

General Information

Fund	MPTF_00161: UN Road Safety Trust Fund						
FMP Record	MPTF_00161_00075: A Safe Systems Approach for Safer Roads in Jamaica						
MPTFO Project Id							
Start Date							
End Date							
Applicants	Status	Contact Type	Name	e-mail	Position	Telephone	Skype
	Active: 30-Jun-2022 7:21:00 AM	Project Manager	Jonathon Passmore	passmorej@who.int			
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	Project Manager	Patrice Lawrence Williams	lawrencp@paho.org	Advisor, NCDs and Mental Health			

Description

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RATIONALE

Road Traffic Injuries (RTI) are a global epidemic. The World Health Organization (WHO) estimates that 1.3 million people die each year as a result of road traffic crashes.

An unacceptably high number of people die from RTI in Jamaica each year, constituting the 11th leading cause of death. In addition, more than 10,000 persons are non-fatally injured annually; many of them suffering long-term disability. As a result, an estimated 18,955 years of healthy life are unnecessarily lost per year due to RTI. According to local data from 2001 to 2020, fatal RTI mainly affected the poor and other vulnerable road users, such as pedestrians (28.1%), motorcyclists (17.5%), private motor vehicle drivers (16.6%) and passengers (15.7%). Males account for 70% of all related RTI fatalities. This implies a significant social and economic costs for the country, which was estimated to be over J\$2.6 billion/year equivalent to 1.2% of the country's GDP in 2014. A trend analysis reveals that the number of injuries and fatalities has been increasing since 2012.

Local evidence shows that driving under the influence of alcohol is commonly present in both, traffic collisions and resulting fatal and non-fatal injuries. The 2016 National Drug Use Prevalence Survey estimated 18% of males and 5% of females self-reported driving under the influence of alcohol in the last 12 months. Another study conducted in hospital settings estimated 43% of RTI receiving care had used alcohol before the injury. In addition, a previous report elaborated by UNICEF in 2018 shows that speeding is the second most common cause of traffic infractions in the country. From January 1 to November 20, 2017, a total of 32,365 traffic tickets were issued for exceeding the speed limit; 3% exceeded the speed limit over 51 or more km/hr; 19% exceeded the speed limit by 33-50km/hr, and 78% exceeded the speed limit 16-32 km/hr. Speeding resulted in 60% of crashes on rural roadways; and was present in 23% of fatal road crashes. All this is consistent with global evidence that shows speeding and drink-driving commonly coexist and interact. Both disproportionately affect vulnerable road users, such as pedestrians (specially children, the elderly, and people living with disabilities), cyclists and motorcyclists.

For all these reasons, RTI are an important and priority public health problem in Jamaica. The importance of improving road safety has been recognized and supported by the local authorities at the highest level, including the Office of the Prime Minister. Subsequently, special efforts were made to provide an enabling environment through the strengthening of policies and legislations. In 2015 the Disaster Risk Management Act was amended to include threats introduced by the increasing motorization in the country. Important improvements were made to the Road Safety legislation when the Road Traffic Act was published in 2018. The Jamaican cabinet recently approved the development of a new National Road Safety Policy to replace the policy introduced in 2004. The PAHO Country Office in Jamaica provided support through the procurement of a consultant in 2021 to conduct a wide multisector stakeholder consultation in October 2021 and assist in the development of the first version of this policy. A Committee, chaired by the Executive Director of the NRSC, was identified to carry on this work in which many of those who will participate in this project will also take part. From 2016 to 2021, the Ministry of Health and Wellness (MoHW) continued to enhance emergency care in Jamaica which included improving triage system in emergency departments units and increasing the number of sites for prehospital emergency care, among other key activities.

While these efforts are important, the MoHW and the Pan American Health Organization (PAHO) along with colleagues from key sectors in Jamaica, including the National Road Safety Council (NRSC), have identified some challenges which may prevent the country to successfully achieve the global target of the Second Decade of Action for road safety. A projection using the current trend (or business as usual) shows that the mortality rate will keep increasing if efforts are not accelerated or further action is implemented soon. An acceleration in the implementation of key recommendations of the Global Plan is required. A clear example is the need to adopt best-practices in road safety legislation and to enforce it rigorously.

Road Safety legislation in Jamaica needs to allow local authorities to reduce speed limits if needed, reduce maximum BAC/BrAC level for all and particularly for novice/young drivers, and allow the police to conduct random breath testing without probable cause, for example. Evidence shows that a comprehensive legislation on drink-driving has the potential of reducing between 6 to 18% the number of associated deaths. Speed control could reduce 22% the number of traffic collisions and 17% those crashes with injured, and even more if these strategies are put in place in known hotspots.

In the 2018 global status report on road safety, participating local professionals recognized performance of traffic police enforcement was far from ideal and rated it as reprobatory. While the traffic police have an ongoing breathalyzer and speed enforcement programme, their work could highly benefit from more up-to-date equipment that allows them to increase the coverage of this work strategically. For this, the country has 26 speed radars that will be complemented with laser speed cameras that can improve measurements and facilitate police enforcement activities. Police also has 40 devices to screen alcohol and 8 devices to quantitatively measure alcohol in breath and are about to acquire 20 more; with this project, we will enhance the reach of road policing activities.

STRATEGIES

To support the ongoing response by the Government of Jamaica, the NRSC and other key stakeholders to accelerate the response for the achievement of the national target, and by extension the global target, for the Second Decade of Action for Road Safety, the project will support the national authorities to improve and accelerate their response to mitigate the escalating rise in RTI mortality rates despite current efforts. The proposed interventions specifically address critical aspects of the National Road Safety Policy which has been shown to have maximal benefits if strengthened. This includes emphasis being placed on the two risk factors that will send the right message to the population – speeding and drink-driving are no longer tolerable. Specifically, the project aims to strengthen road safety management, improve the behaviour of road users and improve the post-crash response.

The project objectives will be achieved through improving and sustaining operational activities to reduce risky behaviours associated with drink-driving and speeding; improving technical capacity to implement enforcement strategies; improving collection of key data to support the local efforts to strengthen the current legislation and inform the policy development; and strengthen the post-crash response. This work will contribute to three of the core strategic priorities outlined in the proposed strategy for the achievement of the global road safety targets. Strategic interventions to be introduced include:

1. The **strengthening of Road Safety Management**, by strengthening the policy framework, improving governance and road safety data management. The project will also support the strengthening of a multi-sectorial mechanism (a Project Coordinating Committee or impact team) that will work in coordination. These interventions will highly support the creation of the enabling environment to strengthen the development and implementation of the National Road Safety Policy and Legislation that has commenced.
 - o Development of a national action plan to implement the Policy

	<ul style="list-style-type: none"> ○ Strengthen the multi-sectoral coordinating mechanism. ○ Operationalization of the new JISS, version 3 to produce accurate and dependable injury related reports. ○ Provide the relevant quantitative data to inform the development of the Road Safety Policy and plan. ○ Strengthen onsite crash data collection nationally, by training the police and providing better equipment. <p>2. Promoting safer use of roads. As pointed out by UN's Global Plan for the Decade of Action for Road Safety 2021-2030, addressing risky behaviors requires a combination of adequate legislations (those that take into account best-practices), rigorous enforcement (including appropriate penalties to deter these behaviors) and education. Under this technical priority, the project will support interventions that contribute to develop and implement a rigorous enforcement strategy that addresses speeding and drink-driving; and to equip the police with the necessary technical skills and equipment to strengthen enforcement strategies. This includes the upgrading of police alcohol checkpoints; improve the speed enforcement and the Public Education Programmes of Jamaica.</p> <p>3. Strengthening emergency trauma care. Under this technical priority, the project will support the conduction of an emergency and critical care system assessment and the development of an implementation plan based on priorities identified as well as further in-kind financial and technical support could be provided from WHO/PAHO to start implementing priority actions.</p> <p>These priorities address the needs and gaps identified jointly with the NRSC, MoHW, the PAHO/WHO and UNICEF and are aligned with the recommendations of the Global Plan for the Second Decade of Action for Road Safety 2021-2030.</p> <p>A monitoring and evaluation component will be built into the project to assess progress on its implementation. Upon complete implementation of this project, we strongly believe that road safety management will be improved, the population will be a more informed about road safety resulting in more responsible use of the roadways; access to quality emergency care will be improved and an overall reduction in death and disability from RTI.</p>			
Universal Markers	Gender Equality Marker	Risk		
	<ul style="list-style-type: none"> • GEM1 - The Key Activity contributes to GEWE in a limited way 	<ul style="list-style-type: none"> • Low Risk 		
Optional Markers	WB Income Category			
Fund Specific Markers	Core Strategic Priorities	Core Strategic Priorities		
		<ul style="list-style-type: none"> • Road Safety Priority (1) Strengthened road safety management • Road Safety Priority (4) Improved behaviour of road users • Road Safety Priority (5) Improved Post-crash care 		
Geographical Scope	Geographical Scope	Name of the Region	Region(s)	Country
	<ul style="list-style-type: none"> • Country 	<ul style="list-style-type: none"> • Caribbean Region 	<ul style="list-style-type: none"> • Americas 	<ul style="list-style-type: none"> • Jamaica
Participating Organizations and their Implementing Partners	Participating Organizations	Government/ Multilateral/ NGO/ Other	New Entities	Implementing Partners
	<ul style="list-style-type: none"> • WHO - WHO (World Health Organization) 			The National Road Safety Council, The Ministry of Transport and Mining, The Ministry of Health and Wellness, The Ministry of National Security, Ministry of Local Government including the Jamaica Fire Brigade
Programme and Project Cost	Participating Organization	Amount (in USD)		Comments
	Budget Requested			
	WHO	\$400,000		
	Total Budget Requested	\$400,000		
	Tranches			
	Tranche 1 (100%)			
	WHO:	\$400,000		
	Total:	\$400,000		
	Other Sources (Parallel Funding)			
	Total	\$400,000		
Thematic Keywords				
Programme Duration	Anticipated Start Date	01-Jan-2023		
	Duration (In months)	36		
	Anticipated End Date	01-Jan-2026		

