



REPORT FOR

MOTOR

**THIRD PARTY COMPENSATION PROJECT**

**Project Period** : July 2019 - February 2021  
**Submittal Date** : 1/3/2021  
**Project Name** : Motor Third Party Compensation Project  
**Contractor Name** : Uganda Insurers Association  
**Project Implementer** : Hope for Victims of Traffic Accidents



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We would like to express our gratitude towards Ministry of Health especially the Department of Emergency Medical Services for entrusting us to work in the hospitals. Thank you for believing in HOVITA and sharing our vision and mission.

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My thanks and appreciations also go to our partners in road safety, Usalama Consult, and Integrated Transport Systems in developing the project. We do not take your ideas, willingness to help passionately for granted. Thank you so much.

Finally, Hope for Victims of Traffic Accidents wishes to thank Uganda Insurers Association for its generous financial support throughout this project, for the development and publication of this report.

God Bless you

## LIST OF ACRONYMS

HOVITA	:	Hope for Victims of Traffic Accidents
UIA	:	Uganda Insurers Association
WHO	:	World Health Organization
MoWT	:	Ministry of Works and Transport
MoH	:	Ministry of Health
EMS	:	Emergency medical Services
MTPCP	:	Motor Third Party Compensation Project
SCF	:	Standard Claims Form
STIs	:	Soft Tissue Injuries
RTA	:	Road Traffic Accidents
A&E	:	Accidents and Emergency
CSR	:	Corporate Social Responsibility
UN	:	United Nations
SDG	:	Sustainable Development Goals
MTPi	:	Motor Third Party Insurance
MTPIS	:	Motor Third Party Insurance
UPF	:	Uganda Police Force
VIR	:	Vehicle Inspection Report
STC	:	Smart Travel Campaign

## **EXECUTIVE SUMMARY**

HOVITA signed a Memorandum of Understanding with Uganda Insurers Association (UIA) in July 2019 to pilot Motor Third Party Compensation Project (MTPCP) in the Kampala Metropolitan area with six hospitals for 1year. They include; Nkozi Hospital, Kawolo General Hospital, Kirru National Referral Hospital, Mulago National Referral Hospital and China-Naguru Hospital.

During the implementation of the project the following issues were identified;

- There was ignorance about motor third-party by the accident victims and public in Uganda.
- There is corruption at Police while accessing accident reports and filling of the medical forms
- Motorists fake insurance stickers and this denies victims right to compensation
- Improper implementation and enforcement of the motor-third party policy. Some people do not get punishment for faking insurance stickers.
- Victims fail to claim insurance compensation because of the long process, fake certificates Costs involved in claiming insurance.
- Insurance claim officers in bid to save costs for their companies import all manner of clauses and arguments that will deny the victims right to claim.
- All insurance claims are settled at Head offices not upcountry branches, this discourage upcountry victims to process claims.
- Government vehicles are not insured under motor third-party Act. Victims have to sue the Attorney general for compensation.
- Injuries are not graded all victims are paid the same amount.

### **Key recommendations**

- There is need for massive Motor Third Party Insurance and Road Safety Awareness campaign across the country
- Streamline the claims process and compensate of victims
- Carry on with Corporate social responsibility as way of marketing the insurance to the community
- The pilot project should be followed up by UIA to salvage the image of the insurance from the public

## **1.0 ABOUT INSURANCE INDUSTRY IN UGANDA**

Insurance is a risk transfer mechanism. An individual or organization agrees to pay a fixed amount of money (premium) and, in return, the insurance company agrees to meet any losses which may occur within the terms of the policy. There are two critical motor insurance policies that have a strong bearing on road safety: the comprehensive cover and the motor third party (MTP). Comprehensive insurance covers the damages for all vehicles involved and all persons injured or dead, while motor third party, which is compulsory by law, only covers the victims' (third party) treatment.

The insurance industry has done little to sensitize the population on insurance, thus contributing to widespread ignorance, particularly on the MTP insurance, whose objective is to support some of the victims of road crashes. The insurance compensation and its processes are largely unknown and tedious.

The process can be costly – a case in point being the fees for the traffic police report (UGX 81,000, \$22) required by the police and for court purposes. The process is also laborious especially for claimants from upcountry who have to claim from Kampala head offices. Many Ugandans do not know or understand their right to compensation and hence do not make claims.

