

United Nations Road Safety Fund
MPTF OFFICE GENERIC FINAL PROGRAMME¹ NARRATIVE REPORT
REPORTING PERIOD: JANUARY 2022 TO MARCH 2023

<p align="center">Programme Title & Project Number</p> <ul style="list-style-type: none"> Programme Title: Strengthening the Post-crash Response in Bangladesh Programme Number (if applicable) MPTF Office Project Reference Number:³ 00128817 	<p align="center">Country, Locality(s), Priority Area(s) / Strategic Results²</p> <p><i>Country/Region:</i> Bangladesh</p>						
<p align="center">Participating Organization(s)</p> <ul style="list-style-type: none"> Organizations that have received direct funding from the MPTF Office under this programme World Health Organization Country Office for Bangladesh 	<p><i>Priority area/strategic results:</i> Pillar Five: Effective Post-Crash Response</p>						
<p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project document: USD160, 000</p> <p>MPTF /JP Contribution⁴: <ul style="list-style-type: none"> by Agency (if applicable) Agency Contribution <ul style="list-style-type: none"> by Agency (if applicable) </p> <table border="0"> <tr> <td>Government Contribution (if applicable)</td> <td align="right">0</td> </tr> <tr> <td>Other Contributions (donors) (if applicable)</td> <td align="right">0</td> </tr> <tr> <td>TOTAL:</td> <td align="right">USD160, 000</td> </tr> </table>	Government Contribution (if applicable)	0	Other Contributions (donors) (if applicable)	0	TOTAL:	USD160, 000	<p align="center">Implementing Partners</p> <ul style="list-style-type: none"> National counterparts (government, private, NGOs & others) and other International Organizations Directorate General of Health Services, Ministry of Health and Family Welfare
Government Contribution (if applicable)	0						
Other Contributions (donors) (if applicable)	0						
TOTAL:	USD160, 000						
<p align="center">Programme Assessment/Review/Mid-Term Eval.</p> <p>Evaluation Completed: No evaluation was done</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: dd.mm.yyyy N/A</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: dd.mm.yyyy N/A</p>	<p align="center">Programme Duration</p> <p>Overall Duration (months): 18</p> <p>Start Date⁵ (dd.mm.yyyy) 01/10/2021</p> <p>Original End Date⁶ (dd.mm.yyyy) 30/09/2022</p> <p>Actual End date⁷(dd.mm.yyyy) 30/03/2023</p> <p>Have agency(ies) operationally closed the Programme in its(their) system? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Expected Financial Closure date⁸: 31/05/2023</p>						
	<p align="center">Report Submitted By</p> <ul style="list-style-type: none"> Name: Dr. Syed Mahfuzul Huq Title: National Professional Officer - Noncommunicable Disease Participating Organization (Lead): World Health Organization Country Office in Bangladesh Email address: huqs@who.int 						

¹ The term "programme" is used for programmes, joint programmes and projects.

² Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

³ The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page on the [MPTF Office GATEWAY](#).

⁴ The MPTF/JP Contribution is the amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#).

⁵ The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#).

⁶ As per approval of the original project document by the relevant decision-making body/Steering Committee.

⁷ If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

⁸ Financial Closure requires the return of unspent balances and submission of the [Certified Final Financial Statement and Report](#).

FINAL PROGRAMME REPORT

EXECUTIVE SUMMARY

In ½ to 1 page, summarise the most important achievements of Programme during the reporting period and key elements from your detailed report below. Highlight in the summary, the elements of the main report that you consider to be the most critical to be included in the MPTF Office Consolidated Annual Report.

Background

Road traffic injuries have emerged as a major public health problem, leading to 1.3 million deaths in a year globally. In Bangladesh, in 2016 WHO estimated that there were around 25,000 deaths/year. Bangladesh Health and Injury Survey 2016 further reported that nearly two thirds of the road fatalities occur before the victims reach the health care facility.

Rationale and Objectives

There is a near absence of system for managing crash victims soon after the crash and safely transport them to health facilities. WHO, by virtue of its mandate, focused on strengthening the post-crash response for the victims (pillar five of the Global Plan on the Decade of Action for Road Safety 2011-2020), thereby contributing to the reduction in deaths and disabilities due to road traffic injuries. The project aimed to strengthen the pre-hospital and hospital care for victims of road crash injuries through a better health system equipped to address the challenges.