Comments	<p>1. Information session Mandatory Guidance points not addressed:</p> <ul style="list-style-type: none"> Point No 2. The project team should define a broader theory of change within which all project activities are well defined, including the intended outcome of measurable activities. The project should also clearly identify the expected outcomes of the project activities that would fit within the project's lifeline. <p>2. Logframe guidance to be addressed:</p> <p>Outcomes Tab:</p> <ul style="list-style-type: none"> The project impact level is missing. The outputs and outcomes need to be better explained in the project context. Now they are not clear. For example, the activity of 'development of a national action plan for road safety,' doesn't lead to 'improved capacities to develop action plan.' Whose capacity is being built and how? <p>Manage Indicators Tab:</p> <p>Project indicators</p> <ul style="list-style-type: none"> The project has only imported the fund level indicators. The project needs to specify indicators and MOV for their specific outputs and outcomes. <p>(Comments on behalf of the experts review team)</p>
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Narratives

Title	Text	Comments
FOUNDATION Location: List the countries where this project is being implemented.		
FOUNDATION Purpose: Why are we doing the project? 200 words	<p>Road traffic crashes (RTCs) are a major public health issue and are the 11th leading cause of premature death in Jamaica. The number of injuries and fatalities are increasing in recent years and those affected are mainly the poor and other vulnerable road users.</p> <p>The cost of care of those injured from road traffic crashes cause a burden on the health care system and those affected directly and indirectly often leads to significant hardships especially among the more vulnerable.</p> <p>Road traffic injuries and deaths are preventable and by taking a safe system approach to road safety the country will be on its way to achieving the SGC target of 50% reduction of road traffic deaths by the year 2030.</p>	Please see comments in the General Information and Workflow tabs.
PEOPLE Sponsorship: Who is accountable for the project? 500 words	<p>PAHO – PAHO/WHO Representative in the Jamaica Country Office – Mr Ian Stein</p> <p>UNICEF</p> <p>National Road Safety Council</p> <p>Ministry of Transport and Mining</p> <p>Ministry of National Security – Road Traffic Unit of the Jamaica Constabulary Force</p> <p>Ministry of Health and Wellness</p> <p>Ministry of Local Government including the Jamaica Fire Brigade</p>	Please see comments in the General Information and Workflow tabs.

<p>PEOPLE Stakeholders: Who will benefit from and be affected by the project? 300 words</p>	<p>The population of Jamaica will benefit from an overall reduction in the injuries, disabilities and premature deaths from road traffic crashes. There will be strengthening of capacity and provision of resources for Traffic Police to monitor impaired driving on the roadways.</p> <p>There will be a reduction in the cost of RTC on the Health Sector and on the national economy.</p> <p>The Emergency Medical Bill will be advanced and deliberated on in Parliament</p> <p>The Emergency Care System Assessment will be completed and followed by the development of an Emergency Care System Implementation Plan. This will result in the enhanced post-crash care and overall reduction in deaths, injuries and severe disabilities from RTCs.</p>	<p>Please see comments in the General Information and Workflow tabs.</p>
<p>PEOPLE Stakeholders: Which vulnerable road user groups will be directly affected by the project? 100 words</p>	<p>All road users, with specific emphasis on children and other pedestrians, motor-cycle drivers and affected persons in need of pre-hospital care.</p>	<p>Please see comments in the General Information and Workflow tabs.</p>
<p>PEOPLE Resources: What expertise is needed to deliver the project successfully? 300 words</p>	<p>Project management expertise, road safety knowledge, Expertise in the selection of current breathalyzer technology, training, and use of breathalyzers, and establishing suitable substance abuse check points. Expertise in post-crash care in keeping with recommended WHO standards, to improve current practice and train others.</p> <p>Expertise to conduct the Emergency Care System Assessment. Expertise to identify and implement a suitable comprehensive data system for reporting road traffic injuries and deaths. Expertise to develop and implement a public education program around the various facets of Road Safety.</p> <p>Experts with these skills will need to be recruited locally or internationally to deliver the project in a timely and efficient manner.</p>	<p>Please see comments in the General Information and Workflow tabs.</p>

<p>PEOPLE Resources: How have the intended implementation partners demonstrated this expertise? 200 words</p>	<p>The Traffic Police have an ongoing breathalyzer and speed enforcement program, but it is under-resourced and in need of more up-to-date equipment. Routine data are currently available from the limited equipment, but this needs to be significantly improved.</p> <p>The technical training for post-crash care can be done locally through the Faculty of Medical Sciences of The University of the West Indies. Relevant personnel can be recruited locally to support this project. However, there will be the need for external support to conduct the Emergency Care System Assessment.</p> <p>There exists a hospital based computerized injury surveillance systems, Jamaica Injury Surveillance System and Patient Administration System (JISS/PAS), which had been established since 1999 and provides a risk profile for injuries. The MOHW is working to upgrade of health information management system and ICT infrastructure to support software implementation to manage patient records and reporting.</p> <p>The Disaster Risk Management Act of 2015 was recently amended to include threats created by increasing motorization.</p> <p>The Enhancing Emergency Medical Care Systems Project was recently concluded that sustained the implementation of the Revised Triage System in Emergency Departments, enhanced Treatment capacity at receiving hospitals and expanded the number of sites for Pre-Hospital Emergency Medical Service (PHEMS).</p>	<p>Please see comments in the General Information and Workflow tabs.</p>
<p>PEOPLE Engagement: How have government officials (GO) in the beneficiary country(ies) been engaged in concept note development? 300 words</p>	<p>The National Road Safety Council and the Road Safety Unit of the Ministry of Transport and Mining, the Emergency Disaster Medicine and Special Services branch of the Ministry of Health and Wellness have collaborated in the development of this Concept Note.</p> <p>They officials that have been engaged in the development o the concept note development are Dr Lucien Jones, Mr Victor Anderson, Mrs Paula Fletcher of the NRSC, Mrs Deidre Hutson-Sinclair of the (Road Safety Unit of the MoTM), Dr Nicole Dawkins-Wright (MOHW) Mr. A'Dale Robinson of the Ministry of Foreign Affairs and Foreign Trade.</p> <p>The Chief Medical Officer of the Ministry of Health and Wellness, Dr Jacqueline Bisasor- McKenzie was informed of the development of this has reviewed of the final document.</p>	<p>Please see comments in the General Information and Workflow tabs.</p>
<p>OUTCOME Deliverables: What critical aspect of the National Road Safety Plan/Strategy (NRSP/S) will this project address in response of the stated road safety challenge? 200 words</p>	<p>The NRSP/S priorities that will be addressed through this project are</p> <p>Road Safety Priority 1- Strengthened Road Safety management</p> <p>Road Safety Priority 4- Improved Behavior of road users</p> <p>Road Safety Priority 5- Improved post-crash care</p>	<p>Please see comments in the General Information and Workflow tabs.</p>

<p>OUTCOME Deliverables: Which of the UNRSF core and special priorities will this project address? 200 words</p>	<p>The project will help to strengthen Road Safety management and improve behavior of road users by providing an upgrade of the police alcohol and other substance use checkpoint program, speed enforcement and Public Education program of the Jamaica Traffic Police and also by to providing better equipment to capture onsite crash data nationally.</p> <p>In order to improve post-crash care, support will be provided to conduct an emergency care system assessment and develop an emergency care system implementation plan. Support will be provided to advance the passage of the Emergency Medical Bill in parliament. The data systems for reporting of road traffic injuries and deaths will also be strengthened.</p>	<p>Please see comments in the General Information and Workflow tabs.</p>
<p>OUTCOME Plan: What is the expected sequencing of the project deliverables? 300 words</p>	<ol style="list-style-type: none"> 1. Traffic Police equipped with devices to capture onsite crash data: By December 2023 2. The breathalyzer program and speed enforcement program of the Traffic Police upgraded by December 2023 3. Comprehensive road safety public education program in place: By December 2023 4. The Emergency Medical Bill Tabled in Parliament: By December 2023 5. Emergency Care System Assessment completed: By June 2024 6. Emergency Care System Implementation Plan Prepared: by December 2024 7. Comprehensive electronic injury surveillance data system established and in use: By December 2025 	<p>Please see comments in the General Information and Workflow tabs.</p>

