

General Information

Fund	MPTF_00161: UN Road Safety Trust Fund					
FMP Record	MPTF_00161_00112: Strengthening post-crash care in Tanzania					
MPTFO Project Id						
Start Date						
End Date						
Applicants	Status	Contact Type	Name	e-mail	Position	Telephone
	Active: 25-Oct-2023 10:27:00 AM	Project Manager	Jonathon Passmore	passmorej@who.int		
Signatories	Signature Process	Role	Name of Organization	Name	User Email	
	Digital	Signatory	WHO: WHO (World Health Organization)	Mr Jonathon Passmore	passmorej@who.int	
	Digital	Signatory	WHO: WHO (World Health Organization)	Dr Charles SAGOE-MOSES	sagoemosesc@who.int	
Contacts	Contact Type	Name	e-mail	Position	Additional e-mail	Telephone
	Project Manager	Mary Kessi	kessim@who.int			
	Project Manager	Humayun Salim	salimh@who.int			
Description	<p>This project aims to improve post-crash care and outcomes for victims of Road Traffic Injuries (RTIs) by improving the capacity of first responders and hospitals to care for RTIs.</p> <p>The project will implement 6 components of the WHO toolkit in pre-hospital and hospital settings in Tanzania along the busy A7 highway connecting the north and south of Tanzania, with average 5 RTIs per day). In the pre-hospital component, three key first responder groups (Police, Fire and Rescue, Community First Aiders, and Registered taxi driver) situated within a 500-meter radius of the A7 will receive the First Aid Responder Course of the toolkit. Once certified, first responders will be equipped with a refillable basic first aid kit. Subsequent train-the-trainer program will ensure scalability and sustainability.</p> <p>The hospital package involves health facilities located within 10 minutes' drive of the A7 highway across Pwani Region. The selected hospitals represent the different levels of hospitals that comprise Tanzania's pyramidal health system: Staff at these facilities will receive five WHO tool kit components: Triage, a tool that teaches prioritization of care and resources; WHO Basic Emergency Care course for frontline healthcare providers who manage acute injury and illness with limited resources; the WHO trauma Care checklists, which lists key actions to ensure that timely life-saving interventions are performed; the Resuscitation Area Designation which sets up a standardised approach to triage, organization and location of resources. Lastly, each health facility will implement a standardized Trauma Form; this form, which can also be used for clinical documentation, prompts for required information that will be entered into a registry.</p> <p>Outcomes will be compared with control hospitals located within 10 min drive of B129 highway (with average 4 RTIs per day) in Morogoro Region. The trauma registry will be implemented at the control sites to collect data, but no other components of the implementation will be delivered.</p> <p>1. Key identified risks</p> <p>One potential risk to the project is the potential delays of approvals and permissions necessary to conduct the study smoothly throughout the entire project period.</p> <p>1. Project partners:</p> <p>The project implementing partners include:</p> <ul style="list-style-type: none"> • WHO • Ministry of Health • Muhimbili University of Health and Allied Sciences • National Institute for Medical Research • National Road Safety Council of Tanzania • Muhimbili National Hospital • Muhimbili Orthopaedic Institute 					
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"> • Medium Risk 				

Optional Markers	WB Income Category	• Low Middle Income		
Fund Specific Markers	Core Strategic Priorities	Core Strategic Priorities <ul style="list-style-type: none">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">East Africa	<ul style="list-style-type: none">Africa	<ul style="list-style-type: none">United Republic of Tanzania
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)			Ministry of Health, Muhimbili University of Health and Allied Sciences, National Institute of Medical Research, National Road Safety Council of Tanzania, Muhimbili National Hospital Muhimbili Orthopedic Institute Tanzania Redcross Society
Programme and Project Cost	Participating Organization	Amount (in USD)	Comments	
	Budget Requested			
	WHO	\$485,350.00		
	Total Budget Requested	\$485,350.00		
	Tranches			
	Tranche 1 (%)		Tranche 2 (%)	
	Total:	\$242,675.00	Total:	\$242,675.00
	Other Sources (Parallel Funding)			
	In kind (Government co-financing)	\$246,302.00		
	Total	\$731,652.00		
	Thematic Keywords			
	Programme Duration	Anticipated Start Date	01-Feb-2024	
Duration (In months)		36		
Anticipated End Date		01-Feb-2027		

Narratives

Title	Text
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Background and Problem Statement

Road traffic injuries (RTIs), annually affecting over 330,000 individuals and resulting in a fatality rate of 31 deaths per 100,000 population, are a significant issue in Tanzania [1]. The situation is aggravated by major gaps in the Emergency Care Systems (ECS), leading to substandard post-crash response, avoidable fatalities, and lifelong disabilities. The National Emergency Care Systems Assessment (ECSA) conducted by World Health Organisation (WHO) and Ministry of Health (MoH) identified gaps in Tanzania's ECS system that could significantly contribute to otherwise avoidable RTI mortality and morbidity [7]. The country lacks adequate on-scene response to Road traffic crashes (RTCs). The ECSA report [7] identified several challenges pertaining to post crash care in Tanzania, including lack of standardized certification for ambulance providers, lack of an organized ambulance response to emergencies, lack of national emergency care access number and lack of central national registry for injuries. The ECSA report recommended the systematic implementation of components of WHO emergency care toolkit [15] to strengthen the ECS in Tanzania.

Proposed Solution and Approach

This project seeks to improve post-crash care and outcomes for victims of road traffic injuries by building the capacity of ambulances services and lay first responders to respond directly to the scene of crash, administer appropriate scene care, and safely transport the patient to health facilities that have improved emergency care capacity for caring RTI victims. The project will implement and monitor the impact of 6 components of the WHO ECS toolkit [15] in both pre-hospital and hospital settings along the along a busy (A7) highway connecting the north and south of Tanzania, which has an average of 5 RTIs per day. Outcomes will be compared with control sites along a separate (B129) busy highway with average 4 RTIs per day [12]. In both intervention and control sites, there are no pre-hospital ambulances. Baseline data [16] shows cyclist and passenger (66% vs 58%), and males (82% vs 84%) are the most affected group in interventions and control sites respectively. In intervention vs control sites, fracture (23% vs 26%), head injuries (10% vs 24%) and soft tissue injuries (19% vs 24%) were the most common type of injuries.

