

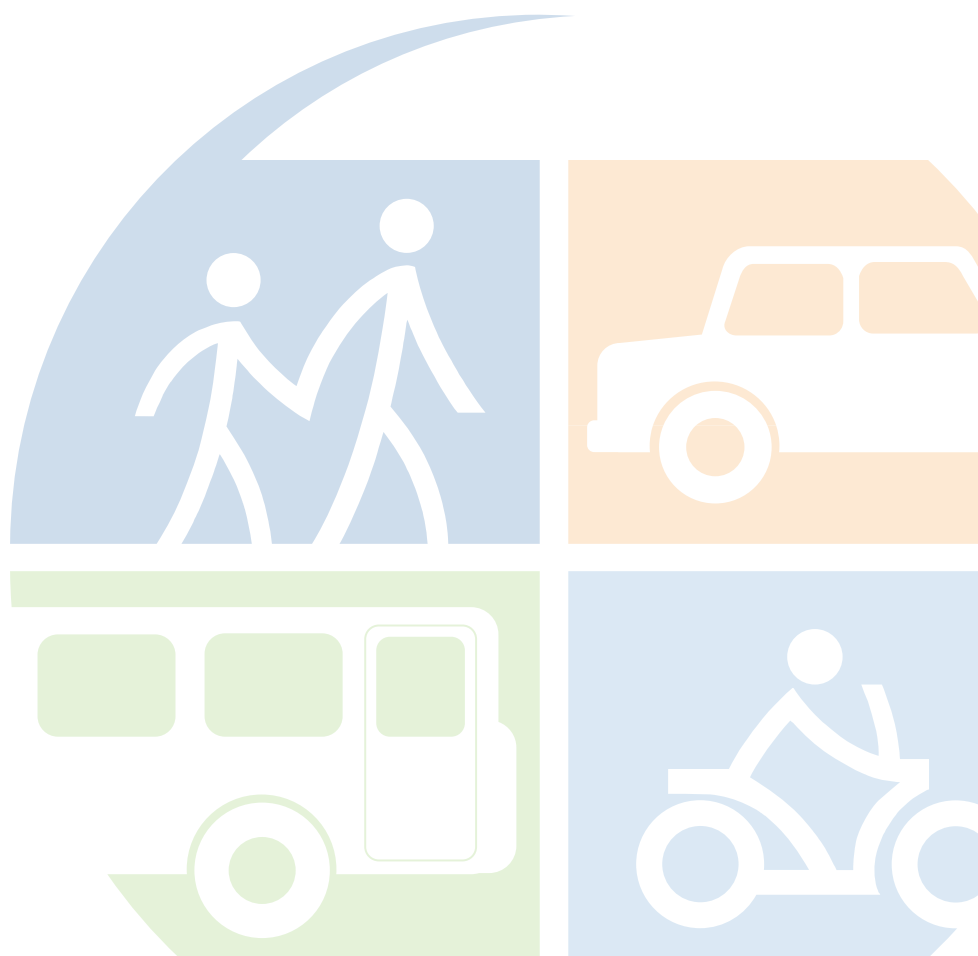


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Proactive Partnership Strategy

A Community Participation Model to Address Road Safety

– José Cardita and Gayle Di Pietro –



The Global Road Safety Partnership is a hosted programme of the
International Federation of the Red Cross and Red Crescent Societies



Global Road Safety Partnership (GRSP) is a hosted program of the International Federation of Red Cross and Red Crescent Societies.

This Manual is an overall introductory edition to the Proactive Partnership Strategy. A more comprehensive edition will be published at a later date.

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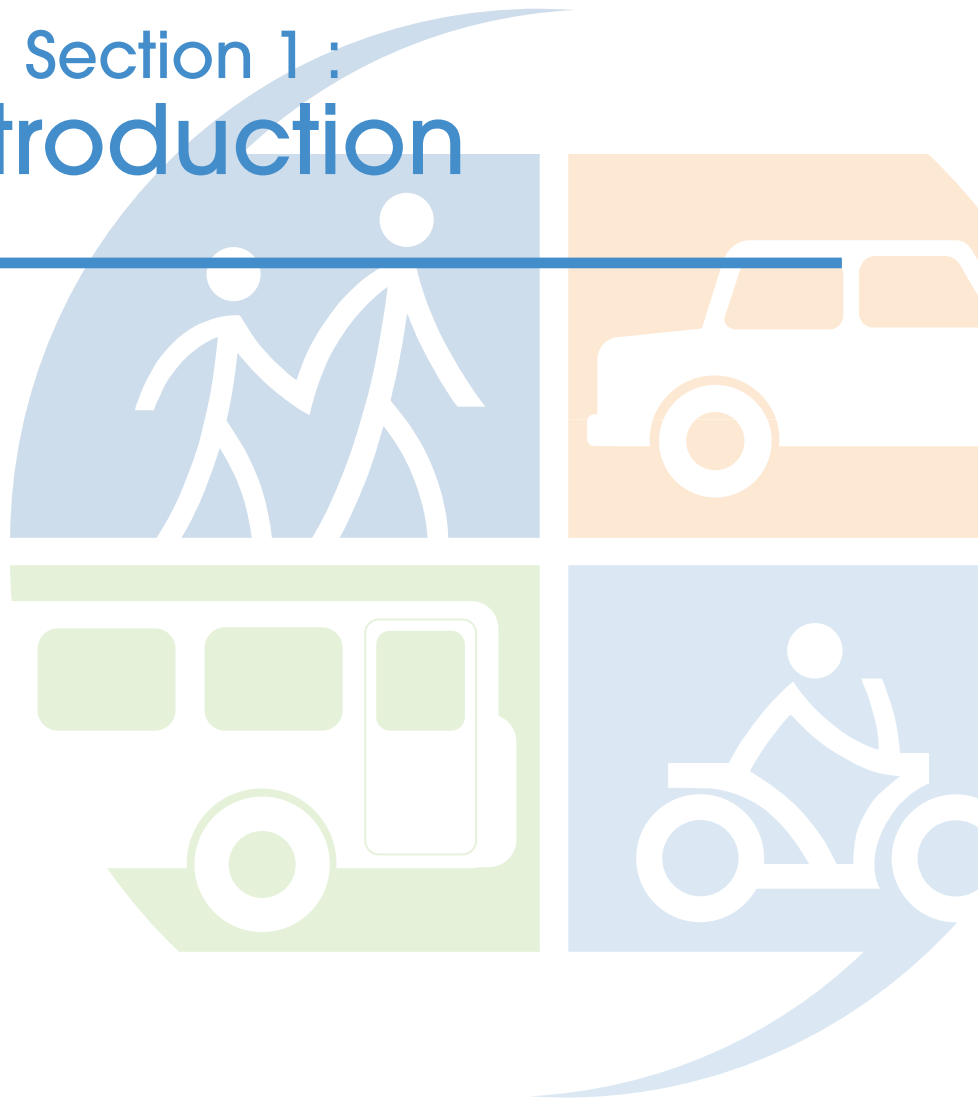
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Section 1 : Introduction







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1. Introduction



There is universal recognition of the tremendous global burden resulting from road traffic crashes, and that road traffic injuries constitute a major but still neglected public health problem that has significant consequences in terms of mortality and morbidity and considerable social and economic costs.

In the absence of urgent committed action this problem is expected to worsen.

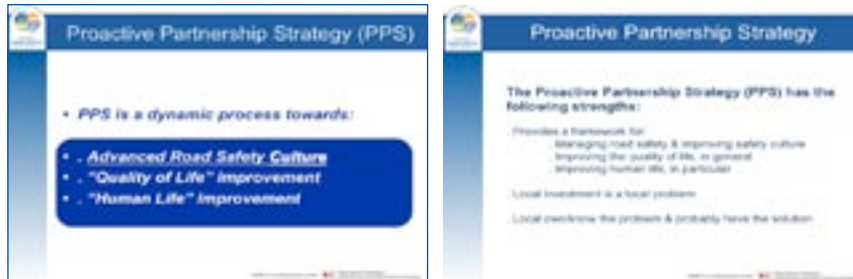
According to the WHO and the World Bank¹, a multisectoral approach is required to successfully address this problem. Commencing with evidence-based intervention, is the way to go to reduce the impact of road traffic injuries.

Government, business and civil society need to collaboratively and actively participate in actions for the prevention of road traffic injury. They can do this through injury surveillance and data collection, research on risk factors of road traffic injuries, implementation and evaluation of interventions for reducing road traffic injuries, provision of pre-hospital and trauma care, mental-health support for traffic-injury victims, and advocacy for prevention of road traffic injuries.

Every road user must take the responsibility to travel safely and respect traffic laws and regulations. They cannot do this unless they are travelling in a safe system, with the knowledge and skills to optimize their movement and safety in that environment. Jurisdictions around the world approach and manage their system in different ways, according to the resources (human and financial) available to them.

¹ World report on road traffic injury prevention. Geneva, World Health Organization, 2004.





1.1 The Proactive Partnership Strategy (PPS)

The Proactive Partnership Strategy (PPS) is one model that can be used to address the road safety problem. It is a strategy created specifically for use in Communities (towns, municipalities, etc.) and it is based on sustainable partnerships between Government, Business and Civil Society in the town. The PPS is entirely related to a dynamic and continuous improvement process. The PPS has been used effectively in many Brazilian towns and is successful in helping communities to make effective progress on what can be realistically achieved in injury prevention.

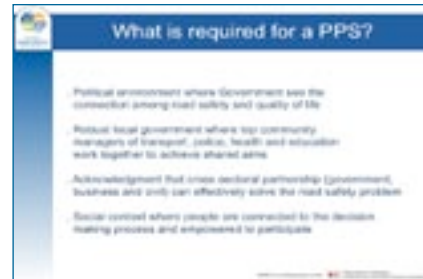
The Proactive Partnership Strategy (a Community Participation Model of Road Safety) has the following strengths:

1. It provides a structured framework for managing road safety and improving the safety culture in the community.
2. The local investment in road safety is based on a reliable process that identifies the local road safety problem (through the collection and use of 30 day reliable data), related crash reclassification, subsequent analysis and targeted actions that are implemented immediately. The improvement in the road safety culture, quality of life of the citizens and human life itself, is quickly evident and a great motivator for further work.
3. Local citizens own the road trauma problem and the solution and a true community partnership approach exists. Buoyed with visible and tangible success, and within a reasonable time frame, the partnership aims for continuous improvement.





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But what needs to be present in a Community before the PPS can be effectively and efficiently embraced? At the very least there needs to be:

- A political environment where the Mayor, (or equivalent), and those key players (Transport, Health, Education) in local government and essential partners on data collection (Police, Health Emergency Services, Fire Brigade, Hospitals, Legal Medical Institute) see the connection between road safety, quality of life for those in the Community and human life at pre-hospital and hospital trauma departments and are prepared to commit publicly to improving it.
- A robust local government that has the infrastructure and capacity to enable appropriate changes to the physical environment (engineering), laws and enforcement, and education that result in a decrease in the number and severity of road crashes.
- An acknowledgement that the road safety problem can be most effectively addressed through partnerships between government sectors, business and civil society.
- A social context where the people are connected to the decision making process and are empowered to participate in a process to bring about change.

This manual aims to provide in an accessible form, the steps for the implementation of the Proactive Partnership Strategy – a community participation model of road safety. Included will be practical advice, activities and case studies where necessary to enhance understanding.

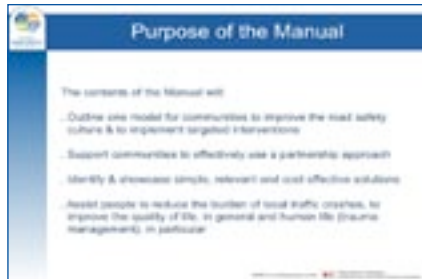


Activity

Thinking about implementing the PPS in your Community?

- Discuss: Why would your community want to undertake work to improve road safety?
- What evidence is there that the political and social context in the Community is ready to take a partnership approach to improve the current road safety situation?
- What counter arguments can be made to the claim that there is no money or resources to carry out work to improve road safety in the town/municipality?



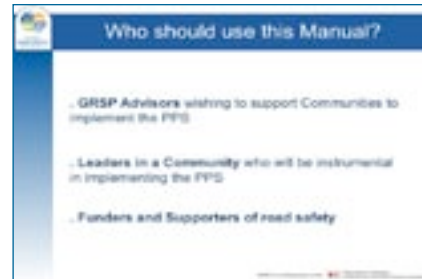


1.2 Purpose of the Manual

The overall objectives of this manual are to:

- Outline, on a general introductory basis, one model (the PPS) for Communities to use to improve the road safety culture and to implement targeted road safety actions.
- Support Communities to use an effective community partnership approach to address their local road safety problem.
- Identify and showcase simple, relevant and cost effective solutions that can save many people from death and serious injury when using the road.
- Assist people to reduce the burden of local road traffic crashes and to continuously improve the quality of life of a community's citizens, in general and human life (trauma management), in particular.





1.3 Who should use the Manual

The manual provides a process and practical advice for those who wish to use the PPS to address the unacceptable levels of road trauma within their Community.

