




UNRSTF/Call for Proposals/ Pilot Project 2018

I. PROJECT PROPOSAL COVER PAGE

<b>Project Title:</b>	Strengthening Data in Côte d'Ivoire and Senegal
<b>Project Reference #:</b>	[to be assigned by MPTF Office]
<b>Requesting Agency:</b>	WHO
<b>Amount Requested:</b>	\$199, 500
<b>Project Type:</b>	New project
<b>Project Duration:</b>	Choose an item. 12 months
<b>Focal point to be notified upon transfer of fund:</b>	Name: Dr Nhan Tran Title: Coodinator E-mail: trann@who.int Tel: +41 22 791 34 12
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## Pilot project Proposal

Project Title	Improving Road Traffic Fatality Data in Côte d'Ivoire and Senegal
Participating Organisation	WHO
Project Manager	Dr Kacem IAYCH
Start and End Dates	12 months from start date
Budget	199,500 USD
Beneficiary Countries	Côte d'Ivoire and Senegal
Cooperating Entities	Ministry of Health, Ministry of Transport and Ministry of Interior of Cote d'Ivoire and of Senegal

### 1. Country demand for road safety and target countries

*This section should highlight the demand for the project and the rationale for country selection. Beneficiary countries should be member States of the United Nations with high fatality rates or high fatality numbers. They should be actively working to improve road safety through implementing national road safety strategy, action plan and/or recommendations of a performance review, unless the objective of the project is to develop a national strategy/action plan or performance review for road safety. Evidence on commitment to road safety by the government at an appropriate level should be provided.*

Sustainable Development Goal (SDG) target 3.6 calls on Member States to “reduce the number of road traffic deaths by 50% by 2020”. Achieving this and other global targets will require Member States to have good systems in place to monitor the rate of deaths and progress towards improving road safety. Worldwide an estimated 53% of deaths go unregistered, and progress in improving death registration in low- and middle-income (LMIC) countries has been slow. The Africa region not only has the highest road traffic death rates per 100,000 population (i.e. 26.6 per 100,000 population), they are also countries where the largest discrepancies exist between what is officially reported by the government and estimates generated by the World Health Organization (WHO). For example, whereas the total reported number of deaths in African countries was 55,000 in 2016, WHO estimates that the actual number of deaths to be closer to 284,000. This means that more than four times of the deaths are not accounted for in these countries. The lack of and poor quality of data prevents the development of tailored strategies to address specific risks for road traffic deaths, effectively hindering progress in these countries.

Among the many African countries needing support in strengthening their data systems, this project proposes to target Côte d'Ivoire and Senegal because the improvement of the data system and collecting national and regional data are specific targets in their national strategies on road safety. During the process of collecting data for GSRRS we noted strong motivation and collaboration from the two governments and a political will to make efforts to improve their data systems. They have expressed the desire to receive support to reduce the discrepancy between reported data and estimated data by improving the quality of their data systems and involving all different sectors concerned.

The 2 countries have been specifically identified as:

- They have expressed interest to undertake the process mapping
- They are countries that have a big discrepancy between their reported number of road traffic deaths and the WHO estimation
- The countries are using different sources of road traffic deaths data
- These countries that have stepped up efforts in preventing road traffic fatalities and have activities on this in relation to the Decade on Road Safety
- The improvement of data systems have been identified in their national strategies on improving road safety.

## 2. Context with national road safety system

*This Section should name the missing or weak elements in the National Road Safety System of a target country/countries in accordance with the Global Framework Plan of Action for Road Safety of the United Nations Road Safety Trust Fund (UNRSTF/AB/2018(1)/4-UNRSTF/SC/2018(1)/4). It should outline the principle challenges and underlying issues of the missing or weak elements that the project attempts to address. Lack of a strategy, action plan and/or performance review for road safety by a target country can be also considered as a relevant challenge.*

The WHO Global Status Report on Road Safety (GSRRS) published by WHO since 2009, has shown that the main obstacles to collecting accurate data are myriad and most often linked to the availability of data generated by civil registration and vital statistic (CRVS) systems, linkages between different sectors (health, transport, police) as well as the definitions used and the ways that deaths are coded in different countries. Many African countries have poor CRVS systems or no systems are place at all. This means that there is no one registry for death data that incorporates different sources of data for road traffic fatalities (police, insurance, health sectors). This leads to inconsistencies and differing definitions of what constitutes death from a road crash.