<p>INVESTMENT National ownership: Explain what government action has already taken place or is planned to take place in support of this critical aspect of the national road safety 500 words</p>	<ol style="list-style-type: none"> 1. Jamaica has a well-established National Road Safety Council to serve as the lead agency in all Road Safety matters 2. The Prime Minister of Jamaica is the Chair of the National Road Safety Council demonstrating the highest level of political commitment on the part of the Government of Jamaica. 3. At the launch of the Second Decade of Action for Road Safety, the Prime Minister of Jamaica in giving the keynote address, committed Jamaica to adopting the Safe Systems Approach to Road Safety. 4. In 2018 the parliament of Jamaica passed the new Road Traffic Act. The associate regulations have been tabled and are awaiting parliamentary approval. The new Act will replace and modernize the 1938 legislation and includes several provisions designed to achieve greater safety on the roads. 5. The Jamaican cabinet recently approved the development of a new National Road Safety Policy to replace the 2004 Road Safety Policy. With the help of PAHO a consultant was retained to facilitate wide multi sector stakeholder consultations, and to draft a new policy. 6. The NRSC is collaboration with UNICEF is developing a Road Safety Public Education strategy intended to guide all activity over the next ten years including and with emphasis on children. 7. The Government is collaborating with the FIA (Federation Internationale de l'automobile) to provide motor-cycle helmets and train bickers in safe road use since mid-2020. 8. The FIA foundation has provided funding for a situational assessment for motorcycle safety in Jamaica. 9. Over the last fifteen years that government has developed nine pre-hospital emergency care centers in Jamaica. 10. Road Safety Improvement project, is a partnership with the National Works Agency (NWA) and the National Road Safety Council (NRSC). A related project for installation of Urban Traffic Management System is currently being implemented, which inter alia, allows for increased responsiveness for Post Crash Response. 11. The Disaster Risk Management Act 2015, which was recently amended to include threats created by increasing motorization 	<p>Please see comments in the General Information and Workflow tabs.</p>
<p>INVESTMENT List the sources and kind (in-kind or cash) of co-financing</p>	<p>The in-kind co-financing related to this project is a factor of the cost of the services of the staff assigned to this project over the three year period– 10% FTE of the Advisor for NCDs at the PAHO Jamaica Office;10% FTE of the consultant at the UNICEF 25% FTE of two staff members of the National Road Safety Council 25% FTE of the Staff of the Road Safety Unit of the Ministry of Transport and Mining, costs for 25% FTE of two staff member of the Road Traffic division of the Jamaica Constabulary Force and 25% FTE of the staff of the Emergency Medicine Services of the Ministry of Health.</p> <p>This co-financing is estimated to be approximately US\$350,00 over the 3-year period</p>	<p>Please see comments in the General Information and Workflow tabs.</p>
<p>INVESTMENT Efficiency: Indicate how much (US\$) of the budget will go towards 1) Staff and other personnel costs; 2) Equipment, vehicles and furniture including depreciation; 3) Travel; 4) Transfers and grants to counterparts</p>	<ol style="list-style-type: none"> 1. Staff and other personnel costs; 30% 2. Equipment, vehicles and furniture including depreciation;70% 	<p>Please see comments in the General Information and Workflow tabs.</p>

IMPACT How will we know that the project is successful? 300 words

This project will contribute to the Reduction of the number of road traffic deaths by half by 2030 which is Target 3.6 of the SDGs

There will also be a monitoring and evaluation component built into the project that will assess the implementation of the project that includes but is not limited to

1. Proportion of road traffic police with access to onsite crash data devices
2. The proportion of drivers that were offered breathalyzer screening at the crash site
3. The proportion of the population that accessed the road safety public education material from the different media platforms
4. The proportion of road traffic crash victims that received adequate post-crash care
5. The number and proportion of first responders that received additional EMT training
6. The number of additional first responders trained
7. Number of additional post-crash care sites established
8. # Of fully equipped substance abuse check points established
9. % Reduction in RTCs reported annually
10. % Reduction in alcohol (and other substance) related injuries reported annually
11. % Reduction in alcohol (and other substance) related injuries reported annually
12. Emergency Care System Assessment completed and Implementation Plan Prepared
13. Comprehensive electronic injury surveillance data system established and in use
14. The Emergency Medical Bill Tabled in Parliament

Please see comments in the General Information and Workflow tabs.

PROJECT SUMMARY 1500 words

This project aims to respond to the unacceptably increasingly high number of people dying or suffering severe non-fatal RTI (many of them with long-term disability) in Jamaica each year, that affect mostly the poor and other vulnerable road users generating important associated social and economic costs for the country.

The importance of improving road safety has been recognized and supported by the local authorities at the highest level. Special efforts were made to provide an enabling environment through the strengthening of policies and legislations. The Jamaican cabinet recently approved the development of a new National Road Safety Policy to replace the policy introduced in 2004. The PAHO Country Office in Jamaica provided support through the procurement of a consultant in 2021 to conduct a wide multisector stakeholder consultation in October 2021 and assist in the development of the first version of this policy. A Committee, chaired by the Executive Director of the NRSC, was identified to carry on this work in which many of those who will participate in this project will also take part.

While these efforts are important, some challenges may prevent the country to successfully achieve the global target of the Second Decade of Action for road safety. A projection using the current trend (or business as usual) shows that the mortality rate will keep increasing if efforts are not accelerated or further action is implemented soon. An acceleration in the implementation of key recommendations of the Global Plan is required.

Local evidence shows that driving under the influence of alcohol is commonly present in both, traffic collisions and resulting fatal and non-fatal injuries. Other estimations show that 18% of males and 5% of females self-reported driving under the influence of alcohol in the last year. A study conducted in hospital settings showed 43% of RTI receiving care had used alcohol before the injury. In addition, a report elaborated by UNICEF in 2018 shows that speeding is the second most common cause of traffic infractions. From January to November, 2017, a total of 32,365 traffic tickets were issued for speeding; 3% exceeded speed limit over 51 or more km/hr; 19% exceeded the speed limit by 33-50km/hr, and 78% exceeded the speed limit 16-32 km/hr. Speeding resulted in 60% of crashes on rural roadways; and was present in 23% of fatal road crashes. All this is consistent with global evidence that shows speeding and drink-driving commonly coexist and interact. Both disproportionately affect vulnerable road users, such as pedestrians (specially children, the elderly, and people living with disabilities), cyclists and motorcyclists.

Road Safety legislation in Jamaica needs to adopt best-practice recommendations to allow local authorities to reduce speed limits if needed, reduce maximum BAC/BrAC level for all and particularly for novice/young drivers, and allow the police to conduct random breath testing without probable cause, for example. Evidence shows that a comprehensive legislation on drink-driving has the potential of reducing between 6 to 18% the number of associated deaths. Speed control could reduce 22% the number of traffic collisions and 17% those crashes with injured, and even more if these strategies are put in place in known hotspots.

In the 2018 global status report on road safety, participating local professionals recognized performance of law enforcement was far from ideal and rated it as reprobatory. While the traffic police have an ongoing breathalyzer and speed enforcement programme, their work could highly benefit from more up-to-date equipment that allows them to increase the coverage of this work strategically. The country has 26 speed radars that will be complemented with laser speed cameras that can improve measurements and facilitate police enforcement activities. Police also has 40 devices to screen alcohol and 8 devices to quantitatively measure alcohol in breath and are about to acquire 20 more; with this project, we will enhance the reach of road policing activities.

Please see comments in the General Information and Workflow tabs.

To support the ongoing efforts to accelerate the response for the achievement of the national target, and by extension the global target, for the Second Decade of Action for Road Safety, the project will support the national authorities to improve and accelerate their response to mitigate the escalating rise in RTI mortality rates despite current efforts. The proposed interventions specifically address critical aspects which has been shown to have maximal benefits if strengthened. Specifically, the project aims to strengthen road safety management, improve the behaviour of road users and improve the post-crash response, three of the core strategic priorities outlined in the proposed strategy for the achievement of the global road safety targets. Strategic interventions to be introduced include:

1. The **strengthening of Road Safety Management**, by strengthening the policy framework, improving governance and road safety data management. The project will also support the strengthening of a multi-sectorial mechanism (a Project Coordinating Committee or impact team) that will work in coordination. These interventions will highly support the creation of the enabling environment to strengthen the development and implementation of the National Road Safety Policy and Legislation that has commenced.
 - Development of a national action plan to implement the Policy
 - Strengthen the multi-sectoral coordinating mechanism.
 - Operationalization of the new JISS, version 3 to produce accurate and dependable injury related reports.
 - Provide the relevant quantitative data to inform the development of the Road Safety Policy and plan.
 - Strengthen onsite crash data collection nationally, by training the police and providing better equipment.
2. Promoting **safer use of roads**. As pointed out by UN's Global Plan for the Decade of Action for Road Safety 2021-2030, addressing risky behaviors requires a combination of adequate legislations (those that take into account best-practices), rigorous enforcement (including appropriate penalties to deter these behaviors) and education. Under this technical priority, the project will support interventions that contribute to develop and implement a rigorous enforcement strategy that addresses speeding and drink-driving; and to equip the police with the necessary technical skills and equipment to strengthen enforcement strategies. This includes the upgrading of police alcohol checkpoints; improve the speed enforcement and the Public Education Programmes of Jamaica.
3. **Strengthening emergency trauma care**. Under this technical priority, the project will support the conduction of an emergency and critical care system assessment and the development of an implementation plan based on priorities identified as well as further in-kind financial and technical support could be provided from WHO/PAHO to start implementing priority actions.