The insurance compensation pay-out is too low and inadequate to provide any substantial protection from financial ruin. The victim's pay-out is capped at UGX 1 million (\$274) per person per incident and at a UGX 10 million (\$2,740) maximum aggregate, which is often too low to cover crash victims' expenses- particular Health Bills. **ADOPTED FROM Road safety performance review: Uganda**

### **1.1 INTRODUCTION**

Hope for Victims of Traffic Accidents (HOVITA) is a registered national NGO dedicated to preventing road deaths and injuries and caring for people bereaved and injured in road crashes. It is also a member of international organizations working to improve post-crash response. HOVITA works with the relevant stakeholders to advocate for the road crash victims'

rights, bridge the gap between Insurance, Police, Hospitals, Judicially, Policy Makers and other Victims support organization, carry out capacity building in transport and road safety-related activities. This contributes to building the much-needed local capacity required for long term sustainability and development.

HOVITA signed a Memorandum of Understanding with Uganda Insurers Association (UIA) in July 2019 to pilot Motor Third Party Compensation Project (MTPCP) in the Kampala Metropolitan area with six hospitals for 1year. They include; Nkozi Hospital, Kawolo General Hospital, Kirru National Referral Hospital, Mulago National Referral Hospital and China-Naguru Hospital.

## **1.2 BACKGROUND**

Road crashes are a global health and development challenge with significant human and economic costs, especially in developing countries. The leading cause of death among people aged 15-29, road crashes kill 1.3million people every year and injure another 50 million more deaths than from malaria or tuberculosis. This is estimated to reduce GDP by 3 to 5% in low and middle-income countries. The United Nations recognized the severity of this challenge by adopting specific road safety targets in the Sustainable Development Goals: to halve the number of global deaths and injuries from road crashes by 2030.

In Uganda, the road safety situation has deteriorated rapidly over the last few years. According to United Nations Development Report 2018, the number of road crash fatalities in Uganda rose from 2,597 to 3,503 in 2016 representing a growth of 25.9%, fatality rate is 100,000 population per vehicle 8.44 with accident severity index is 24 people killed per 100 road crashes.

The road crashes cost the Ugandan economy approximately UGX 4.4 trillion (\$1.2 billion) annually, representing 5% of Uganda's gross domestic product (GDP), and the main casualties are the pedestrians 40%, followed by 2-wheel occupants bodaboda 33% and motor vehicles

21% respectively. Away from the economic aspect, road crashes have far-reaching social-psychological effects on victims and their families.

To achieve the global SDG target of a 50% reduction in road traffic-related fatalities, there is a need for a concerted effort that involves all major stakeholders: national and local governments, donors, civil society, development partners and the private sector. The information about Motor Third Party insurance has been scanty especially concerning road crash Victim's claims due to ignorance among others. UIA and HOVITA took the initiative to sensitize the public about MPTI, their rights under the Third Party Risks Act of 1989, and also compensate the victims and bereaved families.

In order to achieve safe roads and healthy mobility as well promoting the right to safe roads for users and victims of road crashes, HOVITA and UIA through MTICP adopted a three-pronged approach; 1) **Hospital Approach**: where road crash survivors" admitted in the hospitals were assisted by the social workers to process their claims and get compensated before they are discharged from hospital, 2) **Police Approach**: where Traffic Police Officers who offer the most immediate emergency services to road crash survivors were empowered to give necessary information to victims on how to process motor Third party insurance compensation, updates on court processes and guidance on civil compensation to the victims. AND 3) **I know my rights Approach** which applied to those who knew their rights, were informed of steps to take, and could engage in high Authorities once their rights are violated.

HOVITA and Uganda Insurers Association (UIA) through Motor Third Party Compensation Project set out to accelerate progress and decisively change existing trends. The aim of the project was not only to reduce the costs of road crashes to society and the economy, improve road safety, but also to expand the knowledge base for MPTI among its consumers and also reduce the volume of claims to insurance firms.

### **1.3 PROJECT OBJECTIVES**

The project aimed at achieving the following objectives;



- To create awareness and education for the consumers of Motor Third Party Insurance Services (MTPIS).
- To provide quick and efficient processing of insurance claims to road crash victims with minimal procedures.
- To make a follow up on road crash survivors.
- To provide free information, to victims and bereaved families.
- To promote road safety campaigns, reduce road deaths and injuries.