The main challenges and limitations involved in the collection of road fatality data can be summarized as follows:

- Data accuracy: there is often inadequate coverage of fatalities and injuries, known as under-reporting.
- Data comparability: different definitions may be used by different sectors, and the definitions used may not align with international standards.
- Data completeness: there is lack of several key data elements required to support policy making, and it has been noted that the most useful data are often the least available (e.g. crash location, injury type, alcohol or drugs impairment, use of seat belt or helmet).
- Level of disaggregation: it is often not possible to analyse the data - per different road, vehicle or user characteristics separately on in various combinations.
- Data access: the information may be inaccessible or lacking the necessary meta-data (e.g. description of definitions and protocols used).

In 2015, according to figures reported in the GSRRS, half of the all countries that shared an official statistic based that number only on data reported by police. When these numbers are compared to what is reported in vital or civil registration which includes data reported through the health sector, there is often a big gap. As such, WHO has been calling attention to the issue of underreporting and poor quality of data on road traffic deaths and actively encouraging countries and other global actors to invest in the strengthening of CVRS systems. Though this problem has been widely recognized and discussed, the accuracy and quality of reporting of road traffic deaths remain problematic in many low and middle-income countries. Part of the challenge lies in the fact that reporting of road traffic deaths is a function of health information systems in countries and strengthening it requires input, coordination, and collaboration across a number of different sectors that have their own systems,

processes, definitions and coding practices.

Over the last 10 years, WHO has been working with a number of countries to improve the quality of reporting for road traffic deaths and has published important guidance on this topic including a manual on data systems for practitioners and decision-makers in 2010. In 2018, the African Data Observatory was launched as a means of providing a platform for road traffic death and injury data to be compiled. WHO is working with the observatory to provide technical support to countries on how to improve the quality of the data that is being included in the observatory. While the observatory provides a good platform to compile the data that is reported, many countries struggle with the collection of data on road traffic deaths with significant under-reporting. As such, even if the observatory provides a consolidated platform for data on road traffic crashes, deaths, and injuries, without additional work to improve the data collection, the data compiled by the observatory will be incomplete for most countries in the Africa Region.

The work undertaken as part of this proposal will address the under-reporting of data to ensure that the data that is compiled in the African Data Observatory is complete.

### **3. Objective**

*This section should explain what the project is intended to achieve in relation to the missing or weak elements in the National Road Safety System.*

The **overall objective** of this project is to strengthen existing health information systems in two African countries to provide accurate and timely data through civil registration on vital statistics for road traffic deaths. Over time, this will reduce the discrepancy between the reported (by countries) and estimated (by WHO) number of road traffic deaths. It will also facilitate increased engagement and collaboration among different stakeholders and ministries (including health, transport and interior) in the generation of statistics on road traffic deaths. Strengthening data systems will also lead to more robust data for use in decision-making.

This involves a business process mapping methodology that helps countries identify and understand how current civil registration processes work and to identify gaps and recommendations for solutions to improve these systems. This process mapping considers the use of additional sources of data such as verbal autopsies and surveys for external causes of death, to complement civil registration systems in limited resource settings. This on-going work, jointly implemented by WHO and partners including the Swiss Tropical Institute and the Safer Africa Forum, is currently being carried out in several countries in Africa and Asia.

Specific objectives are:

1. Mapping of data systems: Tracing steps that are followed from the time a crash occurs up to when information about the crash is entered into a data system. This process involves actions and decisions by different institutions as the information about the injured is moved from one place to another. This meticulous tracing helps in determining if the data systems are working effectively and where gaps exist leading to loss of information about the injury. This method is based on previous work done by WHO and will also consider guidance or methodologies that may be developed by the Observatory.
2. Development of a plan of action: Based on the mapping and consultations carried out, a detailed plan of action outlining specific enhancements that will be made to existing CRVS systems will be developed in each country. These action plans will serve as the basis for technical assistance and monitoring by WHO to assess progress.

### **4. Expected accomplishments and sustainability**

*This section should describe expected road safety accomplishments that should occur as a result of*

*the project activities. They should be specific enough to be measured by indicators of achievement. Information should be provided how the accomplishments will be sustained after the project. More specifically, this section should explain: (a) how the project accomplishments will support/lead to strengthening the National Road Safety System of target country/countries by eliminating a missing element or improving a weak element, and (b) how they will contribute to the reduction of traffic fatalities and injuries of target country/countries in short, medium and long term after the project.*

The project accomplishments have been formulated to support Pillar 1 on road safety management of the Decade of Action on Road Safety.

