

General Information

Fund	MPTF_00161: UN Road Safety Trust Fund									
FMP Record	MPTF_00161_00118: Strengthening post-crash care in Uganda, A pilot in an urban district, Mukono									
MPTFO Project Id										
Start Date										
End Date										
Applicants	Status	Contact Type	Name	e-mail	Position			Telephone		
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	Focal Point	Munir Safieldin	msafieldin@unicef.org	Representative - UNICEF Uganda						
Description	The is designed to to provide a 24/7 emergency medical services (EMS) including on the scene first aid to the victims, well-equipped ambulatory services, tollfree communication including use of a mobile phone ambulance call & dispatch application and an EMS coordination structure at district level. Also, will include building capacity of 5 trauma (emergency units) in 5 health facilities mainly training emergency response teams and equipping the centers, as well as advocacy for increased funding for EMS at national level.									
Universal Markers	Gender Equality Marker	Risk								
	<ul style="list-style-type: none">GEM1 - The Key Activity contributes to GEWE in a limited way	<ul style="list-style-type: none">Low Risk								
Optional Markers	WB Income Category	<ul style="list-style-type: none">Low 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">Africa	<ul style="list-style-type: none">Uganda
Participating Organizations and their Implementing Partners	Participating Organizations	Government/ Multilateral/ NGO/ Other		New Entities	Implementing Partners
	<ul style="list-style-type: none">UNICEF - UNICEF (United Nations Children's Fund)WHO - WHO (World Health Organization)				Mukono District Local Government Ministry of Health, Uganda Makerere School of Public Health
Programme and Project Cost	Participating Organization	Amount (in USD)		Comments	
	Budget Requested				
	UNICEF	\$399,452.00			
	WHO	\$100,548.00			
	Total Budget Requested	\$500,000.00			
	Tranches				
	Tranche 1 (%)		Tranche 2 (%)		Tranche 3 (%)
	Total:	\$279,616.40	Total:	\$220,383.60	Total: \$0.00
	Other Sources (Parallel Funding)				
	Staff recruitment, equipping trauma centres and salaries for staff will be covered by Ministry of Health/ District local Government	\$170,000.00			
	Total	\$670,000.00			
	Thematic Keywords				
	Programme Duration	Anticipated Start Date	01-Mar-2024		
Duration (In months)		24			
Anticipated End Date		01-Mar-2026			

Narratives

Title	Text
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Road traffic injuries are a major cause of mortality and morbidity, and the fact that there are no organized emergency medical services systems in Uganda able to respond to road traffic crashes in a timely manner with the required quality of response.

The Annual Health Sector Performance Report (AHSPR) 2021/2022, road traffic injuries (motorcycle and motor vehicles) are the 4th leading cause of inpatient deaths in Uganda. It should be noted that motorcycle crashes account for more than 50% of the crash injuries in Uganda while vehicles account for 19%.

According to the annual crime police report 2022, of the 21,473 crash victims, 4534 died (21%) and 15,227 sustained serious injuries (71%) an increment of 9% and 21% respectively compared to the previous year (2021) with significant increases in public transport related fatalities (buses and minibuses). For children and youth road traffic injuries are a leading cause of death.

It is also clear that urban and districts crossed by major highways like Mukono district contribute the largest number of road traffic crashes. For instance, in 2021/2022 financial year of the 145, 208 crashes from motorcycles and vehicles, central Uganda, where Mukono district is located, accounted for 58,843 (41%) crashes.

Mukono district, recorded 856 road traffic injuries out of the 33,356 reported in the DHIS2 (national health information management system) that covers all the 146 districts of Uganda accounting to 2.6% of all the national cases. Unfortunately, the Mukono district has only one functional ambulance to respond to these crashes, which is manned by a poorly or non-trained staff.

While accepting that prevention remains a corner stone for reducing road traffic fatalities, implementing key interventions to address crashes are essential. This includes, establishing and equipping trauma team and trauma centers, increasing well equipped ambulance coverage to crash victims, ensuring appropriate resuscitation services and well managed first aid services to control bleeding and use of technologies. Such medicines and radiotherapy to control bleeding can prevent up to 35% of road traffic related mortalities.

With the current increasing trends of mortality due to crashes in Uganda, it is imperative to focus on an inclusive immediate post-crash care, dispatch and ambulance system and hospital level care. Including EMS services data collection and documentation that incorporates child focused EMS.

This project solutions are designed to provide a 24/7 emergency medical services including on the scene first aid to the victims, well-equipped ambulatory services, tollfree communication and an EMS coordination structure at district level. and data collection sharing.

In addition, this will equip first responders including traffic police officers, selected boda-boda riders, and community health workers who make the bulk of bystanders with first aid and resuscitation skills, ambulance dispatch request and basic first aid including provision of basic first aid equipment.

To improve documentation and information sharing, the project will deploy an EMS app accessible to the public and all duty bearers including Emergency medical teams and trauma centers and linked to the central EMS server and DHIS2 to provide real time road traffic crash information to support improved care.

Key out puts will include:

- Ministry of Health, District, Municipal Divisions and Health supported to establish coordination mechanisms, advocacy, ensure oversight and in drafting legislation for standards for data collection on post-crash response and investigation.
- District, Municipal Divisions, Health Facilities supported in establishing trauma teams, building capacities of response teams including lay first responders (teachers, boda-boda riders, community health workers, police, fire-fighters, professional drivers, school transport drivers, as well as some children, adolescents, and youths) providing child-focused hospital trauma care services and to the broader community which children and youth live.
- District supported with EMS equipment, including 3 ambulances, equipping trauma centers and first responders including procuring first aid kits, child focused equipment. and strategy for scale up and sustainability.
- District supported in adopting the use of supportive communication technology, linking of data systems, monitoring and evaluation, and integration of agreed standard trauma indicators in the DHIS 2 for coordinated collection and reporting of road safety related data in the Mukono District and case example moving forward to support scale up and sustainability.

The above objectives are aligned to the Government of Uganda National Medical Emergencies Services Policy, 2021 and the National Medical Emergencies Strategic Plan 2020/2021 -2024/2025 that highlight the desire for the Government to improve post- crash care to reach at least 50% of the victims within pre-hospital emergency services including a well-equipped ambulance.

