

**Amendment of the project proposal:**

<b>Project title</b>	Strengthening the post-crash response in Bangladesh	
<b>Implementation organization(s)</b>	World Health Organization, Bangladesh	
<b>Participating UN Organization(s)</b>		
<b>Other partner(s)</b>		
<b>Beneficiary country(ies)</b>	Bangladesh	
<b>Country category</b>	Low-Income	<i>indicate % of total cost:</i> _____
	Middle-Income	<i>indicate % of total cost:</i> _____
<b>Total budget including co-financing (in USD)</b>	160,000	
<b>Budget to be funded by UNRSF (in USD)</b>	160,000	
<b>Estimated start date</b>	01 October 2021	
<b>Estimated end date</b>	30 March 2023	
<b>Duration (in months)</b>	18	

**Primary contact person**  
*Name, title, e-mail and telephone*

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**Type of Submission:**

New Project

Project amendment

Though the start date of the award was 1 October 2021, following some administrative delay, the fund was made available to WCO only in January 2022, which delayed the initiation of the project. Upsurge of Covid-19 in early 2022 further delayed the process. The strategy, costed action plan, protocols and training manuals for post-crash response are under development, which would contribute to output 1.1 and 1.2 of the workplan. However the process of developing the demonstration model contributing to output 2.1 and 2.2 is delayed because this activity is dependent on output 1.1 and 1.2. Selection of agency for developing the demonstration model is now at its final stage. However, development of a good model to demonstrate the effectiveness of the proposed approach would take 6 to 8 months, thereby a no-cost extension of the award up to 30 March 2023 is requested

Submitted by

Name and title:



Dr Bardan Jung Rana  
WHO Representative  
World Health Organization Country Office for  
Bangladesh

Date: 11.07.22

## UN ROAD SAFETY FUND CALL FOR PROPOSALS 2020

### APPLICATION FORM – STAGE I

Read the Application Guidelines carefully before filling in the Application Form. Do not modify the form's original format. Modified forms will not be accepted. Submission deadline is **31 Jan. 2021 (23:59 CET)**

#### 1. COVER PAGE

<b>Project title</b>	<i>Strengthening the post-crash response in Bangladesh</i> <i>[keep title brief and mention country/ies where the project is implemented]</i>
<b>Participating UN Organization(s)</b>	<i>World Health Organization, Bangladesh</i> <i>[UN organization(s) that will receive project funds directly]</i>
<b>Implementing organization(s)</b>	<i>Directorate General of Health Services, Ministry of Health and Family Welfare, Government of Bangladesh</i> <i>[non-UN organizations that will receive project funds from the participating UN organization(s) to implement the project]</i>
<b>Other UN partners</b>	<i>[other UN organizations that will partner in the implementation of the project but will <u>not</u> receive project funds]</i>
<b>Other partner(s)</b>	<i>[other non-UN organizations/entities that will partner in the implementation of the project but will <u>not</u> receive project funds]</i>
<b>Beneficiary country(ies)</b>	<i>Bangladesh</i>
<b>Country category</b>	<input checked="" type="checkbox"/> <b>Low-Income</b> indicate % of total budget: _____ <input type="checkbox"/> <b>Middle-Income</b> indicate % of total budget: _____
<b>Total budget including co-financing (in US\$)</b>	<i>160,000</i>
<b>Budget to be funded by UNRSF (in US\$)</b>	<i>160,000</i>
<b>Estimated start date</b>	<i>October 2021</i> <i>[do not indicate a start date earlier than Sept. 2021]</i>
<b>Estimated end date</b>	<i>September 2022</i>
<b>Duration (in months)</b>	<i>12</i>
<b>Primary contact person</b> <i>Name, title, e-mail and telephone</i>	<b>Dr Bardan Jung Rana</b> WHO Representative World Health Organization Country Office for Bangladesh E-mail: <a href="mailto:ranab@who.int">ranab@who.int</a> Telephone: +880 2 883 1415
<b>Submitted by</b>	Name and title: Nhan Tran, Head, Safety & Mobility, WHO HEP/SDH Signature:  Date: 31 January 2021



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## 2. PROJECT DESCRIPTION

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### 2.1 BRIEF DESCRIPTION

*In a sentence, state the objective (i.e., the overall intention) to be achieved through this proposed project.*

To develop strategy, costed action plan, protocols and training manuals for pre-hospital and hospital care, and to support a pilot project to build the capacity for pre-hospital and hospital care for victims of road crash injuries.