There are three target audiences for the Manual.

1. **GRSP Advisors** wishing to support Communities to implement the PPS model to improve road safety outcomes.
2. **Leaders in a Community** who will be instrumental in establishing and implementing the PPS.
3. **Funders and supporters of road safety.** This manual will enhance their understanding of one model of working in the road safety field. It will also demonstrate how results can be achieved through effective schemes and targeted solutions.

Although the sequence of the main steps is very relevant, the manual is not intended to be prescriptive, but adaptable to particular local needs. All in all, the PPS is a dynamic process that continuously improves the road safety situation towards advanced stage, while overall still maintaining its overall process structure.

Different communities will have different starting points. Some will already have some good data, but others none. Ultimately, an effective PPS in any community will have a team approach to implementing effective road safety initiatives based on evidence, which is reliable 30 day data.



Note: Limitations of the manual

This manual is not meant to be comprehensive. Nor is it an academic document. No attempt has been made to undertake an extensive literature review.

It draws on the experiences of the towns in Brazil that have established and implemented the PPS model. There may well be similar successful interventions and models in other countries that are not addressed or highlighted.



1.4 Challenges of Establishing a PPS

It would be unusual for any Community to be a blank slate where no road safety interventions are taking place.

It should be assumed that Communities adopting the PPS approach will already be at different stages of engagement in road safety. This will largely depend of the political system in place and established social and cultural norms in relation to working in partnerships and in sharing responsibility for this man-made problem.

There is not one starting point or linear process. There will be many challenges attached to the task of establishing a PPS.

For example:

- Reliable road crash data may not exist.
- Definitions of death and serious injury are not clear or agreed upon.
- There may not be a robust system in place for data collection or data management.
- Existing data may be from one source only – for example, in situ – and may not take into account other sources, such as health or hospital data, legal medical institute, etc.
- Data collection may be linked to workplace key performance indicators, and sharing the data publically may impact on perceptions about the efficiency or effectiveness of the government department.
- Community partnerships involve the organization and participation of people who live, work, and go to school in a community. These people are affected by road safety problems and can play an important role in solving those problems – but their everyday business may not be road safety. It will take time to get everyone on board and with a shared understanding of both the problem and the solution.

The time it takes to get community partnerships established is very worthwhile, as the people and organizations each have different perspectives and something unique to contribute. They can provide valuable insights in relation to problem identification and the design of actions, and can act as “key informants,” providing qualitative data that can help prioritize the problems identified by data analysis. Combined the partners have energy, skills and knowledge that can make a difference in the field of road safety at the local level.

Fully implementing the PPS requires a number of steps to be completed. How and how long it takes for these steps to be established will depend on how much is already in place and the goodwill, commitment and availability of the members of the PPS team.

A helpful starting point would be to read this entire PPS manual before going back and addressing each of the six steps. Practical advice and case studies (from Brazil) will support the text.

There will be group discussion exercises at the end of each of the steps.



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Activity

Thinking about implementing the PPS in your Community?

Begin with a workshop or meeting in the Community.

- Who should attend? Who are the key stakeholders in road safety? Who could make a good contribution?
- Can stakeholders all ‘sit around the table’ and collaborate on improving road safety? What protocols need to be observed, if any? Where is a neutral space to hold the workshop?
- What is already happening in the Community in terms of road safety? (Make sure you acknowledge and respect existing efforts.)
- Who currently has primary responsibility for road safety in the Community? Who coordinates? Who is informed and how?
- What is the pre-existing road safety knowledge level of the workshop invitees?
- Do any (or all) participants actively work in a capacity directly related to road safety? Is any pre-reading or activity required to get everyone to a similar starting point? Should there be a keynote speaker who can set the scene?
- How much time is available and required for the workshop? One session or multiple sessions?
- What initial costs will be incurred and how can these costs be met?





2. Theoretical and Practical Context

Whilst the content of this manual draws heavily of the experience of the Proactive Partnership Strategy (PPS) in Brazil, it does not imply that such an approach will only work in Brazil. This approach should work everywhere, but before outlining the PPS in detail here is a short background about the situation in Brazil.

²Brazil is divided into 26 states and a federal district. The 26 Brazilian states are semi-autonomous self-governing entities organized with complete administration branches, relative financial independence and their own set of symbols, similar to those owned by the nation itself. Despite their relative autonomy they all have the same model of administration, as set by the Constitution.

States hold elections every four years and exercise a considerable amount of power. States are allowed to keep their own taxes, and also receive a regular allocation of a share of the taxes collected locally by the federal government.

The municipality is a territory comprising one urban area, the seat, from which it takes the name, and several other minor urban or rural areas, the districts.

A municipality is also relatively autonomous, enacting its own "constitution" and collecting taxes and fees, maintaining a municipal police force with limited powers, passing laws on any matter that do not contradict either the state or the national constitutions, and creating symbols for itself (like a flag, an anthem and a coat-of-arms). Municipalities are governed by an elected Mayor and a Councillors' Chamber.

Brazil has no clear distinction between Communities, and only size and importance differs one from another.

Elections are keenly fought every four years, and improving the quality of life for residents is a popular platform for campaigning.

² Wikipedia. Brazil





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The educational system in Brazil was developed under the guidance of Paulo Freire, a great educationalist and thinker. One explanation of the Brazilian way of doing things goes back to the educational system established by Freire that has influenced how the Brazilians work together³. They establish collaborative, inclusive, respectful partnerships in everything they do. They use evidence to identify the problem and then they collectively determine an appropriate solution before implementing it.

Four aspects of Freire's work have a particular significance in the way road safety is also approached.

First, his emphasis on dialogue and his insistence that dialogue involves respect. It should not involve one person acting **on** another, but rather people working **with** each other.

Second, Freire was concerned with **action that is informed** (and linked to certain values). Dialogue wasn't just about deepening understanding - but was part of making a difference in the world. Dialogue in itself is a co-operative activity involving respect. The process is important and can be seen as enhancing community and building social capital and to leading us to act in ways that make for justice and human flourishing.

Third, Freire's attention to naming the world has been of great significance to those educators who have traditionally worked with those who do not have a voice, and who are oppressed. The idea of building a 'pedagogy of the oppressed' or a 'pedagogy of hope' and how this may be carried forward has formed a significant impetus to work. An important element of this was his concern with conscientization - developing consciousness, but a consciousness that is understood to have the power to transform reality.

Fourth, Paulo Freire's insistence on situating educational activity in the lived experience of participants has opened up a series of possibilities for the way informal educators can approach practice. His concern to look for words that have the possibility of generating new ways of naming and acting in the world when working with people around literacy is a good example of this.

Whilst Freire may not be influential in many other cultures outside Latin America there will be influences in every country on the way in which people work together, their value systems and guidelines for living. It could be, for example, the pillars of Islam, or Buddhism.

³ Further reading: Freire, P. (1972) *Pedagogy of the Oppressed*, Harmondsworth: Penguin.



Another attribute of the success of the Brazilian Town road safety strategy is the process of social marketing. Robert Cialdini⁴ identified 6 principles of persuasion, (social marketing) and they are summarized below. They have been used with great success in behaviour change programs in relation to safe travel in other parts of the world.

- 1. Principle of Liking:** We like people who are similar to us and who have something that is genuinely in common (in this case a road safety problem and a shared desire to improve the quality of life of all) – something that really connects people and creates an interesting conversation. This also links back to the work of Freire.
- 2. Principle of Authority:** People are easily influenced by what they deem as legitimate authorities. We are socially influenced to associate credibility with authority. People feel secure in following the opinion of an expert (hence the importance of GRSP and the targeting of Heads of Departments and Authorities to lead initiatives).
- 3. Principle of Scarcity:** To make people want something more, you make it scarce. This is reflected in the considered and targeted roll out of PPS in the towns in Brazil and how, as momentum is growing, others want the same initiative. The lack of availability and scarcity confers value on things. Also, people are generally more motivated by the idea of losing something than gaining the very same thing – hence the importance of talking about how many Brazilian lives will be lost if nothing is done to stem this huge public health problem.
- 4. Principle of Consistency:** People want to appear consistent and rational – thus the importance of reliable data upon which to base interventions. The principle of consistency can be used quite effectively when standards are agreed to and commitment to a set of rules or operating principles are stated.

⁴ Cialdini, R. B. (2007) **Influence: The Psychology of Persuasion** HarperCollins





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5. Principle of Reciprocity: People return what others have given them. This is not only material or monetary, but it can be of any form. If you set out to help someone, you will be more likely to receive help from them in return. They will feel the obligation to repay you.

According to Cialdini, the key to using the principle of **reciprocity** is to be the first.

- Be the first to give concession.
- Be the first to help.
- Be the first to be courteous.
- Be the first to be cooperative.
- Be the first to give information.

Whatever you do first, will come back to you eventually. The importance of going to the communities with a invitation to join a partnership is valuable.

6. Principle of Social Proof: When it comes to decision making people look to what others have done. To decide what is important for us in a given situation, we look to other similar individuals and tend to follow the lead of others. When people have witnessed what others have done before, they will be more willing to make the same decision. The importance of publishing and sharing PPS stories is, therefore, very important.





Activity

Discuss the following questions in small groups, then report back to the larger group.

- What motivates and drives actions of the people in your Community? What makes the people who they are? (For example: religion, family/cultural traditions, education system)
- How can you capture or harness this value, spirit or energy to motivate action in the field of road safety?
- What constrains or inhibits the actions of the people in your Community when it comes to road safety?
- How can you overcome this to encourage active participation in road safety activities?
- How can the principles of social marketing be applied to road safety in the Community?
- As a whole group, determine a method for building community partnerships and a shared responsibility for undertaking work in the road safety field.

⁵ World Health Organization and UNICEF 2005. *Child and adolescent injury prevention: A Global Call to Action*. Department of Injuries and Violence Prevention, Geneva

The Brazilian Road Safety approach also sits well with the World Health Organization Manifesto for Safe Communities that states that "All human beings have an equal right to health and safety".⁵ The emphasis of the Safe Communities approach is on collaboration, partnership and community capacity building to reduce the incidence of injury and promote injury-reducing behaviours. The Safe Community approach is more an overall continuous process than a program.

To become a designated Safe Community, communities need to meet the following six WHO Safe Community Indicators that can provide a useful guide for community action to prevent injury/promote safety:

1. An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community;
2. Long-term, sustainable programs covering both genders and all ages, environments, and situations;
3. Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups;
4. Programs that document the frequency and causes of injuries;
5. Evaluation measures to assess their programs, processes and the effects of change;
6. Ongoing participation in national and international Safe Communities networks.

The PPS model of working with communities to implement road safety education, engineering, enforcement and emergency services initiatives in Brazil is very applicable to other regions.

In debriefing the activity explain how this activity begins the process for building a business case to establish a PPS in the Community.



3. Explanation of Proactive Partnership Strategy



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José Cardita, through GRSP, created, developed and then acted as the overall technical leader of the implementation of the Proactive Partnership Strategy (PPS) in many towns in Brazil. José has been previously responsible for the creation, development and implementation of a global strategy for reducing fatal road crashes involving Shell vehicles. The Proactive Partnership Strategy (PPS) therefore has its genesis in the oil and gas industry through the development of workplace Health, Safety and Environment (HSE) policy and practices. These are generally bound together by a management system structure.

The road safety PPS goes beyond the boundaries of a HSE and is based on the assumption that there is a general agreement between Government, Business and Civil Society to improve the quality of life of residents of the community as well as the human life itself.

There are 6 steps in the PPS and each will be outlined in detail in Section 2 of this manual. Every contribution is important and valuable, but the power of the contribution people in civil society make in this model cannot be underestimated.

The PPS is a very dynamic strategy that is to be used and adapted by communities according to their political and social context and capacity to implement programmes, projects and systems. The six steps outlined in this document need to be addressed by any community adopting the PPS. The core step - and the importance of it cannot be underestimated - is the establishment of reliable data. Every other step both revolves around and depends upon it.

The six steps are:

Step 1: Partnership Building: This step involves the coming together of the key PPS team partners (lead organizations and groups). This group knows there is a road safety problem and that the impact of road trauma usually results in a reduction in the quality of life of the citizens in the community and human life itself. This group makes a public commitment/agreement to undertake road safety actions based on reliable fatal and serious injury crash data (30 days data). The key objective of the PPS is to continuously move towards an advanced road safety culture and it is mainly related to the reduction of the number of fatal and serious injury crashes and to see, not only an increase in the quality of life of the Community but also an improvement of the human life itself.

Step 2: Data Collection, Management and Analysis: This step establishes, manages, analyses and uses reliable road crash data (30 days data) to provide an efficient and effective pathway towards fatal and serious injury crash reduction.