A monitoring and evaluation component will be built into the project to assess progress on its implementation. Upon complete implementation of this project, we strongly believe that road safety management will be improved, the population will be a more informed about road safety resulting in more responsible use of the roadways; access to quality emergency care will be improved and an overall reduction in death and disability from RTI.

<p>GLOBAL PLAN FOR THE SECOND DECADE OF ACTION 2021-2030 300 words</p>	<p>As the Chair of the NRSC, the Prime Minister committed Jamaica to adopting the Safe Systems approach during the launching ceremony of the Second Decade of Action, demonstrating the highest level of political commitment on the part of the Government, which was ratified during the High-Level Meeting for road safety of UN's General Assembly in 2022.</p> <p>This project will support local authorities developing a national action plan to translate national policy into action, improving availability, quality and coverage of key information, and creating the Project Coordinating Committee to strengthen road safety management. It will also contribute to enhancing road policing on two of the most important risk factors (providing more up-to-date equipment that allows traffic police to increase the coverage of their policing work strategically and a training programme to create a new road safety culture among the police workforce). Finally it will support local authorities identifying the gaps in emergency trauma care that could be improved in the short, medium and long term. All this has the potential to successfully impact mortality rates in the short/medium term. Of note, all these strategies are part of the evidence-based recommendations of the Global Plan for the Second Decade and Save-LIVES technical package; and were prioritized during the development of the new National Road Safety Policy approved by the Jamaican cabinet in which PAHO and UNICEF provided technical support.</p>	<p>Please see comments in the General Information and Workflow tabs.</p>
<p>REPLICATION AND SCALE-UP 500 words</p>	<p>This project is a continuation of the work pushed forward by local government with support of PAHO to update the National Road Safety Policy. Translating this policy into action, has the potential of strengthening RS management in Jamaica and eventually sustain change over time. With key stakeholders we will integrate a Project Coordinating Committee to put in place routines. Analytical back-up from the Regional Office & WHO, will allow the Project Coordinating Committee to use local, regional, and global stocktakes to develop a national action plan that addresses priority problems identified.</p> <p>This approach is based on the Impact Cycle of the Regional Strategy to Accelerate the Implementation of the recommendations of the Global Plan that PAHO is implementing in priority countries in coordination with WHO. Based on the idea that the use of data and planning are not enough to achieve successful impact, the Impact Cycle provides a structured approach focused on achieving results accompanied by proven tools to advance systematically and effectively implementing recommendations of the Global Plan. Although its five steps are outlined in a linear fashion, they are part of a flexible and iterative process that increase the probability to achieving and sustaining impact. First step focuses on identifying priority problems that need to be addressed using the available evidence and data. Second step includes the establishment of clear objectives, the identification of the most appropriate solutions to problems identified, their prioritization, as well as the selection of indicators that will allow measuring progress based on available data. Third step is to engage relevant stakeholders to promote their commitment and to increase the probability of success. Mapping, analyzing and getting these people and institutions involved, through assertive communication, is a dynamic and iterative process. Fourth step gets to the core of the approach and focuses on catalyzing the implementation of solutions (policies, strategies or interventions), for which it is crucial to understand how this implementation will occur in real life. In addition to establishing effective routines to measure progress and actively solve problems that arise on a day-to-day basis, there are tools that provide a panoramic vision of the process to anticipate/minimize risks during implementation. Fifth step provides tools and techniques to ensure that positive change is sustained overtime.</p>	<p>Please see comments in the General Information and Workflow tabs.</p>

<p>SYNERGIES 1500 words</p>	<p>A Committee, chaired by the Executive Director of the NRSC, was named to carry on the development of the new National Road Safety Policy. As many of those who will participate in this project also take part of this Committee, both efforts could be advanced at the same time creating useful synergies and momentum.</p> <p>The WHO's Emergency and Critical Care System Assessment tool will allow local authorities of the MoHW to see whether changes performed as part of the Enhancing Emergency Medical Care Systems Project (2016-2021) were enough and whether other gaps need to be addressed by specific interventions/actions to strengthen emergency trauma care.</p> <p>The MoHW developed the National Strategic and Action Plan for the Prevention and Management of Injuries in Jamaica 2022-2030 along five strategic lines of action as follows, highlighting RTI:</p> <p>Strategy 1: Multi Sectoral Policies and Partnerships to reduce all categories of injuries through multi-stakeholder partnerships. Enhance RTI policies and programmes.</p> <p>Strategy 2: Health System Response – Governance and Capacity to enhance human resources for injury response; Assess burden and mechanism of unintentional accidents; Evaluate road safety programmes</p> <p>Strategy 3: Injury Risk and Protective Factors Public education to provide for citizen resilience to reduce injury risk and enhance protective factors. In addition, prevention strategies focus on the target group of interest. Assess and prevent unintentional and intentional injuries</p> <p>Strategy 4: Management of Injuries Improve the organization, planning and access to trauma care systems, including pre-hospital and hospital-based care to reduce illness and death from external causes. Enhanced pre-hospital response care teams; provide timely, life-saving emergency care for the injured and enhance rehabilitation services</p> <p>Strategy 5: Surveillance, Research, Monitoring and Evaluation to strengthen and enhance surveillance and reporting of injuries, consolidate injuries reporting in hospitals.</p> <p>In addition, the MoHW is intensifying its response by advancing the National Policy for the Reduction of the Harmful Use of Alcohol. This Policy is intended as a guide and resource for the Government of Jamaica to take the necessary steps to reduce high risk drinking and a wide range of harms associated with alcohol use, and allow for increased provision of prevention, treatment and care for individuals affected by the harmful use of alcohol. The Policy could synergize results of this proposal by:</p> <ul style="list-style-type: none"> • Increasing the capacity of health and welfare systems to deliver prevention, specialized treatment and care for alcohol-related conditions. • Supporting initiatives for screening, brief interventions and referrals to treatment (SBIRT) for hazardous and harmful drinking at primary health care and other community settings, that may include routine testing of victims of RTI. • Exploring options to implement electronic brief interventions (eBI), by means of text messages or web-based strategies. • Collecting useful information as part of the next iteration of the National Drug Prevalence Survey, that could support/inform monitoring and evaluation of project implementation. 	<p>Please see comments in the General Information and Workflow tabs.</p>
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APPROACH AND EFFECTIVENESS 1000 words

Speeding and drink-driving are among the most prevalent and dangerous risk factors. Exposure does not only directly affect drivers; it has negative externalities that affect other road users whom they share the roads with (including vulnerable children/elder/disabled pedestrians and cyclists). Comprehensive drink-driving legislation has the potential of reducing 6-18% the number of associated deaths; speed control could reduce traffic crashes by 22%, and 17% those crashes with injured (more if these strategies are put in place in known hotspots).

While current legislation limits the implementation of a sound sobriety police checkpoint strategy that can randomly stop vehicles to test drivers, it is possible to start by testing speed offenders. While this might not be ideal, experiences in other contexts show this could be a starting point to begin sensitizing and discouraging the general population to expose to this risky behavior and trigger improvement in road safety legislations to adopt best practices.

The association between speeding and drink-driving is well established. We strongly believe that addressing both at the same time is not only desirable but could also increase potentiate impact of this effort. We would encourage the police to use information on hotspots to maximize the effects of their work. Local information exist that shows that while number of crashes vary, the patterns of crashes are constant over time. Using this evidence, hotspots will be identified to implement strategies to enforce speed limits and breath-test offending drivers for alcohol. A conjoint police enforcement strategy could allow traffic police to start discouraging the exposure to drink-driving misbehavior while the country adopts best practices in their road safety legislation. This could allow police to collect exposure information to this risk factor to promote the adoption of such best practices.

While the police have an ongoing breathalyzer and speed enforcement programme, their work could highly benefit from more up-to-date equipment that allows them to increase the coverage of this work strategically. At present, the police has 26 speed radars that will be complemented with laser speed cameras acquired as part of this project. The stock of 40 operational alcoholometers and 8 devices for evidential alcohol breath testing that produce evidence reports for use in Court (plus 20 more in process of being acquired by the police) will be increased as part of this project. All this will enhance the reach of road policing activities.

When appropriate, we will prioritize acquiring equipment already used by the Police with formal approval from the Government. This will minimize costs associated to training police. Of note, the process to adopt new devices is:

1. The Minister of National Security has to approve the new device
2. Devices need to be listed in the Regulations under the Road Traffic Act (very simple, free of charge process that does not demand the intervention of the parliament);
3. The names of police officers who have been trained to operate the device must be listed in the official Gazette published by the Government as needed.

Improving road policing requires implementing a training programme to create a new road safety culture among the police workforce that could both allow them to be more effective and improve the public perception of their work as road safety agents instead of a repressive/abusive governmental agency. We assigned specific budget to make this possible. We will explore the possibility of facilitating south/south and triangular cooperation from countries in the region that have successfully introduced these changes locally, such as Trinidad and Tobago, the only country in the Region that achieved the road safety target of the first Decade of Action, mainly due to enhanced road policing. As a Caribbean country it experiences common challenges and characteristics, and thus this approach could be more accepted by local authorities.

Please see comments in the General Information and Workflow tabs.

Key data will also be collected from roadside observational studies, improvements in crash reporting (focusing on improving coverage and quality of fatal crashes), and from injury surveillance. This will support measuring progress as well as supporting road safety authorities to legitimize road policing and advocate for the necessary law improvements.