Likewise, this is in line with SDGs 1.3: Improved EMS country system will contribute to social protection systems, 3.6: Improved post-crash care will reduce deaths and serious road traffic injuries, 4.4: First aid, CPR and rescue training of youth and adults will raise individual educational and skill capacity for increase work opportunities and 11.3: Enhance post-crash care systems will increase the sustainability of growing cities and urbanization that in turn supports social protection.

This intervention also intends to develop and deploy an EMS mobile app indicator into the DHIS2 platform that will continue to provide data for analysis and for decision making and will work with the Ministry of Health and other relevant Government to incorporate key agreed indicators for post-crash care/road safety as part of the

	<p>results matrix for Result Based Funding which will ensure continuity and scale up to other districts.</p>
<p>GLOBAL PLAN FOR THE SECOND DECADE OF ACTION 2021-2030 300 words</p>	<p>This initiative aligns with UN General Assembly resolution 74/299, targeting a 50% reduction in road traffic deaths and injuries by 2030. It addresses a key element of the Decade of Action, emphasizing 24/7 post-crash care. The project ensures continuous access to well-trained emergency care teams, including lay responders like boda-boda cyclists, traffic police, community health workers, and firefighters.</p> <p>Key Components:</p> <p>Ambulance Alert-Dispatch System: A 24/7 system, coordinated via a mobile app, accessible to key stakeholders and police. It includes a post-crash review system, corrective action plans, and trackers modeled after the Ministry of Health's MPDSR systems, fostering road safety improvements.</p> <p>Trauma Centers: Establishing five well-equipped trauma centers, including two district hospitals and three health centers IVs. This addresses the issue of timely and appropriate care, particularly in Mukono District, currently serviced by one ambulance with untrained staff for a population of 757,500.</p> <p>Ambulance Fleet Enhancement: Bolstering the ambulance fleet with three well-equipped 4x4 ambulances, providing critical support where inadequate infrastructure currently exists.</p> <p>EMS Committees: Establishing four committees (one district, three sub-district) to oversee emergency services, ensuring periodic reviews of progress at both district and sub-county levels. This structure enhances accountability and performance monitoring.</p>
<p>REPLICATION AND SCALE-UP 500 words</p>	<p>The EMS project in Mukono is going to serve as a learning project to demonstrate implementation of Ministry of Health Emergency Medical Services Strategic Plan at district level. The project will support the development and review of EMS indicators for incorporation in both the District Health Information System (DHIS2) and the national performance-based financing which is one of the Primary Health Care funding mechanisms in Uganda. Likewise, the mobile application for the ambulance dispatch, integrated case reporting and investigation will be linked to the DHIS2 which will be evaluated for adoption, sustainability and scale up to other districts.</p> <p>This project will also standardize multi-stakeholder coordination mechanisms for EMS at national and district level including police, transport and works sector and the Ministry of Health EMS. This will foster more collaborative efforts on road traffic crash prevention, investigations, data monitoring/reporting, and post-crash response mechanisms in the Country</p> <p>Therefore, the pilot in one district of Mukono which is one of the most affected districts in Uganda is aimed at reducing excess deaths as result of crashes and showing a case for well-coordinated, functional EMS for post-crash care at a sub national level that can be scaled up to other districts.</p> <p>Efforts for sustainability include:</p> <ul style="list-style-type: none"> • Establishing Emergency Medical Services (EMS) at district and health sub-district levels, serving as a model for other districts, guided by Ministry of Health standards. • Reviewing post-crash indicators per WHO standards, fostering consensus on data collection, integration into health management systems, and reporting tools. • Capacity building and advocacy to influence policies at district and national levels for improved sustainability and scalability. • Advocating for the inclusion of first aid kits in primary healthcare essential medicines, drawing from successful examples like the 'mama kit.' • Building a pool of trainers of trainers (ToTs) at national and district levels to ensure continuous capacity building for ambulance teams, emergency unit health workers, and first responders. • Enhancing the Kampala Metropolitan EMS app for ambulance dispatch, communication, and linkage to the DHIS2 platform, facilitating ease of scale-up to other districts and regions

<p>SYNERGIES 1500 words</p>	<p>The project is well aligned to The Uganda Government has a National Medical Emergencies Services Policy and the National Medical Emergencies Strategic Plan in place that highlight the desire for the Government to improve post- crash care to reach at least 50% of the victims within pre-hospital emergency services including a well-equipped ambulance. The Ministry of Health District Health Information System (DHIS) already tracks this indicator, and the project will assess the quality of data reported in the system and methods of primary data collection to inform improvement and or adjustments if needed.</p> <p>The EMS dispatch app, the post-crash-harmonized data collection tool will assess gaps at baseline and the project will work to bridge such gaps during implementation.</p> <p>Likewise, Uganda also has a traffic and road safety act, 1998, amended in 2020 that highlights standards, expectations, and penalties for violation of set standards for traffic regulations and road safety and the Uganda Road Safety action plan 2021/2022-2025/2026. Through the multisectoral steering committee at the national level for which the project team will work with the Ministry of Health to establish, implementation of the different road safety components and initiatives will be presented and discussed. Members of the LEARN consortium will be part of the steering committee and District EMS committee, these two platforms will provide valuable collaboration and enrich project implementation</p> <p>Currently, due to increasing number of road traffic crashes in Uganda and related mortalities, there is a renewed effort to prevent road traffic crashes but also improve post—crash care. The current debate in parliament is to increase penalties for the road traffic offenders, however through advocacy highlighted in this project, the team shall lobby members of parliament to increase resource allocation for EMS including on the scene first aid.</p> <p>The project team will also build on lessons learnt and create synergies with other projects in the country such as the Korean Funded Emergency Medical Services in Masaka and Bukomansimbi districts and will also leverage on Kampala City Council Authority (KCCA) emergency services. The project will use trainers from the national referral hospital i.e Naguru Hospital EMS centre and discuss with the MoH other agencies that can provide guidance and assist (i.e., Red Cross).</p> <p>Advocacy efforts will include engagement multisectoral teams and stakeholders working on enforcement to ensure safe vehicles, safe speed limits, safe road infrastructure including provisions for pedestrian and cyclists, speed bumps and post-crash investigation teams within police and legal.</p>
<p>APPROACH AND EFFECTIVENESS 1000 words</p>	<p>This work will be led by the Ministry of Health department of Emergency Medical Services which is well established to provide technical guidance, commitment, responsibility and oversight to district level implementation as well as lead the advocacy events, as discussions with other related ministries.</p> <p>The consortium of UN agencies (UNICEF and WHO), as well as Makerere School of Public Health provides not only adequate technical and managerial skills but also each organization bringing respective wide range of experience in these areas.</p> <p>The project will also leverage on capacity available within the Ministry of Health such as the Naguru EMS centre for capacity building personnel as well as Red Cross personnel for training of trainers for district level scale up.</p> <p>Combining traffic police, DHIS2 and hospital data, the project will gain a comprehensive understanding of the overall impact of road crashes on public health and identify specific areas for intervention. This collaborative approach will enable the project to develop targeted strategies that address specific injury patterns and contribute to improved road safety outcomes. The baseline data will enrich training content as the training will also integrate the major injuries and how to manage them.</p> <p>Starting with one district as a pilot offers an opportunity to learn and adjust accordingly before scaling up to other districts and or nationally and forming sustainability plans. Therefore, within the 2 years of this project, the project team shall have demonstrated effective implementation of EMS at district level that can be taken to scale. EMS in Uganda is still not organized to address preventable excess deaths that result from road traffic crashes, This pilot will inform the country on how EMS can be organized at district level.</p>