Step 3: Integrated Road Safety Actions (PPP-Proactive Partnership Process):

Once 30 days reliable data is available, and according to the sequential "Progressive Zero Vision" objectives, the PPS Team determines the main annual reduction targets (Indicators and Absolute figures) to work towards. Indicators such as killed and serious injuries (KSI) per 100,000 inhabitants and per 10,000 vehicles are complemented by similar indicators related exclusively to deaths and serious injuries. Absolute figures are related to KSI, number of hospital bed days occupied by crash victims with serious injuries, hospitalization costs and socio-economic costs. Finally, what actions are needed at the Macro-level (Programmes related to the local Key Risk Factors and additional Project Groups/Projects), at Micro-level (System Groups/Systems) and where actions need to take place (for example, at a specific location or with a specific target group such as taxi or bus drivers). To plan, implement and evaluate identified Programmes, Projects and Systems it is then determined who is involved and who will lead the action (Transport, Health, Education or other Private sector and Community members) and smaller teams are established.

Step 4: Monitoring Performance, Evaluation and Recognition: In the earlier step each action team sets its own targets and this needs to contribute to the overall annual reduction main targets (indicators and absolute figures) established by the PPS Team. All teams establish measurable objectives and then monitor (and are monitored) its own progress on a monthly basis. Therefore on a regular monthly basis review meetings take place on a selective sector basis: The leaders of each Programme (each one related to a Local Key Risk Factor) and related leaders responsible for related Projects and related Systems; the leaders of each Project Group and related Projects; the leaders of each System Group and related Systems report activities and progress. On a regular basis, usually quarterly, the leaders from all Programmes, Projects and Systems come together to share their progress in achieving their targets and their contribution to the annual reduction main targets established by the PPS team. On an annual basis some community groups or individual community members are recognized with municipal road safety quality stamps for their own road safety cultural improvement as well as contributing towards an Advanced Road Safety Culture.

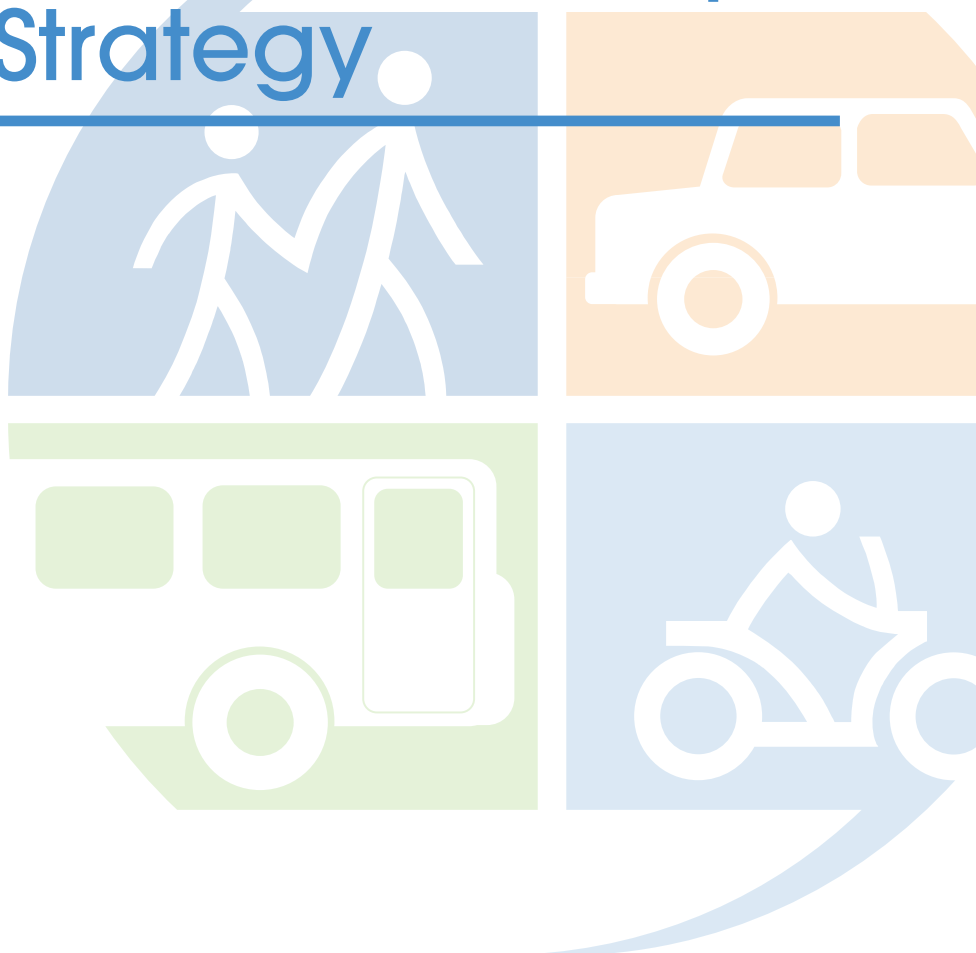
Step 5: Review: On an annual basis, a special Annual Conference Review is held in the presence of the Mayor, the key Secretariat Managers, the PPS General Coordinator, Coordinators and leaders from all Programmes, Projects and Systems. At this annual meeting everyone will share their progress in achieving their set targets and their contribution to the annual reduction of the main targets established by the PPS Team. Key stakeholders / partners / donors and potential stakeholders / partners / donors are invited and expected to attend as CSR (Corporate Social Responsibility) is relevant in the overall agenda.

Step 6: Expansion and Renewal: The PPS, being a dynamic process of continuous improvement requires reflections and upgrades every year to renew and expand the strategy. Each Programme, each Project and each System will include specific partners' expansion (previously related partners plus a share of defined future partners).



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Section 2 : The Proactive Partnership Strategy





Step 1. Partnership Building



Activity

In small groups discuss the following questions:

What values and expectations are present in a partnership?

What operating principles should be adopted to ensure the partnership is an effective one?

How can partnerships work to achieve results and to build sustainability?

Share and agree in the larger group.

Partnerships

The road safety problem is large and complex, and it is through the power of partnerships that such problems can be solved. The Global Road Safety Partnership, (GRSP), serves as an advisor and catalyst in bringing together government, business and civil society to work collaboratively on sustainable, practical, coordinated, multi-faceted, evidence based strategies to reduce fatalities and serious injuries that are a result of road crashes.

GRSP and its partners genuinely try to build, at the global and local level, a strategy based on an acknowledgement that addressing road safety is a shared responsibility. One sector alone cannot tackle the immense and growing road safety problem. Good infrastructure and vehicles must be complemented with commonsense everyday human behaviors and effective trauma care services.

In the GRSP context, a partnership is considered to be where people and organizations work together to:

- Combine and share their own unique expert knowledge and resources.
- Influence policy and practices to improve the safety outcomes of everyone in society.
- Build the capacity of each other to ensure the work undertaken is sustainable into the future.





The scope of road safety partnership's activities are far-reaching, and together members strive to tackle many of the road safety problems that are present. Each partner contributes according to their professional perspective, capacity or expertise. For example:

- Businesses, drawing largely from their fleet management and business acumen, can provide health and safety processes for keeping their workforce safer. They have the opportunity to take wealth creating choices that improve safety and their bottom line. They also collect valuable data and analyze their own incidents.
- Town planners can work towards creating a safer physical and social environment.
- Engineers work to assess the roads, and then strategize on how to improve the road layout at locations where fatal and serious injury crashes have been occurring. (Black spot treatment.)
- Citizens can actively adapt their behavior to deal with difficult road, vehicle and trauma care situations. They are the only part of the safe system that can rapidly adapt to new conditions.
- Traffic police work at upholding the law, whilst police crash investigators determine the cause of fatal and serious crashes so that targeted preventative measures can be introduced.
- Educators, Road Safety Officers and Police can collectively deliver educational packages in schools and community settings.
- Public Health personnel can also deliver injury prevention programs to targeted groups in a range of community settings.
- Lawmakers are required, as are standards bodies that determine aspects such as legal Breath Alcohol Content when driving, issues relating to road worthiness, helmet and vehicle standards.

Partnerships at the community level empowers all involved in the entire process – from action, identification, implementation, monitoring and evaluation – which eventually ensures sustainability because it challenges beneficiaries to be responsible for the success of the programmes, projects and systems.

A good partnership has wide representation and this becomes a process approach where everyone pulls together to get the safest road users in the safest vehicle on the safest roads.





Partnership Building



Activity

Early on in the establishment phase of the PPS it is important to develop a simple, straightforward message that describes exactly what the PPS Team is wanting for the community.

As you approach people and organizations to join the partnership you need an unambiguous slogan as a call to action. What is it for your community?

In summary, why partnerships work effectively in road safety:

- Road safety problems are complex and involve the whole community. Consequently, no one group will have the answer on its own.
- Having a larger number of representatives on a team brings a wide range of experiences and perspectives to the problem, helping to "add value" to the exercise through a more rounded approach to solutions.
- Partnership arrangements are often the best way to tap into diverse sources of funding, resources and expertise that otherwise would not be available to one agency.
- Partnership arrangements help to develop the "glue" that binds communities together through:
 - a shared understanding of the problems
 - a shared vision of how these can be addressed
 - a shared pride in the results.





Partnership Building

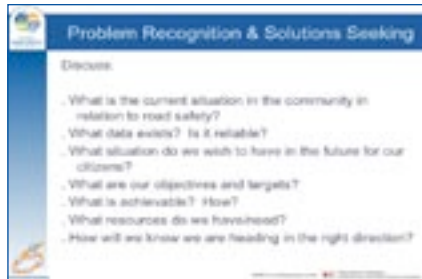
Sitting under the section on **Partnership Building** there are four components:

- 1. Problem Recognition and Solution Seeking:** This is where a person or organization recognizes that a road safety problem exists in the community and there is a link between road trauma, quality of life and human life itself. There is a recognition that the problem comes from the community and the solutions also lie within the people in the community.
- 2. Identifying Key Supporters:** The PPS is based on community partnerships and relies on these partnerships to build an advanced road safety culture to reduce fatal and serious injuries. These partnerships are most effective when there is cross representation from Government, Business and Civil Society.
- 3. Partnership Agreement:** The Mayor and key partners (Transport, Health, Education) make a public declaration to implement the Proactive Partnership Strategy, establishing reliable evidence in relation to fatal and serious road crashes in the community. The reliability is achieved through collection of data on a 30 days basis. All commit to move towards an advanced road safety culture by significantly reducing the fatal and serious injury crashes, whilst concurrently improving the quality of life, in general and human life in particular.
- 4. Establishing a PPS team:** The key partners in the PPS notionally bring together people and organizations that can support and implement Programmes, Projects and Systems even when reliable data is not always available at the time.





Partnership Building



Problem Recognition & Solutions Seeking

Discuss:

- What is the current situation in the community in relation to road safety?
- What data exists? Is it reliable?
- What situation do we wish to have in the future for our citizens?
- What are our objectives and targets?
- What is achievable? How?
- What resources do we have/have?
- How will we know we are heading in the right direction?

Activity

Thinking about implementing the PPS in your community?

- Discuss: Why would your community want to undertake work to improve road safety?

In small groups discuss the following questions and in turn report back to the larger group.

- What is the current situation in this community in relation to road safety? What data currently exists and how can we ensure the data is reliable?
- What is the future situation we wish to have for our citizens? What are our objectives or targets in relation to road trauma in the future? Is it achievable and within what period? How can progress be measured?
- How will we know we are heading in the right direction with our interventions? What are other communities doing about road trauma? What works and what doesn't?
- What resources (human and financial) do we have in this community to reduce road trauma and to enable an improvement in the quality of life of our citizens and human life itself?

1.1 Problem Recognition and Solution Seeking

The link between hardship, poverty and road trauma is strong. In general those working on the PPS are working towards a better standard of living, an increase in the quality of life for all and improved human life itself. Significant contributions to this are:

- fewer people are killed or seriously injured in road crashes
- there is better mobility through less fatal and serious crashes
- better hospital trauma services as a result of less fatal and serious crashes

Before collaborating on and establishing an Integrated Road Safety Action Plan (PPP - Proactive Partnership Process) for the town, the questions under 'Activity' need to be given some thought. They will be addressed in more detail once the PPS Team is established.





Role of GRSP in the PPS

GRSP does not select communities to work in. The invitation to provide technical expertise to a community comes to GRSP from within the community itself, and in many instances it is at the invitation of a GRSP member who has a presence in that community.

The person or organization inviting GRSP has usually established:

- there is an unacceptable road safety problem in the community
- the community has the commitment, capacity and interest to do something about the problem
- there are clear areas of responsibility for road safety within the local community
- there is a prospect of several community partners, (business and civil society) who can and want to support PPS future partnership needs, and there is at least one major organization in the community who can put some resources towards the establishment of a PPS
- GRSP has the expertise available to assist with solution seeking.

The person making the invitation typically has a visibility and reputation in the community. However, for the PPS to be successful it needs to have a road safety champion within the community to push the cause.



Case Study

For a GRSP Advisor to work with a Brazilian Town using the PPS requires the Town to be nominated by a GRSP member or through payment of a fee on their own proposal. The introduction through nomination means that some of the early groundwork has already been completed for GRSP.

GRSP partners are usually international entities with manufacturing locations around the world. In Brazil those partners are companies belonging to the car, tyre or oil industry. As these companies are spread throughout Brazilian states and towns they have a good knowledge about the local road safety problems and related consequences.

As part of their corporate social responsibility the companies like to contribute to the improvement of the local road safety culture and see a decrease in fatal and serious crashes. They invite the GRSP representative for a meeting to hear specific town proposal for PPS implementation and a rationale to support such a proposal.



