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Collector: Web Link 1   (Web Link   )
Started: Wednesday, April 20, 2016 8:35:19 AM
Last Modified: Wednesday, April 20, 2016
8:40:54 AM   **Time**
Spent: 00:05:34
IP Address: 196.215.125.20

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Q1: **Project Name**	Urban upgrading for violence prevention in South Africa: Does it work?
Q2: **Report Author(s) and Institution**	Sam Lloyd, Richard Matzopoulos: University of Cape Town (UCT) School of Public Health and Family Medicine
Q3: Period covered by the report (MM/YY to MM/YY)	02/13 - 03/16

PAGE 2: Findings

Q4: Did you have any unexpected research findings? If yes, please describe them.Describe any unexpected, unusual, or counter-intuitive findings coming out of your research project.

As previously reported, although following previous research Khayelitsha was expected to have a high prevalence of mental health issues, the levels of significant depressive symptomology found in the 2013 sample surpassed previous expectations of the burden of depression. Female gender and older age – two commonly found risk factors for depression – were not found to be significantly associated with higher CES-D 10 scores.

Experience of violence was not found to be more prevalent among those residing in informal compared to formal settlements, as is commonly believed. This result will be scrutinised through further analyses over the next 6 months.

Q5: Discuss the gender dimensions of your findings.Discuss your project's gender analysis. Describe any findings that incorporate a gender analysis. Describe the implications of your research for different groups of men and women.

The results of the research are all disaggregated by sex and thus help to elucidate the differences and similarities in males' and females' experience of violence, safety, alcohol use, mental health, and the effects of urban upgrading programmes; the distributions of risk and protective factors across gender lines; and the different ways that variables interact with and are mediated by gender.
Our preliminary results highlight males, and particularly young males, as being the most represented demographic among both victims and perpetrators of violence.

Q6: What areas for further research are emerging from your project? In particular, are there any topics that would be relevant for a future program that builds on SAIC?

We have collected a wealth of data not available from other sources through the SAIC project. We expect that this will lay the foundations for further research into developing a Violence and Injury Trauma Observatory (VITO) for the

Western Cape, SA. The aim of VITO is to systematically collect, validate, process and analyse data on indicators of violence and injury from a comprehensive range of multi-sectoral, multidisciplinary sources. If sustained, this approach will greatly enhance the monitoring and evaluation of current interventions, identify appropriate research questions as they arise, and shape new interventions and policies.

The types of research questions this will be able to answer include:
- What is the impact of a particular intervention or policy (urban upgrading; social development programmes; changes in alcohol/traffic laws etc.) on the incidence of violence, injury and other outcomes?
- Which factors are associated with the changing incidence of violence or injury, and thus call for interventions or policy changes?

The acquisition of police robbery data as part of the SAIC programme also provides a platform for a range of sub analyses both nationally and in the project sites in Cape Town in collaboration with researchers from the University of the Witwatersrand. We also hope to build on the analysis of geospatial data in collaboration with researchers from Simon Fraser University and possibly the University of Exeter.
We also expect that the uptake of our methods and tools by VPUU for their ongoing fieldwork in the project areas will facilitate future research with other disciplines, not only with regard to community safety and violence prevention, but also relating to other issues of service provision including water and sanitation.

PAGE 3: Influence, Outcomes, Impact, and Contributions to Change

Q7: Has your project or research contributed to/influenced any policy or practice changes? If yes, describe the change and how your research contributed to it.

1) Violence Prevention Policy
The research project is aligned with the Western Cape Provincial Government's Integrated Provincial Violence Prevention Policy Framework, with its emphasis on strategies to reduce access to and the harms associated with alcohol, and the close surveillance of injury cases presenting to health facilities.
The policy outlines six necessary actions to guide the development of an M&E system for violence prevention, which are directly addressed by the Project, thus supporting the long-term success of the Western Cape Government's objectives regarding violence prevention. 2) ICG Game Changer: Alcohol Abuse
Through involvement in the ICG Game Changer: Alcohol Abuse initiative, we have been able to share our research and strengthen working relationships with a range of high-ranking government officials and other researchers in the field of alcohol policy. The preliminary results from the community survey and the health facility data collection have been instrumental in affecting a rethink as to how the province will address alcohol-related harm, such as a community-based initiative that will focus on high-risk areas including Gunya and Khayelitsha and will involve VPUU and several government departments.
3) Revision of the Western Cape Alcohol Policy
The research has prompted a longer-term initiative to revisit alcohol policy. We were able to use our research and understanding to inform the policy development process and to limit the influence of the alcohol industry in the policymaking process. Here, Cabinet approval has been obtained to move the Western Cape Liquor Authority from the Department of Economic Development and Tourism to the Department of Community Safety. Secondly, a Green Paper setting out a new alcohol policy for the Province has been drafted, with extensive contributions from Dr. Matzopoulos and Prof Myers, which has alcohol harm reduction as the priority, rather than growing the alcohol economy.

Q8: Are there any upcoming opportunities to influence policy or practice, such as a parliamentary debate, an international conference, a UN report, etc? Describe how you expect your research to contribute to that process and how you plan to engage with it.

We will be working with the Department of Community Safety in Cape Town to extend some of the fieldwork and tailor results for use in community policing and enforcement. This will also link to the Alcohol Harms Reduction work being undertaken in the province.

Staff placements and capacity development at VPUU will ensure ongoing support from the UCT team and facilitate our access to future research data from VPUU (see capacity development section).

Research co-ordinator Sam Lloyd will be attending from May 23rd – 27th the SAIC Workshop to finalize chapters for the planned book publication Theorizing Safer Cities from the Global South.

