

# The Kwazulu-Natal Road Safety Project Five Years on – Success or Myth? An External Evaluation

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## Biography

Des Myers was a member of the Victoria Police and has over twenty six years of operational and specialist policing experience resigning at the rank of Chief Inspector. Over the last ten years of his career he occupied key positions in a number of major organisational change and technology based projects.

From 1998 to October 1999, he was the Principal Police Adviser to the KwaZulu-Natal (South Africa) Road Safety Project. He is currently an International Public Safety Management Consultant specialising in the area of road safety.

He has provided consultancy services in Australia, USA, Canada, Republic of South Africa, Botswana and the Middle East where is currently undertaking Road Safety Assessments and program implementation.

## Abstract

The results achieved by Victoria's approach to road safety over the last ten years have been recognised and applauded locally, nationally and internationally. The integration of high levels of enforcement combined with high levels of public awareness via mass media campaigns has seen significant changes in road user behaviour.

Supporting the enforcement and public awareness campaigns with targeted education and road safety engineering combined with effective and transparent evaluation of all aspects of the strategy made up Victoria's road safety program – Safety First. But how relevant is the Safety First model in third world and developing nations?

Since 1998, Victoria has been involved in introducing the principals of Safety First into the Province of KwaZulu-Natal in the Republic of South Africa. *ASIPHEPHE* (Zulu for "Let us be Safe") is the KwaZulu-Natal Road Safety Project that is based on Safety First.

During the same time frame, the National Department of Transport was introducing the National road safety program – Arrive Alive. Whilst *Asiphephe* was limited to KwaZulu-Natal, the interaction with Arrive Alive was dynamic and often tense.

This paper examines the results of the introduction of *Safety First*, in the context of Arrive Alive, into a foreign environment with particular reference to the sustainability of the program in that environment.

This evaluation has shown limited success in the transfer of skills, knowledge and understanding of the theory and practice of the Victorian Road Safety Strategy leading to the conclusion that the Victoria Solution, as such, cannot be transposed onto foreign environments without significant review and adaptation based on local expectations and conditions.

## 1. INTRODUCTION

Victoria is recognised as a world leader in road safety. Its road fatality rates are the lowest of any state in Australia and amongst the lowest for any developed country of the world. Fatality and accident numbers in Victoria have fallen dramatically since 1970. This fall is due in part to innovative traffic law enforcement practices.

The aim of **Safety First - Victoria's Road Safety Strategy 1995 - 2000** was to further reduce the incidence, severity and cost to the community of road crashes. This strategy is currently under review.

The key components of the Strategy were:

- ◆ Enforcement
- ◆ Engineering
- ◆ Education
- ◆ Evaluation
- ◆ Public Awareness Campaigns

The Province of KwaZulu-Natal approached the State of Victoria for advice and assistance following a presentation by Victoria Police at the 6th World Road Safety Congress in Cape Town in October 1994.

In April 1995 with financial assistance from the Australian Aid Agency, AusAID, a KwaZulu-Natal delegation, led by the Minister of Transport, Mr Subisiso Ndebele visited Melbourne and were briefed on the Victorian road safety program by the key role players. Upon return to KwaZulu-Natal, Minister Ndebele formed a senior committee to implement a road safety program in line with the Victorian model.

In mid 1996, a multi disciplinary road safety assessment team, drawn from Victorian organisations involved in road safety management and implementation, travelled to KwaZulu-Natal. In conjunction with a locally appointed counter part team, an extensive comparative assessment study of the road safety situation in the Province was undertaken. The resulting Assessment Study Report contained some one hundred recommendations aimed at reducing the high level of road trauma in KwaZulu-Natal.

Subsequent to the acceptance of this report, Project Victoria was instigated in KwaZulu-Natal. The aims of this project were to implement the recommendations of the Assessment Study Report in line with the role and structure of the Victorian Model.

A multi disciplinary project team was formed and on the 10<sup>th</sup> of January 1998, the first contingent arrived on site in KwaZulu-Natal. As the project progressed and developed, the Minister of Transport determined that it needed a locally determined and culturally acceptable title. It was subsequently renamed "ASIPHEPHE", which is Zulu for "Let us be safe".

During the same time frame, the National Department of Transport was introducing the National road safety program – Arrive Alive. Whilst *Asiphephe* was limited to KwaZulu-Natal, the interaction with Arrive Alive was dynamic and often tense.

This tension was partly due to existing National versus Provincial tensions but also due to the desire to be innovators and leaders in road safety.

Exposure to the Victorian experience was opportune and seemed to provide the solution which KwaZulu-Natal was looking for. A tried and tested philosophy for the continuous reduction of road carnage, which could be adapted to meet the South African environment.

Again, however, this view was not shared by the Arrive Alive managers who were attempting to introduce a National and coordinated road safety strategy based on local geographical, demographical, cultural and socio-economic influences.