<p>EXPECTED IMPACT 750 words</p>	<p>This project will improve post-crash care quality directly in Mukono districts, and the learning from the pilot will inform implementation in other districts. This in turn will lead reduced mortalities following road traffic crashes as previously noted above.</p> <p>The advocacy events at national and district levels will lead to increased awareness as well as possible increased resource allocation to road safety interventions and post-crash care.</p> <p>Improved Emergency Medical Services will not only reduce mortalities for post-crash victims but also other medical and obstetric emergencies that may benefit from improved ambulatory services and communications systems as well as well functioning emergency care units in health facilities for the benefits of children, youth and the entire community. The inputs required for post-crash care such as blood, oxygen may benefit other patients that need critical care including children with pneumonia.</p> <p>Sustainability of actions and scale up have been noted in the sections above.</p>
<p>LINK WITH MANDATE OF PARTICIPATING UN ORGANIZATION(S) 750 words</p>	<p>UNICEF</p> <p>The beneficiaries for this project include children but also their care givers which is inline with the UNICEF mandate. UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNICEF works in over 190 countries and territories to ensure health and development for children and protect them from preventable deaths and injuries, including road traffic crashes that occur during their daily journey and in local communities, places where children should feel the safest.</p> <p>Prevention is key to achieving the solution. UNICEF focuses on developing and maintaining safe and healthy home and community environments for children, adolescents, and their families. UNICEF accomplishes this by integrating and coordinating good practice interventions across multiple sectors as part of our health strategy including health, education, urban planning, health, environment, child protection and WASH. Injury prevention, actions, including road safety are integrated into long-standing UNICEF delivery points across other sectors, such as day care centres and early educations centres, and home visitation programming, throughout the world and are an integral component of UNICEF's 2022-2025 Strategic Plan and monitoring processes.</p> <p>In addition to prevention UNICEF also is a key advocate and coordinator of treatment that will enable children to survive and thrive, including advancement of post-crash care. As a key advisor to ministries and coordinator with diverse implementing partners in countries, UNICEF is uniquely positioned to advance and align the actions of this proposal in Uganda.</p> <p>WHO</p> <p>Likewise, the project objectives are in line with the WHO mandate for research and policy development and normative standards, such as the evidence-base for road safety and emergency medical services. Generation of policy briefs for advocacy as well as providing guidance to MoH for development of new guidelines, SOP and job aides for post-crash care systems strengthening.</p> <p>Makerere University School of Public Health (MakSPH)</p> <p>Expertise in research, policy briefs, evaluations using multiple methods to guide the actions of the project with the best applied evidence approach. Also, expertise in road safety at the local, regional, national and global levels for applied research and results dissemination to influence policy. MakSPH is one of reputable institutions to guide and conduct the evaluation processes for this project.</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>	

The project will set a monitoring and evaluation system that is aligned to the Uganda National Emergency Medical Services strategic plan monitoring and evaluation framework for easy adaptability and scale up to other districts. The project will monitor and evaluate input, process, output, and outcome indicators, as noted in the associated workplan attached. Makerere University School of Public Health will take the leadership in designing, implementation, and dissemination of the evaluation results.

The evaluation process will employ both qualitative and quantitative data collections methods.

Qualitative

- Annual evaluation will include focus group discussions and key informant interviews

Quantitative

- 2 evaluations; baseline, and end line surveys will be conducted

The evaluation areas will include:

- **Inputs:** The evaluation team will review the return on investment for the different project inputs such as: health facilities with function trauma centers, EMS staff, equipment, call and dispatch system, ambulances, availability of protocols and effectiveness of the EMS system at district level which will include; the ambulance log monitoring which will cover details time of alert, dispatch time, time at the scene, departure time to hospital, skilled provider, victims who received on the scene care, cadre who alerted the ambulance, death on the scene or during ambulance transportation, time of arrival at the designated trauma center)
- Also, data from different sources will be utilized to enable triangulation including Health Information management systems (HMIS) routine data, routine data collected by traffic police and data from the legal teams
- Effectiveness of the EMS mobile App

Qualitatively: the evaluation team will conduct/

- Dialogue meetings at sub county and district levels
- Review minutes and action points for the multi-sectoral EMS committees' meetings
- Review minutes and action points for engagement meetings with leaders (MPs, councilors) in advocacy for improved EMS for post-crash care

Table: Current status of EMS services functionality in Mukono district.