Evidence shows that between 20-40% of the global injury burden could be averted if severe injury outcomes in LMIC were similar than in HIC, and thus improving emergency trauma care is an important pillar of UN's Safe System Approach. To achieve this, a comprehensive diagnostic analysis will be conducted with key stakeholders involved. WHO has identified key areas that most frequently require any kind of improvement. For each of them, resources have been developed to support countries. We could support MoHW conducting the diagnostic, elaborating an implementation plan and implementing priority actions using our resources.

EXPECTED IMPACT 750 words

Strong commitment of local authorities to implement this project is always a good predictor to achieve expected results and impact. Colleagues from different sectors have participated in the conceptualization and development of the proposal. The Office of the Prime Minister itself, signed the endorsement letter committing the whole government to advance this conjoint multisectoral effort. We are confident that support will not only be sustained over the course of the project's life but that it might increase as implementation of key actions and work progress.

Given that we are prioritizing a multisectoral safe systems approach in three priority areas with great potential to improving road safety and reducing negative externalities of current mobility patterns, we also expect that positive effects will be achieved and sustained in the medium and long term. This in turn could be the best incentive for local authorities to sustain efforts in the future. For that reason, improving the availability of key evidence from Jamaica as well as monitoring and evaluating this project is an essential part. This will allow us all to have a better understanding of the magnitude and characteristics of the RTI epidemiology in Jamaica, and the effect of the work conducted.

Positive results, especially when appropriately communicated to the population and authorities of the highest level, help eliminate stigmas and negative perceptions associated to increased police control, such as that it is a revenue measure or that it necessarily translates in corrupt practices. Data and results need to speak for themselves to promote a better understanding of the important role of road policing to improve road safety and prevent RTI.

While it is not part of the commitments of this project, we will work hard with local allies to improve road safety legislation to adhere to best-practices. This would be key to sustain and strengthen the activities that will be put in place as part of this project. Early on, we will engage the Legal Department of the PAHO Regional Office to review current legislation and to propose alternatives to improve it.

In any case, at the end of the project, PAHO will continue working on road safety as part of its key functions. Road Safety is part of the Regional and Country Office priorities and thus work on this public health priority will continue after the project concludes supporting these strategies or other priorities that might be identified with local authorities. However, a second phase of this project is expected to continue working along with local authorities on these and future priorities.

Please see comments in the General Information and Workflow tabs.

<p>LINK WITH MANDATE OF PARTICIPATING UN ORGANIZATION(S) 750 words</p>	<p>Different UN General Assembly Resolutions have requested the World Health Organization (WHO) to support Member States in improving road safety and implementing activities to achieve the road safety-related targets in the 2030 Agenda and the Second Decade of Action for Road Safety 2021-2030. Among the most important are: A/RES/64/255, A/RES/70/1, and A/RES/74/299. This year, the Panamerican Health Organization (PAHO) celebrates its 120-year anniversary as the world's oldest international public health agency working on promoting health and wellbeing throughout the region of the Americas. Since 1949, PAHO also serves as the Regional Office of the WHO for the Americas. PAHO is thus fully committed to support countries on the implementation of the Global Plan for the Second Decade of Action for Road Safety 2021-2030. To support priority countries (including Jamaica), the Road Safety Programme (which also functions as the emergency care focal point for WHO) developed in 2022 a Regional Strategy to Accelerate the Implementation of the recommendations of the Global Plan. This is a proactive initiative that seeks to promote strategic road safety work and build successful experiences in the Region that could reduce the burden of the problem and, most importantly, that could inspire other countries of the Region to improve road safety.</p> <p>Member States also committed in 2019 to promoting a policy in favor of sustainable financing, effective governance and universal access to safe, quality emergency care based on the needs of the population, that guarantees its universal access as a key aspect of the essential services that the health system provides. To this end, the World Health Assembly (WHA) urged countries to conduct voluntary assessments using WHO's tool, to identify gaps and context-relevant action priorities (Resolution WHA72.16). Other mandates from WHA resolutions on the importance of improving emergency care include: WHA57.10, WHA59.2, WHA60.22, WHA64.10, WHA68.15.</p>	<p>Please see comments in the General Information and Workflow tabs.</p>
<p>MONTHLY MONITORING 500 words Please see the offline "UNRSF Projects Monthly Reporting Template" which is required to be submitted to the Secretariat. Please provide a short text of any additional information/type of information you plan to communicate to the secretariat on a monthly basis.</p>	<p>At this point, we do not anticipate any additional information we plan to communicate to the secretariat on a monthly basis.</p>	<p>Please see comments in the General Information and Workflow tabs.</p>

<p>EVALUATION 1500 words</p>	<p>Different strategies will be used to monitor and evaluate progress of the project.</p> <p>Traffic crash data is already being collected in Jamaica. However, we will start working with local authorities, particularly with the traffic police, on improving data collection of traffic collisions both in terms of coverage (focusing on the fatal crashes) and of the quality of information being collected (to avoid/minimize missing data, decrease inter-observer variability, etc.). This information will provide baseline evidence from which we could measure progress during the project and afterwards. Of note, improvements in data collection would also come from the devices (i.e., tablets) that will be purchased which we believe will support minimize problems identified by local authorities and collect additional information (i.e., geocoding).</p> <p>We will also conduct roadside observational studies to measure exposure to different patterns of transgression of speed limits (i.e. above the speed limit, >10% above speed limit, >20% above speed limit and >50% above speed limit), by vehicle, road, time of day, etc. In addition, as part of the police enforcement activities, we will encourage local authorities to collect information on the prevalence of speed offender drivers under the influence of alcohol overtime.</p> <p>We will use both raw (official) and adjusted (estimations of WHO's Global Health Observatory considering quality and coverage of the Civil Registration and Vital Statistics) mortality figures to analyze trends over time. Of note, adjusted information has some time-lag due to the time required to compile and conduct estimations. Information that will be collected in future Global Road Safety Status Report by WHO/PAHO for the country will also help us analyze progress considering baseline information that will be produced as part of the Fifth Global Road Safety Status Report that collected information precisely during 2022 and that will be published in 2023.</p> <p>With the MoHW we will try to encourage and work towards the routine testing of victims of RTI, for diagnostic purposes as a first step, as part of the National Policy for the Reduction of the Harmful Use of Alcohol. Other secondary information from the MoHW might be employed, such as the 2023 National Drug Use Prevalence Survey that will commence in January and that will provide informative data on trends of the prevalence of harmful use of alcohol and other drugs (i.e. driving under the influence of alcohol and other drugs). Finally, the new Jamaica Injury Surveillance System (JISS) will provide useful information in the long run to track risk-factor information and trends overtime after the project ends.</p>	<p>Please see comments in the General Information and Workflow tabs.</p>
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COMMUNICATIONS PLAN 3000 words

Within the Communication Plan for the UNRSF-funded project entitled "*A Safe Systems Approach for Safer Roads in Jamaica*", specific strategic measures will be taken by PAHO/WHO, in collaboration with the MoHW, to publicize the project and its achievements and provide full visibility of the financial support from the UNRSF under this Action. All visibility and branding activities will be carried out in accordance with PAHO/WHO's communication and branding policy, including its co-branding rules and regulations.

The overall communication objective will be to provide relevant information and data about the UNRSF-funded project in Jamaica to various stakeholders in a timely, consistent, and context-specific manner using appropriate information and communications technology (ICT) means as well as ensure adequate visibility of the initiative. The National Road Safety Council will be responsible for the implementation of the Public Education Programme and Communication Strategy.

Target groups

- The defined target groups will be within Jamaica where the action is implemented. This includes:
- Government of Jamaica
- Project beneficiaries based in Jamaica including the health workers, Police and Traffic Department
- General Public in Jamaica
- Development partners and key stakeholders within and outside Jamaica
- Within the UNRSF (where applicable)
- Other Caribbean stakeholders, such as the Caribbean Community (CARICOM) and the Caribbean Public Health Agency (CARPHA)
- General public outside of Jamaica

The specific objective of these target groups are:

1. To ensure that the government of Jamaica is adequately informed of the project progress using appropriate means and channels.
2. To ensure that the beneficiary population in Jamaica is adequately informed and able to participate in the project, as it progresses.
3. To ensure that the general public in Jamaica and the relevant Ministries are adequately informed of the role of UNRSF and PAHO/WHO in this action.
4. To promote adequate information about the project and its technical content as well as achievements via social media to the public.

Main content area to be flagged

It is essential to make the goals of the project available to the general public to ensure that the project is not compromised and facilitate accountability of authorities. Accountability is of great importance to legitimize road safety work among the population.

1. The project is expected to benefit the general population as a whole with overall reductions in injuries, disabilities and premature deaths.
2. Addressing speeding and drinking and driving through enforcement strategies are the two greatest risk factors to reduce RTI and deaths and should therefore have the highest impact.
3. Achievement of the road safety targets by 2030 will provide social and economic benefits. In 2014, the cost was estimated to be 1.2% of the country GDP. With increasing motorization, this cost will escalate.
4. The benefit to the individual sectors to strengthen and enhance ongoing projects.

Please see comments in the General Information and Workflow tabs.