Approach

Multisectoral coordination was recognized as a key requirement for success of this initiative. Hence the first step was to support the Noncommunicable Disease Control Program of the Directorate General of Health Services (NCDC DGHS) in establishing a Technical Committee composed of members from all stakeholder groups to guide the development of strategy, action plan, and implementation of the initiative.

WHO then engaged the Centre for Injury Prevention and Research, Bangladesh (CIPRB - <https://www.ciprb.org/>) to draft the strategy and the costed action plan for strengthening post-crash response, including pre-hospital care for the victims of road crash injuries. WHO engaged mPower Social Enterprises Ltd. (mPower) (<https://www.mpower-social.com/>) to develop protocols, and training manuals for first responders on managing and transferring of victims as appropriate and for piloting the initiative. NCDC selected a 10km stretch of the Dhaka-Chittagong Highway, around 60km from Dhaka Munshiganj district ([https://en.wikipedia.org/wiki/N1_\(Bangladesh\)](https://en.wikipedia.org/wiki/N1_(Bangladesh))) for the pilot. mPower selected volunteers from near the highway to receive training on managing crash victims by taking care of airway, breathing and circulation and safely transfer to hospital for further care. In total, fifty volunteers received training in batches. The volunteers received first aid kits, jackets, and identity cards issued by NCDC. An existing emergency call center with a helpline number (14645) was assigned, from where the post-crash response, including deployment of volunteers and informing the police, fire brigade and nearby health center were coordinated. The local sub-district hospital and other healthcare facilities in the area have also been engaged in this initiative.

Key outcome

Based on the lessons learned, the Government of Bangladesh plans to scale up the initiative in a sustainable way that can help reduce deaths and disabilities due to road crash injuries.

I. Purpose

Provide a brief introduction to the programme/ project (one paragraph).

Road traffic injuries have emerged as a serious public health problem, leading to the death of nearly 1.3 million people annually around the globe. On August 31, 2020, the UN General Assembly adopted resolution A/RES/74/299 “Improving global road safety”, proclaiming the Second Decade of Action for Road Safety 2021-2030, with a goal to reduce deaths and injuries by 50% by 2030. One of the strategies to achieve the target is to improve the post-crash response. WHO worked with the Noncommunicable Disease Control Program of the Directorate General of Health Services (NCDC DGHS) to improve the country’s post-crash response.

Provide the main objectives and expected outcomes of the programme in relation to the project document and Annual Work Plans (AWPs).

Objective:

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

Expected Outcomes:

1. Strategic and technical documents validated by the Government is made available to reduce morbidity and mortality from road traffic injuries in Bangladesh
2. Tested and scalable model on post-crash response made available to reduce morbidity and mortality from road traffic injuries in Bangladesh

II. Assessment of Programme Results

This section is the most important in the Report and particular attention should be given to reporting on results / and changes that have taken place rather than on activities. It has three parts to help capture this information in different ways (i. Narrative section; ii. Indicator based performance assessment; iii. Evaluation & Lessons learned; and iv. A specific story).

i) Narrative Section

Project contribution to the impact of the Fund

Each final narrative report shall contain an analysis of how the outputs and outcomes of the project have contributed to the overall impact(s) of the Fund. Has the funding provided by the MPTF/JP to the programme been catalytic in attracting funding or other resources from other donors? If so, please elaborate. For Joint Programmes, highlight how UN coordination have supported achievement of results.

The project was proposed to address the near absence of a system for providing post-crash care for victims of road traffic injury and safe transport to health facilities. The absence of post-crash response contributed to the loss of life of nearly two thirds of the victims before they could reach the hospital. In this context, the project succeeded in developing a strategy and costed action plan for policymakers to provide strategic directives on strengthening post-crash response. To build capacity of different stakeholders, protocols as relevant for departments, and training manuals to train health care providers and volunteers who would be first responders were developed.