Indicator	Situation	Planned by project	Comment
Designated emergency units (trauma units)	0	5	2 General Hospitals, 3 HCIVs
Road traffic related fatalities per year	103 (DHIS2 data 2022)	Reduction by 10%	Improve data collection including collaboration with police data
Population served by ambulance	227, 250 (30% of 757,500))	378, 750 (50%*757,500))	Deploy 3 ambulance at constituency level. With 1 along the major highway
Functional ambulances	01 (class A ^[1])	4	
Trained ambulance teams	0	5	
Toll free call center, for ambulance dispatch	1	1	Managed by Naguru – national referral for Kampala metropolitan area
Trained first responds providers in first aid	0	1,200	Different cadres
Availability of a harmonized data center (source) on road traffic crashes (combining health, police and legal services	0	1	Project will support a system that brings together all data collection centers for harmonization
District Ambulance management committee	5 (1 district); 4 facility level based.		
Use of mobile tech. to enhance	0	1	Support MoH to improve functionality of the KCCA mobile App

[1] Class A - ambulance equipped with only a stretcher with no basic life support equipment

Communications Plan: Strengthening Emergency Medical Services (EMS) in Uganda

The project is multipronged and will utilize both print and non-print media, event-related communication as well as stakeholder led communication and leveraging other events and activities in the community, by Government and other NGOs

Objectives of the Communications Plan:

1. Raise awareness about the road safety problem of inadequate emergency medical services and post-crash care in Uganda.
2. Generate support and interest for the proposed project.
3. Educate stakeholders about the potential impact of the project on reducing road traffic-related fatalities and improving emergency response.
4. Garner funding and resources for sustainability and scale up of project interventions to other districts

Target Audience:

- Government agencies and policymakers at the national and district levels.
- Healthcare professionals, including doctors, nurses, and emergency medical teams.
- Local communities, including boda-boda riders, community health workers, teachers, police officers, parents and caregivers.
- Media outlets and journalists covering health, transportation, and safety topics.
- International and local NGOs focused on road safety and healthcare.
- General public, including youths and adolescents.

Key Messages:

- Highlight the urgent road safety problem in Uganda, emphasizing the high incidence of road traffic injuries and fatalities, particularly among children and adolescents, and youths.
- Explain the proposed project's comprehensive solutions, including 24/7 EMS, trauma teams, well-equipped ambulances, and a coordination structure.
- Emphasize evidence-based interventions that have proven successful in reducing road traffic-related mortalities in other countries.
- Showcase the potential for this pilot project to serve as a model for district-level EMS implementation and as a learning hub for similar initiatives in the region.
- Convey the need for funding and support from government, NGOs, and other stakeholders to ensure the project's success and sustainability.

Communication Channels and Activities:**Pre-launch:**

Press Release: Issue a press release announcing the project's goals, solutions, and potential impact.

Social Media Teasers: Share engaging posts on social media platforms with captivating visuals and short messages about the upcoming project.

Internal Briefings: Present the project to relevant UNICEF staff and partners for internal alignment.

Project Launch:

Launch Event: Host a hybrid event (physical and virtual) launch event featuring key stakeholders, including government representatives and project leaders, this will take place in Mukono district at the start of the project.

Webinar for Healthcare Professionals: Conduct quarterly webinars to educate healthcare professionals about the project's benefits and their potential role.

Media Outreach: Engage with local and national media outlets for coverage of the project activities and results. Strategies will include integration with existing radio and TV Radio talk shows at district level and identifying and using key community influencers and leaders to deliver messages.

Engagement and Education:

Community Workshops: Organize workshops in target communities to educate boda-boda riders, community health workers, and teachers about first aid and emergency response. The team will create a video/ photo library that will assist in educating communities with visuals.

Social Media Campaign: Run an educational campaign on social media platforms, sharing information about road safety, first aid, and the importance of EMS. This will include also target key social and religious events (such as Christmas, New Year's Day) to raise awareness as there are always increased road traffic injuries during these periods due to a surge in the number of road users.

Partnership with Schools and worship centres: Collaborate with schools to integrate road safety education during school assemblies and for worship centres within Mukono district, the project will design key facts and messages for religious leaders to air out during congregations on Sundays or Friday

	<p>NGO and CSOs Collaboration: Partner with local and international NGOs working on road safety and healthcare to leverage their networks and resources, incorporate key project messages in their events or functions with support from the project team in Mukono district and use such events to distribute key information, education, and communication materials</p> <p>Progress Updates:</p> <p>Monthly Newsletters: Send out monthly newsletters to stakeholders with updates on project milestones, achievements, and challenges including human interest stories</p> <p>Blog Posts: Publish blog articles on the UNICEF website, sharing stories from the field, showcasing successful cases, and highlighting beneficiaries' experiences.</p> <p>Biannual updates – stakeholders’ engagements</p> <p>Lessons Learned and Knowledge Sharing:</p> <p>Policy Briefs: Develop and share policy briefs based on lessons learned from the pilot project to advocate for increased government funding for EMS and post-crash care.</p> <p>Key Performance Indicators (KPIs):</p> <ul style="list-style-type: none"> • Media coverage and reach of press releases and launch events. • Engagement metrics on social media platforms (likes, shares, comments). • Attendance and participation in workshops, webinars, and events. • Amount of funds raised through online campaigns and partnerships. • Number of policy briefs shared with government agencies and key decision makers
BENEFICIARY GOVERNMENT(S) ENDORSEMENT 1000 words	<p>The Ministry of Health has endorsed this pilot project as one of the projects to showcase how emergency medical services can be delivered in the integrated and coordinated manner at district level in line with the EMS strategy. The Ministry of Health will therefore provide technical support to the district and other stakeholders to ensure realization of project objectives. Likewise, the Ministry of Health will work to bring other Ministries such as ministry of works and transport, internal affairs (police), Ministry of Gender, Labor and social Development and Ministry of Education as well as local Government into a national platform (Steering Committee) for road safety, including the Ministry of Works and Uganda National Roads Authority (UNRA). This platform will champion road safety initiatives including the post-crash care services.</p> <p>Additionally, the Ministry of Health will rally other partners and Government agencies such as the police and ministry of works during implementation to commit resources and support post-crash care activities and road safety and ensure alignment of activities. UNICEF will advocate with ministries to advance these discussions.</p> <p>The project intends to establish a multi-stakeholder steering committee at the national level to oversee and review implementation progress and provide oversight and guidance, including the Ministry of Works and Uganda National Roads Authority (UNRA).</p>
STRENGTHENING NATIONAL CAPACITIES 1500 words	<p>Strengthening of national capacities will take place in several forms:</p> <p>The project will establish a pool of national trainers with representation from key stakeholders including within the Ministry of Health who will in turn train district level trainers of trainees for first Aid and advanced emergency life support for health workers.</p> <p>Reviewing and updating HMIS tools to capture agreed upon data elements /indicators elements by all stakeholders for Emergency Medical Services will strengthen monitoring and evaluation as well as providing data for decision making regarding post-crash care and road safety in general. Likewise, the EMS mobile app linked to the DHSI2 and relevant dashboards as well as action trackers will provide all stakeholders real time information for decision making and improvement. The review will include leveraging the experience gained from the pilot implementation of the WHO's IRTEC hospital data collection system in Uganda to enhance their understanding of the specific characteristics and trends related to road traffic injuries in the target area.</p> <p>The multi-stakeholder national EMS/road safety steering committee, the EMS district and sub county level committees will provide ongoing reviews, advocacy and support to EMS systems improvement and resource allocation that will go a long way to inform national level scale up.</p> <p>The national level steering committees, district level stakeholders will conduct quarterly joint monitoring and reviews to ensure quality implementation, documentation, and timely corrective actions as and when necessary.</p> <p>A strategy to ensure stakeholder are engaged throughout the project is built within the project workplan. This includes key stakeholders being consulted in this proposal development, engagement in the baseline situational analysis, design and delivery of implementation strategies, interim reviews and assessments for corrective actions, participation into communications assets and inputs into the monitoring and evaluation components.</p>