Activity

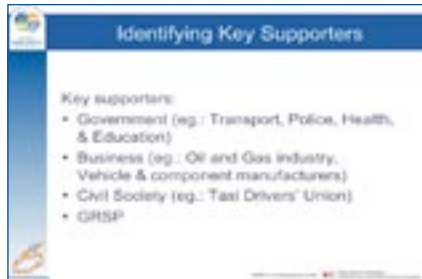
Discuss the advantages and disadvantages of the nomination process being the starting point of a PPS in a Community. How well would the PPS proceed without this nomination?

Would this nomination process work in your Community? Why?



Note:

A road safety champion is a person who is passionate about road safety and who co-opts and motivates others to achieve good results.



Case Study

In Brazil, the involvement of Police in the PPS is of utmost importance. Without the support of the Police (or an excellent prospect of getting support) the PPS cannot be implemented at Town level. Not only do they undertake enforcement, the Police, (as well as the Health Emergency Services, the Hospitals and the Legal Medical Institute) are crucial public partners of the crash data bank.

1.2 Identifying Key Supporters

Cross sectoral key supporters are required to get things started. These people head up the PPS and recruit members to form the PPS Teams working on Programmes, Projects and Systems.

What's in it for the PPS Supporters/Partners?

The Involvement of Government in a Partnership

Public safety is an important political and economic issue for Governments and inherent in this is road safety. The cost of road crashes, especially the fatal and serious injury ones, are a very big drain on any national or city budget and any reduction in this can result in the re-direction of resources to other areas.

Everyone needs to know they are likely to return home safely each day. Politicians like to promise and deliver increased road safety, most efficient urban mobility and reduced travel times.

The Government also has budget available for road safety, infrastructure and enforcement and will want to ensure they get a good return on their expenditure.

Benefits for Government: Increased public safety reduces expenditure overall. Politically speaking, safety and increased quality of life for all is a vote catcher.





The Involvement of Business in a Partnership

Business partners become linked to the PPS for different reasons from Government, including:

- exposure is part of their corporate social responsibility or there may just be a desire to be good corporate citizens. Exposure in a responsible initiative builds trust and awareness in their brand.
- their business will be more efficient and profitable if road trauma is reduced – for example insurance premiums may come down, staff are not injured or killed when travelling, corporate reputation is enhanced.
- they are required by law to use a percentage of their turnover for training or for the good of the community.
- eventually, it is business as the wealth generating part of society that has to pay for the costs of road trauma.

Benefits to Business: Benefits of investing in Corporate Social Responsibility (CSR), brand awareness, safer roads and well maintained roads mean cost benefits to their business, increased safety of the staff increases productivity and reduces staff turnover.

The Involvement of Civil Society in a Partnership

Local ownership is essential to both the success and the stability of road safety initiatives and for sustainability. Local involvement enhances actions, effectiveness and promotes the perception that actions are owned by communities rather than imposed on them.

Benefits to the people: increased safety means better quality of life, in general, better human life in particular and higher efficiency in urban mobility.





Activity

Examine slides on pages 31 and 32 – membership of the PPS team in a typical Brazilian Town.

Map who could become Key Partners of a PPS Team in your Community?

Around the edges write down the benefits and dis-benefits of participation for each of the sectors or potential partners.

What's in it for everyone?

As populations and standards of living increase, the number of new vehicles on the road also increases. As more and more people use the roads at the same time the more complex the situation becomes and usually there is a correlating increase in the number of fatal and serious injury crashes and financial and social costs.

Understanding the problem will help governments to make decisions and set targets, implement actions and to monitor and apply measurement of road safety.

Everyone benefits when communities have developed an advanced road safety culture where safety is of prime importance.





1.3 Partnership Agreement

A formal agreement document is written and prepared for signing by key partners. It commits all signatories to establish reliable data in relation to road crashes and interrelated fatalities and serious injuries. From this evidence base they will undertake to do targeted and measureable interventions.

There is no limit to the number of signatories to an Agreement, but at the very least all key stakeholder partners should be involved, including the Mayor (or equivalent), GRSP representative, and representation from the Transport, Health and Education Sectors.

The signing of the Agreement needs to be a public event with multi-sectoral government and public representation. Good coverage in the media will generate interest and make it difficult for signatories to renege on the agreement.



Activity

Explore the sample PPS Agreement. Discuss what are the key inclusions?

Why is it important for there to be a public commitment to establish reliable 30 day data? Discuss.

What could be included in your community's PPS Agreement? Brainstorm and then collectively write a sample Agreement for your Community.





Partnership Building



Case Study

In Brazil, the PPS General Coordinator acts on behalf of the Mayor and Key Department Heads. He/she must be absolutely passionate about road safety and understand how it directly relates to quality of life issues. Usually the Coordinator comes from the Transport Department, although this is not mandatory.

The Coordinator must also have the necessary diplomatic qualities to build and continuously maintain an excellent relationship with relevant crash data partners.



Activity

Discuss.

In the community where the PPS is to be implemented, which areas of government would be essential to the success of the partnership. Why?

How can relevant government department(s) be recruited/persuaded to make a significant contribution to the PPS in the community?

Which businesses would be ideal partners? Why? What can they bring to the table? How could they be recruited/persuaded to come on board?

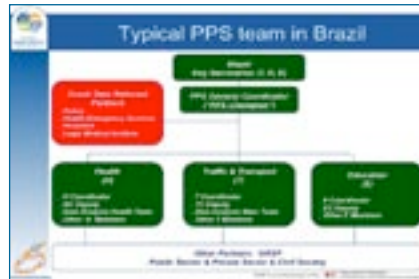
Which community groups would be ideally represented? How can you reach out to these groups?

How can the contribution of all partners be acknowledged?

List the documentation, or actual/potential source of evidence that a road safety problem exists in the community.

Work in small groups and position yourself as the Road Safety Champion. Prepare and present 3 powerpoint slides that "sells" the concept of PPS to an identified audience in your community.

How will a PPS improve the road safety culture and quality of life of the citizens in a community?



1.4 Establishing the PPS Team

Team Membership

At this early stage of the establishment of the PPS, only key PPS teams can be established as the information about what actions, and where, will not be known until reliable road crash data (fatal and serious crashes) is available.

It is important at the beginning to appoint an overall PPS General Coordinator who manages the whole process, from establishing a process for data collection, management and analysis, to target setting, identifying and establishing programmes, projects and systems, monitoring, review, expansion and renewal of membership.

Very early in the process, Sector Team Leaders are also identified, particularly those from the Government Departments of Transport, Health and Education.

A PPS Data Management Team (DMT), also needs to be established, and where they will be located or drawn from needs to be identified. Members of the DMT will need to be technically adept in the use of databases.





Summary:

We are now at the stage where:

- The community has decided to implement a PPS
- GRSP has been asked to provide technical expertise and has agreed to do so
- Key partners are engaged, and one of these is a government department with a direct or indirect responsibility for road safety
- Key objective(s) for the community PPS has been articulated
- There has been a public commitment from the Mayor and other key stakeholders to support the PPS.

Activity

Draw 3 columns on the whiteboard and conduct a brainstorm (listing in the first column) of all the potential road safety problems in the community.

In the second column match each problem with a solution.

In the third column, number each item in an agreed priority order. Priority could be on the basis of need (number of crashes & severity); financial resources available and cost of initiative; which available commercial partners could be connected to the activity; technical and practical expertise that currently exists in the group, number of barriers and legal permits/requirements to undertake the initiative.

Identify which PPS team member(s) should be involved in the intervention and who will be the leader.





Partnership Building



Step 2. Data Collection, Management and Analysis



The need to establish, manage, analyze and use reliable data is crucial in getting an efficient and effective pathway towards reductions in the number of fatal and serious crashes, fatalities and serious injuries, an advanced road safety culture and related improvements in the quality of life in general and human life in particular. Reliable data is the basis of an evidence based approach to road safety.

2.1 Establish a Data Management Team

The PPS Team needs to appoint a Manager of Data Management Team who will ultimately take responsibility for data collection, management and analysis. The Manager then establishes the team (DMT). **The Data Management Team, DMT, is of paramount importance to the PPS Team.**

The key tasks of the Data Management Team are to:

- co-ordinate collaboration between organizations to arrive at shared definitions, and a process for recording and sharing the data.
- be responsible for capturing / receiving and storing fatal / serious injury crash data from multiple sources on a monthly basis. The sources of this data are police, health emergency services, municipality hospitals, private hospitals and the legal medical institute or its equivalence. The DMT should not wait for very reliable data to become available. They need to continuously improve the quality of the "In Situ" data available and then add and continuously improve KSI (Killed and Serious Injury) data on a "30 days" basis.
- at the end of every 30 day period reclassify all crash data (according to the fatality and injury classifications agreed upon) leading towards reliable identification of fatal and serious crashes (FSC).
- undertake the FSC analysis.
- identify Local Major Risk Factors, Local Main Risk Factors and Local Key Risk Factors, related tables /graphs / maps / reports and make these available to the PPS Sector Teams so they can plan programmes, projects and systems and also continuously review their progress to determine if they are achieving their set targets.



Case Study

The definitions of Crashes, Fatalities and Injury that are used in the PPS in Brazilian context are:

Road Traffic Fatality – Any person killed immediately or dying within 30 days as a result of a road traffic crash.

Road Traffic Injury – A person who has sustained physical damage (injury) in a road traffic crash.

Serious Injury –
 1st level (minimum) - Injury that requires admission to hospital for at least 24 hours.
 2nd level – Injury that requires admission to hospital for at least 24 hours, or specialist medical attention, such as fractures, concussion, severe shock and severe lacerations.

Slight Injury – Injury that may require little or no medical attention. For example, sprains, bruises, superficial cuts and scratches.

The classification of RTIs is used to determine the classification of RTCs (Road Traffic Crashes). Crash injury severity is described according to the most severe injury sustained by those involved in the crash

In Brazil there are two main types of crash data: In situ crash data and 30 days crash data. 30 day data is considered to be the most reliable and the basis for decisions about the interventions that will take place and to get the best return on investment.



Data Collection, Management and Analysis



Case Study

In Brazil the Data Management team is most effective when it is situated in the Transport Government area. Within government departments there is the equipment and staff with the required expertise, to collect, store, combine data from different sources and analyze data from a range of perspectives. A dedicated person within that organization is appointed as Manager and he / she has the ability to share findings with the PPS Team.



Activity

What are the advantages and disadvantages of the Data Management Team being housed in a Government department in your Community? Discuss and debate.

Identify the skills and abilities of persons responsible for data management in the PPS Data Management Team. (This will assist with writing Position Descriptions.) List on the whiteboard and prioritize into essential and desirable categories.

How will the community define fatal injury, serious injury, slight injury, not injured and crash? Brainstorm.

However, before data can be collected, managed and analyzed an important task is to ensure everyone is 'on the same page'.

There are many definitions relating to road trauma. What is considered as a serious crash in one place may not be the same in another place as the definitions may be different. Getting shared definitions of Fatalities, Injury levels and Crashes is an important starting point for the PPS Data Management Team. This is not an easy task.





Who will collect data?

Data must come from multiple sources, for example:

- "In situ" – usually Police
- "30 days" – "in situ" plus:
 - Seriously injured – hospital data
 - Fatally injured – legal record keeping body



Challenges and Barriers

What are the challenges and barriers to collecting and sharing "in situ" data?

What are the challenges and barriers to collecting and sharing "30 days" reliable data?

2.2 Identify Organizations who will Collect Road Crash Data

Data will not be reliable if it comes from one source only. The main sources of reliable data in relation to:

- "In situ" information is usually the Police
- "30 days" information is "In situ" information plus serious injury data from hospital trauma sources (medical treatment data, admission data and sequential treatment data)
- confirmation of deaths comes finally from the Legal Record keeping system

As the Data System continuously improves, additional data will be captured. For example: emergency services is an important one, but others will follow such as the fire brigade and different types / administrative level of hospitals.

Case Study

In Brazil, the sources of data that come together on a "30 days" reliable basis in relation to fatal and serious injuries are mainly:

- Police
- Health Emergency Services
- Hospitals (Municipal and Private)
- Legal Medical Institute.

Activity

Discuss:
In your community which organizations currently collect and store data related to road crashes? Is it in situ data or reliable 30 day data? Could it become more reliable?

Is the data accessible and easily interpreted by all stakeholders?

What are the strengths and weaknesses of the current collection system?

Who or what organizations could be key informants? Would the data be valid?





Data Collection, Management and Analysis



Activity

What are some of the possible challenges and barriers faced by the organizations who collect data? (For example: crash reduction may be a Key Performance Indicator in relation to work and the group may not want to publically reveal performance; data collection methods may be embarrassingly outdated; no one person may be appointed to move the data on.)

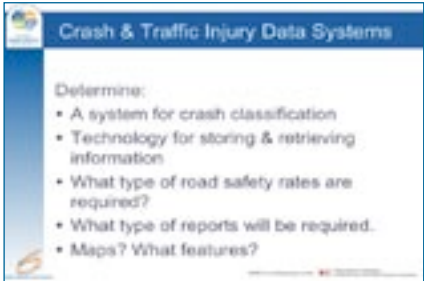
How can the Data Management Team overcome any barriers to data collection teams?