The WHO toolkit will be implemented in two packages. The pre-hospital package intervention will involve, five key first responder groups (Ambulance providers, Police, Fire and Rescue, Community First Aiders, and Registered taxi driver) situated within a 500-meter radius of the A7 will receive the First Aid Responder Course of the toolkit. Once certified, first responders will be equipped with a refillable basic first aid kit.

The hospital package of intervention will involve health facilities located within 10 minutes' drive of the A7 highway across Pwani Region. The selected facilities represent the different levels of hospitals that comprise Tanzania's pyramidal health system [31]: Staff at these facilities will receive 5 WHO tool kit components: first we shall implement the Interagency Integrated Triage, a context appropriate tool that provide prioritization of care and resource in the emergency settings. Second, WHO Basic Emergency Care (BEC) an open-access training course for frontline healthcare providers who manage acute injury and illness with limited resources [17].

Third, the WHO trauma Care checklists [18] will be implemented in all health facilities in the project. Fourth, in each facility we will implement a Resuscitation Area Designation [19] to provide a standardised approach to organising resuscitation areas. In each health facility will implement a standardized Trauma [20] to provide prompt for clinical documentation and data that will be used to set up Trauma Registry that will inform RTI care quality improvement process. In the control sites we will implement trauma registry in health facilities located within 10 minutes' drive of the B129 highway across Morogoro Region to collect comparable data in order to understand the impact of this project.

Lastly, working with National Road Safety Council we will collect details of crash incident using their newly introduced traffic police Road Accident Management Information System (RAMIS) as part of the crash investigation process. RAMIS is being implemented across Tanzania to collect road traffic accident scene details including nature, geographical location, weather during accident, time of accident, road users involved, vehicles involved, number of victims, death and injuries, and scene photographs.. Data from RAMIS will be utilized alongside the trauma registry data to provide detailed and multi-faceted information to support the National Road Safety Council in making data-driven decisions.

Intended Impact

The project will strengthen post-crash care by improving the capacity of pre-hospital and hospital emergency care systems to provide timely and appropriate first aid on scene, safe transport, effective emergency care and disposition of victims of RTIs in Tanzania. Through strengthening post-crash care, the project hopes to reduce the avoidable mortality, prevent lifelong disabilities, and improve outcome of RTI victims.

Linkages/Synergies with Ongoing Initiatives:

The project complements Tanzania's National Health Sector Strategic plan (HSSP-V) 2021-2026 [27], which commits the Ministry of Health to work together with the police and other agencies to reduce the burden and impact of RTIs. In the current HSSP-V the MoH plans to establish ambulance services along major highways as part of a comprehensive national ambulance service [27]. The project draws significant insights from the Ten Step Plan project in Tanzania, funded by the UNRSF [28], which has been instrumental in enhancing road safety through comprehensive infrastructure assessments and stakeholder training. The extensive data and training methodologies from the Ten Step Plan project will inform our strategies in identifying crash causations and high-risk areas, thereby enabling a more targeted approach in deploying post-crash care measures along the A7 highway. Furthermore, the project will align with the 3-year national road safety council's strategy of Tanzania, which is being implement as part of the plan to reduce accidents by 25% by 2026 [29]. By strengthening immediate post-crash response, this project aligns well with the UN General Assembly Resolution A/RES/74/299 [32] and the SDGs, particularly SDG 3.6, that have aims to prevent at least 50% of road traffic deaths and injuries by 2030.

Possible Scale-Up/Replication

With an established network of trained responders and improved healthcare facilities, the project's approach can be replicated in other regions of Tanzania and potentially other countries with similar road safety challenges. The project's success on the A7 highway could serve as a model for nationwide implementation.

Noteworthy Innovations

	<p>The project introduces innovative approaches in emergency care, particularly the use of the WHO ECS toolkit to improve pre-hospital and hospital care, and the development of a national trauma registry. Furthermore, it pioneers a train-the-trainer model to ensure scalability and sustainability.</p>
<p>GLOBAL PLAN FOR THE SECOND DECADE OF ACTION 2021-2030 300 words</p>	<p>This project offers a sustainable solution by adopting a multi-tiered approach that integrates existing Government initiatives, fostering capacity building and knowledge transfer, and focusing on data-driven strategies for continuous improvement. It targets the root cause of high road traffic injury mortality and morbidity rates in Tanzania, by addressing two (of five) key supporting activities of Safe system design model [33]. The project will integrate these two activities with four main elements of safe system design model;</p> <p>Safe road users: Through the training of first responders and frontline healthcare providers, the project instills in people the knowledge and skills on road safety, and fosters a replicable culture of safety among the local community.</p> <p>Safe Vehicles: Availability of data collection on crash investigation report, it will be enable police and relevant authorities to identify the state of vehicles involved to inform mitigation measure to deal with vehicle safety.</p> <p>Safe Roads: The project targets the A7 highway, the data collected through the trauma registry can be used to identify patterns and contributing factors to these accidents, contributing to evidence-based infrastructure improvements in the long run.</p> <p>Safe Speeds: This principle is indirectly supported by this project especially in the cohort of motorcyclist and taxi drivers who will receive first aid training, as they will learn the impact of unsafe speed in driving.</p>
<p>REPLICATION AND SCALE-UP 500 words</p>	<p>To ensure the sustainability and scale-up of our project beyond its completion, several strategic initiatives have been integrated into our plan:</p> <ol style="list-style-type: none"> 1. Government Collaboration: The Ministry of Health (MOH) of Tanzania has been actively involved in the design of the project. Post-completion, the MOH will take responsibility for adapting and expanding the project's activities nationwide. 2. Capacity Building: A network of trainers will be created who can further disseminate knowledge about the WHO toolkit implementation across Tanzania, supporting the project's scalability. 3. System Integration: Project activities, such as triage, trauma checklists, and resuscitation designation, will be integrated into existing clinical care pathways at intervention sites, ensuring project sustainability and nationwide replication. 4. Resource Provision: All resources used in the intervention will be compiled and made publicly accessible. This will support other stakeholders in sustaining and improving the emergency care system. 5. Stakeholder Partnerships: Engagement with the Tanzania Red Cross Society and the Emergency Medicine Association of Tanzania ensures a robust network of support for the project's objectives. The former has a proven track record for managing volunteer first responders, and the latter brings essential clinical expertise. 6. Sustainable funding Advocacy: We will work with the MOH to secure funding for the implementation of the WHO toolkit in facility budgets as a recurrent expenditure, enabling the long-term execution and expansion of project activities. <p>These strategies will collectively ensure that the project's achievements are not only sustained beyond its completion but are also scaled up and replicated, ultimately enhancing the emergency care system at a national level.</p>

Our project aligns closely with, and capitalizes on, several ongoing road safety initiatives in Tanzania and is intertwined with national strategies and developmental challenges.