### 2.2 PROJECT SUMMARY

*Provide a summary of the project by including the following: background and problem statement, proposed solution and approach in the targeted country(ies), its intended impact, linkages/synergies with ongoing initiatives, national strategies, SDGs, UN General Assembly resolution A/RES/74/299, possible scale-up/replication and finally, any noteworthy innovations (max 1500 words).*

#### **Background and problem statement**

High fatality and injury rates on Bangladesh's roads are undermining the remarkable progress that the country has made on boosting economic growth and reducing poverty<sup>1</sup>. Road traffic injuries have emerged as a worrying public health problem in Bangladesh. As per the WHO Global Status Report on Road Safety 2018, estimated 25,000 people lost their lives in 2016 due to road traffic injuries in Bangladesh<sup>2</sup>. The Directorate General of Health Services (DGHS) reports in their Health Bulletin road traffic injuries as one of the leading causes of inpatient admissions in government health facilities for persons of age 5 years and above. Road traffic crashes predominantly affect those in the productive age group creating a burden on the economy.

Road safety is included in the 2030 agenda of the Sustainable Development Goals 11.2 aiming to provide access to safe, affordable, accessible, and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities, and older persons. In 2020, the UN General Assembly adopted resolution A/RES/74/299 on Improving Global Road Safety. The resolution included *post-crash care*, rehabilitation and social reintegration for road traffic victims.

The Post-Crash Response is the fifth pillar of the UN's Decade of Action Road Safety Plan (2011-2020). For a holistic approach to road safety, measures are needed to minimize the consequences of crashes and improve delivery of emergency treatment and rehabilitation services for crash victims. Studies worldwide have shown that death was potentially preventable in a large proportion of those who died as a result of road crashes before they reached hospital<sup>3</sup>. Furthermore, in many low-and middle-income countries including Bangladesh, victims do not possess social security, health cover or life insurance and therefore lack access to hospital care. According to Bangladesh Health and Injury Survey 2016, two-thirds of all road traffic fatalities die on the way to hospital and three-fourths do not receive any form of pre-hospital care. Given that post-crash morbidity and mortality can be reduced by providing timely pre-hospital and hospital-based care, it is imperative to have a robust post-crash response system in place.

In Bangladesh, there are national emergency number and health center number of the Directorate General of Health Services (DGHS) to access emergency care, but the effectiveness of these numbers are not known<sup>4</sup>. There is no strategy, protocol or guideline on pre-hospital care to ensure emergency medical services to road crash victims at the crash site and for the protection of the persons who provide roadside care to victims. Furthermore, currently, less than 10 percent of all seriously injured crash victims in Bangladesh are transported by ambulance to their first

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<sup>1</sup> Delivering Road Safety in Bangladesh (2020); Washington DC: The World Bank

<sup>2</sup> Global Status Report on Road Safety (2018) ; Geneva: World Health Organization

<sup>3</sup> Hussain IM, Redmond AD. Are pre-hospital deaths from accidental injury preventable? British Medical Journal, 1994, 308:1077–1080

<sup>4</sup> Hasan et al. (2017). "Ambulance Policy Yet to be Okayed." Dhaka Tribune.

<https://www.dhakatribune.com/bangladesh/2017/01/08/ambulancepolicy-yet-okayed>.



point of emergency care. Ambulances are operating in a disjointed and scattered way as there is no clear policy on deploying ambulances. Pre-hospital and hospital-based trauma care services are not well developed in Bangladesh. However, currently a few organizations are providing on-the-spot first aid and transport service to crash victims.