5. Once it is in its operational stage, the project team intends to disseminate research findings in different meaningful ways to engage communities, academia or otherwise at the local, regional and international levels. The preliminary results and analyses of roadside observational studies to national authorities and stakeholders.
6. Relevant aspects of the specific interventions will also be highlighted. These include a project launch, capacity building sessions with the police, the enforcement strategy, public education programmes and the formal handover of equipment and supplies.

Communication Activities

The main activities that will take place during the implementation period are:

1. Press Releases: The implementation committee will draft press releases in relation to significant and selected activities during the implementation of the action. The draft will be shared with UNRSF focal point and any other relevant personnel for inputs and approval before they are published. All press releases will display the logos of the UNRSF, MoHW, MoTM, NRSC and PAHO/WHO and will be circulated on the website of the respective stakeholders as well as to the local and regional media houses. Links to these will further be shared by social media.
2. Beneficiary Interview: The implementation committee will conduct short interviews with representatives from the local communities, selected health personnel and the general public at regular intervals during the implementation of the action with the purpose of capturing how project implementation strengthens the country capacity to reduce road fatalities. These interviews will be captured on short video clips which will also be transcribed as needed. Video clips will be shared via social media and the relevant logos, including UNRSF, applied.
3. Spots on Project: The implementation committee will produce spots to display the progress of the project activities. They will be circulated by varying means, including social media, and distributed directly to key project partners. All partner logos, including UNRSF, will be applied as agreed.
4. Designated webpage: The PAHO/WHO Jamaica Country Office will have a designated webpage, which will provide a plain English language overview of the project, the anticipated impact, selected findings and future advances.
5. Public Relations Materials: The implementation committee will collaborate to design and produce various materials that will be used to communicate the objectives, advances and the results of the project. Where applicable a consultant will be procured to assist in the design and production. These materials will be disseminated systematically during the duration of the action. In addition, PR materials will also be procured and produced to promote key activities under the project, including those which focus on the enforcement strategy and public education programmes. All items produced and/or procured will clearly be branded in accordance with the UNRSF and PAHO/WHO guidelines and will convey that the materials were funded by UNRSF. All consultants procured under the project will also be instructed to acknowledge all key stakeholders, including UNRSF, in the reports and deliverables produced.
6. Logo/visibility: All logos (UNRSF, MoHW, MoTM, NRSC and PAHO/WHO) will be applied as agreed in keeping with PAHO/WHO branding and communications policy.

	<p>Communication Tools</p> <p>Social media: The implementation committee will explore the use of social media, including Twitter and Facebook accounts from participating institution/sectors, to share the main findings on a large scale. We hope such a wide electronic reach will allow for an open national dialogue (meetings, workshops etc) and promote broader conversation on the need to implement a safe systems approach to road safety in the region. In 2015, an Information Technology Report noted that as much as 80% of the Jamaica's population widely use social media networks including Twitter and Facebook.</p> <p>Radio/TV broadcasts: The implementation committee will organize radio and TV broadcasts/interviews to communicate information about the action to various public. All such broadcasts will acknowledge the financial contribution of UNRSF as agreed. In the Caribbean, interpersonal means of communication such as radio and television call-in programmes and face-to-face outreach remain popular. As such live interviews on radio and/or television and town halls provide opportunities for beneficiaries and target audiences.</p> <p>Communication outputs will also be shared throughout PAHO and UNRSF local and regional social media platforms as well as through key stakeholders local platform.</p>	
<p>BENEFICIARY GOVERNMENT(S) ENDORSEMENT 1000 words</p>	<p>Please note that while the system did not allow us to attached the endorsement letter from the Office of the Prime Minister in Jamaica here, we have included this document in the list of documents.</p>	<p>Please see comments in the General Information and Workflow tabs.</p>
<p>STRENGTHENING NATIONAL CAPACITIES 1500 words</p>	<p>As described in different sections of this project, strengthening local and regional capacities is an essential part of this project. For that reason, we are:</p> <ol style="list-style-type: none"> 1. Training the police workforce on key areas (capturing onsite cash data, Safe Systems approach to road safety, strategies to enhance road policing and use of technologies if applicable). 2. Facilitating the exchange of experiences through south-south & triangular cooperation among countries. 3. Training local partners on methodologies to collect and analyze roadside observational studies to quantify exposure to key risk factors. 4. Depending on the results of ECCSA, a programme to strengthen capacity of emergency care providers could be put in place. WHO has different programmes to train trainers from the country that could further support the dissemination of knowledge, evidence and available tools. Just as an example, there are two courses that might be of benefit for local professionals: Train of Trainers for the WHO/ICRC Basic Emergency Care Course (BEC); and the Train of Trainers on the implementation of WHO's Emergency Care Toolkit. 	<p>Please see comments in the General Information and Workflow tabs.</p>

LEVERAGING 750 words	<p>Yes. Along with WHO, we are applying and securing funding from different financial sources to support efforts directed to improving emergency care in Jamaica and other countries of the region. Other opportunities include applying to the 2022-2023 Call that PAHO recently launched for Proposals for the Cooperation among countries for Health Development (CCHD) Funding Mechanism. In case of identifying other opportunities we will also try to apply to maximize efforts put in place as part of this project.</p> <p>Finally, we strongly believe that a second phase of this project has the potential of give continuity to these actions and thus we will request additional funding from this scheme to continue working along with local authorities on these and future priorities.</p>	Please see comments in the General Information and Workflow tabs.
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IMPLEMENTATION ARRANGEMENTS 750 words

PAHO/WHO

PAHO/WHO has extensive expertise in the implementation of evidence-based road safety interventions that will bring countries closer to the achievement of the SDG to prevent RTI and deaths by 2030. The organization will provide technical guidance, assist in the coordination of the implementation of the project; and support the establishment of strategic partnerships to scale up the national response capacity. This will also include the fostering of South-to-South Cooperation with an established best practice in the region- Trinidad and Tobago.

PAHO/WHO will be directly in charge of the strategic management and operational implementation of the proposed interventions, in close collaboration with national authorities and other relevant partners implementing the project.

Specific technical and administrative support and advice will be provided through the Jamaica PAHO/WHO Country Office and the Regional Advisor for Road Safety in the PAHO Washington DC Office. Project Coordination Support will be provided through the procurement of a consultant. Technical assistance for strengthening emergency care will be provided by WHO-HQ with local medical experts in Jamaica, in collaboration with the MoHW.

National Road Safety Council (NRSC)

The NRSC will provide direct oversight and support the implementation of the project. This will be achieved through the support of the Project Coordinator, procured by PAHO/WHO, who will provide constant support and technical cooperation through the management of technical documents, training facilitation, situation analysis, development of information, education and communication materials, and regular reporting based on the Monitoring and Evaluation Plan. Focal Points: Mr Victor Anderson (vanderson01@gmail.com), Mrs Paula Fletcher (roadsafety@cwjamaica.com).

Traffic Police

The Traffic Police will be directly responsible for identifying the quantities and types of equipment and capacity building that will be required to support the implementation of priority 2 to improve the behaviour of road user. They will also be responsible for conduct road policing and collecting crash data and exposure to drink-driving. Focal Point: ACP McKenzie.

Ministry of Transport and Mining (Road Safety Unit)

Will be directly responsible for conducting observational studies. Focal Point: Mrs Deidre Hutson-Sinclair (dhsinclair@mtw.gov.jm).

Ministry of Health and Wellness (MoHW)

The interventions identified in the project will be incorporated in the implementation of MoHW Unintentional Injuries Plan of Action, particularly in the areas of health promotion, strengthening of the surveillance system and post-crash care. The MoHW will provide direct oversight in the implementation of Priority 3 – post crash care; specifically leading the Emergency and Critical Care Systems Assessment in close collaboration with PAHO/WHO, and developing and implementation plan based on priorities identified. Its rol would also be catalytic to improve the Jamaica injury surveillance system. Focal Point: Dr Nicole Dawkins-Wright (nicolewright660@gmail.com), Director of Emergency, Disaster Management & Special Services. Other key areas that will be

Please see comments in the General Information and Workflow tabs.

	<p>engaged include Non-Communicable Disease and Injury Prevention Unit, and Mental Health and Substance Abuse Unit when applicable.</p> <p>While UNICEF confirmed they would not prioritize work on road safety in the following years, they agreed to collaborate informally whenever appropriate we will support NRSC in designing and implementing the Public Education and Communication programme.</p>	
GENDER EQUALITY 300 words	A gender perspective will be taken into account in the development of plans and strategies. The project will collect and analyze sex-disaggregated data.	Please see comments in the General Information and Workflow tabs.
AGE 300 words	Of note, global evidence shows that speeding and drink-driving commonly coexist and interact. Both disproportionately affect pedestrians (specially children, the elderly, and people living with disabilities). While this project will not work directly with children, a strong case could be made that reducing exposure to these two risk factors has the potential to also reduce fatal and non-fatal injuries in children, elders and people living with disabilities.	Please see comments in the General Information and Workflow tabs.
EXCLUDED GROUPS 300 words	By working on priority risk factors with high negative externalities to people with disabilities and working on improving emergency trauma care for all the population, we believe no vulnerable groups or road users will be excluded from the potential benefits of this project.	Please see comments in the General Information and Workflow tabs.
ENVIRONMENT 300 words	No clear effect with the environment, either positive or negative, is likely to result from this project.	Please see comments in the General Information and Workflow tabs.
STATEMENT OF COMPLIANCE 100 words	Please note that while the system did not allow us to attached documents here, we have included the statement of compliance signed by Dr. Patrice (project manager) in the list of documents.	Please see comments in the General Information and Workflow tabs.