Synergies with Past and Ongoing Road Safety Projects: Tanzania has been proactive in addressing road safety challenges;

- World Bank funded Tanzania's pilot implementation of centralized Emergency Medical Services as part of a Southern Africa Trade and Transport Facilitation Program [16], in efforts to mitigate the burden of RTIs. In this pilot implementation, there were efforts to set up EMS infrastructure, procurement of ambulances, and renovation of some of emergency units serving the community along the main highway. The pilot implementation developed a framework for capacity building and piloted the registry which populated crucial baseline data that informs on the foundation of the baseline for this project. Our project will implement a trauma registry, which synergizes with key recommendations of the pilot to investment in systematic data collection on RTC and trauma cases so as to support the transport and health agencies have reliable data for effective policies, strategies and actions for reducing RTCs and improving outcomes for RTIs in Tanzania.
- In 2021, The nation was the first globally to implement the United Nations Road Safety Collaboration Ten Step Plan for Safer Road Infrastructure [28]. This project will complement these efforts by providing evidence through registry data that will be available to inform on the impact of the interventions being implemented as well as those highlighted in the road infrastructure safety strategy of the country's Ten Step Plan for Safer Road Infrastructure project.
- The Ministry of Health and World Health Organisation conducted a national wide Emergency Care Systems Assessment (ECSA) [7] which revealed gaps in emergency care systems organization and provided opportunity for improvement. The ECSA report proposed a set of action priorities that the country will adopt to improve ECS, in particular that will impact RTIs and other emergencies. These actions include conducting intensive short course on prehospital emergency care within existing nursing and clinical officer education pathways, developing a training and certification pathway for ambulance providers (establish new cadre and scheme of service. In the facilities, establishing system-wide criteria and protocols for inter-facility transfer, system wide standards for pre-hospital services, and developing system wide standards for emergency unit processes. Our project synergizes and compliment very well with these set of action priorities that are currently being implemented by the Ministry of health.

Synergies with National Priorities and Strategies: this project is in line with Tanzania's National Health Sector Strategic plan (HSSP-V) 2021-2026, as well as the National Road Safety Council (NRSC)'s road safety strategy

- The National Health Sector Strategic plan (HSSP-V) 2021-2026 commits the Ministry of Health (MoH) to work with various agencies to reduce RTIs' burden and impact [27]. The implementation of the HSSP-V under the MoH aims to establish ambulance services along major highways as part of a comprehensive national ambulance service. This project synergizes well these ongoing efforts by accelerating the training of ambulance services providers, linking these services with lay person providers along the main highway, and improving the capabilities of health facilities to manage the emergencies from RTCs.
- National Road Safety Council (NRSC)'s have released a an updated 3-years strategy that aims to reduce death and injuries by 25% in a period of 2023 to 2026 [29]. As part of this strategy, the NRSC is advocating for improvement in post-crash care along major highways, as one of the key elements to support in reducing death and lifelong disabilities. This project will provide both the improvement in the post-crash care, as well as necessary evidence through data that can inform similar initiative across Tanzania.

Synergies with Other Development Challenges and Issues: our project will have an overflow of impact beyond the post-crash care, as it will improve general emergency care systems which will impact other medical emergencies across the implementation sites. In doing this, the project will be supporting the Government to execute key recommendations of ECSA report [7], which focuses on improving emergency care delivery. Over the last three years, the government has invested significantly in building over 100 emergency units, and 60 intensive care at the health facilities at Region and District level, and this project would serve as an instrumental tool in scaling up healthcare providers' capacity, thereby addressing development challenges.

Government Actions Adding Value to Our Project: The Government of Tanzania's commitment to enhancing the country's emergency care system provides a conducive environment for our project's success. By implementing the WHO toolkit in pre-hospital settings for traffic police in our project area, we align with the HSSP-V and NRSC's goals, thus adding value to the existing government efforts. The model we implement can be utilized as a blueprint for future scale-up and national strategy.