2.3 Challenges and Barriers with Data Collection

Collecting data across sectors is an enormous challenge, so it is important to establish early any potential barriers to obtaining and sharing good "in situ" data, especially "30 days" reliable data.

Knowing what is going on in each organization will increase communication and co-operation and increase the timeliness and reliability of the data. If there are barriers to having good data then it is important to find out what they are and address them rather than circumvent them.





2.4 Crash and Traffic Injury Data Systems

As PPS data comes from multiple sources, collecting, analyzing, reporting and storing the data needs to be systematic and easily shared across systems.

The PPS Data Management Team needs to determine:

- a system for crash classification
- the type of technology most useful for storing and retrieving requested information in real time
- the importance of maps and the features required in them
- what type of generated reports (including tables, graphs, maps) would be useful.

At Town / Municipality level it is advisable to start C&TIDS (Crash & Traffic Injury Data System) only with "Urban and rural roads managed by the Municipality" (known in Brazilian PPS Towns as "VP"- "Vias gerenciadas pela Prefeitura"). After some years of PPS implementation experience then the Town/Municipality can take the decision to try to address not only "VP" but also those Motorways, crossing the Municipality, that are not managed by the Municipality. Such approach known in Brazilian PPS Towns as "VT"- "Vias Totais" ("Total Roads") will need specific road safety agreements between the Municipality and the entity/entities responsible for the management of such Motorways.

For simplicity and cost effectiveness many road safety teams use existing web technology that uses applications that only require a web browser for access and Adobe Acrobat Reader for output. These are all available free to the user. Whatever application is adopted it needs to be simple to use and navigate and also meet the needs of the team.


Some training may be required for all PPS Team members and data collectors on how to use the system.



Note:

The Road Crash and Victim Information System (RCVIS) in Cambodia provides government and other key stakeholders with accurate, continuous and comprehensive information on road traffic accidents and victims. It allows them to better understand the current road safety situation, plan appropriate responses and evaluate impact of current and future initiatives.

The system is run based on data collection forms filled in by trained staff at major hospitals, private clinics and traffic police. System reports are distributed monthly. The reports can also be found on the following websites: www.roadsafetycambodia.info and www.cnctp.info

 **Activity**

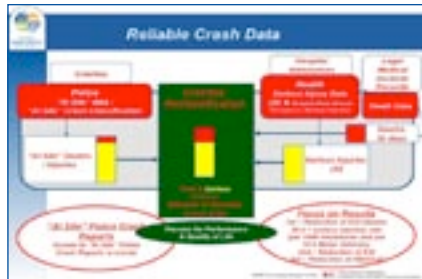
Brainstorm
What features of a database system would your team find useful?

Does it already exist? (Within or outside this community?)

How can you build/obtain such a system?



Data Collection, Management and Analysis



Case Study

In Brazil fatality in situ data and injury in situ data is collected by the Police who attend a crash. However the in situ data may not make any distinction between serious injury and slight injury. The importance of collaborating to get shared definitions is therefore very important. The follow on from having shared understandings is that Police attending crashes have been trained to interpret the situation and to recognize the difference between a serious and a slight injury. Likewise for those in the hospital settings.



Activity

As a result of having more accurate/reliable Killed and Serious Injury data available it should be expected that there will appear to be a significant increase in numbers of people reported as being fatally and seriously injured on the roads.

Discuss:

What impact might this have on the team? The community? Past suppliers of data or road safety programmes? Future donors and suppliers of road safety actions?

Write a short media release explaining this increase in the numbers of people killed and seriously injured.

2.5 Reliable data

The main aim of the PPS is to have and work with reliable Killed and Serious Injury 30 day data to ensure evidence based, cost effect road safety interventions are put in place. If data is not classified and correctly entered into data sheets a completely different picture of the road crash situation arises.

Why? Many reasons, including:

- The status of a crash victim can change rapidly. They can be listed as injured at the crash site, but die in transit to hospital or at the hospital.
- On arrival at hospital the cause of the injury can be overlooked and just their medical symptoms be listed.
- People may not share the same understanding of serious injury and, for example, a victim with a serious head injury but no visible trauma can be poorly classified as slightly or not injured.
- If workplace performance indicators have targets on reducing fatality statistics there may be a reluctance to record fatalities, especially those "in situ" (on site).
- The form on which details of the crash are recorded may not provide sufficient differentiation.
- Those collecting data may not have been trained in how to do so.

To ensure data is reliable all data collected is transferred to the Data Management Team. The team sorts and reclassifies the data to provide an accurate picture of what happens to those involved in a crash within the 30 day window beyond the crash.





2.6 Data Analysis


With regard to quality of life issues in general and human life in particular, fatal and serious crashes are the most damaging in a community. They absorb an inordinate amount of community resources – human and financial.

The Data Analysis Team interrogates the data (Fatal and Serious Crashes plus other linked data) to primarily identify which are the local major risk factors (speed, alcohol, helmet use, restraint wearing, infrastructure, vehicle safety, trauma management), and then secondarily, all local main / relevant risk factors, that on an overall basis have led locally to fatalities or serious injuries, on a 30 days basis. Examples of all main / relevant risk factors are inadequate visibility, drug impaired driving, mobile phones, hazards from roadside objects.

It is important not to analyze just the Police records, but also other linked data related to, for example, emergency services, and hospital data. All the captured data will then include items such as who is involved in each Fatal and Serious Crash (For example, pedestrians, drivers, motorcyclists, passengers, males, females, age group, driving experience). The Data Analysis Team then generates reports, including Risk Factor Tables, Graphs, FSC Maps and other information for the PPS Team.

The analysis using “what happened, why, when, where and who” is necessary for the overall analysis / report.

Once the data reports are shared and understood then programmes (directly linked to local key risk factors), projects and systems can be designed, developed and implemented to effectively target the local key risk factors, other local relevant / main risk factors, geographical locations and community groups.

 **Activity**

Suggest any additional ways that data can be analyzed. Provide a rationale for any suggestion.





Data Collection, Management and Analysis



2.7 Local Major / Main / Key Risk Factors

The Fatal and Serious Crashes (on a 30 days basis) and related injury information are used to identify the Local Major / Main Risk Factors and finally the Local Key Risk Factors.

The related information adds value to those organization that collect data, and therefore needs to be added to the Police, Emergency Services and the Hospital information data bases as it becomes known. Sharing information across sectors not only adds value to individual data banks, but also helps to build understanding and commitment to addressing road trauma overall.

Each FSC needs to be carefully analyzed and evaluated against a list of possible Local Major / Main Risk Factors and eventually, if needed, even against a more comprehensive list of risk factors.

As a result, the Local Major / Local Main Risk Factor Tables and related Local Major / Local Main Factor Graphs will lead to a Local Key Risk Factor Graph.

The Local Major / Main Risk Factor Graphs and finally the Local Key Risk Factors are very important and will help identify which Programmes are needed. Ultimately each Programme is related to a Local Key Risk Factor. Further, each Programme will be connected to different Projects and commonly to proactive items of Systems. The graphs have a cascading planning effect.

The remaining relevant risk factors will lead to Projects and eventually to proactive items of Systems.





2.8 Mapping

Once reliable data is available the Data Management Team produces maps of Fatal and Serious Injury Crashes (on a 30 days basis).

The Fatal and Serious Injury Crash maps are a very useful tool, especially when linked to a software system that can produce a map according to different requests, such as specific local key risk factor, road user type, time, weather and holiday periods.

The map gives the community and key stakeholders a clear view of black spots and hazardous spots, and when, where and who were involved in crashes. Comparison between FSC maps with Slight Injury Crash Maps (especially at SIC concentration points) is also relevant from a hazardous spots point of view.

Fatal and Serious Injury Crash maps can also provide Police with the opportunity to undertake targeted and strategic policing initiatives. Commanders can take an enhanced management approach and increase the effectiveness of police operations due to more comprehensive crash data information being available. The availability of Fatal and Serious Injury Crash maps demonstrates to the Traffic police one of the main advantages of their partnership in PPS.



Case Study

In Australia (Victoria) maps are used by police for strategic policing, and for other road safety stakeholders to plan and implement effective and timely initiatives.

In Victoria, each collision is represented on the map by an avatar of a car, motorcycle or pedestrian, signaling the incident type. Further details of the fatality are available by clicking on the relevant icon. Details on every collision appear, showing when it occurred and who was involved, and whether there is a fatality or injury, however no names are given.

The map is interactive, allowing users to zoom in and out, comparing the bigger picture to individual 'hot spots'.

The map is updated every day.

<http://maps.google.com.au/maps/ms?hl=en&ie=UTF8&msa=0&msid=100333373865308010614.00044dc5b31c5e08122dd&z=7>



Activity

Concept map:

There are many useful ways to connect data, maps and road safety interventions. What would be useful for the PPS Team?

Identify the ways that mapping Fatal and Serious Crashes can be advantageous for all partners in the PPS. For example, how can the FSC map benefit Police to undertake strategic enforcement and increase their own efficiency and effectiveness?





Data Collection, Management and Analysis



2.9 Other Types of Information

Other types of information that will be useful for the PPS Team to determine what needs to be done is:

What is the data in relation to:

- motorcyclist
- pedestrians
- drivers
- cyclists
- passengers
- males
- females
- age group
- driving experience.



Step 3. Integrated Road Safety Actions

(PPP - Proactive Partnership Process)



It is assumed that the community already has some kind of Road Safety Strategy in place. This is one of the conditions of GRSP being part of the PPS Team.

A Road Safety Action Plan or Strategy provides a strategic direction for road safety in a defined jurisdiction and describes the outcomes to be achieved within a set time frame. It sets out how it will significantly reduce deaths and injuries on the roads and usually includes:

- the approach to road safety using initiatives built around the Safe Systems of Roads, Vehicles, People and Trauma Care Services and using the four Es (engineering, education, enforcement and emergency services) to achieve a goal of an affordable, integrated, safe, responsive and sustainable transport system
- the priority areas that will be a focus of the immediate investment in road safety
- the stages of identified initiatives - what is the time frame of the initiative and what are the tasks in each period
- the co-ordination, funding and other mechanisms that will be involved in implementing the strategy.

In developing the Action Plan or Strategy the team needs to take into consideration the *World Report on Road Traffic Injury Prevention* and use it as a framework for road safety efforts. This guides the implementation of actions that will address the main risk factors related to crashes, fatalities and serious injuries. The needs of vulnerable road users and building the capacity road safety management should also be a priority within the Plan.

Activity



Examine the community's Road Safety Strategy. Identify how the set Targets (refer back to Step 2) complement or overlook the strategies or priorities listed. If there are differences how can this be managed?

To focus or extend the PPS Team further discussions could centre on the following questions:

- Which body is responsible for the legal standards in the community? (In relation to, for example, signage, speed zones, helmet standards, Breath Alcohol Content limits etc.)
- What standards are optional? Why might they be optional?
- Who regulates or enforces the legal standards / regulations in the community?
- Where do people learn about the legal standards and requirements?
- What new inventions, standards or laws related to the safety of the road users needs to be introduced?



Note:

It is quite possible that the existing strategy in a PPS Community was written in the absence of reliable 30 day data and reviewing or updating it may be a very early task of the PPS Team.



Integrated Road Safety Actions (PPP - Proactive Partnership Process)



| Key Performance Final Measures | |
|---|--|
| Rates | |
| • KSI (Deaths + Serious Injuries) / 100,000 Inhabitants | |
| • KSI (Deaths + Serious Injuries) / 10,000 Motor Vehicles | |
| • Deaths / 100,000 Inhabitants | |
| • Deaths / 10,000 Motor Vehicles | |
| • Serious Injuries / 100,000 Inhabitants | |
| • Serious Injuries / 10,000 Motor Vehicles | |
| Absolute Figures | |
| • KSI (Deaths + Serious Injuries) | |
| • Hospital Annual Occupancy Days (Serious Injuries) | |
| • Socio-Economic Costs | |



Case Study

In Brazil, the PPS Team sets annual reduction targets in relation to:

Rates:

- KSI (deaths 30 days + serious injuries) per 100,000 inhabitants and per 10,000 motor vehicles
- Deaths (30 days) per 100,000 inhabitants and per 10,000 motor vehicles
- Serious Injuries per 100,000 inhabitants and per 10,000 motor vehicles

Absolute figures:

- KSI
- HAOD – Hospital Annual Occupancy Days (Serious Injury)
- Socio-economic costs



Activity

What targets for reductions in KSI (Killed and Serious Injuries) will be set in your community? Is this target realistic, achievable and measurable? Are there any additional targets that could be set?

What time period will be set to achieve the targets and will be there interim targets? What would they be?

Having reliable data, measures and targets, how will priorities for road safety actions (programmes, projects and systems) be set? (For example: those with the highest number of fatalities or serious injuries per 100,000 inhabitants or per 10,000 motor vehicles; serious injury hospital occupancy days; socio-economic costs for the community, etc.).