<p>LEVERAGING 750 words</p>	<p>This project will leverage on going national level investments in road safety in the different departments and ministries of Government including within the Ministry of Health for instance the Ministry of Health and the district local Government will recruit and deploy ambulance staff, contribute one class A ambulance that will be upgraded to class B by the project, Trainers from Government hospitals. The contribution of \$170,000 for staff recruitment, equipping trauma centres and salaries for staff will be covered by Ministry of Health/ District local Government. Also, the project will work closely with other non-consortium agencies such as World Bank, UNDP as well as other international and national non-Governmental organizations interested and or working in road safety.</p> <p>UNICEF will also during implementation of this project explore different options for donor funding to support scale up actions.</p> <p>The UNRSF will also provide catalytic efforts using the evidence that will be generated as well as through advocacy and lobbying efforts for improved funding for EMS and road safety in general.</p> <p>Advocacy to management of the Road fund will also encourage increase and release of the road safety component of the National Road Fund to support the project.</p>
<p>IMPLEMENTATION ARRANGEMENTS 750 words</p>	<p>UNICEF will take overall responsibility of Grant administration and management including disbursements to third parties. The Ministry of Health will provide technical oversight and the Mukono District Local Government will conduct ongoing implementation supported by a project team.</p> <p>Funds to WHO will be directly from MPTFO, whilst UNICEF will disburse funds to implementing entities including Makerere School of Public Health (MaKSPH), district and MoH entities, informed by the quarterly work-plan and using UNICEF HACT/ financial management processes.</p> <p>This will allow smooth project implementation of their components of the project i.e., evaluation and dissemination findings, inputs into policy briefs and guidelines, including HMIS indicator reviews.</p>
<p>GENDER EQUALITY 300 words</p>	<p>Road traffic crashes affects all age groups and is a leading cause of death and disability for children 5-19 years. Traffic crashes are the second leading cause of death and therefore is at reduced general risk of ill health in this age group. It should also be noted males 20-40 years are also disproportionately affected due to increased travel and business engagements with the use of motorcycles.</p> <p>The project will empower different population groups such as the boda-boda riders with skills and knowledge to provide first aid since they also form the bulk of most affected by road traffic crashes. The project will also target female caregivers such as teachers, community health workers to ensure a good proportion of females are equipped with knowledge and skills for first aid as first responders but also in all other trainings of professionals including ambulance and trauma/emergency care teams.</p> <p>Additionally, data collection tools and reports/reviews will provide sex-disaggregated data to inform the project team on how that project is affection impacting the different gender dimensions.</p>
<p>AGE 300 words</p>	<p>As noted, road traffic crashes affect all age categories including children below 5 years who are affected in two fronts i.e., first as victims as they are transported on motorcycles but also as road traffic crashes leading to orphanhood and vulnerability due to loss or severe disability of parents and caregivers. The project will therefore empower caregivers and teachers, community health workers in the first aid training of first responders.</p> <p>Likewise, adolescents in school will be targeted for first aid training within the school clubs and those out of school will be targeted at their workplaces such as boda-boda stages and factories within Mukono district. This will be in addition to training police, firefighters, community health workers in first aid.</p>
<p>EXCLUDED GROUPS 300 words</p>	<p>The project will ensure compliance with UNICEF's Core Commitments to Children (CCC) which highlights Accountability to Affected Populations (AAP) as a priority planning including ensuring the disabled persons. The project will reinforce prevention of road traffic crashes and protection of vulnerable population during training such as assisted road crossing for the children and disabled persons.</p> <p>Likewise, during procurements, special consideration will be taken to procure age-appropriate equipment such as bags and masks for children and supportive equipment such as wheelchairs for the disabled if not available at the emergency units of the trauma centers.</p> <p>The trainings will also incorporate psychosocial support to victims and their families including support to the mentally ill victims of road traffic crashes.</p>

ENVIRONMENT 300 words	The project will follow the medical and medical supplies disposal protocols for the disposal of waste as outlined by the Ministry of Health. The project will incorporate proper medical waste management and disposal modules in the trainings for health workers., ambulance and first responder and no negative environment impacts are anticipated to accrue because of this project. The project will also use online, virtual platforms for communicating and sharing information to reduce the amount of paper waste.
STATEMENT OF COMPLIANCE 100 words	<p>UNICEF will ensure compliance with the UN standard code of conduct while executing this work which includes:</p> <ul style="list-style-type: none"> • Zero tolerance to terrorism activities, fraud, and corruption • Prevention of conflict of interest on the part of UNICEF, or Implementing partners, or contractors, vendors, or suppliers • PSEA on the part of UNICEF, or Implementing partners, or contractors, vendors, or suppliers • Adherence to the UN core principles of independence, impartiality, humanity and neutrality.