## **Proposed solution and approach**

### Development of strategy, costed action plan

The Directorate General of Health Services (DGHS), Ministry of Health & Family Welfare, Government of Bangladesh, with support from the WHO and other relevant stakeholders, will develop a strategy and a costed action plan through stakeholder consultations to strengthen the post-crash care for victims of road traffic injuries. This document will be the guiding document to gradually develop and strengthen pre-hospital and hospital care, including engaging the community, training volunteers, setting up telecommunication protocol, ensuring logistic supplies, arranging safe transportation of the injured persons to nearby hospital, strengthening emergency management of injured patients at roadside primary health care facilities, and sustainable funding for the initiative. The strategic plan will be aligned with the National Road Safety Action Plan.

### Protocols and training manuals

The DGHS, with support from the WHO and other relevant stakeholders will develop protocols and training manuals for first responding volunteers, transporters and primary health care providers to facilitate uniform evidence-based management of injury and psychological care for the victims, as well as to ensure uniform supply of logistics across the country, in alignment with WHO Emergency Care System Assessment Tool.

### Pilot project

The DGHS, with support from the WHO and other relevant stakeholders, will implement a pilot project at a suitable section of road, to test the model including training of volunteers and primary health care providers, supply of logistics, operational challenges, sustainability and acceptance by and involvement of the community. The model will include immediate rescue intervention plans for those who sustained injuries, and their families or care-givers or the relatives. As per the protocol, early rehabilitation will be provided in hospital care to minimize disability and emotional trauma and ensure social and medical (psychological and physical) care for injured victims and bereaved families. The pilot project will end with project evaluation, generating a set of recommendations and action plans and identify priorities for future expansion of the service.

## **2.3 PROJECT DESIGN**

*List expected project results (i.e., expected outcomes, outputs and activities). These results must be measurable and logically connected. Highlight key implementation partners. Include estimated time schedule and budget.*

<b>Description</b>	<b>Partners</b>	<b>Indicators for success</b>	<b>Start and end dates</b>	<b>Budget (USD)</b>
<b>Outcome 1: Strategic and technical documents validated by the Government is made available to reduce morbidity and mortality from road traffic injuries in Bangladesh.</b>	<ul style="list-style-type: none"> <li>• Relevant UN agencies</li> <li>• Academic institutes</li> <li>• Civil society</li> </ul>		October 2021 – September 2022	14,533
<i>Output 1.1: Strategy and costed action plan developed to strengthen post-crash response in Bangladesh</i>		Strategy and costed action plan to strengthen post-crash response in Bangladesh developed and validated.		

<p>Activity 1.1.1: Agreements concluded with DGHS and other stakeholders. Consultant hired.</p> <p>Activity 1.1.2: Strategy and costed action plan developed through stakeholder consultations.</p> <p>Activity 1.1.3: Strategy and costed action plan validated by the Government as a policy document.</p>				
<p><i>Output 1.2: Protocols and training manuals developed for first responding volunteers, transporters and primary health care providers.</i></p>		<p>Protocols and training manuals for first responding volunteers, transporters and primary health care providers developed and validated.</p>		
<p>Activity 1.2.1: Agreements concluded with DGHS and other stakeholders. Consultant hired.</p> <p>Activity 1.2.2: Protocols and training manuals developed through stakeholder consultations.</p> <p>Activity 1.2.3: Protocols and training manuals validated by the Government as a policy document.</p>				
<p><b>Outcome 2: Tested and scalable model on post-crash response made available to reduce morbidity and mortality from road traffic injuries in Bangladesh.</b></p>	<ul style="list-style-type: none"> <li>• Relevant UN agencies</li> <li>• Academic institutes</li> <li>• Civil society</li> </ul>		<p>October 2021 – September 2022</p>	<p>80,000</p>
<p><i>Output 2.1: A scalable model on pre-hospital care for victims of road traffic injuries developed.</i></p>		<p>A scalable model on pre-hospital care for victims of road traffic injuries made available.</p>		
<p>Activity 2.1.1: Agreements concluded with an appropriate organization to pilot the model on post-crash response based on national strategy and protocols.</p> <p>Activity 2.1.2: Awareness campaign undertaken to engage community.</p> <p>Activity 2.1.3: Training given to volunteers and transporters.</p> <p>Activity 2.1.4: Telecommunication protocol and platform established.</p> <p>Activity 2.1.5: Supply and logistics for providing first aid to victims ensured</p> <p>Activity 2.1.6: The model evaluated, and a report developed with recommendations to the Government.</p>				