APPROACH AND EFFECTIVENESS 1000 words	<p>Tanzania has one of the highest fatality rates from RTIs, at 31 deaths per 100,000 population [1], this rate surpasses the sub-Saharan Africa average. The country's emergency care system faces multiple challenges, including the absence of a formal on-scene response mechanism, an inadequate public ambulance service [4], and the lack of a national emergency care access number. Furthermore, local health facilities often lack appropriately equipped resuscitation areas and well-trained emergency care providers [6]. The absence of a national trauma registry further complicates the assessment and improvement of emergency care. National wide emergency care systems assessment (ECSA) report recommended the systematic implementation of components of WHO emergency care toolkit [15] to strengthen the ECS in Tanzania. Given these systemic challenges, Tanzania requires external support to address the gaps in its emergency care system.</p> <p>This project will implement a WHO emergency care toolkit in sites along busy (A7) highway connecting the north and south of Tanzania, which has an average of 5 RTIs per day. This implementation will be compared with the control sites along a separate (B129) busy highway with average 4 RTIs per day [12]. Our approach of including targeted area with documented high level of RTIs which will allow the project to effectively demonstrate the potential impact of intervention sooner without spending significant on a wide-scale approach that will be harder to assure consistency and quality. The chosen approach of implementing the WHO emergency care toolkit is grounded in empirical evidence from various countries. In Uganda, a country with comparable income levels and healthcare challenges as Tanzania, the WHO emergency care toolkit was tested in two public hospitals [25]. The pre- and post-intervention evaluation revealed a notable reduction in the 48-hour case fatality rate, along with an avoidance of 1,498 Disability-Adjusted Life Years (DALYs) for all emergencies over one year. Furthermore, in Israel, after the establishment of a trauma care system, there was a significant reduction in injury mortality, from 16% to 11% over a decade. Similarly, Canada reported a 29% decrease in the probability of death among severe road traffic injury victims following the system's implementation [22].</p> <p>The methodological approach of this project will utilize the difference-in-difference technique, by having simultaneous intervention and control sites (rather than a single site before and after approach). The project approach will allow for establishment of baseline data on the first year (for both control and intervention sites) of the project, which will form a base of comparison post intervention, hence we believe that this technique is methodologically stronger and will provide better evidence for the impact of intervention and inform future project scale up. In addition, as part of the intervention we will deploy training of trainers for both prehospital and hospital components of the project. This approach will allow quicker spread of the training and is an effective way to serve future resource investment increase local buy-in and create sustainability to the programs post project implementation.</p> <p>Lastly, the proposed project's timeframe complements Tanzania's National Health Sector Strategic plan (HSSP-V) 2021-2026 [27], integrating the project's objectives with the nation's broader health goals. This provides confidence that the implementation will have a potential for scalability and sustainability beyond the project lifespan.</p>
EXPECTED IMPACT 750 words	<p>The improvement of emergency care systems through this project will have a directly positive impact on post-crash response for RTI victims leading to decrease in mortality and lifelong disabilities. In a short term, the project build capacity of first responders in prehospital to deliver safe on scene, and transport first aid care, which will immediately impact outcomes. The training of these providers will in essence create a cadre of first responders without adding a substantial cost to the system, for new recruitment and training. The cadre trained will also be key change advocates towards safe response and care towards RTIs on scene and during transport to a health facility, which will further compliment the improvements introduced in the emergency care systems. This will also increase the availability and quality of pre-hospital care services by integrating them into the existing health system. In the health facilities, the capacity building to emergency care providers and introduction of systems changes will improve emergency care provision, and increase efficiency in referral pathways for RTIs victims, which will have a direct impact in reduction of road fatalities and serious injuries.</p> <p>In the medium term, through data collection and utilization, the project will contribute to the development of evidence-based policies and practices for emergency care. The project will also aim to deliver the police level accident investigation data, which will support the transport and ministry of interior in setting up appropriate infrastructure as well as legislation in line with the Safe system design models to reduce the incidence of fatal injuries.</p> <p>Long term, the project is expected to contribute to the institutionalization of quality emergency care services in Tanzania. The evidence generated from the project in saving lives and reducing disability can demonstrate how this investment can reduce long-term expenditures for health by the government and ensure greater productivity.</p> <p>Overall, we anticipate the project will dramatically improve road safety in Tanzania. It will achieve this by increasing 30-day survival rates post-RTI, enhancing efficiency in emergency care, broadening the scope of on-scene first aid, and fortifying overall emergency response times.</p> <p>The sustainability of results of the project post-completion is supported by several key strategies. These include close collaboration with the Ministry of Health, capacity building through the development of a cohort of trained personnel, integration of project activities into existing clinical care pathways, open-access provision of project resources, engagement of key stakeholders, and advocacy for budget allocations towards implementing the WHO toolkit. These strategies collectively ensure the project's impacts persist and improve the emergency care system across Tanzania.</p>

<p>LINK WITH MANDATE OF PARTICIPATING UN ORGANIZATION(S) 750 words</p>	<p>Our project aligns with the mandate and strategic objectives of our partner United Nations organizations, primarily the World Health Organization (WHO). WHO's central mission is the improvement of global health, which incorporates the necessity to address RTIs. These injuries represent a significant global public health challenge, a reality which is notably present in Tanzania. WHO developed the emergency care systems (ECS) framework [8] which has been used to conduct in-country emergency care systems assessment (ECSA), and develop the recommendations to improve ECS to address acute illness and injuries, with a special focus on RTI's. More than 40 countries have conducted ECSA and through the recommendations set forward, WHO developed toolkit to address global gaps noted in the ECS. The WHO emergency care toolkit has been implemented in several countries with notable success. Therefore, the project's implementation of WHO emergency care toolkit is a targeted approach to address RTIs within Tanzania, functioning within the guiding parameters and experience of WHO's established mandate. WHO has an extensive history of collaboration with Tanzanian government entities, healthcare providers, and NGOs, all aimed at advancing public health. This includes prevention of non-communicable diseases, health promotion, and the advancement of emergency care services. This project represents a continuation of our commitment to the enhancement of health outcomes in Tanzania.</p> <p>The development of this project has been a collaborative effort, involving numerous Tanzanian governmental agencies, including the Ministry of Health (MOH), Non-Communicable Diseases Prevention and Control Program, the National Institute for Medical Research, the National Road Safety Council (NRSC), Tanzania Traffic Police, and Tanzania Red Cross Society. Their involvement has ensured that our approach aligns with national health strategies and road safety plans, ensuring the project's relevance and potential for success.</p> <p>The project benefits from a comprehensive assembly of technical expertise provided by our implementation partners. This includes proficiency in emergency care, project management, data analysis, and monitoring and evaluation. The partners - Ministry of Health (MOH), Muhimbili University of Health and Allied Sciences, Muhimbili National Hospital, Muhimbili Orthopedic Institute, and the National Institute for Medical Research - possess a track record of demonstrated success in their respective areas, setting the stage for the successful realization of the project's goals.</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>EVALUATION 1500 words</p>	<p>Project Management Evaluation: We will evaluate the project setup, approvals, and implementation. This evaluation will measure the timelines, contract execution, ethical permissions, and project implementation stages against the Gantt chart's benchmarks.</p> <p>Stakeholder Engagement Evaluation: We will gauge the level and quality of stakeholder participation, taking into account the feedback provided and the support secured for the project. Engagement reports and minutes of meetings will serve as critical sources of information for this evaluation.</p> <p>Site Mapping Evaluation: We will examine the timeliness and accuracy of site selection and permission acquisition. Also, we will evaluate the registration of first responders and emergency care providers as part of this evaluation.</p> <p>Intervention Implementation Evaluation: The effectiveness of the training programs will be measured. It will involve analyzing the participation and certification rates among first responders and emergency care providers.</p> <p>Data Management Evaluation: We will assess the timely implementation of the RTI registry across project sites and the completeness and accuracy of the data recorded. This evaluation will ensure that data management supports the project objectives effectively. Emphasis will be on ensuring that data collection aligns with the project monitoring and evaluation requirements through capturing and analyzing all essential indicators.</p> <p>Dissemination Evaluation: We will appraise the quality and frequency of interim reports submitted to stakeholders. Moreover, the extent and level of information dissemination will be evaluated to ensure effective communication of project progress and results.</p>