3.1 Progressive Zero Vision and Final Outcome Performance Measures

Taking into account the information received from the Data Management Team, the PPS Team also needs to establish and define:

A Progressive Zero Vision which is related to two main items:

1. The maximum sequential number of days targeted to be with no road crashes (fatal crashes or fatal+serious injury crashes) on a yearly basis.
2. The total number of days in each year without road crashes (fatal crashes or fatal+serious injury crashes). Sequential years need to be defined including how many days (on an annual basis) will be expected to be crash-free.

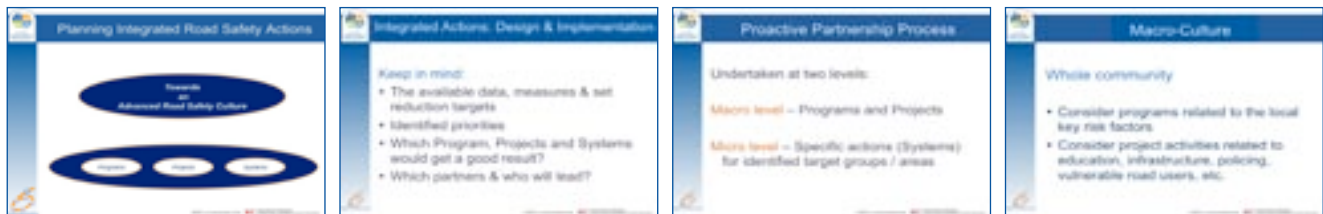
Final Outcome Performance Measures:

- Final performance measures will be used to set achievable annual reduction targets for both killed and seriously injured. The measures will ultimately become a long-term process that is supported by systematic road safety actions to be discussed in the next section.



Note:

Communities in developing countries usually see a significant increase in the number of new vehicles that enter the road environment each month. This needs to be considered, as without this information it may appear that the road crash figures are sky rocketing.



3.2 Integrated Actions - Design and Implementation

There are many solutions to road safety problems.

A “systems approach” to road safety is essential to tackling the problem. This approach addresses the traffic system as a whole and looks at the interactions between infrastructure, vehicles, people and the emergency services to identify solutions.

Keeping in mind the available data and the measures and targets set, the PPS Team identifies and prioritizes the road safety problems that can be implemented and measured for change in the community. The PPS Team then determines what overall actions (**Integrated Road Safety Actions or Proactive Partnership Process**) are practical and effective to achieve the targets.

Having reliable data assists in identifying the problem and makes it easier for the PPS team to prioritize actions.

The list of interventions could include (but not be constrained to):

- Speed compliance on different types of roads and at different times
- Helmet use and correct helmet use
- Seat belt use for all passengers and the driver
- Drug and alcohol free driving
- Safe vehicles
- Safe road environments - removal of hazards
- Improved emergency services response
- Increased quality of signage
- Legal compliance when using the system - required legislation.

The PPS teams also determines:

- What Programmes, Projects and Systems will be established
- What will take place at the **macro** level and **micro** levels
- Where the interventions will take place - at specific Programme level (such as Speeding), or at a specific Project level (such as at x intersection) or at a System level, (such as with Taxi or School Bus Drivers)
- Which partners will be involved
 - Transport, Education, Health?
 - Which private sector?
 - Which community members?
- Who will be the lead organization?

Each action also needs to include performance indicators to allow for monitoring and evaluation.



Integrated Road Safety Actions (PPP - Proactive Partnership Process)



Integrated road safety actions are divided into two main proactive levels the Macro Culture level and the Micro Culture level.

The **Macro-culture** level includes different intermediate outcomes and final specific outcomes as well as targets within the general population. This includes Programmes that are established and using the Good Practice Guides where available. These guides relate to different risk factors and used to inform the work to be done by the PPS team. Programmes may encompass Projects as road safety education, infrastructure/environment initiatives, enforcement/strategic policing, actions around specific vulnerable road users. Actions at this level must be present across the whole of the community where the PPS is being undertake.

The **Micro-culture** level provides a critical and continuous fast path towards an advanced road safety culture. Initiatives and actions here relate to a Micro Community (smaller groups or organizations within the larger community), and may include, for example, road safety cultural developments such as Safe Schools, Safe Transport / Safe Professional Drivers. These are also later complemented by Micro Regions (Town sub-divisions) where local citizens subsequently become involved and responsible for the local road safety culture.

These micro-culture actions or systems (known in Brazil as Dynamic Systems of Continuous Improvement) begin with the awarding of adhesion stamps. These are stamps or a type of sticker that are provided when the driver has begun to adopt an approved or agreed risk management process or safer approach to using the road system. After one year the adhesion stamps are re-evaluated and become more valuable Certificates, and eventually lead to the award of Municipal Road Safety Quality Stamps.

Actions at the Systems level will begin to complement the earlier actions at the macro level.

The actions at the micro culture level are implemented carefully, taking a 'small steps' approach as there needs to be a demand from the group, people or profession, rather than an imposition of the PPS itself.

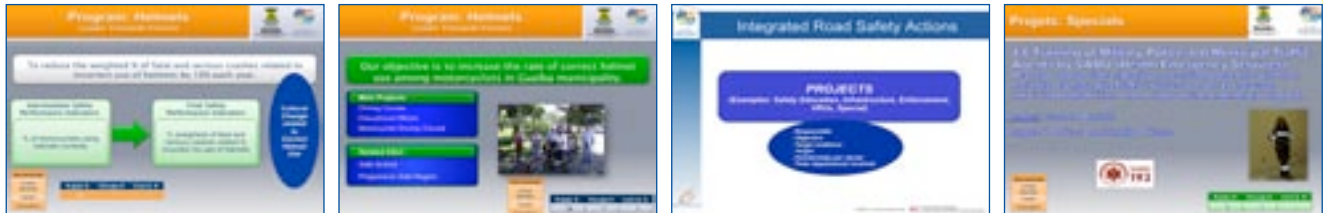


Note:

For the purpose of this document the following definitions apply:

Macro: Related to the whole community where the objective is to overall reduce fatalities and serious injuries related to road use.

Micro: involving sub groups or communities where specific actions and cultural evaluations will take place.



The PPS Management team determines what will take place at the Macro-culture level, which Programmes, which related Projects, and eventually, on a complementary basis, what will be undertaken at the Micro-culture level (Systems).

An example of Programme:

- The Community's data shows that a percentage of Fatalities and Serious Injury Crashes involve motorcyclists not wearing (and / or not correctly wearing) a helmet. There is, therefore, a cultural problem related to a Local Key Risk Factor (LKRF) that needs to be addressed.
- The PPS Team determines that a major road safety action will be the implementation of a Helmet Wearing Programme.

The Programme will include ISPI - Intermediate Safety Performance Indicators (Cultural analysis), FSPI – Final Safety Performance Indicators (Cultural end results) and Final Specific Outcomes (KSI). The ISPI will be related to periodic (e.g. quarterly) surveys / audits linked to this LKRF (Helmet Wearing). The FSPI will be mainly related to % of FSC (Fatal and Serious Crashes) linked to this LKRF (Helmet Wearing)

- The ISPI is set: 99% of motorcyclists and passenger are to be correctly wearing a standard helmet by the year 2020.

The target is to have a 10% annual increase in the overall correct wearing of a standard helmet until the overall target is achieved. As a result of the increase of ISPI it is expected that the related FSPI will reduce below 5% and there will be fewer specific KSI (xx fewer number of fatalities and yy fewer number of serious injuries).

- Among the partners in the helmet programme may be the Transport sector (the lead partner), Police, Health sector, Education sector (including secondary schools), motorcycling groups, a helmet manufacturer.
- Within this whole of community program a number of Projects will be set up, each with their own objectives and related targets. These may include, as an example:
 - A strategic and targeted enforcement project (requiring traffic police training)
 - A public education campaign involving television, radio and motorcycle magazines
 - A replacement and subsidized helmet campaign in 2 sub-districts
 - A school based project undertaken initially as a pilot in 20% of secondary schools and 2 universities
 - A helmet storage facility built at transit stations, workplaces and higher education sites

Activity

Conduct a concept mapping exercise:

With the information available develop an action plan for reducing fatalities and serious injuries in the community.

What programmes, projects and systems would be most effective to reduce death and serious injury from road trauma?

What resources (human and financial) are available to the PPS Team to establish and implement programmes, projects and systems.

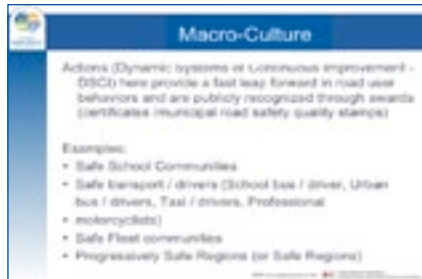
Who could be the key partners in the intervention?

What processes for working together would be established?





Integrated Road Safety Actions (PPP - Proactive Partnership Process)



- Partnerships/Teams are established for each of the projects and they identify their way of working based on the principles and processes of the overall PPS. The project teams also set out their time frames, budgets, monitoring and evaluation plan and sources of support. They meet monthly to plan and report progress.
- On a quarterly basis each of the project teams reports and shares with the overall PPS management team their results.
- Results are then correlated and it is determined whether there has been an overall reduction in fatalities and serious injuries of motorcyclists in relation to correct helmet wearing.
- A review takes place and opportunities for improvement are sought and made.

Attached slides outline examples of actions that take place in Brazil at the Macro level.



Note: What is a programme, what is a project, and what is a system?

For the purposes of this PPS resource, a Programme is entirely and exclusively linked to an identified Local Key Risk Factor. A Programme is defined as a planned group of actions/activities that consumes resources, incurs cost and produces deliverables over a finite period of time to achieve objectives connected with a local key risk factor.

For the purpose of this PPS resource, a Project is defined as a planned activity that consumes resources, incurs cost and produces deliverables over a finite period of time to achieve stated objectives (overall contributing to reduce death and serious injury on the road). These activities can vary in length and complexity (e.g.: helmet campaigns, police enforcement activities, pedestrian crossing painting activities, bicycle path project, etc.).

For the PPS purpose, a System is defined as a group of annually renewed specific items that have a low consumption of resources, incurs low level of cost and leads to a cultural shift in specific communities. On a continuous and annual basis this attitude and behavioral shift progressively contributes to a reduction in death and serious injury on the road.



Again using Brazil as the example, it is within the Micro culture where the greatest gains can be made in bringing about an advanced road safety culture in a community, but always taking a small step by step approach.

In detail, two excellent examples of how this works in Brazil are as follows:

- 1. Safe School Bus Drivers.** School buses can be public or privately owned and are sometimes loosely regulated.

A Safe School Bus Driver road safety system was made available, and attendance was voluntary. Over time, three levels of Municipal Road Safety Quality Stamps (3 stars/Gold, 2 stars/Silver and 1 star/Bronze) are awarded to drivers after they attend a training session and commit to safer ways of operating. These stamps have a maximum 12 month validity period and are displayed on the front window or door of the bus.

Soon parents and schools were demanding that their children only ride in buses where the driver had participated in road safety systems and had earned a quality stamp.

Drivers were eager to participate in the systems and to have the stamps, as it was good for business and there were good safety outcomes for all.

- 2. Safe Taxi Drivers.** Taxi drivers in some Towns were unreliable and unsafe, so as part of the PPS micro culture actions a road safety system (including the issue of drink driving) was offered to the taxi industry. Again the three tiered Quality Stamps were awarded, and these were displayed on the front window of the taxi.

Progressively the paying passengers became aware of the meaning and value of the quality stamp and demanded that their taxi driver was a recognized safe driver. The demand for the safe taxi system increased, bringing benefits for all. Not only was the paying passenger safer, but the taxi driver was financially rewarded because more people wanted to use their services. The taxi industry overall found business was growing as the public gained confidence in it in terms of reliability and safety.

Such initiatives at the micro level really echo the principles of social marketing as set down by Cialdini and mentioned earlier in the Introduction.

Activity

What are some potential micro system interventions that would hasten the growth in a road safety culture in your community? Which sub-populations could be targeted for systems that would catapult an increase in the road safety culture?

What types of 'awards' would be most appealing to the targeted groups? (Stamps, certificates, badges etc.)

How could these systems be regulated and monitored in your community? What needs to be put in place to maintain the integrity of the awards?





Integrated Road Safety Actions (PPP - Proactive Partnership Process)



Activity

Brainstorm and discuss.

Has the PPS Team got sufficient resources to undertake evidence based, best practice road safety work? What is required? Where can it be obtained?

Do all team members have a shared understanding about what is best practice and why it is important to draw upon evidence-based good practice?