<i>Output 2.2: A scalable model on management of victims of road traffic injuries at primary health care settings developed.</i>		A scalable model on management of victims of road traffic injuries at primary health care settings made available.		
Activity 2.2.1: Training given to primary health care providers at Government primary health care facilities.  Activity 2.2.2: Supply and logistics for stabilizing the patient is ensured  Activity 2.2.3: The model evaluated, and a report developed with recommendations to the Government.				
<b>Consultant to support the project for one year</b>			October 2021 – September 2022	55,000
<b>Indirect cost</b>				10,467
<i>[Add additional rows as needed]</i>				

#### 2.4 APPROACH AND EFFECTIVENESS

*Explain why you consider this approach (scope/timeframe etc.) to be the most effective way to reach the project's objectives and outcomes. Outline why the country(ies) need assistance. (max 1000 words).*

GOVERNMENT APPROVED STRATEGY, ACTION PLAN, PROTOCOLS AND TRAINING MANUALS ARE NOT YET AVAILABLE IN BANGLADESH. DEVELOPMENT OF THESE DOCUMENTS THROUGH STAKEHOLDER CONSULTATION; AND DEVELOPMENT AND TESTING OF A POST-CRASH RESPONSE MODEL UNDER THE LEADERSHIP OF THE GOVERNMENT WITH AN AIM TO GRADUALLY IMPLEMENT THE MODEL THROUGHOUT BANGLADESH WILL BE AN EFFECTIVE WAY TO REDUCE MORTALITY AND MORBIDITY FROM ROAD TRAFFIC INJURY. A RESULT PRODUCING MODEL DEVELOPED THROUGH ASSISTANCE WILL ENCOURAGE THE GOVERNMENT TO INVEST IN SCALING UP THE MODEL.

#### 2.5 CONSISTENCY WITH GLOBAL FRAMEWORK PLAN OF ACTION FOR ROAD SAFETY

*Shade the relevant cell(s) of the figure below in gray to indicate which aspects the project will focus on.*

Area	Legislation	Enforcement	Education	Technology	International Regulatory Support
<b>Pillar</b>					
	<b>Road safety management</b>				
<b>Safe user</b>	Traffic rules Drivers Cyclists Pedestrians	Lawful behavior ensured by police and inspectors	Awareness raising, training and examination	Supportive technology and equipment, rules reminders	UN RS legal instruments and resolutions, WP.1, SC.1, WP.15
<b>Safe vehicle</b>	Rules and standards for admission of vehicles to traffic	Certification and inspections by qualified inspectors	Awareness raising for users, training for inspectors	Supportive technology and equipment, compliance reminders	UN RS legal instruments and resolutions, WP.1, WP.29

<b>Safe road</b>	Standards for design, construction, maintenance and signage	Audit, assessment and inspection by qualified teams	Awareness raising for road managers, users, and for inspectors	Forgiving and self-explaining road design, intelligent road systems	UN RS legal instruments and resolutions, int. standards WP.1, SC.1
<b>Effective post-crash response</b>	Standards for data collection post-crash response and investigation	Oversight of rescue services, investigators investigating crashes	First aid and rescue service training, investigators training	Supportive technology and equipment	Consolidated resolution, int. standards, WP.1, SC.1

### 2.6 BENEFICIARY GOVERNMENT(S) ENDORSEMENT

Please confirm, if the project was requested and/or discussed with beneficiary government(s). Attach the relevant request or endorsement by the beneficiary government(s) to your application. For successful projects, budget funds will only be transferred when a letter of support from the relevant national counterpart(s) is received by the secretariat by the end of the second stage of the application process.