The Project delivered the following outputs:

- Multisectoral coordination was recognized as a key requirement for success of this initiative. Hence, a Technical Committee for Strengthening Post Crash Response for victims of road traffic injuries has been established by the Directorate General of Health Services (DGHS) with representation from relevant ministries, departments, and organizations including the fire services, police, community-based organizations and other relevant stakeholders, to provide strategic directives to the initiative.
- A strategy and costed action plan for strengthening post-crash response for victims of road traffic injuries in Bangladesh has been developed for policy guidance , protocols for departments responding to a road crash, and training manuals to train care providers have been developed.
- The model was **piloted** on a ten kilometer stretch of the Dhaka Chattogram highway around Gazaria sub-district of Munshiganj District. Fifty volunteers recruited from the local community including drivers, shopkeepers, police received training to provide pre-hospital care and psychological first aid at the crash site and to transport the victims safely to hospital. Further, the volunteers were provided with ID card, a vest, first aid box and stretcher.
- An existing emergency call number (16465) was made available 24/7 for people to report a crash. The automated system after receiving the call, would enable the efforts to locate and alert the trained volunteers nearest the crash site to be the first responders. There is a plan to link this emergency call number with the National Emergency Service (999).
- Through multiple coordination meetings and workshops, robust engagement and support of local community and relevant government departments, including civil administration, police and fire brigade were ensured.
- A promotional video on post-crash response has been developed for awareness raising purposes.
- Data on injury and mortality from road crashes in the project area are being recorded.

Project results

From [project start date] to [project end date], provide a narrative summary of the results achieved. The aim here is to tell the story of change that your project has achieved over its entire duration. Make reference to the implementation mechanism utilized and key partnerships.

Ensuring road safety and providing immediate post-crash response requires engaging multiple stakeholders. This was one of the key success factors in the project. WHO supported the Noncommunicable Disease Control Program of the Directorate General of Health Services (NCDC DGHS) in establishing a Technical Committee to provide oversight to the initiatives. The Technical Committee comprised of representatives from Road Safety Wing of the Bangladesh Road Transport Authority, Roads and Highways Department of Ministry of Road Transport and Bridges, Bangladesh Police Headquarters, Highway Police Headquarters, Bangladesh Fire Service and Civil Defense, Bangladesh Red Crescent Society, National Institute of Traumatology and Orthopedic Rehabilitation, Accident Research Institute of Bangladesh University of Engineering and Technology, Global Health Advocacy Incubator, Administration and Road Safety Programme of BRAC, and Directorate General of Health Services' line directors.

To develop the strategy and costed action plan for strengthening post-crash response, including pre-hospital care for the victims of road crash injuries, WHO engaged the Centre for Injury Prevention and Research, Bangladesh (CIPRB - <https://www.ciprb.org/>) through competitive bidding process. There was recognition that the technical skills needed to improve pre-hospital care were lacking among many stakeholders and that there is need to engage multiple stakeholders. Hence WHO engaged mPower Social Enterprises Ltd. (<https://www.mpower-social.com/>) who developed protocols for responders from different agencies and training manuals for first responders on managing and transferring of victims as appropriate. Once the tools were developed, interventions could be successfully demonstrated on a ten kilometer stretch of the Dhaka-Chittagong Highway around Gazaria subdistrict of Munshiganj district. mPower Social Enterprises Ltd was involved in the selection of volunteers to receive training on first aid for crash victims. In total, fifty volunteers living or working along the selected stretch coming from different walks of life like the shopkeepers, police, drivers, received training in batches, on physical and psychological first aid and safe transport of victims. Their passion and commitment in being associated in this project will ensure the success of the initiative even beyond the project period. Although for the project period, an already existing emergency number (14645) has been used, linked to a dedicated call center, Government has committed to link this number to the nationally available emergency number 999.

Within a month of the pilot, the trained volunteers had helped twelve road crash victims and secured their safe transportation to the nearest primary health care facility. The Government of Bangladesh is considering scaling up the initiative in a sustainable way by incorporating it in the primary health care delivery framework.

Cross-cutting issues and development markers:

Explain the project's contribution to cross-cutting issues, SDGs, pillars, or areas. Please also explain how gender equality was promoted, and an estimation of resources allocated to it (if any).

The Project is aligned with the fifth pillar of the Global Plan for the Decade of Action for Road Safety 2011-2020 (through the United Nations General Assembly Resolution A/RES/64/255), which is later amended in the Second Decade of Action for Road Safety 2021-2030 (through the United Nations General Assembly Resolution A/RES/74/299), to adjust to the target date of Sustainable Development Goal 3.6. In addition to this, it is also aligned with SDG 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; and Global Road Safety Performance Target 12, by 2030, all countries establish and achieve national targets in order to minimize the time interval between road traffic crash and the provision of first professional emergency care. Among the trained volunteers, around 20% were women (schoolteachers, shopkeepers, etc.). The plan is to achieve gender parity by recruiting more women volunteers in the future. Also, mental health psychosocial support, which is often neglected in the response, has been included in the training program.

ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP**s - provide details of the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why.

Outcome/Output/Indicator/ Baseline/Planned Target	<u>Achieved</u> Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification Evidence	Estimated amount spent per outcomes and outputs
Outcome 1⁹: Strategic and technical documents validated by the Government is made available to reduce morbidity and mortality from road traffic injuries in Bangladesh.	The Ministry of Health and Family Welfare is in the process of validating the strategy. WHO engaged the Centre for Injury Prevention and Research, Bangladesh (CIPRB) to develop the strategy and costed action plan.	Not applicable	<ul style="list-style-type: none"> Strengthening post-crash response for the victims of road traffic injuries in Bangladesh: Strategy and costed action plan for 2023-2025 – see Annex 3 Presentation of Strengthening the Post-crash Response in Bangladesh, 22 March 2023 (dissemination workshop) – see Annex 9 	USD 17, 712
<p>Output 1.1: Strategy and costed action plan developed to strengthen post-crash response in Bangladesh.</p> <p>Indicator 1.1.1: Strategy and costed action plan to strengthen post-crash response in Bangladesh developed and validated by the government</p> <p>Baseline: 0 Planned Target: 1</p>	WHO engaged the Centre for Injury Prevention and Research, Bangladesh (CIPRB - https://www.ciprb.org/) that was selected through competitive bidding process, to draft the strategy and the costed action plan for strengthening post-crash response, including pre-hospital care for the victims of road crash injuries. Validation of the strategy is in process	Not applicable	Strengthening post-crash response for the victims of road traffic injuries in Bangladesh: Strategy and costed action plan for 2023-2025 – see Annex 3	USD 7, 865
Output 1.2: Protocols and training manuals developed for first responding volunteers, transporters, and primary health care providers.	WHO engaged mPower Social Enterprises Ltd. (https://www.mpower-social.com/) to develop protocols for responders from	Not applicable	Protocols and Training Manual for Post-Crash Response for the Victims of Road Traffic Injury in Bangladesh – see Annex 4	USD 9, 847

⁹ Note: Outcomes, outputs, indicators and targets should be **as outlines in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

<p>Indicator 1.2.1: Protocols and training manuals for first responding volunteers, transporters and primary health care providers developed and submitted to the government.</p> <p>Baseline: 0 Planned Target: 1</p>	<p>relevant agencies, and training manuals for first responders on managing and transferring of victims as appropriate.</p>			
<p>Outcome 2: Tested and scalable model on post-crash response made available to reduce morbidity and mortality from road traffic injuries in Bangladesh.</p>	<p>A scalable model on post-crash response was developed and was piloted at Dhaka-Chittagong Highway in Munshiganj district.</p>	<p>Not applicable</p>	<ul style="list-style-type: none"> • Minutes of meetings with local experts and doctors of UHC Munshiganj (in Bangla)– see Annex 5 • mPower Social Enterprises Ltd. developed and used graphical user interface dashboard to track incidences followed by response in real time of the piloting site. Both NCDC DGHS and WHO could access the dashboard – see Annex 6 • Promotional video - https://drive.google.com/drive/folders/10li5H_DyJqtv0tvbQ9BhV_WM1PdCcmbXk?usp=sharing • Photos of the activities undertaken – see Annex 7 • List of items procured – see page 10 	<p>USD 100,058</p>
<p>Output 2.1: A scalable model on pre-hospital care for victims of road traffic injuries developed.</p> <p>Indicator 2.1.1: A scalable model on pre-hospital care for victims of road traffic injuries made available.</p> <p>Baseline: 0</p>	<p>WHO engaged mPower Social Enterprises Ltd. (https://www.mpower-social.com/) to train the volunteers on first aid (managing crash victims) and to develop road crash data history of the piloting site.</p>	<p>Not applicable</p>	<ul style="list-style-type: none"> • Minutes of meetings with local experts and doctors of UHC Munshiganj (in Bangla)– see Annex 5 • mPower Social Enterprises Ltd. developed and used graphical user interface dashboard to track incidences followed by response in real time of the piloting site. Both NCDC DGHS and WHO 	<p>USD 66,588</p>