The following are the expected accomplishments for this project:

- **1. Contribute to knowledge sharing** of current best practices on improving reporting on road traffic deaths at a global level.
- **2. Expanding the knowledge base** on current road safety awareness and identification of missing/weak elements.
- **3. Capacity of national stakeholders strengthened on road safety data management,**
- **4. Countries receive direct technical support** from WHO to improve road safety data management systems and the capacity of government officials working on the subject increased.
- **5. Improved process mapping guidance** through an **evaluation** of the process mapping.
- **6. A final project report** detailing the activities and the recommendations and lessons learned from the evaluation.

**Sustainability** strategies have been built into the project to ensure capacity enhancement of the national stakeholders and partners to ensure that achievements made during the life of the project will be carried forward by them. The project strategy is based on engagement and collaboration among key stakeholders and ministries within government: the success of any technical cooperation is contingent upon the partner countries' commitment and willingness to invest in the necessary resources to implement the desired improvements. For this reason, consultations will be carried out with relevant stakeholders and ministries at the onset of the initiative and following the mapping exercise in order to ensure necessary buy-in and cooperation with the actions identified.

## **5. Indicators of achievement**

*This section should define indicators of achievement as measures used to determine the extent to which the stated expected accomplishments for road safety have been achieved.*

The following are indicators by which the project will be assessed for progress:

- By the end of the project, a document of current best practices on improving reporting on road traffic deaths developed and shared with relevant partners.
- By the end of the project, a solid Knowledge Attitude and Behaviour (KAB) survey conducted and results analysed to identify the weaknesses in the two target countries.
- By the end of the project, the national partners and stakeholders with a major role in road traffic injury data, namely, Ministry of Health, Ministry of Interior, Ministry of Transport and vital registration sector will have been provided with training and through direct technical support to enhance their capacity to work on improving road safety data collection techniques.
- By the end of the project, all stakeholders are aware of the lessons learned from this process and are able to improve methods for providing support to other countries in the future.

## **6. Main activities**

*This section should describe the activities of the project that have to be taken to achieve the expected accomplishments for road safety of the projects. Timeframes for activities should also be provided. The project maximum duration should not exceed 12 months.*

The following are key activities that will be undertaken as part of this project:

In support of accomplishment 1:

- A review of the literature and documentation of best practices to improve reporting of road traffic deaths and strengthening of CRVS systems, especially in LMIC country settings.

In support of accomplishment 2:

- An analysis of stakeholder perceptions, attitudes, and beliefs about the quality of reporting on road traffic deaths in two selected African countries as well as on how to strengthen CRVS systems based on **country consultations**. The stakeholder survey will provide valuable information on the missing or weak elements of the current enabling environment in the two target countries. The country consultation process is one of the features of the sustainability strategies in ensuring stakeholder buy-in and follow up. WHO will base any inputs and support on past experiences with other member States, for example, Thailand undertook an exercise of **linking different road traffic data sources**. After the publication of the Global Status Report on Road Safety 2013, the Thai government expressed major concern over the discrepancy between the reported data 13 766 and WHO- estimated data 26 312 deaths (a difference of 12 590). By WHO support they convince all the different sectors to take a part of the integrating all the data available by checking each death by ID, name, date of birth, place of crash... The data from the Ministry of Public Health, the Royal Thai Police and the insurance sectors were used to generate the official figure. Through this exercise, the government arrived at a count of 21 996 for 2011. By using the same method for 2013 data they got 21 221 as integrated data and WHO published an estimate of 24 237 for 2013.

In support of accomplishment 3:

- **Capacity of national stakeholders strengthened** to, through a series of two **workshops**, to implement the mapping and development of a plan of action. These workshops will be facilitated by WHO along with international experts. In particular WHO country offices will provide administrative support in the conduct of the workshops and will also facilitate contact with the various stakeholders, they will also facilitate identification of appropriate entities to carry out the surveys.

In support of accomplishment 4:

- Direct **technical support** by WHO ( country and headquarters staff) and international experts to selected ministries and government officials working on the subject resulting in increased capacity among relevant institutions at the country level

In support of accomplishment 5:

- An **evaluation** of the process mapping and providing input to ameliorate the process mapping guidance to support other countries interested to carry out a similar exercise. Particular emphasis on sharing the experience of Ghana will be undertaken as a good practice.

In support of accomplishment 6:

- A final project report detailing the activities and the recommendations and lessons learned from the evaluation.