COMMUNICATIONS PLAN 3000 words	<ol style="list-style-type: none"> 1. Target Audience: Our primary targets are local communities who will benefit from the project interventions and policymakers who hold the potential to scale-up the project's impact. Funders also form an essential part of our target audience as their continued support is crucial for sustaining the project interventions. 2. Key Content: We aim to highlight how the project will make a significant difference in improving road safety, aligned with the UNRSF's key priorities. This communication will feature concrete facts, figures, and results from project interventions, coupled with compelling human stories. The need for continued support for specific interventions to achieve long-term road safety improvements will also be emphasized. 3. Communication Milestones: Key project milestones that will be supported by communications include the project's launch and closure, workshops, field visits, and the publication of the project report. We will also spotlight the first-aid training for pre-hospital responders, triage training at intervention health facilities, and training on resuscitation room designation. Each of these events provides a unique opportunity to share progress and generate broader engagement with the project. 4. Channels and Frequency: Our audience groups will be reached through a variety of channels, including leaflets, flyers, newsletters, social media, our project website, and print/online/radio media. We also plan to hold events and press conferences at key project milestones. Bi-monthly updates will keep our audience informed and engaged, while major milestones will be highlighted through special communication activities. 5. Communication Responsibility: A dedicated team member from the project team will be tasked with overseeing and implementing the communication strategy. They will ensure that all communication efforts align with the project's objectives and the UNRSF's brand. 6. Communication Budget: An indicative communication budget will include costs associated with printing, design, and photography/videography. It will also consider the expenses of managing digital communication channels and organizing events. This budget will be integral to the overall project budget. <p>Communication Activities and Evaluation: We will make an initial project announcement in July 2024 and commence regular bi-monthly updates from October 2024. Major milestones will be communicated through special activities as they occur. Finally, we will disseminate the project results and impact in January 2027. The effectiveness of our communication activities will be evaluated based on the reach of our updates, the engagement generated by our milestone communications, and the clarity of our final results and impact communication.</p>
BENEFICIARY GOVERNMENT(S) ENDORSEMENT 1000 words	Please see attached (in the document section) letters from the Government of Tanzania, and other relevant stakeholders.
STRENGTHENING NATIONAL CAPACITIES 1500 words	<p>The proposed project incorporates a comprehensive strategy to fortify national capacities through active collaboration with local stakeholders and a focus on capacity building. We have incorporated contributions from a diverse array of stakeholders to ensure that the project aligns with national priorities and contributes to the enhancement of local capabilities.</p> <ul style="list-style-type: none"> • National Collaboration: Our project has secured input and support from several key national stakeholders. This includes Tanzania's Ministry of Health (MoH), which has contributed to the project planning process. Muhimbili University of Health and Allied Sciences and the National Institute for Medical Research are contributing to the project design, monitoring, and implementation. The National Road Safety Council (NRSC) and Tanzania Traffic Police are also significant collaborators, offering strategic support and enforcement capabilities. Additionally, the Tanzania Red Cross Society is a critical partner in first aid training and volunteer engagement. Lastly, our association with the Global Alliance of NGOs for Road Safety and the TanRap project connects us to an extensive network of expertise and resources. • Skill Development: One of the critical components of our project is to develop local capabilities through training and certifications. This involves creating a cadre of certified trainers who can support the sustained implementation of the WHO toolkit across Tanzania, thereby enhancing national capacity. • Integration with Existing Systems: We plan to integrate our project activities, such as triage, trauma checklist, standardized clinical charting, and resuscitation designation, into regular clinical care pathways at intervention sites. This approach will ensure the long-term sustainability of our interventions by embedding them within existing systems. • Open Access Resources: All resources used in the project will be compiled, organized, and made openly accessible. This will enable the Government and other stakeholders to maintain and improve the emergency care system independently. • Stakeholder Engagement: The project aims to keep key stakeholders involved throughout its execution, ensuring active participation and engagement. This includes organizations like the Tanzania Red Cross Society and the Emergency Medicine Association of Tanzania, who will play crucial roles in sustaining project activities. • Financial Sustainability: Finally, we will work with the Ministry of Health and other stakeholders to advocate for funds for the implementation of the WHO toolkit to be included as recurrent expenditure in the Government's annual budget. This will provide a sustainable financial basis for maintaining the interventions initiated by the project. <p>The project's national capacity strengthening initiatives will be monitored continuously to assess their effectiveness and make necessary adjustments. This will involve tracking the number of people trained, the integration of project activities into existing systems, and the accessibility and use of project resources. The aim is to ensure that the project contributes to lasting national capacity enhancements in line with its objectives.</p>
LEVERAGING 750 words	Yes, for the scalability and long-term sustainability of the project we plan to work with the Ministry of Health to secure funding for the implementation of the WHO toolkit in facility budgets as recurrent expenditure, enabling the long-term execution and expansion of project activities. In the facilities that are under the President's Office Regional Administration and Local Government (PORALG) we shall work with the respective facility administration in setting up and advocating for the budget for these facilities to ensure the long-term continuation of the implementation beyond the project timelines. Furthermore, working with the Ministry of Health and other stakeholders we will advocate for funds for the implementation of the WHO toolkit to be included as recurrent expenditure in the Government's annual budget. This will provide a sustainable financial basis for maintaining the interventions initiated by the project.