- Received  
 Under discussion  
 Comments: \_\_\_\_\_

## 3. PRIORITIES OF THE 2020 CALL FOR PROPOSALS

### 3.1 EXPECTED IMPACT

Explain the likely impact of this project on road safety in the project country(ies) demonstrating the linkage of project results towards a reduction of road fatalities and serious injuries. Justify how the results of the project will be sustainable. (max 750 words).

The outcome of this project is expected to strengthen the post-crash response in Bangladesh. The activities will support to adopt evidence-based approaches and best practices under the WHO recommended pillars of a safe systems approach, including post-crash care and the treatment of victims of road traffic injuries, which would contribute to achieving Universal Health Coverage. The results of the project will be sustainable through scaling up the model by the Government throughout Bangladesh, as part of Essential Health Service Delivery through strengthening Primary Health Care System.

### 3.2 LINK WITH MANDATE OF PARTICIPATING UN ORGANIZATION(S)

Explain how this project fits within the programme of work of your respective UN organization(s). Please also outline your organization's experience in relation to the issues targeted in this proposal and in this country(ies) (max 750 words).

WHO works across sectors with Member States, and national and international partners and stakeholders to support road safety evaluation, implementation and planning<sup>5</sup>. WHO Bangladesh provided technical assistance to the Government in drafting the Bangladesh Road Transport Authority Act and Road Transport Act. WHO also supported the Government to provide data for Global Status Reports on Road Safety.

### 3.3 SYNERGIES

Explain how this project maximizes synergies (i) with other past or ongoing road safety projects in the country or beyond; (ii) with national priorities and strategies; (iii) other development challenges and issues (max 1500 words).

<sup>5</sup> Road Traffic Injuries (WHO), retrieved from [https://www.who.int/health-topics/road-safety#tab=tab\\_3](https://www.who.int/health-topics/road-safety#tab=tab_3)



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Global priority to road safety was expressed through setting up SDG Goal 3.6 of 50% reduction of deaths and injuries from road traffic crashes by 2020. In line of that, the Government of Bangladesh (GoB) also prioritized road safety, enacted Road Transport Act 2018 replacing the Motor Vehicle Ordinance of 1983 and updated its National Road Safety Strategic Action Plan in 2020. The GoB is also considering institutional reforms to address road safety management priorities. The National Road Safety Council (NRSC) has proposed the establishment of a Road Safety Authority to lead the road safety effort and called for improved safety data collection. The NRSC has also proposed the establishment of a Road Safety Fund to ensure adequate resourcing of proposed actions and their monitoring and evaluation <sup>6</sup>.

Prevention and emergency management of road traffic injuries is addressed in the operational plan of noncommunicable disease control programme (2017-2022) of the Ministry of Health & Family Welfare. The plan includes awareness raising activities about traffic rules and safety, training on pre-hospital care by the first responder and comprehensive training on trauma case management to the health care providers. Strengthening the Community Based Health Care (CBHC), Secondary and Tertiary-level Hospital Management System (HSM) are considered cross-cutting issues which include: (i) Ensure emergency assistance for rescue and transportation of the crash victims within golden hour. (ii) Establish emergency medical service system – pre-hospital and hospital care and (iii) Ensure treatment of the road crash victims in public and private hospitals.

Other activities of the operational plan include effective co-ordination and collaboration (non-health interventions) especially with the road safety council which is responsible for planning, implementation and monitoring of road safety activities, formulating road safety policy, facilitating funding, dissemination of information, organizing road safety education and publicity and training. The activities also include collaboration between relevant sectors/departments/agencies for injury information and reporting and provide emergency medical services. The technical committee of this project will conduct national level consultative workshop which is expected to complement multisectoral collaboration.