Planned Target: 1			<p>could access the dashboard – see Annex 6</p> <ul style="list-style-type: none"> • Promotional video - https://drive.google.com/drive/folders/10li5H_DyJqtv0tvbQ9BhVWM1PdCcmbXk?usp=sharing • Photos of the activities undertaken – see Annex 7 • List of items procured – see page 10 	
<p>Output 2.2: A scalable model on management of victims of road traffic injuries at primary health care settings developed.</p> <p>Indicator 2.2.1: A scalable model on management of victims of road traffic injuries at primary health care settings made available.</p> <p>Baseline: 0 Planned Target: 1</p>	Management of victims of road traffic injuries at Munshiganj Upazila Health Complex (UHC) has been strengthened.	Not applicable	Minutes of meetings with local experts and doctors of UHC Munshiganj (in Bangla)– see Annex 5	USD 33, 470
Consultant to support the project				USD 31,763
Indirect cost				USD 10,467
Total Utilization =				USD 160,000
Total Approved amount =				USD 160,000
Balance =				USD 0

Note: The information provided in this financial section is drawn from the WHO Integrated Management System. This is an informational only report and has not been certified by the Chief Finance. Certain period end adjustments may not be reflected in this report.

iii) Best Practices and Lessons Learned

What did the project (and/or other partners) learn from implementation situations that has helped inform and/or improve the project (or other) interventions? This may include experiences of failure, which often are the richest source of lessons learned. What are good practices that the project implemented and that would facilitate future programme design and implementation.

The Project succeeded in creating a multisectoral coordination mechanism at the central level with high-level engagement of the experts from different ministries and relevant civil society organizations to provide strategic directions to take the initiatives forward. Also, the Directorate General of Health Services has shown commendable leadership throughout the implementation of the Project. The use of digital technologies like graphical interface has helped in locating the crash sites and to alert the nearest trained first responders. However, engaging the local community and multiple stakeholders at field level, including police, fire brigade, and civil administration was a major challenge, as well as a learning experience.

Challenges

Explain challenges such as delays in programme implementation, and the nature of the constraints. What actions were taken to mitigate these challenges? How did such challenges and actions impact on the overall achievement of results? Have any of the risks identified during the project design materialized or were there unidentified risks that came up? Have any instances of fraud or PSEA cases been encountered?

- COVID-19 pandemic delayed the initiation of the activities. As a result, time available to pilot the project was too short to evaluate the initiative. This risk was identified during project design, and no-cost extension of the project was requested as a mitigation measure.
- Bringing multiple stakeholders and experts to consensus was sometimes challenging, which was mitigated through constant advocacy and negotiations and continued advocacy.
- Finding financial resources to transport the victims from crash site to the hospital is often challenging, which was not anticipated while the project was designed, and was mitigated locally on a case-to-case basis.

Project Sustainability and Exit

Report on final activities and phase-out arrangements (e.g. closing event, road map, final stakeholders meeting) put in place with local stakeholders to ensure transition and promote continued benefits and impact.

The Strategy and costed action plan provided a road map to the Government of Bangladesh in developing a system of post-crash response for victims of road traffic injuries. The Government of Bangladesh is looking forward to adopting a mechanism to expand the initiative nationwide in a sustainable way and in doing so, will be getting technical guidance from the Technical Committee on Strengthening Post-crash Response.

Project Evaluation

Report on any assessments, evaluations or studies undertaken relating to the programme and how they were used during implementation. Has there been a final project evaluation and what are the key findings? Provide reasons if no programme evaluation have been done yet and inform when it should be completed?

Due to COVID-19 pandemic, the initiation of the project was delayed. Still, the progress was regularly monitored, and the course of corrective actions taken based on feedback from experts and stakeholders. However, a formal evaluation of the initiative could not be done within the timeframe of the Project.

Project Dissemination and Communication:

Report on the dissemination and communication activities undertaken during the reporting period (e.g. dissemination of reports produced under the project or any communication outputs produced such as brochures, videos and articles). Supporting documents can be included as separate attachments.

The NCDC DGHS organized a dissemination workshop on 22 March 2023 in Dhaka. Experts from different ministries/organizations gave their strategic directives and reiterated the commitment of the government to scale up the initiatives.

Impact stories:

In ¼ to ½ a page, provide details on a specific achievement or lesson learned of the Programme. Include facts and figures and use quotes and testimonials from a range of people benefitting from the project. Add in any further links for more information.

Attachment of separate supporting documents, including high-resolution photos of the “project in action” with captions, videos, news items etc., is strongly encouraged. The MPTF Office will select stories and photos to feature in the Consolidated Annual Report, the GATEWAY and the MPTF Office Newsletter.