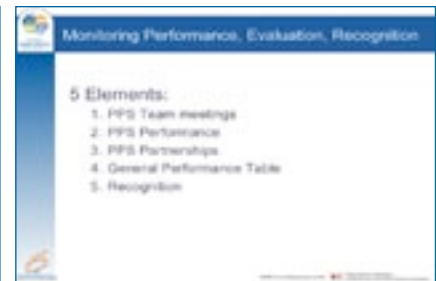
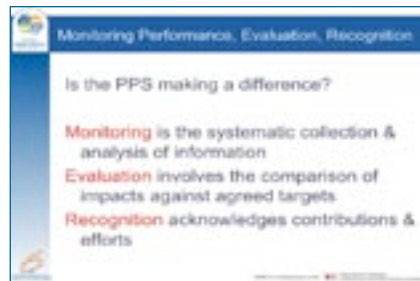
3.3 Using Good Practice Guides

Following publication of the World Report on Road Traffic Injury Prevention by the World Health Organization and the World Bank (2004), four members of the UNRSC (GRSP, WHO, the World Bank and the FIA Foundation) agreed to work together to produce a series of manuals that would help local officials implement best road safety practices. The good practice manuals address the key risk factors identified in the World Report. Currently there are manuals relating to helmets, drinking and driving, speed management and seat belts and child restraints published.

These good practice manuals are excellent sources of information for PPS teams.



Step 4. Monitoring Performance, Evaluation and Recognition



Monitoring Performance is the systematic collection and analysis of information as the PPS progresses. It:

- Aims to improve the efficiency and effectiveness of the PPS.
- Is based on targets set, and activities planned, during the planning phase.
- Keeps the work on track and provides indications when things are going wrong or could be working better
- Determines whether the resources available are sufficient and are being well used, whether the capacity is sufficient and appropriate, and whether everyone is doing what they planned to do.
- Provides a useful base for evaluation.

Evaluation is crucial for assessing the effect the strategy has had within the local community, its cost effectiveness, whether it has achieved what is expected and identified opportunities for **continuous improvement**.

Activity

Discuss:

- How much of a team's budget should be given over to evaluation?
- Is it better to have an insider or an outsider do the evaluation?
- What evaluation methods/tools are required to ensure evidence of progress is available?
- What baseline data is required? Is quantitative data enough?
- Who can monitor the progress of PPS initiatives?
- What "tools" are needed to monitor progress?
- What can the PPS team do when one programme, project or system is not reporting progress?





Monitoring Performance, Evaluation and Recognition

Evaluation is the examination of the integrated road safety actions and their impact against the agreed strategic plans and targets against what the situation was before.

Can be **formative** (taking place over the life of the planned integrated road safety actions with the intention of continuously improving the actions and their outputs and outcomes).

Can also be **summative** (drawing learnings from a completed action).

Allows the PPS Team to systematically document, disseminate and promote effective practices that can be useful for others who want to reduce the impact of road trauma on their community.

Typically in a PPS there are 5 elements for consideration in the Monitoring, Evaluating and Recognition Step.

Recognition is generally almost exclusively related to the systems. Recognition (Awards) vary in form, and in Brazil these range from Adhesion Stamps, Certificates, and Municipal Road Safety Quality Stamps.



Note:

There are three broad types of evaluation: **process**, **impact** and **outcome**.

Process: used to assess the elements of the PPS delivery – quality, appropriateness and reach of the actions. Used from start to finish – planning to end of delivery.

Impact: used to measure immediate effects and can be used at the completion of set stages – in the case of the PPS this is usually quarterly - to measure the extent to which objectives are being met.

Outcome: used to measure longer term effects of the PPS and is related to judgments about whether, or to what extent, the PPS goals have been achieved. Longer term effects may consider changes in fatalities and serious injuries, sustained behavior change, improvements in quality of life in general and human life (trauma management) in particular.



4.1 PPS Team Meetings

Holding team meetings is important for monitoring progress and for identifying opportunities to increase efforts and solve problems.

In a partnership such as the PPS a basic assumption is that all partners are valued and equal no matter what the size or type of contribution.

A process for respectfully working together in a partnership needs to be established at the beginning. A time, place and rotational system of taking responsibility for running or hosting meetings needs to be agreed upon and documented up front.

This sharing of responsibility for meetings helps to align all partners in achieving the shared overall goal.

Two types of meetings are held:

- Monthly internal team meetings of PPS programmes, projects and system partner members (once the programmes, projects and systems have been identified).
- Quarterly PPS team meetings. At these meetings the GRSP Advisor attends to provide spontaneous coaching of the team, to provide technical road safety advice as required, to challenge the team and to be a 'friendly auditor' of all planned and implemented events.

More information about the reporting and outcomes of the meetings will be discussed in Step 5: Review.



Note:

Representation from Police and Health Emergency Services in the meetings and on the meeting schedule is crucial and as impactful as having hospital staff onboard.

All meetings should be open to all partners (public, private and civil society) especially when specific related programmes, projects and systems are discussed in detail.



Case Study

In Brazil it has been useful to hold meetings in rotating locations rather than in the same venue or organization. The rotation of meetings builds the notion of equality of contribution in the team – rather than just one organization being responsible. It is rather crucial this rotating system and meetings should be held at Transport municipal departments (and as soon as possible at Police headquarters), Health municipal departments and Education municipal departments. Sometimes the meetings are held in neutral place (such as a cultural centre or Science Centre).

When meetings are hosted by the Health municipal departments they are usually held in a hospital, and commonly in or near the traumatology department. This is a visible reminder to all partners that road trauma is a public health problem of great magnitude in their Town.

One of the most critical goals of the PPS strategy is to push towards zero occupancy of hospital beds by victims of serious injuries from road crashes. When the hospital director, surgeons and key traumatology department staff see and feel the genuine commitment of the overall PPS Team, collecting, analyzing and sharing reliable health information related to serious injuries then their commitment towards the strategy becomes more relevant.



Monitoring Performance, Evaluation and Recognition

Agenda items

Quarterly meetings (with the GRSP Advisor present) show the PPS Team's progress in implementing the "Progressive Zero Vision", a necessary sequential step and linked to an increase in the quality of life of the Community's citizens in general and human life (trauma management) in particular.

The following agenda items are recommended for inclusion:

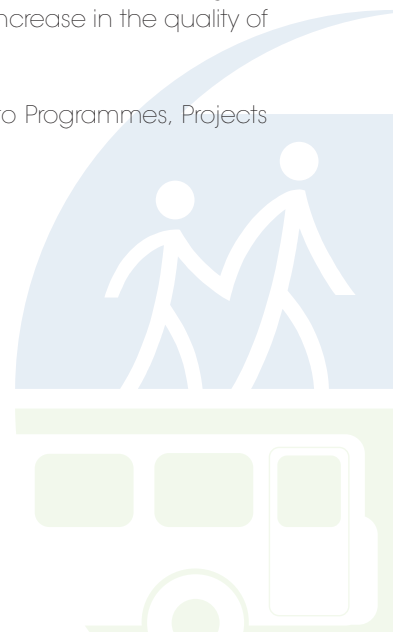
- PPS Team latest update
- General Performance Table
- Crash & Traffic Injury Data Systems
- Fatal & Serious Crashes – Detailed Analysis
- Progressive Zero Vision
- PPP - Proactive Partnership Process
 - Programmes (including intermediate and final safety performance indicators)
 - Projects
 - Systems (and Awards)
 - PPP Performance
- PEP - Partnership Expansion Process
 - Present (and for-seeable) partners
 - Partners per Programme/Project/System

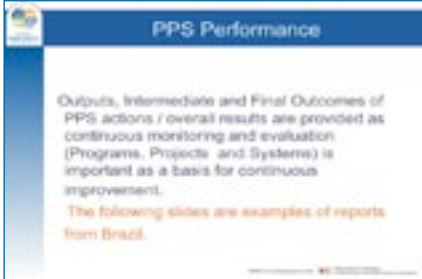
The quarterly meeting is chaired by the PPS General Coordinator who provides an overall progress report.

Programme, Project and Systems presentations are done by the related PPS Team coordinators.

The role of the GRSP adviser at the meeting is to continuously challenge and advise the PPS team of the most effective pathway towards achieving an advanced road safety culture and the subsequent increase in the quality of life in general and human life in particular.

Monthly meetings of PPS Team members attached to Programmes, Projects and Systems can report on similar items.

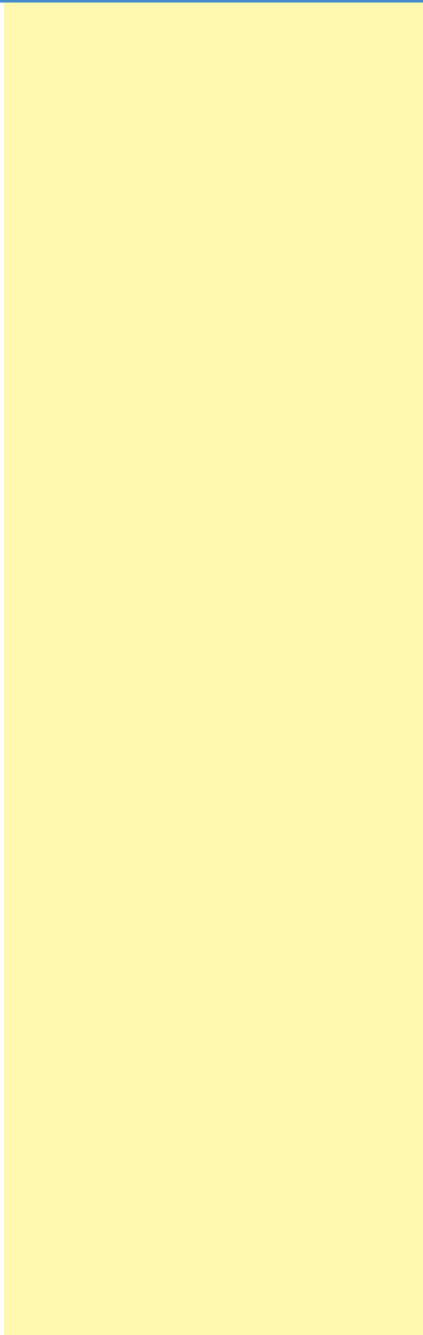


A slide titled "PPS Integrated Road Safety Action - Performance Table" showing a complex data table with multiple columns and rows. The table contains various numerical values and is color-coded with yellow, green, and grey cells. There is a small logo in the top left corner.

4.2 PPS Performance

Outcomes and Outputs of each of the Programmes, Projects and Systems are continuously monitored and evaluated.

Monthly meeting are held by individual PPS Programme, Project and System teams.





Monitoring Performance,
Evaluation and Recognition

PPS Partnerships

SAO JORDI 2008-2010
PPS - Partnership Expansion Process

| SECTOR | INDICATOR | 2008 | 2009 | 2010 | TOTAL |
|---------------|---------------------------------------|------------|------------|------------|------------|
| PUBLIC | Number of Partners | 10 | 12 | 15 | 37 |
| | Number of Projects | 5 | 8 | 10 | 23 |
| | Number of Partners per Project | 2.0 | 1.5 | 1.5 | 1.6 |
| PRIVATE | Number of Partners | 15 | 18 | 22 | 55 |
| | Number of Projects | 8 | 12 | 15 | 35 |
| | Number of Partners per Project | 1.9 | 1.5 | 1.5 | 1.6 |
| CIVIL SOCIETY | Number of Partners | 5 | 8 | 10 | 23 |
| | Number of Projects | 3 | 5 | 7 | 15 |
| | Number of Partners per Project | 1.7 | 1.6 | 1.4 | 1.6 |
| TOTAL | Number of Partners | 30 | 38 | 47 | 115 |
| | Number of Projects | 16 | 25 | 32 | 73 |
| | Number of Partners per Project | 1.9 | 1.5 | 1.5 | 1.6 |

PPS Partnerships

SAO JORDI 2008-2010
PPS - Partnership Expansion Process

Partners per Project
Partners per Sector

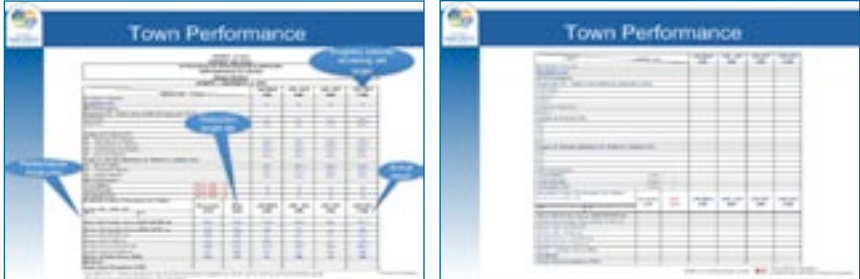
| SECTOR | INDICATOR | 2008 | 2009 | 2010 | TOTAL |
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| PUBLIC | Number of Partners | 10 | 12 | 15 | 37 |
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| TOTAL | Number of Partners | 30 | 38 | 47 | 115 |
| | Number of Projects | 16 | 25 | 32 | 73 |
| | Number of Partners per Project | 1.9 | 1.5 | 1.5 | 1.6 |

4.3 PPS Partnerships

Monitoring takes place with regards to the number of Partners involved in the Programme and each Project. Partners per Sector (Public, Private and Civil Society) are counted.

This analysis not only provides insight into the reach of the actions, but also assists in identifying gaps, where potential new partners can be recruited.





4.4 General Performance Table

Reports of general performance are made quarterly to all key stakeholders including the Mayor or signatory to the PPS Agreement, partners and other interested parties.

