular road maintenance.

4. OVERVIEW OF THE PROJECT

The project encompasses road infrastructure modifications and default 30 km/h speed limits in school zones to protect pupils on the route to and from school, combined with road safety training; and the education and awareness for children, teachers and the broader community.

The current project is being implemented in Mamelodi at the site of an earlier ChildSafe project that was funded by the Ford Foundation. The site was chosen on the basis that some of the road upgrade recommendations from the earlier project had not been implemented, so there was a need to go back and build on the earlier project. The project is being implemented at ten schools (eight primary schools and two high schools) in Mamelodi. The participating schools are shown in Figure 1.

While similar projects have been implemented in other parts of the world, the project is a pioneering approach to road safety in South Africa and follows on earlier formative projects implemented by ChildSafe over the past few years. Earlier projects include:

- A FedEx funded project implemented in Delft (Cape Town) from 2015-2018.
- A UNICEF funded project in implemented in various sites including: Nyanga and Delft (Cape Town), Mlazi (eThekwini Municipality), and Soweto (Johannesburg) from 2017-2018.
- A Ford Foundation funded project in Mamelodi in 2021-2022.
- FIA Foundation funded project implemented in Khayelitsha (Cape Town) from 2021-2023.

- FIA Foundation funded project with UNICEF support that was implemented in Delft and Belhar (Cape Town) between 2022 and 2024.

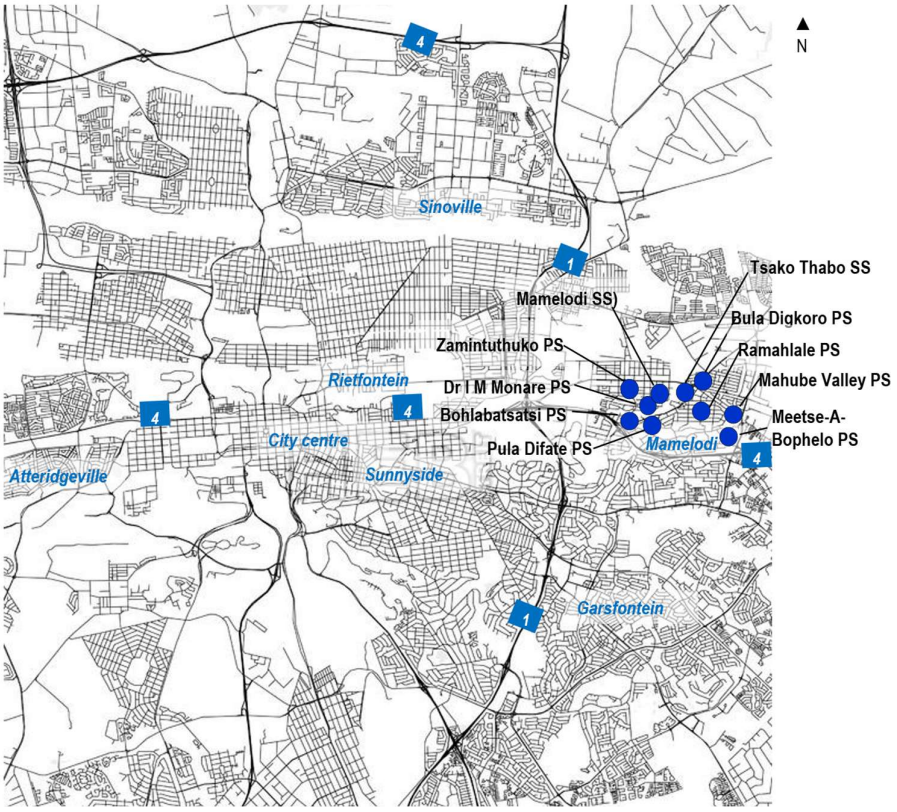

Figure 1: Locality map of participating schools

5. STAKEHOLDER AND COMMUNITY ENGAGEMENT

The project started with an identification of schools in greatest need of an intervention of this nature. This was done jointly by ChildSafe, City of Tshwane roads engineers, and the Gauteng Departments of Education and Community Safety. Once the ten schools were identified, meetings were held with the 10 schools to get them on board as well as discuss road safety issues from the schools' perspective. Stakeholder meetings are also held quarterly to update stakeholders. In addition, community engagement is conducted via parents' meetings at the 10 project schools. In this regard, as of December 2024; parents meetings had been held at eight of the 10 project schools with a total of 1 323 parents directly engaged.

Engagement with learners is also important to understand pedestrian safety challenges from a learner perspective. In this regard, two approaches are worth discussing. These are photovoice research and the Youth Engagement App (YEA). Photovoice is a qualitative research method that combines photos and textual data generated by participants (Catalani and Minkler 2010). In the context of the current project, the main goal of the photovoice research activity is to capture the reality of the pedestrian environment children walk in their journey to and from school. Children were invited to identify pedestrian-related issues in their community and explore possible solutions.