Problem/Challenge faced:

What was the status quo and why did this need to change?

Provide context to make it accessible and set out the negative impact on people’s lives.

In Bangladesh, organized post-crash response for the victims of road traffic injuries, especially the pre-hospital care was almost non-existent. This needed to be changed to reduce the mortality and morbidity due to road traffic accidents, where estimated road traffic fatalities (in 2016) as reported by WHO was 24,954 people lost their lives. Furthermore, the Directorate General of Health Services reported that road traffic injuries are one of the leading causes of inpatient admissions in government health facilities for people of age 5 years and above.

Programme Interventions: *how were things done differently and why is that important? Set out clearly what the project did relating to the key outcomes and who was involved.*

WHO supported the Government of Bangladesh to develop a strategy, costed action plan, protocols for relevant departments and training manual to train first responders, through wide stakeholder consultation. Then the model has been rolled out on a pilot basis at a 10km stretch of the Dhaka-Chittagong highway, involving local community. The developed documents and piloted model have created the foundation to set up the post-crash response system covering entire Bangladesh in a sustainable way. Incorporation of psychological first aid into the crash response is a new concept that might create differences in long-term impact.

Result: *who has benefitted now and how did this resolve the problem? Ground the impact of the project in people’s lives and point to how it will be sustainable.*

The Noncommunicable Disease Control Program of the Directorate General of Health Services (NCDC DGHS) has been benefited the most by obtaining the required technical and policy documents, as well as the experience of piloting the strategy, which will help in strengthening the post-crash response nationwide in a sustainable way, thereby reducing mortality and morbidity from road traffic injuries in Bangladesh.

However, it is too early for the initiative to show any impact, as the Project doesn’t have the data to conclude whether this initiative has made any differences to survival of road traffic accidents’ victims and if the data collected for the piloting site followed the same methodology of the “Death on the roads” dashboard (https://extranet.who.int/roadsafety/death-on-the-roads/#country_or_area/BGD).

Nonetheless, the documents that were produced could serve as good contribution to the process of ensuring evidence-based decision-making and supporting the rationale of why changes are needed. The Technical Committee for Strengthening Post Crash Response for victims of road traffic injuries can facilitate further discussion that will enable creating the required political will so that systemic change could happen to address road traffic injuries in Bangladesh.

iv) Annexes

1. Government Memo No. DGHS/LD/NCDC/2022/2101 to constitute the Technical Committee for Strengthening Post Crash Response – see Annex 1
2. Promotional video, available at:
https://drive.google.com/drive/folders/10li5H_DyJqtv0tvtbQ9BhVWM1PdCcmbXk?usp=sharing
3. Strengthening post-crash response for the victims of road traffic injuries in Bangladesh: Strategy and costed action plan for 2023-2025 – see Annex 3
4. Protocols and Training Manual for Post-Crash Response for the Victims of Road Traffic Injury in Bangladesh – see Annex 4
5. Minutes of meetings with local experts and doctors of UHC Munshiganj – see Annex 5
6. Graphical user interface dashboard for tracking road traffic incidences at the piloting site – see Annex 6
7. Photos of the activities undertaken – see Annex 7
8. List of logistics of the first aid box for the trained first responders

SL	Logistics	Unit
1	First aid box	40
2	Volunteer reflective vest	50
3	Volunteer ID card with ribbon	50
4	Volunteer certificate	50
5	Pocket training manual (laminated)	40
6	4 X 4“ gauze bandages (Dozen)	40
7	Sterile gauze rolls 4 inch (Dozen)	40
8	Sterile gauze rolls 6 inch (Dozen)	40
9	Plastic tape (2 inch)	40
10	Trauma Shear	40
11	Nitrile gloves (100 pieces) Large size	40
12	Hand sanitizer (250 ml)	40
13	Biodine 10% (100 ml)	40
14	Cotton (box) BD Brand (100gm)	40
15	Bandage (one time) (100 pieces)	40
16	Cervical collar (Large size)	40
17	Cervical collar (Medium size)	40
18	Cervical collar (Small size)	40
19	Splint (L+M+S) Pieces	360
20	Tourniquets (Pieces)	360
21	Plastic Cloths	40
22	Stretcher (Steel Body and Fold-able)	40
23	Torch light (Medium size)	50

9. Presentation of Strengthening the Post-crash Response in Bangladesh – see Annex 9