SDG Targets

Target	Description
Main Goals	
Goal 3. Ensure healthy lives and promote well-being for all at all ages	
TARGET_3.6	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents
Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable	
TARGET_11.2	11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons
Secondary Goals	
Goal 5. Achieve gender equality and empower all women and girls	
TARGET_5.1	5.1 End all forms of discrimination against all women and girls everywhere
TARGET_5.2	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
Contributing Goals	
Goal 1. End poverty in all its forms everywhere	
TARGET_1.1	1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
TARGET_1.2	1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

SDG Indicators

Indicator Code	Description
C110201	11.2.1 Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities
C030601	3.6.1 Death rate due to road traffic injuries

Contribution to SDGs

Participating Organization	% TARGET_11.2	% TARGET_3.6	% TARGET_1.1	% TARGET_5.1	% TARGET_1.2	% TARGET_5.2	% Total
UNICEF	20	70	10	0	0	0	100
WHO	20	80	0	0	0	0	100
Total contribution by target	40	150	10	0	0	0	
Project contribution to SDG by target	20	75	5	0	0	0	100

List of documents

Document	Document Type	Document Source	Document Abstract	Document Date	Classification	Featured	Status	Modified By	Modified On
2023 O~1.DOC	Final narrative report	Project	Offline project document	18-Oct-2023	Internal	No	Finalized	veronique.rondeau@un.org	22-Feb-2024 9:54:27 AM
Results Chain plan Dec 2023.xlsx	Other Docs	Project		18-Dec-2023	Internal	No	Finalized	lnassuna@unicef.org	20-Feb-2024 3:35:42 AM
2023 UNRSF Project Concept Note Uganda 16-3-23+JVcom+ SM responses -rev 23-3-2023 clean.docx	Concept Note	Project		18-Dec-2023	Internal	No	Finalized	lnassuna@unicef.org	19-Feb-2024 4:27:19 AM
UNRSF Workplan - Uganda final Dec 2023.docx	Other Docs	Project		18-Dec-2023	Internal	No	Finalized	fmpanga@unicef.org	18-Dec-2023 6:43:52 AM
Communications Plan.docx	Communications material	Project		18-Dec-2023	Internal	No	Finalized	fmpanga@unicef.org	18-Dec-2023 6:42:14 AM
MoH Letter of support - UNICEF UNRSFconcept note.pdf	Other Docs	Project Narrative		23-Mar-2023	Internal	No	Finalized	cmsukwa@unicef.org	20-Nov-2023 4:31:57 AM
Statement of Compliance Ugan da.pdf	Other Docs	Project	Statement of compliance	20-Nov-2023	Confidential	No	Finalized	cmsukwa@unicef.org	20-Nov-2023 4:31:29 AM

Project Results

Outcome	Output	Description
FUND IMPACT: To contribute to a substantial reduction of road traffic fatalities and injuries in low and middle-income countries.		Contribute to reduction of road traffic fatalities and injuries in Uganda
	No outputs available.	
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.	
	Activities	
	No activities available.	
Project Outcome 1: Reduced post - crash fatalities in Mukono district by 2025		

Outcome	Output	Description				
	Project Output 1: Established mechanisms for coordination, advocacy and oversight among selected public institutions, and draft legislation to establish an harmonized data collection and database with information from all these entities.	Set up mechanisms for coordination, advocacy and oversight.				
	Activities					
	Title	Description	Lead Participating Organization	Participating Organization	Other Organizations	
	Project Activity 1.1: Establish and train a multi-sectoral emergency medical services (EMS) committees (1 at district level and a committee per Health Sub district level (3 sub districts)		WHO - WHO (World Health Organization)	• UNICEF - UNICEF (United Nations Children’s Fund)	Ministry of Health Mukono DLG	
	Project Activity 1.2: Conduct biannual review meetings and implement corrective actions, including based on baseline assessment		WHO - WHO (World Health Organization)	• UNICEF - UNICEF (United Nations Children’s Fund)	Ministry of Health Mukono DLG	
	Project Activity 1.3: Conduct joint field monitoring for the implementation of the program		WHO - WHO (World Health Organization)	• UNICEF - UNICEF (United Nations Children’s Fund)	Ministry of Health Mukono DLG	
	Project Activity 1.4: Support Mukono district council to draft local legislation on management of post-crash response, investigation & data collection in the municipality.		UNICEF - UNICEF (United Nations Children’s Fund)	• WHO - WHO (World Health Organization)	Mukono DLG Ministry of Health	
	Project Output 2: District, Municipal Divisions, Health Facilities supported in establishing trauma teams, building capacities of response teams including lay first responders (teachers, boda-boda riders, community health workers, police, fire-fighters, p	Established and functional trauma teams with increased knowledge and skills to respond to emergencies.				

Outcome	Output		Description		
	Activities				
	Title	Description	Lead Participating Organization	Participating Organization	Other Organizations
	Project Activity 2.1: Establish, train 32 health facility level trauma management teams		UNICEF - UNICEF (United Nations Children’s Fund)	• WHO - WHO (World Health Organization)	Ministry of Health Mukono DLG
	Project Activity 2.2: identify and train 15 ToTs/re-orienting for first AID -first responders training		UNICEF - UNICEF (United Nations Children’s Fund)	• WHO - WHO (World Health Organization)	Ministry of Health Mukono DLG
	Project Activity 2.3: identify and train first responders (1,200 - 400 teachers, 50 police Officers, 150 boda-boda riders/taxi drivers, 200 CHWs, 200 students/pupils) from 10 town councils and 3 divisions of Mukono Municipality		UNICEF - UNICEF (United Nations Children’s Fund)	• WHO - WHO (World Health Organization)	Ministry of Health Mukono DLG
	Project Activity 2.4: Train 16 ambulance team members for in Basic Emergency Care (BEC)		UNICEF - UNICEF (United Nations Children’s Fund)	• WHO - WHO (World Health Organization)	Ministry of Health Mukono DLG
	Project Output 3: District supported with EMS equipment including equipping trauma centers and first responders including procuring child focused equipment such as bag and mask		Procured and functional and Class B ambulances plus well-equipped trauma centers facilitating emergency response.		