SDG Targets

Target	Description
Main Goals	
Goal 3. Ensure healthy lives and promote well-being for all at all ages	
TARGET_3.6	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents
Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable	
TARGET_11.2	11.2 By 2030, 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

SDG Indicators

Indicator Code	Description
C030601	3.6.1 Death rate due to road traffic injuries

Contribution to SDGs

Participating Organization	% TARGET_11.2	% TARGET_3.6	% Total
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WHO	10	90	100
Total contribution by target	10	90	
Project contribution to SDG by target	10	90	100

List of documents

Document	Document Type	Document Source	Document Abstract	Document Date	Classification	Featured	Status	Modified By	Modified On
Project Results Chain & Theory of change.ppt	Other Docs	Project	A figure showing the Project Results Chain that provides useful information to better understand the Theory of Change.	26-Jan-2023	Internal	No	Finalized	pereznic@paho.org	26-Jan-2023 8:30:32 AM
Investment efficiency.xlsx	Other Docs	Project	Excel sheet with the budget table split by object of expenditure (UNDG budget categories)	15-Dec-2022	Internal	No	Finalized	pereznic@paho.org	22-Dec-2022 4:50:41 AM
GoJ Support 20221213_14 1350.jpg	Other Docs	Project	Endorsement letter from the Office of the Prime Minister	13-Dec-2022	Internal	No	Finalized	pereznic@paho.org	15-Dec-2022 10:32:37 AM
Statement of Compliance Road Safety.png	Other Docs	Project	Statement of compliance signed by Project Manager	13-Dec-2022	Internal	No	Finalized	pereznic@paho.org	15-Dec-2022 6:35:30 AM

Project Results

Outcome	Output	Description
FUND IMPACT: To contribute to a substantial reduction of road traffic fatalities and injuries in low and middle-income countries.		Significant reduction of fatal road traffic injuries. Means of verification: official mortality figures from the country; and adjusted/standardized data from WHO's Global Health Observatory. Information from WHO's Global Road Safety Status Report could also be used.
	No outputs available.	
FUND OUTCOME 1: Improved road safety management.		We expect this project will contribute to an improved coordination of the whole government and other relevant stakeholders (i.e. civil society organizations) on road safety in Jamaica that supports the development and implementation of a national road safety strategy based on the safe systems approach. Means of verification: minutes of intersectoral meetings, evidence of implementation of activities, National Plan developed, Access to key data and its use.
	PROJECT OUTPUT 1.1: Development of a national plan for road safety, endorsed by all sectors, with a clear implementation plan and improvement of the coordination mechanism	Means of verification: National Plan for Road Safety developed and records of endorsement of different sectors involved.

Outcome	Output	Description			
	<p>Activities</p>				
	<p>Title</p> <p>Provide Technical Cooperation to facilitate development of a national action plan for road safety with officials appointed by the Government.</p>	<p>Description</p> <p>Officials will be appointed by the Government to be dedicated to this task. A PAHO-National Consultant will be hired to facilitate and coordinate work with local authorities.</p> <p>Means of verification: -List of official appointed to develop the national plan, provided by the Government. -Minutes of meetings with dedicated officials including follow-up actions and timeline for progress. - Draft of the National Plan circulated for comments.</p>	<p>Lead Participating Organization</p> <p>WHO - WHO (World Health Organization)</p>	<p>Participating Organization</p>	<p>Other Organizations</p> <p>NRSC, MoHW, Traffic Police, Road Safety Unit</p>
	<p>Integration and functioning of the Project Coordinating Committee (or impact team)</p>	<p>Officials appointed by the Government will also integrate the Project Coordinating Committee along with PAHO-team, that will meet periodically to follow up the progress on the implementation of the whole Project's timeline.</p> <p>Means of verification: -Minutes of meetings with dedicated officials including follow-up actions and timeline for progress. -Reports of activities to the UNRSF.</p>	<p>WHO - WHO (World Health Organization)</p>		<p>NRSC, MoHW, Traffic Police, Road Safety Unit</p>
	<p>PROJECT OUTPUT 1.2: Jamaica police officers are able to collect, update and monitor road safety data</p>	<p>Improvement of quality and coverage of data collection for fatal crashes (I.e. reduction of missing values on key variables such as information on the exposure to risk or protective factors, place of occurrence, time of day, among others); obtaining key evidence from roadside observational studies (exposure to speeding and drink-driving); establishing and using the new Jamaica Injury Surveillance System (JISS) linking all 9 Type A and B hospitals throughout the island and providing nationally representative evidence. Means of verification: databases from crash data, roadside observational studies and JISS.</p>			

Outcome	Output	Description			
	<p>Activities</p>				
	<p>Title</p>	<p>Description</p>	<p>Lead Participating Organization</p>	<p>Participating Organization</p>	<p>Other Organizations</p>
	<p>Training of police officers to improve quality and coverage of crash data collection (focusing on fatal crashes)</p>	<p>Evidence from trainings (lists of attendance, photography's, etc.) as well as data collection reports (to demonstrate the training was effective in reaching its goal) will be used as a mean of verification.</p>	<p>WHO - WHO (World Health Organization)</p>		<p>NRSC, Traffic Police, Road Safety Unit</p>
	<p>Training data collectors to gather key evidence from roadside observational studies</p>	<p>Evidence from trainings (lists of attendance, photography's, etc.), and data collection reports will be used as a mean of verification.</p>	<p>WHO - WHO (World Health Organization)</p>		<p>NRSC, Traffic Police, Road Safety Unit</p>
	<p>Operationalization of the new Jamaica Injury Surveillance System, version 3 to produce accurate and dependable injury related reports</p>	<p>The current Jamaica Injury Surveillance System (JISS) commenced in 2000 and utilizes information from the analysis of data from the injury surveillance system of nine fulltime reporting sentinel hospitals. The new JISS, version 3 builds upon the previous work and will create a centralized system that will initially link all 9 Type A and B hospitals throughout the island.</p> <p>Means of Verification: -Reports and databases compiled will be used as a mean of verification.</p>	<p>WHO - WHO (World Health Organization)</p>		<p>MoHW</p>
<p>FUND OUTCOME 4: Improved behaviour of road users.</p>		<p>We expect this project will contribute to reducing exposure to drink-driving and speeding through implementation (i.e. strengthening enforcement) of comprehensive road safety legislations along with awareness raising</p>			
	<p>PROJECT OUTPUT 4.1 enhanced capacity in traffic police of Jamaica to enforce national road safety laws on drink-driving and speeding</p>	<p>Upgrading the breathalyzer programme, speed enforcement and Public Education/Communication programme of the Jamaica Constabulary Force.</p>			

Outcome	Output	Description			
	Activities				
	Title	Description	Lead Participating Organization	Participating Organization	Other Organizations
	Training of police officers on the use of new devices (if needed), the safe systems approach, and strategies on how to improve police control/enforcement.	Evidence from trainings (lists of attendance, photography's, etc.) and evaluation reports (to demonstrate training was effective in reaching its goal) will be used as a mean of verification.	WHO - WHO (World Health Organization)		Traffic police
	Providing up-to-date equipment that allows police to improve enforcement strategically	Evidence of purchase/acquisition of the equipment (i.e. bills) and its formal delivery to the authorities (i.e. official evidence of equipment receipt by Government/Traffic Police), will serve as a mean of verification.	WHO - WHO (World Health Organization)		Traffic police
Raising awareness through educative & communication interventions	Educative and communication materials and evidence of their distribution will serve as a mean of verification.	WHO - WHO (World Health Organization)		NRSC, Traffic police, Road Safety Unit, MoHW	
FUND OUTCOME 5: Improved Post-Crash Care.			We expect this project will contribute to improve post-crash care in the long run. Please note that a situational analysis and the identification of gaps and opportunities on how to strengthen emergency care is just the first step to successfully improve Post-Crash. It is necessarily/useful to strategize, but is not sufficient: further implementation is needed (although this is not covered by the project/funding; it will be promoted with local authorities).		
	PROJECT OUTPUT 5.1: Situational analysis to identify gaps and opportunities to strengthen emergency care	Means of verification: Emergency & Critical Care Systems Analysis (ECCSA) report and the resulting implementation plan to improve emergency care post-crash response agreed by relevant stakeholders involved in the process by consensus.			
	Activities				
	Title	Description	Lead Participating Organization	Participating Organization	Other Organizations
	Conduct an emergency and critical care systems assessment (ECCSA)	Means of verification: final report elaborated from the information obtained on the online survey and the discussions sustained during the consensus meeting and evidence of the official delivery of the document to the Ministry of Health and Wellness. Aditonal evidence of the consensus meeting will be provided (lists of participants, pictures, etc.).	WHO - WHO (World Health Organization)		MoHW
Prepare an emergency and critical care system implementation plan	Means of verification: document of the implementation plan elaborated from the priorities identified during the consensus meeting and evidence of the official delivery of the document to the Ministry of Health and Wellness.	WHO - WHO (World Health Organization)		MoHW	

Signature Indicators

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
FUND INDICATOR 1.1: Number of countries and municipalities that have taken road safety action to improve coordination and monitoring.				Capacity	Yearly	Country	Number		2022		2025	Outcome: FUND OUTCOME 1: Improved road safety management.