Initially, success was achieved in KwaZulu-Natal with a measurable reduction in levels of road trauma across the board. Similar outcomes, not as dramatic in KwaZulu-Natal (reported) however, were achieved by Arrive Alive.

However, five years on, these results have not been sustained and there has been significant change to the original format of the Safety First Program as introduced into KwaZulu-Natal in 1998.

This paper examines the current situation in KwaZulu-Natal relative to the road safety program and the results and findings are based on the perceptions and evaluation of the personnel involved on site.

## **2. METHODOLOGY**

The methodology for the preparation of this paper is based on the views and perceptions of the personnel involved within the Road Safety Project. It is supported by a limited review of project literature and reports.

Statistics and measures of road trauma, trends in road trauma and road safety outcomes are limited and often difficult to obtain. However, data from the National Department of Transport, KwaZulu-Natal Department of Transport and CSIR have been used to support the findings of this paper.

## **3. RESULTS**

### **3.1 Overview**

The Road Safety Project has been examined from the identified key components that made up the basis of the Safety First Strategy.

### **3.2 Management and Coordination**

A permanent Road Safety Directorate (RSD) has been established within the Provincial Department of Transport. This new Directorate has priorities that are more community based, through Community Road Safety Councils.

Although the new Directorate has been in place for some time, over two and a half years, the Road Safety Board of Management has not reconvened in that time. As such, the Directorate lacks strategic direction. Without this strategic direction, it is very difficult to include all stakeholders in planning or implementation.

The RSD is headed by the Chief Director: Communications and Public Safety whose role is somewhat unclear as his function is not solely managing road safety, but more in the line of a

public communications role commenting on a number of various issues and incidences within the Province.

Further, there appears to be no ongoing dialogue between the Provincial Department of Transport and those responsible for road safety within Durban. Anecdotal evidence indicates that communication with local road safety authorities within the Province (as apart from Community Road Safety Councils) is also very limited. This has resulted in a lack of coordinated activity in all aspects of the program.

The original recommendations contained in the Assessment Study recommended the establishment of coordinating committees for enforcement, engineering and education and these have, not to date, been established. In fact, the Asiphephe project in reality, is education and public awareness focussed with little relevance to enforcement, engineering or evaluation (KZN DoT Annual Report 2002 – Section 8).

### **3.3 Enforcement**

Enforcement efforts throughout the local, metropolitan and provincial authorities are currently managed by the Enforcement Coordinator who previously was positioned functionally within the Road Safety Directorate. Whilst the actual physical office is within the RSD, the coordinator reports to the Provincial Road Traffic Inspectorate and the National Road Safety Program – Arrive Alive.

Although one of the key components of the Road Safety Enforcement sub program was the use of booze buses and extensive random breath test to reduce the incidence of drink driving, the buses have become little more than show pieces for displays and occasionally utilised as command vehicles for field operations.

The slogan for the Asiphephe project is “Zero Tolerance KZN”. “Zero Tolerance” can be generally defined as a policy where the statutes are applied in all circumstances in a concentrated and strategic deployment of all available resources without exception or discretion. Without effective management, relevant crash and offence data and the use of accepted strategic deployment methodology, the use of “Zero Tolerance” terminology is far from fact.

### **3.4 Media Awareness**

The responsibility for the media awareness campaigns now rests with an appointed advertising consultancy firm. This firm initially made it clear that:

- ◆ They did not believe in shocking people or having an emotional component to the advertising campaign
- ◆ They did not believe in scientifically based, data driven strategies but will rely on “gut feel” for the production of advertisements
- ◆ They would not commit to ensuring that advertising should support enforcement activities or to have any connection with this component of the program.

Further, all public communications are now controlled by the Communications Directorate of the Department of Transport. This removes communications from the Road Safety Directorate and will attempt to influence the community through public relations activities away from direct control by the RSD.

### **3.5 Engineering**

On examination, it is apparent that the engineering function does not fall within the RSD sphere of control and the Chief Engineer manages his Directorate in an autonomous and independent manner. However, a number of identified high risk areas have been treated with engineering solutions. The road safety outcomes of many of these is yet to be scientifically quantified.

### **3.6 Evaluation**

The University of Natal Interdisciplinary Accident Research Centre was established in 1999 and a priority list of projects has been developed. A number of these projects are currently underway.

An external evaluation of the project was undertaken in 1999 by a multidisciplinary team that included two representatives of Victoria.

Concern expressed is that this evaluation did not address key shortcomings in the critical areas of the new road Safety Directorate and on going quality assurance of the original project.

Two evaluations were produced. One a draft that identified a number of failings in the project, its management, or lack of management, and implementation.

The second was a sanitised version without serious reference to the problems being experienced. The latter became the accepted document for public and political consumption.

### **3.7 Road Trauma Levels**

Whilst the limitations of available statistics has been acknowledged, preliminary figures for the year 2000 indicate a rise in fatalities in KwaZulu-Natal of over 10% on 1999. It has been indicated that this is only a preliminary figure and the final count is complete.