Q9: Capacity development: Provide final cumulative details on how many women and men have developed skills or learned from your project. (NB: This will include those previously reported.)Example: Over the entire project, 55 field workers (40 women, 15 men) were trained. 5 Fieldwork supervisors (3 women, 2 men) were trained. 212 undergraduate students (127 women, 85 men) were exposed to research and methodologies developed in the project. 6 graduate students (2 women, 4 men) participated in the project as research assistants.

Over the entire project, 14 fieldwork supervisors (9 women; 5 men) and 86 fieldworkers (69 women; 17 men) were trained.

Fifteen of these fieldworkers have been skilled-up through our research and absorbed into ongoing survey and fieldwork at VPUU.

VPUU has employed our research co-ordinator, Kim Bloch, in their Knowledge Management Workstream to strengthen research methods and tools for data collection as part of their ongoing work in multiple new sites in the province. Others placed at VPUU include:

- Nelisa Kula - Social Crime Prevention administrator
- Skhumbuzo Vazi - Household survey supervisor in M&E workstream
- Lucia Mfubu - Placemaker Youth Programmes facilitator

Thulani Manci has been promoted to M&E co-ordinator following his work with the SAIC-funded research.

VPUU staff and fieldwork co-ordinators have benefitted tremendously from their involvement in the project and many of our research methods and tools are informing their processes. – e.g. the application of some of our survey questions and the use of mobile data capture technology. Furthermore, the Medical Research Council funded Good Clinical Practice training for UCT and VPUU-based researchers affiliated to the project.

Two Phd students (1 male 1 female) have been supported in their research, on violence and injury observatories and youth gangs, respectively. One Phd student (female) and former research co-ordinator is currently supporting completion of a variety of project outputs. Three MPH graduate students (1 male 2 female) are completing their theses on topics tied to the project. Of these, one is employed as a Research Co-ordinator (male) and one as a Research Assistant (female). Dr. L Mureithi, Researcher at the HST, completed her MPH thesis based on the injury surveillance aspect of the Project and Ms Britany Ferrell submitted her MPH thesis for examination both under the supervision of Dr. Matzopoulos. Project research co-ordinators, associated Phd and MPH students, and VPUU M&E staff (eight participants in total) were trained in the use of QGIS mapping and spatial analysis software.

In addition to Kim Bloch's placement Sam Lloyd has taken up a position as a Researcher at the Centre for Justice and Crime Prevention (CJCP), a non-profit organisation that specialises in early crime and violence prevention research and interventions.

Q10: Has your project leveraged any new funds to support current or new work that builds on SAIC? If yes, provide details on the work being supported, the funder and the amount of funding.Example: The Embassy of the Netherlands provided $10,000 to produce three additional policy briefs on the research.

Further funding of (R 473,478) has been obtained from the Department of Community Safety to continue synthesizing and analysing the collected data (with a focus on perceptions of liquor outlets and alcohol law enforcement, and the links between access to alcohol and violence). Additional funding has been applied for from the Department of Health also, meaning that we are hoping some of the other primary data collection activities will be repeated in the project and other areas, although less frequently.

Q11: Describe your engagement with other SAIC researchers and any associated activities or outputs not previously reported. Is SAIC working as a network for you? In what ways?

On 14th March 2016 our research team participated in the seminar Safe and Inclusive Cities: social cohesion and urban upgrading, mobilising resources for violence prevention organised by the Human Sciences Research Council (HSRC). At this event Dr. Richard Matzopoulos presented on the topic "Urban upgrading for violence prevention in South Africa:

Does it work?" – an overview of the project's latest research results – while Sam Lloyd presented findings from his MPH thesis: "The association between community participation and mental health in two low income communities in Cape Town, South Africa".

Q12: What can IDRC do to maintain the SAIC network after the projects close? What would make the network valuable to you?

Maintaining an online repository, much like the current programme pages, but updated with new outputs and publications, would be very helpful.

PAGE 4: Upcoming Activities, Outputs, and Outreach

Q13: Provide details on any outputs (books, journal articles, infographics, videos, etc) or activities from your SAIC project that are not yet completed. Please provide expected completion dates.

1. Cassidy et al. (2016) "Alcohol, mental health and violence in Cape Town's poorest communities: results of a community survey"
- Article describing the results of the Baseline Community Survey
- To be submitted for publication in the next 2 monthsFurther analyses of the data collected over the course of the project are planned, to be completed over the course of the coming months and submitted for journal publication.

PAGE 5: Changes, Challenges, Lessons, Feedback to IDRC

Q14: Discuss any lessons or insights that are relevant to other SAIC projects, the SAIC program, or future work. These could be related to challenges, ethical practice, substantive issues, methods, etc.Responses could focus on substantive and/or administrative issues.

Use of cellphone data collection technology: Mobile phone technologies for enumeration have several advantages, including:
1. Checking and prevention of data falsification through survey completion time analysis
2. Verification of household visits through GPS point observation and household photographs
3. Instant access to data, without the need for lengthy and costly data entry
4. Improved supervisor capabilities in the organisation of fieldworkers
5. Real-time oversight capabilities
6. Improved data quality through more systematic data entry improves speed and reduces follow-up requirements

Given these benefits, this technology, which was used for all surveys in 2014 and 2015 (unlike in the Baseline Community Survey (2013) which piloted this method only in the smaller Gugulethu-Nyanga arm) is recommended for all future work.

Q15: Please share any other feedback that you have for IDRC.Summarize recommendations with respect to the administration of the project, its scope, duration, or budget.

The project has benefitted our work enormously by stimulating interdisciplinary and inter-institutional collaboration and by capacitating and providing experience for a cadre of young researchers to engage in a neglected health and development priority.
The structure of the project with ongoing support and the discussions and dialogues facilitated by IDRC have created a very enabling environment.