Imported Fund Outcome / Output Indicators

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
FUND IMPACT OUTCOMEIND.1: Death rate due to road traffic injuries in targeted countries.				Capacity	Yearly	Global	Number	14.2	2019	7.1	2030	Outcome: FUND IMPACT: To contribute to a substantial reduction of road traffic fatalities and injuries in low and middle-income countries.
FUND OUTPUT IND.1.1.1: Number of targeted countries and municipalities supported in developing road safety action plans.				Capacity	Yearly	Country	Number	0	2022	1	2030	Outcome: FUND OUTCOME 1: Improved road safety management. Output: PROJECT OUTPUT 1.1: Development of a national plan for road safety, endorsed by all sectors, with a clear implementation plan and improvement of the coordination mechanism
FUND INDICATOR 1.1.2: Number of targeted countries and municipalities supported in improving coordination related to road safety among designated authorities.				Capacity	Yearly	Country	Number	0	2022	1	2030	Outcome: FUND OUTCOME 1: Improved road safety management. Output: PROJECT OUTPUT 1.1: Development of a national plan for road safety, endorsed by all sectors, with a clear implementation plan and improvement of the coordination mechanism

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
FUND INDICATOR 1.2.1: Number of targeted countries and municipalities supported in establishing a road safety data system.				Capacity	Yearly	Country	Number	0	2022	1	2030	Outcome: FUND OUTCOME 1: Improved road safety management. Output: PROJECT OUTPUT 1.2: Jamaica police officers are able to collect, update and monitor road safety data
FUND INDICATOR 4.1.2: Number of countries and municipalities supported in establishing a system to enforce lawful behaviour on roads.				Capacity	Yearly	Country	Number	0	2022	1	2030	Outcome: FUND OUTCOME 4: Improved behaviour of road users. Output: PROJECT OUTPUT 4.1 enhanced capacity in traffic police of Jamaica to enforce national road safety laws on drink-driving and speeding
FUND INDICATOR 4.1.3: Number of countries and municipalities supported in implementing road safety educational awareness raising or training in support of safe road user behaviour.				Capacity	Yearly	Country	Number	0	2022	1	2030	Outcome: FUND OUTCOME 4: Improved behaviour of road users. Output: PROJECT OUTPUT 4.1 enhanced capacity in traffic police of Jamaica to enforce national road safety laws on drink-driving and speeding
FUND INDICATOR 4.1.4: Number of countries and municipalities supported in adopting the use of supportive technology related actions and equipment to ensure safe road user behaviour.				Capacity	Yearly	Country	Number	0	2022	1	2030	Outcome: FUND OUTCOME 4: Improved behaviour of road users. Output: PROJECT OUTPUT 4.1 enhanced capacity in traffic police of Jamaica to enforce national road safety laws on drink-driving and speeding

Project Indicators

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
PROJECT INDICATOR: % of police officers trained in traffic crash data collection		Process/Activity indicator related to safe use of roads. Means of verification: lists of participants in trainings and photographic evidence.		Capacity	At closure	Country	Percentage	0	2022	50	2025	Outcome : FUND OUTCOME 4: Improved behaviour of road users. Output: PROJECT OUTPUT 4.1 enhanced capacity in traffic police of Jamaica to enforce national road safety laws on drink-driving and speeding
No components available.												
PROJECT INDICATOR: % of police officers trained in safe systems approach to road safety		Process/Activity indicator related to safe use of roads. Means of verification: lists of participants in trainings and photographic evidence.		Capacity	At closure	Country	Percentage	0	2022	50	2025	Outcome : FUND OUTCOME 4: Improved behaviour of road users. Output: PROJECT OUTPUT 4.1 enhanced capacity in traffic police of Jamaica to enforce national road safety laws on drink-driving and speeding
No components available.												

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
PROJECT INDICATOR: # of fully equipped police check points established		Output indicator related to safe use of roads. Means of verification: police reports.		Capacity	Yearly	Country	Number	NA	2022	1000	2025	Outcome : FUND OUTCOME 4: Improved behaviour of road users. Output: PROJECT OUTPUT 4.1 enhanced capacity in traffic police of Jamaica to enforce national road safety laws on drink-driving and speeding
No components available.												
PROJECT INDICATOR: National Action Plan / Strategy for Road Safety		Output indicator related to road safety management. Means of verification: final document of the National Action Plan / Strategy for Road Safety		Other	At closure	Country	Yes/No	No	2022	Yes	2025	Outcome : FUND OUTCOME 1: Improved road safety management. Output: PROJECT OUTPUT 1.1: Development of a national plan for road safety, endorsed by all sectors, with a clear implementation plan and improvement of the coordination mechanism
No components available.												

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
PROJECT INDICATOR: Emergency and Critical Care System Assessment (ECCSA) completed		Output indicator related to post-crash emergency care response. Means of verification: final document of the ECCSA.		Other	At closure	Country	Yes/No	No	2022	Yes	2025	Outcome : FUND OUTCOME 5: Improved Post-Crash Care. Output: PROJECT OUTPUT 5.1: Situational analysis to identify gaps and opportunities to strengthen emergency care
No components available.												
PROJECT INDICATOR: Implementation Plan Prepared to improve emergency care based on ECCSA.		Output indicator related to post-crash emergency care response. Means of verification: final document of the Implementation Plan to strengthen emergency care from ECCSA.		Other	At closure	Country	Yes/No	No	2022	Yes	2025	Outcome : FUND OUTCOME 5: Improved Post-Crash Care. Output: PROJECT OUTPUT 5.1: Situational analysis to identify gaps and opportunities to strengthen emergency care
No components available.												

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
PROJECT INDICATOR: Fatal traffic crashes associated with alcohol		Short-term impact indicator related to safe use of roads. While there is not baseline as of now, we expect a reduction of at least 10% of fatal traffic crashes associated with alcohol as a result of this project. Means of verification: police reports on traffic crashes.		Other	Yearly	Country	Percentage	NA	2022	10% reduction	2025	Outcome : FUND OUTCOME 4: Improved behaviour of road users. Output: PROJECT OUTPUT 4.1 enhanced capacity in traffic police of Jamaica to enforce national road safety laws on drink-driving and speeding
No components available.												
PROJECT INDICATOR: Fatal traffic crashes associated with speeding		Short-term impact indicator related to safe use of roads. While there is not baseline as of now, we expect a reduction of at least 10% of fatal traffic crashes associated with speeding as a result of this project. Means of verification: police reports on traffic crashes.		Other	Yearly	Country	Percentage	NA	2022	10% reduction	2025	Outcome : FUND OUTCOME 4: Improved behaviour of road users. Output: PROJECT OUTPUT 4.1 enhanced capacity in traffic police of Jamaica to enforce national road safety laws on drink-driving and speeding
No components available.												

Risks

Event	Category	Level	Likelihood	Impact	Mitigating Measures	Risk Owner
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Availability and price of equipment to be purchased could impact on the number of devices that we will be able to acquire.	• Financial	Low	Possible	Minor		
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Budget by UNSDG Categories

Budget Lines	Description	WHO (7%)	Total
1. Staff and other personnel		100,000	100,000
2. Supplies, Commodities, Materials		0	0
3. Equipment, Vehicles, and Furniture, incl. Depreciation		143,832	143,832
4. Contractual services		50,000	50,000
5. Travel			0
6. Transfers and Grants to Counterparts			0
7. General Operating and other Direct Costs		80,000	80,000
Sub Total Project Costs		373,832	373,832
8. Indirect Support Costs		26,168	26,168
Total		400,000	400,000

Performance-based Tranches Breakdown

	Tranche %	WHO	Total
Tranche 1	100%	\$400,000	\$400,000
Total		\$400 000	\$400 000

Results based budget

Outcome *	Output *	Agency *	Budget (USD) *	% allocated to GEWE (if any)	
FUND OUTCOME 1: Improved road safety management.		Sub Total	\$170,000		\$49,000
	PROJECT OUTPUT 1.1: Development of a national plan for road safety, endorsed by all sectors, with a clear implementation plan and improvement of the coordination mechanism	WHO (7%)	\$50,000	50%	\$25,000
	PROJECT OUTPUT 1.2: Jamaica police officers are able to collect, update and monitor road safety data	WHO (7%)	\$120,000	20%	\$24,000
FUND OUTCOME 4: Improved behaviour of road users.		Sub Total	\$203,832		\$61,150
	PROJECT OUTPUT 4.1 enhanced capacity in traffic police of Jamaica to enforce national road safety laws on drink-driving and speeding	WHO (7%)	\$203,832	30%	\$61,150
FUND OUTCOME 5: Improved Post-Crash Care.		Sub Total	\$0		\$0
	PROJECT OUTPUT 5.1: Situational analysis to identify gaps and opportunities to strengthen emergency care	WHO (7%)	\$0	0%	\$0
Total			\$373,832		

Budget per Gender (GEWE)

	WHO	Total \$
\$ Towards GEWE	\$117,861	\$117,861
% Towards GEWE		29.47%

Signatures

WHO: WHO (World Health Organization) (Digital)

Mr Jonathon Passmore

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