Outcome	Output		Description		
	Activities				
	Title	Description	Lead Participating Organization	Participating Organization	Other Organizations
	Project Activity 3.1: Procurement of 3 equipped ambulances (Class B - ambulance with all basic emergency equipment) and equipping 1 ambulance		UNICEF - UNICEF (United Nations Children’s Fund)	• WHO - WHO (World Health Organization)	Ministry of Health Mukono DLG
	Project Activity 3.2: Recruiting ambulance teams		UNICEF - UNICEF (United Nations Children’s Fund)	• WHO - WHO (World Health Organization)	Mukono DLG
	Project Activity 3.3: Ambulance maintenance, fuel, and repair (this includes the current available district ambulance		UNICEF - UNICEF (United Nations Children’s Fund)	• WHO - WHO (World Health Organization)	Mukono DLG Ministry of Health
	Project Activity 3.4: Allowances for the ambulance teams (each ambulance 4) - 2 drivers and 2 nurses) – each ambulance 2 sets – (includes the for current district ambulance that the project will equip).		UNICEF - UNICEF (United Nations Children’s Fund)	• WHO - WHO (World Health Organization)	Mukono DLG Ministry of Health
	Project Activity 3.5: Procurement and distribution of emergency units equipment and 1st aid kits, and emergency care equipment for trauma centres		UNICEF - UNICEF (United Nations Children’s Fund)	• WHO - WHO (World Health Organization)	Mukono DLG Ministry of Health
	Project Output 4: District supported in evidence generation for improved post crash care		District supported to draft knowledge products in relation to best practices emerging from project implementation.		

Outcome	Output	Description			
	Activities				
	Title	Description	Lead Participating Organization	Participating Organization	Other Organizations
	Project Activity 4.1: Baseline assessment at start of project		UNICEF - UNICEF (United Nations Children’s Fund)	• WHO - WHO (World Health Organization)	Makerere School of Public Health Ministry of Health Mukono DGL
	Project Activity 4.2: consensus building workshop for identified gaps in indicators and selection of possible indicators for inclusion in the HMIS based on the WHO EMS standard indicators (Stakeholders will be selected from districts - at least 7 district		WHO - WHO (World Health Organization)	• UNICEF - UNICEF (United Nations Children’s Fund)	Makerere School of Public Health Ministry of Health Mukono DLG
	Activity 4.3: Review KCCA ambulance dispatch mobile app and support integration in DHIS2		WHO - WHO (World Health Organization)	• UNICEF - UNICEF (United Nations Children’s Fund)	Makerere School of Public Health Ministry of Health Mukono DGL
	Project Activity 4.4: Identify lessons learnt during implementation and develop policy briefs		WHO - WHO (World Health Organization)	• UNICEF - UNICEF (United Nations Children’s Fund)	Makerere School of Public Health Ministry of Health Mukono DLG
	Project Activity 4.5: Hold advocacy events to sensitize duty bearers at district and national level on EMS status and need for increased funding		WHO - WHO (World Health Organization)	• UNICEF - UNICEF (United Nations Children’s Fund)	Makerere School of Public Health Ministry of Health Mukono DLG
	Project Activity 4.6: Conduct an endline assessment		WHO - WHO (World Health Organization)	• UNICEF - UNICEF (United Nations Children’s Fund)	Makerere School of Public Health Ministry of Health Mukono DLG

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 INDICATOR 5.1.1: Number of countries and municipalities supported in drafting legislation that establish standards for data collection on post-crash response and investigation.				Capacity	Yearly	Country	Number	0	2022	1	2025	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 INDICATOR 5.1.2: Number of countries and municipalities supported in establishing systems to ensure oversight of post-crash response.				Capacity	Yearly	Country	Number	0	2022	1	2025	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 INDICATOR 5.1.3: Number of countries and municipalities supported in implementing training and related certifications to road users, rescue workers and investigators.				Capacity	Yearly	Country	Number	0	2022	1	2025	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
% of crash victims receiving care on the scene as per protocols			Program reports.	Beneficiaries		Others	Percentage	0	2022	80%	2025	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.
No components available.												
# of coordination mechanisms in place.		This will capture the EMS committees established at the district and subcounty level	Program reports				Number	0	2022	4	2025	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
	No components available.											
# Legislation to improve post-crash care at district level		District council to draft local legislation on management of post-crash response, investigation & data collection in the municipality.	Activity report				Number	0	2022	1	2025	Outcome : FUND OUTCOM E 5: Improved Post-Crash Care. Output: FUND OUTPUT 5.1: Strengthened capacities of targeted countries and municipal ities to provide timely, quality and professio nal first emergen cy care rehabilita tion services.
	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
# of newly established trauma teams		This will target 32 health facilities in the district.	Program reports.				Number	0	2022	32	2025	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.
No components available.												
# of trained individuals demonstrating increased knowledge or skills related to emergency response, as a result of the project		This will capture the number of 1st responders trained.	Program reports.				Number	0	2022	1200	2025	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.

[illegible]

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Linked Outcome / Output
# of evidence-based post-crash care report(s) produced by district supported under the project		To capture both the baseline and endline reporting.	Project reports					0	2022	2	2025	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.
No components available.												
# draft legislations for data collection on post-crash response and investigation			Project reports				Number	0	2022	1	2025	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
	No components available.											

Risks

Event	Category	Level	Likelihood	Impact	Mitigating Measures	Risk Owner
Fiduciary Risk	<ul style="list-style-type: none"> Financial 	High	Possible	Major	Under the global Harmonised Approach to Cash Transfers (HACT) Framework, UNICEF continues to implement stringent quality assurance activities (such as financial spot checks, programme monitoring visits and scheduled audits) to mitigate fiduciary risks inherent in transferring cash to government institutions. UNICEF applies HACT as a risk management tool in the management of cash transfers to ensure funds are used to achieve intended results. This approach establishes common principles and processes for managing cash transfers among UN agencies that have adopted the approach across all countries and operational contexts, ensuring capacity assessment, cash transfers and reports, assurance activities and capacity development in financial management for UNICEF's implementing partners.	agasfaw@unicef.org
Assumptions have been made regarding the activities to be implemented including some at the enabling environment level.	<ul style="list-style-type: none"> Operational 	Low	Possible	Major	UCO has included the major stakeholders in planning this activity. UCO will continue to proactively lead from behind and support ownership of the project by the Ministry of Health who will lead liaison with other government departments. A detailed implementation plan with specific accountabilities for activities will be developed that will guide action, giving ample time for stakeholders to implement their respective actions	fmpanga@unicef.org