IMPLEMENTATION ARRANGEMENTS 750 words	<p>Muhimbili University of Health and Allied Sciences</p> <ul style="list-style-type: none"> • Focal Point: Prof. Hendry R. Sawe • Email: hsawe@muhas.ac.tz • Relevant Activity: Input in project design, implementation, monitoring, and evaluation. <p>Tanzania Ministry of Health (MoH)</p> <ul style="list-style-type: none"> • Focal Point: Dr. Ubuguyu Omay • Email: omary.ubuguyu@afya.go.tz • Relevant Activity: Providing input to the project plans and ensuring alignment with the MOH's vision for RTI prevention. <p>National Institute for Medical Research</p> <ul style="list-style-type: none"> • Focal Point: Dr. Godfather Kimaro • Email: fatherdk@yahoo.com • Relevant Activity: Technical guidance on research methodology and regulatory approvals. <p>National Road Safety Council (NRSC) of Tanzania</p> <ul style="list-style-type: none"> • Focal Point: SP Deus Sokoni • Email: sokonid@yahoo.com • Relevant Activity: Oversight of plans and police traffic engaged in project, and Law enforcement in road traffic practices and response to road traffic crashes. <p>Muhimbili National Hospital</p> <ul style="list-style-type: none"> • Focal Point: Dr. Juma Mfinanga • Email: juma.mfinanga@mnh.or.tz • Relevant Activity: Technical guidance on emergency care design guideline and setup. <p>Tanzania Red Cross Society</p> <ul style="list-style-type: none"> • Focal Point: Kheri Issa • Email: kheri.issa@gmail.com • Relevant Activity: Mapping volunteer First Aiders supporting delivery of first aid training.
GENDER EQUALITY 300 words	<ul style="list-style-type: none"> • Gender Integration: The project activities, particularly the training programs for first responders and emergency care providers, will be designed to address the specific needs and contexts of both men and women. Our training content will include gender-sensitive information and guidelines to ensure that the delivered care meets the specific health needs of both genders. This approach also encourages the participation of both men and women as first responders, promoting gender balance in these roles. • Data Collection: We will be collecting and analyzing sex-disaggregated data to understand better the gender dimensions in the incidence and impact of road traffic injuries (RTIs). RTI registry will record the sex of victims and, where relevant, the sex of the person who provided assistance. This will help us identify any gender patterns in RTIs and in the provision of emergency care. • Gender-Sensitive Communication: Our communication strategy will also consider gender dimensions. We will develop messages that address both men and women and take into account gender-specific communication preferences. This will ensure that our communications are inclusive and effective in reaching and engaging both genders. <p>Our commitment to gender equality will also extend to our project team.</p>
AGE 300 words	<p>The project aims to substantially improve the road traffic injury (RTI) survival rates across all age groups - children, youth, and the elderly - through targeted interventions and capacity building efforts.</p> <p>The youth population between age of 15-29 years being one of the most vulnerable groups in road accidents [12], will see an enhanced focus. The elderly while not highly impacted by RTIs, often present unique challenges in RTIs due to their pre-existing medical conditions and slower physiological response [34]. Therefore, training modules on injury management for this special group will have impact in elderly population as they have special presentation, such as lower ability to recognize pain, vulnerability to intracranial hemorrhage. An improvement in response time, coupled with the comprehensive emergency care, will be instrumental in enhancing survival rates in the elderly population involved in RTIs.</p> <p>All personnel interacting with children will undergo good clinical practice certification, and will strictly adhere to child protection policies, including obtaining informed consent from a guardian for any direct interaction. This approach ensures we uphold the rights of children and offer them the highest level of protection throughout the project.</p>

EXCLUDED GROUPS 300 words	<p>Specifically, our intervention and training programs will incorporate modules designed for the care of individuals with disabilities, covering critical aspects such as respectful, dignified first-aid and emergency care.</p> <p>We will collaborate with local disability advocacy groups to better understand and address the unique requirements of the disability community, thereby ensuring our interventions are more accessible and effective.</p> <p>The proposed Road Traffic Injuries (RTI) registry will include data points to capture the experiences and outcomes of disabled individuals involved in RTIs, facilitating future policies and interventions tailored to this group.</p> <p>Additionally, we will guarantee that all project facilities are disability-friendly, considering factors like wheelchair accessibility, suitable signage, and the availability of assistive devices.</p>
ENVIRONMENT 300 words	<p>The project is primarily designed to improve survival rates from road traffic injuries (RTIs), and its direct environmental impact is neutral. However, we recognize certain indirect environmental aspects associated with our project activities, and we are committed to mitigating them.</p> <p>Travel related to training programs and field visits might increase carbon emissions. To address this, we will employ a two-pronged strategy:</p> <ul style="list-style-type: none"> • Maximizing virtual interactions: We will conduct most of our regular meetings virtually online, reducing travel-related emissions. • Promoting sustainable travel: For necessary travel, in-person engagements, we will encourage the use of public transportation and carpooling to limit carbon emissions. <p>Another environmental consideration is waste generation, particularly from training materials. Our approach to this issue includes:</p> <ul style="list-style-type: none"> • Digitizing resources: To minimize paper use, we will create digital versions of most of our training materials. • Managing waste responsibly: Any waste produced, especially from essential physical materials, will be handled with diligent recycling and disposal practices. <p>Furthermore, our project could indirectly contribute positively to the environment in the long term by enhancing road safety, hence fewer incidents mean smoother traffic flow.</p>
STATEMENT OF COMPLIANCE 100 words	Please see signed statement sent through e-mail and attached to the document section.

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
Secondary Goals	
Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	
TARGET_4.7	4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development
Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	
TARGET_8.8	8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment

SDG Indicators

Indicator Code	Description
C030601	3.6.1 Death rate due to road traffic injuries
C040701	4.7.1 Extent to which (i) global citizenship education and (ii) education for sustainable development, including gender equality and human rights, are mainstreamed at all levels in (a) national education policies; (b) curricula; (c) teacher education; and
C080801	8.8.1 Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status

Contribution to SDGs

Participating Organization	% TARGET_3.6	% TARGET_4.7	% TARGET_8.8	% Total
WHO	70	15	15	100

Total contribution by target	70	15	15	
Project contribution to SDG by target	70	15	15	100

List of documents

Document	Document Type	Document Source	Document Abstract	Document Date	Classification	Featured	Status	Modified By	Modified On
Offline Project Document Template Tanzania fv 1 2.12.2023.pdf	Other Docs	Project	OFFLINE PROJECT DOCUMENT	12-Dec-2023	Internal	No	Finalized	kessim@who.int	12-Dec-2023 4:07:44 AM
Supporting documents ECSA NRSC HSSP-V reports.pdf	Other Docs	Project	Supporting documents for main narrative_ECSA_NRSC_HSSP-V	12-Dec-2023	Internal	No	Finalized	kessim@who.int	12-Dec-2023 2:48:58 AM
References.pdf	Other Docs	Project	REFERENCES USED IN NARRATIVE PROPOSAL	12-Dec-2023	Internal	No	Finalized	kessim@who.int	12-Dec-2023 2:44:56 AM
Results Chain Tanzania fv 12.12.2023.xlsx	Other Docs	Project	PROJECT LOGFRAME	12-Dec-2023	Internal	No	Finalized	kessim@who.int	12-Dec-2023 2:44:10 AM
Workplan Tanzania fv 1 2.12.2023.xlsx	Other Docs	Project	PROJECT WORKPLAN	12-Dec-2023	Internal	No	Finalized	kessim@who.int	12-Dec-2023 2:43:07 AM
signed 2023-09-26-Statement of Compliance 2023 Tanzania.pdf	Other Docs	Project	STATEMENT OF COMPLIANCE	16-Nov-2023	Internal	No	Finalized	kessim@who.int	16-Nov-2023 4:06:38 AM
Support letters MOH NRSC MU HAS NIMRI.pdf	Other Docs	Project	BENEFICIARY GOVERNMENT ENDORSEMENT	16-Nov-2023	Internal	No	Finalized	kessim@who.int	16-Nov-2023 4:06:04 AM