## 7. Risks and mitigation actions

*This section should identify the risks that may affect the achievement of expected accomplishments and their sustainability. It should also list actions planned to mitigate such risks.*

Change in the personnel of national stakeholders or non-relevant persons at the capacity building workshop. Any risk in capacity building efforts assume that those who undergo training and receive direct technical support will remain in their positions to continue the work after the departure of WHO. The project will carefully identify the relevant stakeholders for the capacity building workshops including casting a wide consultation net. The workshops will also take place in-country so as to enable a wide range of stakeholder participation including people of different managerial responsibilities.

## 8. Budget

*This section should specify detailed estimated budget linked to project activities in US Dollars. The project budget should be between US Dollars 100,000 - 200,000.*

EXPECTED ACCOMPLISHMENTS	PLANNED ACTIVITIES	Budget				RESPONSIBLE PARTY
		Y1	Y2	Y3	Y4	
Senegal	1.1 Mapping	\$30,000	N/A	N/A	N/A	WHO NVI & IER
	1.2 Two Workshops	\$40,000	N/A	N/A	N/A	WHO & MOH & MOI & MOT
	1.3 On-going TA	\$10,000	N/A	N/A	N/A	WHO & partners
	MONITORING	\$10,000	N/A	N/A	N/A	WHO & MOH & MOI & MOT
	<b>Sub-Total: \$90,000</b>					
Côte d'Ivoire	2.1 Mapping	\$30,000	N/A	N/A	N/A	WHO NVI & IER
	2.2 Two Workshops	\$40,000	N/A	N/A	N/A	WHO & MOH & MOI & MOT
	2.3 On-going TA	\$10,000	N/A	N/A	N/A	WHO & partners
	MONITORING	\$10,000	N/A	N/A	N/A	WHO & MOH & MOI & MOT
	<b>Sub-Total: \$90,000</b>					
Evaluation (as relevant)	EVALUATION	\$6,449	N/A	N/A	N/A	WHO or External institute
General Management Support	\$13,051	N/A	N/A	N/A	N/A	
<b>TOTAL</b>	<b>\$199,500</b>					

### III. PROJECT BUDGET ACCORDING TO UNDG CATEGORIES

#### Total Consolidated Project Budget by Year and by Object of Expenditure

Project title:

	<i>Object of Expenditure</i>	<i>Notes</i>	<b>Requested (US\$)</b>
1	Staff and other personal costs	N/A	\$ -
2	Supplies, commodities, materials	N/A	\$ -
3	Equipment, vehicles and furniture including depreciation	N/A	\$ -
4	Contractual services	Monitoring and evaluation, consultancies and final report	\$ 40,000
5	Travel	RT travel for WHO staff to countries (2 to 4 times) and the invitation of the experts to the workshops	\$ 30,000
6	Transfers and grants counterparts		\$ -
7	General operating and other direct costs	Mapping, two workshops and technical support from WHO and international experts	\$ 116,449
	<b>Total project direct costs</b>		\$ 186,449
8	Indirect support costs (7%)		\$ 13,051
	<b>Grand total</b>		\$ 199,500

Notes:

#### UNDG Budget Category Definitions:

1. **Staff and other personal costs:** Includes all related staff and temporary staff costs including base salary, post adjustment and all staff entitlements.
2. **Supplies, commodities, materials:** Includes all direct and indirect costs (e.g. freight, transport, delivery, distribution) associated with procurement of supplies, commodities and materials. Office supplies should be reported as "General Operating".
3. **Equipment, vehicles and furniture including depreciation:** For those reporting assets on UNSAS or modified UNSAS basis (i.e. expense up front) this would relate to all costs to put asset into service. For those who do donor reports according to IPSAS this would equal depreciation for period.
4. **Contractual services:** Services contracted by an organization which follow the normal procurement processes. In IPSAS terminology this would be similar to exchange transactions. This could include contracts given to NGOs if they are more similar to procurement of services than a grant transfer.
5. **Travel:** Includes staff and non-staff travel paid for by the organization directly related to a project.
6. **Transfers and grants to counterparts:** Includes transfers to national counterparts and any other transfers given to an implementing partner (e.g. NGO) which is not similar to a commercial service contract as per above. In IPSAS terms this would be more similar to non-exchange transactions.
7. **General operating and other direct costs:** Includes all general operating costs for running an office. Examples include telecommunication, rents, finance charges and other costs, which cannot be mapped to other expense categories.
8. **Indirect (programme support) costs:** to a maximum of seven (7%) per cent.