Budget by UNSDG Categories: Over all

Budget Lines	Description	UNICEF (7%) *	WHO (7%) *	Total
1. Staff and other personnel	20% Health Specialist NOD, Health specialist NOC.	\$60,000.00	\$35,000.00	\$95,000.00
2. Supplies, Commodities, Materials	11% Procurement of 1st aid kits for 1st responders	\$55,000.00	\$0.00	\$55,000.00
3. Equipment, Vehicles, and Furniture, incl. Depreciation	38% Procure 3 class B ambulances.	\$170,000.00	\$0.00	\$170,000.00
4. Contractual services	20%	\$53,300.00	\$24,000.00	\$77,300.00
5. Travel	2%	\$10,000.00	\$0.00	\$10,000.00
6. Transfers and Grants to Counterparts	7%	\$0.00	\$35,000.00	\$35,000.00
7. General Operating and other Direct Costs	5%	\$24,989.72	\$0.00	\$24,989.72
Project Costs Sub Total		\$373,289.72	\$94,000.00	\$467,289.72
8. Indirect Support Costs		\$26,130.28	\$6,580.00	\$32,710.28
Total		\$399,420.00	\$100,580.00	\$500,000.00

Performance-based Tranches Breakdown

Tranche		Total
Tranche 1	UNICEF (70%)	\$279,616.40
Tranche 2	UNICEF (30%)	\$119,835.60
	WHO (100%)	\$100,548.00
Tranche 3	UNICEF (0%)	\$0.00
	WHO (0%)	\$0.00

Tranche		Total
		\$500,000.00

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.	UNICEF (7%)	\$0.00	0%	\$0.00
Project Outcome 1: Reduced post - crash fatalities in Mukono district by 2025		Sub Total	\$500,000.00		\$451,236.60
	Project Output 1: Established mechanisms for coordination, advocacy and oversight among selected public institutions, and draft legislation to establish an harmonized data collection and database with information from all these entities.	WHO (7%)	\$40,290.00	50%	\$20,145.00
	Project Output 2: District, Municipal Divisions, Health Facilities supported in establishing trauma teams, building capacities of response teams including lay first responders (teachers, boda-boda riders, community health workers, police, fire-fighters, p	UNICEF (7%)	\$35,773.00	20%	\$7,154.60
	Project Output 3: District supported with EMS equipment including equipping trauma centers and first responders including procuring child focused equipment such as bag and mask	UNICEF (7%)	\$363,647.00	100%	\$363,647.00
	Project Output 4: District supported in evidence generation for improved post crash care	WHO (7%)	\$60,290.00	100%	\$60,290.00
Total			\$500,000.00		

Budget per Gender (GEWE)

	UNICEF	WHO	Total \$
\$ Towards GEWE	\$396,757.71	\$86,065.45	\$482,823.16
% Towards GEWE			96.56%

Programme Outcome Costs

Outcome	Output	Activity	Implementing Agent	Time Frame								
				2024				2025				2026
				1	2	3	4	1	2	3	4	1
Project Outcome 1: Reduced post - crash fatalities in Mukono district by 2025												
	Project Output 1: Established mechanisms for coordination, advocacy and oversight among selected public institutions, and draft legislation to establish an harmonized data collection and database with information from all these entities.											
	Project Activity 1.1: Establish and train a multi-sectoral emergency medical services (EMS) committees (1 at district level and a committee per Health Sub district level (3 sub districts)											
		UNICEF	<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"/>
		WHO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Project Activity 1.2: Conduct biannual review meetings and implement corrective actions, including based on baseline assessment											
		UNICEF	<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"/>
		WHO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Project Activity 1.3: Conduct joint field monitoring for the implementation of the program											
		UNICEF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		WHO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Project Activity 1.4: Support Mukono district council to draft local legislation on management of post-crash response, investigation & data collection in the municipality.											
		UNICEF	<input checked="" type="checkbox"/>	<input checked="" 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"/>
		WHO	<input checked="" type="checkbox"/>	<input checked="" 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: District, Municipal Divisions, Health Facilities supported in establishing trauma teams, building capacities of response teams including lay first responders (teachers, boda-boda riders, community health workers, police, fire-fighters, p											

Outcome	Output	Activity	Implementing Agent	Time Frame								
				2024				2025				2026
				1	2	3	4	1	2	3	4	1
		Project Activity 2.1: Establish, train 32 health facility level trauma management teams										
			UNICEF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			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"/>
		Project Activity 2.2: identify and train 15 ToTs/re-orienting for first AID -first responders training										
			UNICEF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			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"/>
		Project Activity 2.3: identify and train first responders (1,200 - 400 teachers, 50 police Officers, 150 boda-boda riders/taxi drivers, 200 CHWs, 200 students/pupils) from 10 town councils and 3 divisions of Mukono Municipality										
			UNICEF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			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"/>
		Project Activity 2.4: Train 16 ambulance team members for in Basic Emergency Care (BEC)										
			UNICEF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			WHO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Project Output 3: District supported with EMS equipment including equipping trauma centers and first responders including procuring child focused equipment such as bag and mask										
		Project Activity 3.1: Procurement of 3 equipped ambulances (Class B - ambulance with all basic emergency equipment) and equipping 1 ambulance										
			UNICEF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			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"/>
		Project Activity 3.2: Recruiting ambulance teams										
			UNICEF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			WHO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Project Activity 3.3: Ambulance maintenance, fuel, and repair (this includes the current available district ambulance										
			UNICEF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			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"/>
		Project Activity 3.4: Allowances for the ambulance teams (each ambulance 4) - 2 drivers and 2 nurses) – each ambulance 2 sets – (includes the for current district ambulance that the project will equip).										
			UNICEF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			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"/>
		Project Activity 3.5: Procurement and distribution of emergency units equipment and 1st aid kits, and emergency care equipment for trauma centres										
			UNICEF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			WHO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Project Output 4: District supported in evidence generation for improved post crash care										
		Project Activity 4.1: Baseline assessment at start of project										
			UNICEF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			WHO	<input checked="" type="checkbox"/>	<input checked="" 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 4.2: consensus building workshop for identified gaps in indicators and selection of possible indicators for inclusion in the HMIS based on the WHO EMS standard indicators (Stakeholders will be selected from districts - at least 7 district										
			UNICEF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			WHO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Activity 4.3: Review KCCA ambulance dispatch mobile app and support integration in DHIS2										
			UNICEF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			WHO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Project Activity 4.4: Identify lessons learnt during implementation and develop policy briefs										
			UNICEF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			WHO	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Project Activity 4.5: Hold advocacy events to sensitize duty bearers at district and national level on EMS status and need for increased funding										