Project Results

Outcome	Output	Description
FUND OUTCOME 5: Improved Post-Crash Care.		
	FUND OUTPUT 5.1: Strengthened capacities of targeted countries and municipalities to provide timely, quality and professional first emergency care rehabilitation services.	5.1.3. Number of countries and municipalities supported in implementing training and related certifications to road users, rescue workers and investigators.
	Activities	
	No activities available.	
	FUND OUTPUT 5.1: Strengthened capacities of targeted countries and municipalities to provide timely, quality and professional first emergency care rehabilitation services.	5.1.4 Number of countries and municipalities supported in adopting the use of supportive technology- related actions and equipment to ensure effective post-crash response.
	Activities	
	Title	Description
	Lead Participating Organization	Participating Organization
	Other Organizations	
	Project Activity 1.2	Training and certification of ambulance service providers, police, fire personnel and taxi drivers as prehospital first responders
	WHO - WHO (World Health Organization)	
		MUHAS
Project Outcome 1: Reduced early death from RTI in Tanzania		

Outcome	Output	Description				
	Project Output 1: Strengthening capacities of first responders and hospitals to care for RTI in Tanzania	1.1 Completion rate of trauma checklist, referral, triage, and referral documentation in targets sites (control and intervention) of the project				
	Activities					
	Title	Description	Lead Participating Organization	Participating Organization	Other Organizations	
	Project Activity 1.1	Baseline Data Collection and Reporting	WHO - WHO (World Health Organization)		MUHAS NRSC NIMRI	
	Project Activity 1.2	Training and certification of ambulance service providers, police, fire personnel and taxi drivers as prehospital first responders	WHO - WHO (World Health Organization)		MUHAS	
	Project Activity 1.3	Mobilise and distribute context appropriate first aid kit to pre-hospital first responders	WHO - WHO (World Health Organization)		MUHAS MNH NIMRI	
	Project Activity 1.4	Training and certification of health care providers on basic emergency care course at intervention facilities	WHO - WHO (World Health Organization)		MUHAS MNH NIMRI	
	Project Activity 1.5	Training and implementation of a triage system at intervention facilities	WHO - WHO (World Health Organization)		MUHAS MNH NIMRI	
	Project Activity 1.6	Training and implementation of trauma checklist at intervention facilities	WHO - WHO (World Health Organization)		MUHAS MNH NIMRI MOI	
	Project Activity 1.7	Training and designation of resuscitation room at intervention facilities	WHO - WHO (World Health Organization)		MUHAS MNH NIMRI MOI	
		Project Output 1: Strengthening capacities of first responders and hospitals to care for RTI in Tanzania	1.2 Proportion RTI patient receiving scene first aid care in targets sites (control and intervention) of the project			
	Activities					
	No activities available.					
	Project Output 2: Implemented RTI registry with relevant variables to monitor road safety in Tanzania	Proportion of targets sites (control and intervention) with RTI registry in place				
	Activities					
	Title	Description	Lead Participating Organization	Participating Organization	Other Organizations	
	Project Activity 2.1	Implement WHO standardized trauma form at health facilities to collect data to inform RTI registry	WHO - WHO (World Health Organization)		WHO MUHAS NIMRI MNH	
	Project Activity 2.2	Implement online registry to collect and analyze RTI data from WHO standardized trauma documentation form at health facilities	WHO - WHO (World Health Organization)		WHO MUHAS NIMRI MNH	
	Project Activity 3	Monitoring and Evaluation	WHO - WHO (World Health Organization)		WHO MUHAS NIMRI MNH	
FUND Impact: To contribute to a substantial reduction of road traffic fatalities and injuries in low and middle-income countries.						

Outcome	Output	Description
	FUND OUTPUT 5.1: Strengthened capacities of targeted countries and municipalities to provide timely, quality and professional first emergency care rehabilitation services.	
	Activities	
	No activities available.	

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 5.1: Number of countries and municipalities that have taken road safety action to improve post-crash response.				Capacity	Yearly	Country	Number		2022		2025	Outcome: FUND OUTCOME 5: Improved Post-Crash Care.

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	Rates according to most recent WHO report.	2018	50	2030	Outcome: FUND OUTCOME 5: Improved Post-Crash Care. Output: FUND OUTPUT 5.1: Strengthened capacities of targeted countries and municipalities to provide timely, quality and professional first emergency care rehabilitation services.
FUND IMPACT OUTCOMEIND.1: Death rate due to road traffic injuries in targeted countries.				Capacity	Yearly	Global	Number	Rates according to most recent WHO report.	2018	50	2030	Outcome: FUND OUTCOME 5: Improved Post-Crash Care. Output: FUND OUTPUT 5.1: Strengthened capacities of targeted countries and municipalities to provide timely, quality and professional first emergency care rehabilitation services.

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
Proportion RTI patient receiving scene first aid care in targets sites (control and intervention) of the project		Proportion of injured patient receiving scene first aid care (in control and intervention) by Q3 of Year 2 (baseline data to be collected as per activity 2.2)	RTI registry data from project sites (control and intervention)	Beneficiaries	At closure	Country	Percentage	Proportion of injured patient receiving scene first aid care (in control and intervention) by Q3 of Year 2 (baseline data to be collected as per activity 2.2)	2025	50% increase in proportion of injured patient receiving scene first aid care (in intervention sites) by Q4 of Year 3	2027	Outcome : Project Outcome 1: Reduced early death from RTI in Tanzania Output: Project Output 1: Strengthening capacities of first responders and hospitals to care for RTI in Tanzania
No components available.												
Proportion of targets sites (control and intervention) with RTI registry in place		Proportion (based on results from activity 1.1) of targets sites with RTI registry in Q4 of Year 1	RTI registry report data from project sites (control and intervention)	Beneficiaries	At closure	Country	Percentage	Proportion (based on results from activity 1.1) of targets sites with RTI registry in Q4 of Year 1	2025	100% of targets sites (control and intervention) with RTI registry in place by Q4 of Year 3.	2027	Outcome : Project Outcome 1: Reduced early death from RTI in Tanzania Output: Project Output 2: Implemented RTI registry with relevant variables to monitor road safety in Tanzania
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
RTI survival rate at 30 days post-RTI or hospital discharge (whichever is earliest) in targets sites (control and intervention) of the project		RTI survival rate at 30 days post-RTI or hospital discharge in targets sites of the project by Q3 of Year 2 (baseline data to be collected as per activity 2.2)	RTI registry data from project sites (control and intervention)	Beneficiaries	At closure	Country	Number	RTI survival rate at 30 days post-RTI or hospital discharge in targets sites of the project by Q3 of Year 2 (baseline data to be collected as per activity 2.2)	2025	60% increase in RTI survival rate at 30 days post-RTI or hospital discharge in target sites of the project by Q4 of Year 3	2027	Outcome : Project Outcome 1: Reduced early death from RTI in Tanzania Output: Project Output 1: Strengthening capacities of first responders and hospitals to care for RTI in Tanzania
	No components available.											
Percentage of RTI cases receiving effectively triaged in target sites (control and intervention)		Proportion of RTI cases effectively triaged in targets sites of the project by Q3 of Year 2 (baseline data to be collected as per activity 2.2)	RTI registry data from project sites (control and intervention)	Beneficiaries	At closure	Country	Number	Proportion of RTI cases effectively triaged in targets sites of the project by Q3 of Year 2 (baseline data to be collected as per activity 2.2)	2025	90% of RTI cases receiving effective triage in target sites by Q4 of Year 3	2027	Outcome : Project Outcome 1: Reduced early death from RTI in Tanzania Output: Project Output 1: Strengthening capacities of first responders and hospitals to care for RTI in Tanzania
	No components available.											