Fifteen learners drawn from three grades (Grades 4, 5, and 6) from one project school (Pula Difate Primary School) took part in the photovoice research. The key issues that were identified by learners as challenges include: sidewalks that are not continuous, damaged or obstructed in one way or the other (e.g. rubbish dumped on sidewalks, cars parked on sidewalks and informal businesses on sidewalks, traffic lights that are not working, speed humps that are too low to be of any use in reducing vehicle speed, missing or vandalised road signs and potholes.

Another approach to engage the learners is the Youth Engagement App (YEA). The YEA is a digital risk-perception tool to enable youth to mark map locations and report how safe they feel on their way to school (iRAP, 2017). Targeting those aged from 10 years and older, YEA was developed by the International Road Assessment Programme (iRAP) and is related to the Star Rating for Schools (SR4S) tool described in the succeeding section. The tool was introduced to educators during road safety education training workshops held in October 2024. The roll out of the App is only planned to take place at the two participating high schools in 2025. In this regard, results from the deployment of the of the YEA will only be available later in 2025.

6. THE SR4S TOOL

Star Rating for Schools tool (SR4S), is an evidence-based tool for measuring, managing, and communicating the road safety risks for children on their journey to school. SR4S allows for a simple assessment of each of the road features that affect pedestrian safety and calculates a star rating for spot locations, ranging from the 1-star band (least safe) to the 5-star band (safest). Key road attributes collected as part of a SR4S assessment include: *Road environment* (land use, area type, vehicle parking, sight distance); *Road type* (number of lanes, lane width, shoulder rumble, road condition, skid resistance, grade, carriageway type etc); *School zone* (school warning, school crossing supervisor), *Sidewalks* (sidewalks width, pedestrian channelisation etc) and *Speed* (e.g. speed limit, operating speed, speed management).

One of the tools available on the SR4S platform is the Star Rating Demonstrator, which provides insight into the risks associated with the locations for the given physical infrastructure and operational conditions. As part of this tool, in which the user is first required to code road features to reflect the current situation of a location, it is possible to model the impact of potential interventions on the star rating. Figure 2 shows the Star Rating Demonstrator.

In this example taken from the Demonstrator, the star rating scale is shown below the image on the left side, with the colour black (1-star band) corresponding to the highest risk, while the colour green (5-star band) represents the lowest risk. The Decimal Star Rating, shown below the scale, provides further details as to the level of risk present at the location.

On the right-hand side are the coded road attributes that influence the star rating. Each of the road attributes is associated with a risk factor. To understand the potential impact of the improvements, the baseline star ratings are compared against the star ratings of the improvement scenarios, for example, adding sidewalks, crossing facilities or speed management.

Figure 2: Star Rating Demonstrator

SR4S assessments

The sites assessed using the SR4S tool were identified using the preliminary school zone assessment conducted by City of Tshwane engineers. The results were shared with all project schools and schools were requested to comment on the results as well as identify any other additional sites of concern. A total of 19 sites were identified using this iterative process and these are the sites that were assessed using the SR4S tool. As part of the assessments vehicle counts and speed surveys were conducted at all project schools. The results indicated that most locations are below the 3 minimum stars deemed to be safe for scholars. Only 3 locations had a rating of 3 stars or higher. The baseline star rating results and simulated star ratings are presented below.

Current SR4S results and simulated results using the SR4S Demonstrator

As part of this project, 10 schools in Mamelodi were assessed using SR4S and a baseline star rating generated. Using the SR4S Demonstrator, a new pedestrian star rating was generated in order to determine potential safety improvements capable of reducing pedestrian risk. The simulated results are based on the road upgrades recommended by city engineers as well as additional upgrade options on the SR4S tool including speed reduction to a default 30km/h speed limit.

A. Bula Dikgoro Primary School

Location 1		Location 2		Location 3		Location 4	
Baseline Star Rating	New Star Rating	Baseline Star Rating	New Star Rating	Baseline Star Rating	New Star Rating	Baseline Star Rating	New Star Rating
2.9	5.0	1.8	4.9	1.0	4.0	2.9	5.1

Four locations around the school were assessed, with baseline star ratings ranging from 1.0 to 2.9. Recommendations include allocating crossing supervisors, installing traffic signs, raised pedestrian crossings, flashing beacons, and reducing the speed limit to 30 km/h. These measures could improve the star ratings to between 4.0 and 5.1.

B. Meetse-A-Bophelo Primary School

Location 1	
Baseline Star Rating	New Star Rating
2.6	5.5

One location at the school was assessed, with a baseline star rating of 2.6. Recommendations include installing formal sidewalk on the right; and reducing the speed limit to 30 km/h. These measures could improve the star rating to 5.5.

C. Zamintuthuko Primary School

Location 1		Location 2		Location 3	
Baseline Star Rating	New Star Rating	Baseline Star Rating	New Star Rating	Baseline Star Rating	New Star Rating
2.3	4.8	4.0	5.3	2.9	5.0

Three locations around the school were assessed, with a baseline star rating ranging from 2.3 to 4.0. Recommendations include installation of intersection and curve signs to improve intersection and curve quality; reducing the speed limit to 30 km/h. These measures could improve the star rating to between 4.8 and 5.3.