In 2003, the RSD produced a booklet on its role and achievements. In this document it states that by 1998 fatalities in the Province had been reduced to approximately 1400. However, in a presentation to a recent road safety symposium held by UNIARC, figures provided from the National Fatal Accident Information Centre (NFAIC) that stated that in 2002 the number of fatal collisions (not fatalities) was 1950 (Heavy Vehicle Symposium, UNIARC, 2003). If both figures are relied upon, the road trauma in KZN has escalated significantly since 1998.

In response to the disastrous 2002 – 2003 Christmas road toll in KZN, a spokesman for the KZN Department of Transport asserted in a letter published in a number of National and Local newspapers that “.....we have reduced road fatalities by more than 30% per annum since 1996.....”.

In 1996 the road fatality rate in KZN was approximately 2000 with an estimated 20% under reporting of these statistics. An annual reduction of 30% would make the death toll in 2002 approximately 235. Even the use of the flawed data and process to support the rolling 30% annual reduction that is often used to support the success of the program is not plausible.

Further, in Section 8 of the KwaZulu-Natal Department of Transport Annual Report 2002, the section dealing with road safety states that the level of fatalities in the Province in the year 2000 was 1770 and in 2001 1450.

Data obtained from NFAIC clearly disputes the figures detailed above and indicate that KZN is in a state of a road trauma emergency that requires drastic action.

Whilst the actual level of road trauma in KZN cannot be accurately quantified, the following tables and graphs relative to the levels of road trauma in KwaZulu-Natal provided by NFAIC indicate a substantially different situation than as depicted by KZN DoT.

Table 1 : KwaZulu-Natal : Number of Fatal Accidents, Fatalities and Rates from 1998 to 2002

Year	No of Fatal Accidents	% Change from previous year	No of Fatalities	Fatality Rate	No of Registered Motorised Vehicles	Accident Rate per 10 000 Vehicles
1996	1359		1695	1.25		
1997	1259	-7.36	1575	1.25		
1998	1169	-7.15	1432	1.22		
1999	1181	1.03	1337	1.13		
2000	1330	12.62	1500	1.13	876 064	15.18
2001	1960	47.37	2562 est	1.31	882 667	22.21
2002	2049	4.54	2497 est	1.22	889 987	23.02

Table 2 : Number of Fatal Accidents per Province : 1998 and 2002

Province	1998	1998 % of Total	2002	2002 % of Total	% Change
Gauteng	1728	23.80	2334	23.77	35.07
KwaZulu-Natal	1169	16.10	2049	20.87	75.28
Western Cape	1064	14.66	1238	12.61	16.35
Eastern Cape	704	9.70	729	7.43	3.55
Free State	615	8.47	754	7.68	22.60
Mpumalanga	798	10.99	948	9.66	18.80
North West	537	7.40	811	8.26	51.02
Limpopo	409	5.63	672	6.84	64.30
Northern Cape	236	3.25	283	2.88	19.92
<b>Total RSA</b>	<b>7260</b>	<b>100.00</b>	<b>9818</b>	<b>100.00</b>	<b>35.23</b>

#### 4. CONCLUSION

Road safety has become one of the key deliverables for a Democratic South Africa. It is inconceivable that the advances in operational techniques, marketing strategies and technology are not harnessed to curb the unacceptable situation on the roads. The Traffic fraternity has a responsibility to change the culture of South African road users, both drivers and pedestrians, to create an environment that respects life and the law. Selfish, lawless behaviour must be eliminated.

The achievements of first three years were apparently dramatic, however this level of success has not been sustained. There is still a long way to go. If the NFAIC data is relied upon, the

death toll on KwaZulu-Natal's roads has increased over the last four years that has it exceeding its 1996 levels. The cost of road trauma is unacceptable balanced against the critical need for basic community justice and welfare services.

The Victorian *Safety First* Model had laid the foundations for a new era in road safety in KwaZulu-Natal and South Africa. There is no doubt that the new institutional arrangement of the proposed Road Traffic Management Corporation will address many of the institutional, resource and capacity problems facing the country. The lessons of KwaZulu-Natal and Victoria will undoubtedly help to shape the strategy that this new body should follow.

However, what has become apparent is the limited success in the transfer of skills, knowledge and understanding of the theory and practice of the Victorian Road Safety Strategy. The Victoria Solution, as such, cannot be transposed onto foreign environments without significant review and adaptation based on local expectations and conditions.

The fact that the project has not achieved its objectives must be accepted and addressed as a matter of urgency.

In order to address the situation as depicted, all Provincial road safety programs should be undertaken in the context of the National Program – Arrive Alive. This is the only way forward if true consistency of effort and application is to be realised.

Substantial community consultation must be undertaken to ensure that any future deployment of Victoria's, or any other Country or State's, road safety strategy in South Africa is customised and adapted to meet the prevailing social, economic, political and geographic conditions of the target environment.

Without this substantial review and consultation process, any future projects of this nature are exposed to significant risk of achieving only limited success or ultimately, failure.

## **References**

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