### 3.4 COVID-19

*Does your project connect with the changing priorities of governments as a result of the COVID-19 pandemic with respect to building back better and safer mobility? (max 700 words).*

During COVID-19, road crashes also results in a large number of serious injuries. This takes away medical resources which are already being stretched to the limit by the pandemic. In Bangladesh, about 70 percent of poor rural families suffering a road death saw their income decrease (World Bank, 2020). With limited resource, this additional patient load makes it even more difficult for the Government to provide essential health services at an affordable cost to everyone. Preventing road traffic injuries and fatalities means that these valuable resources could be saved and used for other priority health concerns including service for prevention and management of COVID-19. As road safety is not often the highest focus for most governments during the COVID-19 pandemic, the project will engage the Ministry of Health and Family Welfare for identifying the priorities in the new normal. The project is expected to maximize the impact and achieve the highest output from the limited resources.

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## 4. BUDGET AND PROJECT MANAGEMENT

### 4.1 INDICATIVE BUDGET

*See Annex I of Application Guidelines for description of UNDG budget categories. If this is a joint project with two or more participating UN organizations that will jointly implement activities, then Table 1: Budget Summary (multiple agency) from the Budget Form (Stage II) should instead be used.*

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<sup>6</sup> Delivering Road Safety in Bangladesh (2020); Washington DC: The World Bank



Object of expenditure		Notes	Requested from UNRSF (US\$)	Co-financing (US\$)
1.	Staff and other personnel costs	A staff/ consultant for 1 year	55,000	0
2.	Supplies, commodities, materials		18,000	0
3.	Equipment, vehicles and furniture including depreciation		0	Use of WHO BAN vehicles
4.	Contractual services	Agreement with the Directorate General of Health Service and other potential partners.	76,533	0
5.	Travel		0	0
6.	Transfers and grants counterparts		0	0
7.	General operating and other direct costs		0	0
<b>Total project direct costs</b>				
8.	Indirect support costs (7%)		10,467	
<b>Grand total</b>			160,000	

#### 4.2 VALUE FOR MONEY

*Why are the costs of reaching each output and outcome of your project justifiable? Is the project maximising the impact of each dollar spent? Will the project be leveraging any co-financing? (max 750 words).*

*Road safety measures are proved to be cost-effective<sup>7</sup>. The aim of the project is to develop a simple, community oriented, low-cost post-crash response model, to be scaled up and made sustainable through incorporating it into Essential Health Service Delivery framework. Staff time of Government officials will be available to implement the project.*

#### 4.3 IMPLEMENTATION ARRANGEMENTS

*Explain roles and responsibilities of the parties involved in governing and managing the project, for example, the number of full-time and part-time staff. Identify the national agency/competent authority(ies) that will be engaged as well as civil society actors that will be partnered with. Outline any governance mechanisms that will be utilized or established. (max 750 words).*

*The WHO will support the Noncommunicable Disease Control Unit (NCDC) of the Directorate General of Health Services, Government of Bangladesh to implement the project. The NCDC will organize consultative workshops to develop the strategy, actional plan, protocols and training manuals and get the documents validated by the Government. WHO will also support the NCDC to pilot a model on post-crash response in collaboration with other organizations with technical expertise as appropriate and prepare a set of recommendations for the Government on strengthening pre-hospital and hospital care service for victims of road traffic injuries.*

<sup>7</sup> Daniels S et al. A systematic cost-benefit analysis of 29 road safety measures, Accident Analysis & Prevention, Volume 133, 2019



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## 5. PROJECT SUBMISSION

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ARE ALL THE FOLLOWING ELEMENTS INCLUDED AND COMPLETED IN YOUR APPLICATION?	
Section 1. Proposal Cover Page	<input checked="" type="checkbox"/> Yes
Section 2. Project Description	<input checked="" type="checkbox"/> Yes
Section 3. Priorities of the 2020 Call for Proposals	<input checked="" type="checkbox"/> Yes
Section 4. Budget and Project Management	<input checked="" type="checkbox"/> Yes
Letters of support from national counterparts	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Any other annexes (depending on application)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A