Risks

Event	Category	Level	Likelihood	Impact	Mitigating Measures	Risk Owner
One potential risk to the project is the potential delays of approvals and permissions necessary to conduct the study smoothly throughout the entire project period		Low	Possible	Major	Filing process early and engaging Ministry of Health to facilitate the process.	kessim@who.int

Budget by UNSDG Categories: Over all

Budget Lines	Description	WHO (7%) *	Total
1. Staff and other personnel	Supporting WHO and MOH project leads on project related activities on sites	\$35,370.93	\$35,370.93
2. Supplies, Commodities, Materials		\$0.00	\$0.00
3. Equipment, Vehicles, and Furniture, incl. Depreciation	Supporting MOH and WHO project leads with equipment and office supplies during the project	\$6,408.27	\$6,408.27

Budget Lines	Description	WHO (7%) *	Total
4. Contractual services		\$0.00	\$0.00
5. Travel	Supporting WHO and MOH project leads on project related workshops and travel	\$24,965.93	\$24,965.93
6. Transfers and Grants to Counterparts	WHO will transfer grant to Muhimbili University of Health and Allied Sciences (MUHAS) for implementation of activities	\$386,853.00	\$386,853.00
7. General Operating and other Direct Costs			\$0.00
Project Costs Sub Total		\$453,598.13	\$453,598.13
8. Indirect Support Costs		\$31,751.87	\$31,751.87
Total		\$485,350.00	\$485,350.00

Performance-based Tranches Breakdown

Tranche			Total
Tranche 1	WHO (50%)	\$242,675.00	\$242,675.00
Tranche 2	WHO (50%)	\$242,675.00	\$242,675.00
			\$485,350.00

Results based budget

Outcome *	Output *	Agency *	Budget (USD) *	% allocated to GEWE (if any)	
FUND OUTCOME 5: Improved Post-Crash Care.		Sub Total	\$0.00		\$0.00
	FUND OUTPUT 5.1: Strengthened capacities of targeted countries and municipalities to provide timely, quality and professional first emergency care rehabilitation services.	WHO (7%)	\$0.00	0%	\$0.00
	FUND OUTPUT 5.1: Strengthened capacities of targeted countries and municipalities to provide timely, quality and professional first emergency care rehabilitation services.	WHO (7%)	\$0.00	0%	\$0.00
Project Outcome 1: Reduced early death from RTI in Tanzania		Sub Total	\$485,350.00		\$12,133.75
	Project Output 1: Strengthening capacities of first responders and hospitals to care for RTI in Tanzania	WHO (7%)	\$228,315.00	2.5%	\$5,707.88
	Project Output 1: Strengthening capacities of first responders and hospitals to care for RTI in Tanzania	WHO (7%)	\$17,145.00	2.5%	\$428.63
	Project Output 2: Implemented RTI registry with relevant variables to monitor road safety in Tanzania	WHO (7%)	\$239,890.00	2.5%	\$5,997.25
FUND Impact: To contribute to a substantial reduction of road traffic fatalities and injuries in low and middle-income countries.		Sub Total	\$0.00		\$0.00
	FUND OUTPUT 5.1: Strengthened capacities of targeted countries and municipalities to provide timely, quality and professional first emergency care rehabilitation services.	WHO (7%)	\$0.00	0%	\$0.00
	FUND OUTPUT 5.1: Strengthened capacities of targeted countries and municipalities to provide timely, quality and professional first emergency care rehabilitation services.	WHO (7%)	\$0.00	0%	\$0.00
Total			\$485,350.00		

Budget per Gender (GEWE)

	WHO	Total \$
\$ Towards GEWE	\$12,983.11	\$12,983.11
% Towards GEWE		2.68%

Programme Outcome Costs

[illegible]

Outcome	Output	Activity	Implementing Agent	Time Frame												
				2024				2025				2026				2027
				1	2	3	4	1	2	3	4	1	2	3	4	1
Project Outcome 1: Reduced early death from RTI in Tanzania																
	Project Output 1: Strengthening capacities of first responders and hospitals to care for RTI in Tanzania															
	Project Activity 1.1															
		WHO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Project Activity 1.2															
		WHO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Project Activity 1.3															
		WHO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Project Activity 1.4															
		WHO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Project Activity 1.5															
		WHO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Project Activity 1.6															
		WHO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Project Activity 1.7															
		WHO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Project Output 2: Implemented RTI registry with relevant variables to monitor road safety in Tanzania															
	Project Activity 2.1															
		WHO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Project Activity 2.2															
		WHO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Project Activity 3															
		WHO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signatures

<p>WHO: WHO (World Health Organization) (Digital)</p> <p>Mr Jonathon Passmore</p> <p>Program Manager Road Safety</p> <p>passmorej@who.int</p>	<div></div> <p>DATE: 14-02-2024</p>
<p>WHO: WHO (World Health Organization) (Digital)</p> <p>Dr Charles SAGOE-MOSES</p> <p>Country Representative</p> <p>sagoemosesc@who.int</p>	<div></div> <p>DATE: 01-03-2024</p>