- The presentation includes performances of:
- Programmes
 - Project Groups
 - Systems Groups
 - Outcomes in relation to rates of reductions

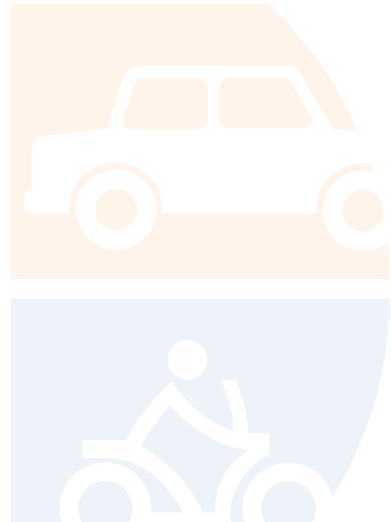
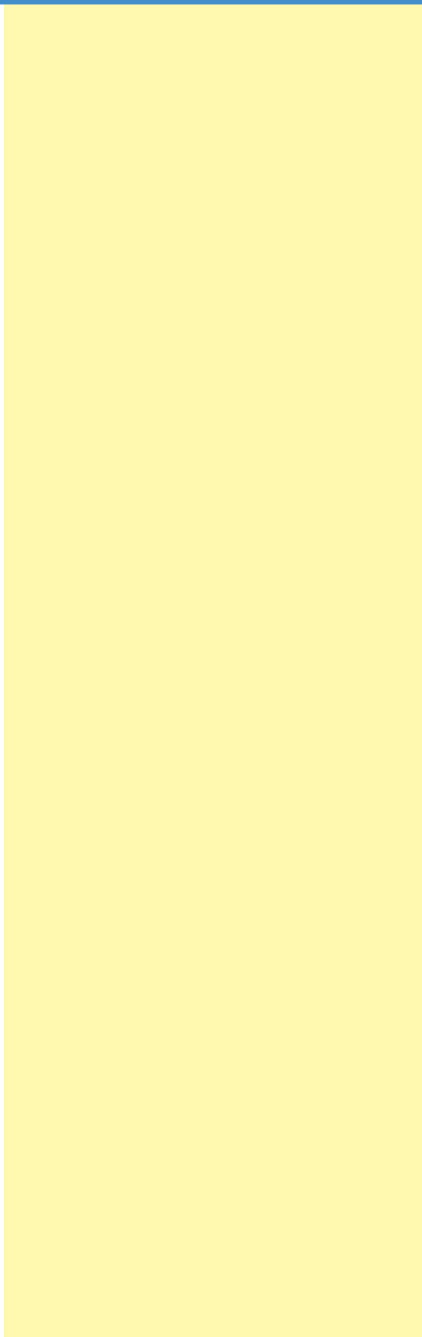
The slides shows the overall performance of the Community for the year - divided into quarters.

Programmes – such as those related to Speed, Helmets, etc.

Projects - such as undertaken by Education, Engineering, show how well the have gone towards achieving their set targets.

Systems – such as those related to Safe Taxis or Safe School bus drivers.

Below the line there is more details on the performance of the team against the indicators.





Monitoring Performance, Evaluation and Recognition

Feedback to key stakeholders

- Results are reported for each Program, Project and System
- So partners can see the benefit of their involvement in the PPS
- As a basis for a way forward for continuous improvement
- Motivator for future effort

Reporting in the media

S. José lança campanha Carona Solidária

Grupos encenam esquetes "pontões no trânsito"



Activity

Identify options for providing feedback to Partners and Key Stakeholders of the PPS, (other than at regular meetings).

How can local media contribute?

Discuss and record

What impact could publicity have on the PPS Team?

How can a process be established to work positively with the Media?

Who will be the spokesperson(s) for the PPS?

What media training is required?

4.5 Communication and Feedback to Stakeholders

All partners in the PPS will want to benefit from their involvement on PPS and getting good results will be the hook for continuous involvement. Results from each programme, project and system are reported so that efforts put towards actions are public and the way forward for continuous improvement is collaborative. Good results are a great motivator for future effort.

Good news should be shared and celebrated. Challenges and problems can be 'work shopped' to get a better result. Learning and re-grouping can occur through failures.

Through regular meetings there are several opportunities for getting feedback in PPS activities to stakeholders.

- Regular meetings for the teams involved with specific Programmes, Projects and Systems.
- Quarterly meeting of the PPS team where all teams report their progress towards achieving the overall reduction target.
- Annual road safety meetings, seminars.

The citizens of the community also need to be given feedback of the progress of the PPS. Not all can attend a public meeting, so a good way to give feedback is through the media. The PPS Team needs to ensure they have a good relationship with the media industry so there is good coverage of all PPS activities. The positive relationship with the media becomes especially important in relation to the "Progressive Zero Vision" (maximum number of continuous days without fatal crashes or fatal and serious crashes in a single year) and Systems (Dynamic Systems of Continuous Improvement). Within Systems it is highly important that the media provides support in regards to "Progressive Safe Regions".

See the following slide as an example of a good news story: Press Release in - São José dos Campos.





4.6 Recognition

Recognition of effort and success comes into the PPS at various levels.

Internally, the best indication of success is when the community has reduced the number of their citizens who have been killed or seriously injured when travelling. The reward will be an increase in the quality of life for all, with substantial financial savings for the individual and for the community overall.

Recognition for progress and success is mainly internal, and for specific communities (Systems). People and organizations at the Micro-culture level are recognized with Adhesion stamps, Certificates and/or Municipal Road Safety Quality Stamps on the completion of a recognized evaluation system.

For example: Safe School Bus Drivers, Safe Taxi Drivers, Safe Schools. (See slide above)

Recognition for the PPS and community effort can also come from external sources.

For example:

- Road Safety Educational Projects may be recognized at the National Level by a national entity
- A Town can also be recognized at the National level by an international prestigious entity such as Volvo. For example: São José dos Campos received the prestigious XVII Prémio Volvo road safety award - Town category - Federal level.
- A Town can also be recognized at the International level with a prestigious Award, such as the Prince Michael International Road Safety Award. For example: São José dos Campos together with GRSP (including the PPS developer José Carlita) were awarded, on the 18th November 2009 in Moscow, a PMIRSA by HRH the Prince Michael of Kent.



Monitoring Performance, Evaluation and Recognition



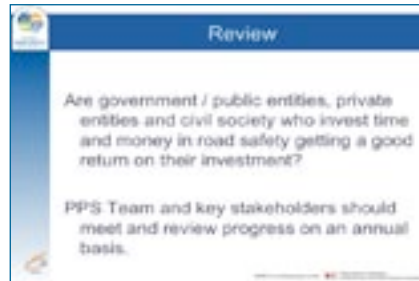
Activity

Which systems should be the first ones to have special awards? How will they be "judged" (criteria for success)? Who will judge?

Who in the PPS team will be responsible for identifying and nominating for external awards?



Step 5. Review



Government / Public entities, Private entities and Civil Society that invest their time and resources into road safety actions will want to know there is a good return on their investment.

The PPS Team should meet on an annual basis (as a minimum) in an annual seminar or conference to share progress. Key stakeholders, donors and potential donors should all be present.

Questions to be considered in a review include:

- Are the programmes, projects and systems achieving the stated outcomes?
- What is working well?
- What needs to be improved?
- What needs more time and resources?
- What is completed?
- Are there sufficient resources to continue? Should some of the resources be shifted into other areas?
- What new research or evidence is available/needed to take the team to a more effective next stage?

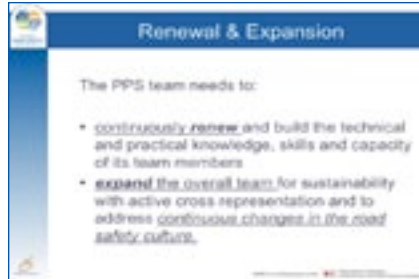
To undertake a review the following information needs to be assembled:

- A comprehensive inventory of the programmes, projects and systems relating to road safety promotion offered in the community under the PPS.
 - Objectives, team members, activities, budgets, outcomes
- Finances:
 - A list of all agencies, institutions, foundations, businesses etc. that have given financial support to the PPS, and the length of their commitment.
 - A list of all businesses and agencies that have provided in-kind support to the organization, and the monetary value of that support.
 - Untapped sources of money - a list of potential sponsors, donors or partners.
- Evaluation – process and outcomes.
- Reports – including stakeholder reports, conference and seminar presentations, media newspapers, radio & television exposure.



Renewal and Expansion

Step 6. Renewal and Expansion



Case Study

In Brazil many of the people who took key roles in the establishment and conduct of the PPS used the experience and the skills gained to move on and up in their professional life. Other team members took on the vacant roles and new members came into the team.



Activity

Identify:

How can the PPS Team ensure that the loss of a leader or a partner does not jeopardize:

- Programmes, Projects or Systems
- the ongoing progress for reducing fatalities and serious injuries.

What is the succession plan for all Team leaders?

How can the team renew the knowledge and skills of its members?

One of the core tasks of the PPS is to continuously build the knowledge, skills and capacity of its team members and those around the edges who can impact on the success of the road safety initiatives. Expansion of the Teams will also be necessary for sustainability and continuous change in the road safety culture.

It is expected that the PPS will have a turnover of people over time. New people will come in and need to be inducted. Those who have been involved with the PPS for a long time will need their knowledge renewed or updated.

No PPS team should risk having just one or two members with the essential knowledge and skills to be able to conduct the PPS. Illness, burn-out or transfer, or any combination of these issues will create problems for the effectiveness of the PPS Team if the investment of knowledge and skills is only with a few people.

6.1 Renewal

Technical and practical knowledge needs to be constantly reviewed and updated as new knowledge and research comes to hand. This can be done in several ways including:

- attaching a systematic process to the Review ,including having team members mentor each other
- establishing a way to disseminate research as it comes to hand (for example, through seminars, training, a dedicated website or newsletters).





Renewal and Expansion

Some questions to ask as a basis for renewal are:

- **Context:** Does everyone in the PPS Team know what the current road safety situation is in the community? Who is involved in road crashes? Where? What the key objectives of the PPS are? How do evidence based good practice road safety interventions ultimately improve the quality of life of the community?

Does everyone know what are the measures and reduction targets for reducing fatalities and serious injuries and how best to reach those targets?

- **Clarity:** Do all team members in Programmes, Projects and Systems know where their contribution fits in the context of the overall PPS vision, objectives, and approach?
- **Competence:** Do all the team members/partners feel they have the knowledge, skills, capabilities and resources to complete their activities? If not, where can they access the help they need? Can they define and communicate their goals; anticipated outcomes and contributions; timelines; and how it will measure both the outcomes of work and the process to accomplish their task?
- **Communication:** What is the established method for the teams to both provide reports and give feedback? How do team members communicate clearly and honestly with each other and bring diverse opinions to the table?
- **Control:** What boundaries do PPS programmes, projects and system teams have without impacting on other teams and the overall team goals? Are their controls/processes on how and what information about the PPS activities is disseminated? Are teams empowered to achieve their objectives and targets or constrained by the overall PPS process? Are limitations (i.e. monetary and time resources) defined at the beginning of the project before the team experiences barriers and challenges?
- **Collaboration:** Does the team meet regularly and with a clear agenda? Do they approach problem solving, process improvement, goal setting and measurement jointly? Has the team established group rules of conduct in areas such as conflict resolution, consensus decision making and meeting management?
- **Commitment:** Do PPS partners/ team members willingly participate in the PPS? Do PPS members perceive their service as valuable both for the PPS and for to their own development? Do team members anticipate recognition for their contributions and what form should this recognition take? Are team members excited and challenged by the team opportunity?



Renewal and Expansion



Case Study

In Brazil, the PPS team continuously identifies and selects future business partners that can be attached to programmes, projects and systems. This notional rotational basis of business partners does three things: it reduces the stress and demands on any business, it is more inclusive, and it provides opportunities to bring on board new skills and expertise. Selected members of the PPS team systematically approach new businesses that have been ranked from the most relevant to the less relevant in relation to programmes, projects and systems.



Activity

To expand the work undertaken by the PPS and to build sustainability new partners will need to come on board.

Identify ways to recruit the 'right' people and organizations to the PPS Team.

Identify how the PPS team will manage business partners that want exclusivity.

Determine what kind of entry requirements/conditions there will be for Businesses wanting to join the PPS. Which type of Business/ Members will not be acceptable partners for the PPS?

6.2 Expansion

The basis for a successful PPS is the establishment of partnerships with active cross sectoral representation.

An effective way of sharing the workload and building that partnership is to get every organization or individual recruited to commit to recruit someone else to join the partnership. If unable to recruit, they should, as a minimum, commit to inform another organization or individual about the PPS and its benefits.

This exercise accomplishes two things: it provides everyone with an opportunity to demonstrate their commitment to the PPS and it offers a tangible demonstration of the power of networking.



Note:

Make PPS Partners and Team Members Recruiters for the next stage Programme, Project or System.



Conclusion

As populations grow more new vehicles come on to the roads every month and the likelihood of an increase in road trauma is ever present.

The process for reducing fatal and serious injury on the roads is an ongoing process in every community.

The six steps of the PPS need to be addressed and attended to in a cyclical way.

A successful PPS will improve the quality of life and preserve human life itself.





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Notes