D. Tsako Thabo Secondary School

Location 1	
Baseline Star Rating	New Star Rating
1.1	4.6

One location at the school was assessed, with a baseline star rating of 1.1. Recommendations include installation of marked crossing on side roads; school patrol volunteers (with the necessary equipment, e.g. signs and reflectors) during peak hours to help the learners to cross the street safely and reducing the speed limit to 30 km/h. These measures could improve the star rating to 4.6.

E. Ramahlale Primary School

Location 1		Location 2	
Baseline Star Rating	New Star Rating	Baseline Star Rating	New Star Rating
1.9	4.6	1.8	5.4

Two locations around the school were assessed, with a baseline star rating of 1.8 to 1.9, respectively. Recommendations include improving the road grip; installation of a formal sidewalk on both sides, alternative space inside the school premises for parking to avoid obstruction on the sidewalk; installation of raised and marked crossing on the side road, installation of intersection and curve signs to improve intersection and curve quality and reducing the speed limit to 30 km/h. These measures could improve the star rating to 4.6 and 5.4 for the two locations, respectively.

F. Pula Difate Primary School

Location 1		Location 2	
Baseline Star Rating	New Star Rating	Baseline Star Rating	New Star Rating
4.3	5.0	4.2	4.9

Two locations around the school were assessed, with a baseline star rating ranging from 4.2 to 4.3. Recommendations include reducing the speed limit to 30 km/h. This measure could improve the star rating to 5.0 and 4.9.

G. Mamelodi High School

Location 1		Location 2	
Baseline Star Rating	New Star Rating	Baseline Star Rating	New Star Rating
1.6	4.7	1.8	4.3

Two locations around the school were assessed, with a baseline star rating 1.6 and 1.8. Recommendations include removing the obstructed garden bed in front of the neighbouring school and reducing the speed limit to 30 km/h. These measures could improve the star rating to 4.7 and 4.3, respectively.

H. Dr I M Monare Primary School

Location 1	
Baseline Star Rating	New Star Rating
1.7	4.9

One location was assessed at the school, with a baseline star rating of 1.7. Recommendations include improving the grip; installing a formal sidewalk on the right side of the road; install marked crossings on side roads; installing intersection and curve signs to improve intersection and curve quality and reducing the speed limit to 30 km/h. This measure could improve the star rating to 4.9.

I. Bohlabatsatsi Primary School

Location 1		Location 2	
Baseline Star Rating	New Star Rating	Baseline Star Rating	New Star Rating
2.8	5.5	2.9	5.1

Two locations were assessed around the school, with baseline star rating ranging from 2.8 to 2.9. Recommendations include the construction of raised and marked pedestrian crossing; installation of a sidewalk on the opposite side of the school; improving markings and signs for the intersection to improve intersection quality; installing School-zone signs and W306-Childen ahead signs; and reducing the speed limit to 30 km/h. These measures could improve the star rating to 5.5 and 5.1 for the respective sites.

J. Mahube Valley Primary School

Location 1	
Baseline Star Rating	New Star Rating
1.9	5.1

One location was assessed at the school, with a baseline star rating of 1.9. Recommendations include construction of a drop off zone and sidewalk next to the boundary of the school, improving the grip; installing marked crossings on side roads; installing intersection signs to improve intersection quality and reducing the speed limit to 30 km/h. This could improve the star rating to 5.1.

7. DISCUSSION AND CONCLUSION

The SR4S assessments conducted across ten schools demonstrate the significant impact of targeted road safety interventions on improving child pedestrian safety. Baseline star ratings range from 1.0 to 4.3, with eight schools falling within the 1.0–2.0 star band, highlighting considerable road safety risks in many school zones. However, implementing key measures such as raised pedestrian crossings, enhanced

road markings, improved traffic signs, speed calming measures, and crucially, reducing the speed limit to 30 km/h and ensuring compliance, can lead to substantial improvements. New star ratings could increase to the 4.0–5.0 star band, reflecting a much safer environment for children.

The issue of speed reduction is a critical one as indicated by the Demonstrator. The World Health Organisation (WHO, 2021) has recommended a speed limit of 30km/h in areas where pedestrians mix with vehicular traffic. Speed reduction in South Africa is currently not possible due to a legal constraint in the form of the National Road Traffic Act (93) 1996 which stipulates that speed limit as follows: 60 km/h on a public road within an urban area,100 km/h on a public road outside an urban area which is not a freeway, and 120 km/h on every freeway. While there are already 40km/h speed limit signs on school zones in the project site, the on-going advocacy is to post a speed limit of 30km/h. However, any reduction in the posted speed limit first requires a legislative amendment of the NRTA. Such legislative amendment is an on-going advocacy push by ChildSafe and other like-minded organisations.

In conclusion, the journey to school remains a challenge for learners, particularly learner pedestrians and targeted, evidence-based interventions are necessary to reduce the vulnerability of scholar pedestrians. The Walking Safely to School project is one such intervention, which if scaled up to more areas can go a long way in making the journey to school safer for learners. Any such interventions should be rooted in the SSA so that they are comprehensive in nature recognising that road safety is a complex challenge requiring various measures including road safety education, engineering measures, enforcement as well as engagement on various levels including with schools, communities as well as with the direct beneficiaries of these interventions; namely learners.

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