## **2. PROCESSES AND METHODOLOGY**

The project was implemented in Kampala metropolitan covering two highways of Jinja and Masaka. Seven hospitals were selected upon recommendation from the Ministry of Health's Department of Emergency Medical Services. The selected hospitals included; Mulago National referral Hospital, Kirru National Referral hospital, China-Naguru Hospital, St. Francis Hospital Nsambya, Kawempe National Referral hospital all in Kampala. The other two hospitals were Kawolo General Hospital and Nkozi Hospital located on Jinja and Masaka Highways respectively.

The partner Hospital personnel were sensitized about the MTPCP project and their input was explained as clearly spelt out in the partnership form. Each of the hospital administration selected one staff from the Accidents and Emergency (A&E) department to sensitize road crash victims, collect data and submit it timely. Data was entered into a Data information template and later imported to excel for analysis. HOVITA contacted victims to provide missing information and referred victims with full information to insurance companies for compensation. Those that did have all the information were advised accordingly. Copies of the data sets were submitted to Uganda Insurers Association monthly for follow up with the Association members.

### **1.4 The Role of HOVITA**

During the implementation of the project, the role of HOVIATA included the following:

- To ensure that those who qualify for motor third party compensation are assisted.
- To sensitize road crash victims /survivors about their rights.
- To bridge the gap between Insurance, Police, Hospitals, Judicially, Policy Makers and other Victims support organizations.

- To make follow up of victims even when they have been discharged from hospital for further support, with income-generating activities, Road Trauma counseling, Mediation, civil compensation etc.
- To carry out capacity building of partner hospital staff in support of Prompt Motor Third Party Insurance Claims.

### **1.5 Role of Partner Hospitals.**

- Filled the road crash victim's assessment forms through the appointed social workers in the hospitals, on weekly basis, to enable HOVITA AND UIA, assist victim's insurance claims promptly
- Recommended road victims /patients who need wheelchairs, crutches, trauma counselling as per availability of services.
- Provided all the necessary documents to assist victims in processing the motor third party claims, such as medical reports, receipts.
- Informed the road crash victims/ admitted patients, their relatives about their rights.
- Provided all other necessary information to enable HOVITA to advocate for legislation or improvement.

## **ACTIVITIES AND RESULTS**

### **3.1 Awareness and Education to the Consumers of MTPI and community engagement**

HOVITA and UIA carried out community sensitization about motor third party insurance cover. This was through engaging the stakeholders including MOH (staff from hospitals), MoWT, UPF (Traffic and Road Safety Directorate) and partner hospitals. This was done on a one-on-one basis with administrators and scheduled workshops. The intention was to educate them about the MTPI and other insurance products and this paved way for our next proceedings since the authorities were already knowledgeable.

#### **Crash Investigation Training of Traffic Police Officers at the Directorate of Traffic Road Safety**

HOVITA with support from UIA carried out training for Police Force to improve the delivery of road crash investigations as a way of addressing challenges in road crash investigations gaps within the Traffic Police. The course was conducted from 3<sup>rd</sup> to 14<sup>th</sup> February 2020 at the Traffic Police Head office in Kampala. There were two cohorts of training one which commenced on 3<sup>rd</sup> to 7<sup>th</sup> and then 10<sup>th</sup> to 14<sup>th</sup> February 2020. The training programme was aimed at equipping participants with knowledge and skills to specifically improve the case file management practices at the individual and Police level. The training focused on the use of

modern road crash investigations skills to detect and avoid fraud amongst insurance stickers as much as possible.

The course involved 51 participants who were put in two cohorts of one week each. They were drawn from all areas of Kampala and upcountry town.



*Photo by intergrated Trasport systems ltd/Hovita: Training for the Traffic Police Officers on crash investigations*

Other training activities were for partner hospitals which included; Nkozi Hospital, Kawolo Hospital, Kirru du National Referral hospital and Naguru hospital. More than 200 participants were educated about MTPI including hospital administrators, clinical and medical officers, community members, and media personnel all were educated about the MTPCP. The training content included an introduction about the project, Project objectives, what is Motor Third Party Insurance, maximum compensation limits, Claims procedure, Documentation required, the rights of the road crash victims under this cover and the roles of partner hospitals/social workers in the project.

HOVITA also reached out to over 5,000 people on social media and other digital platforms and educated them about their rights under MTPI to include; 1) The right to be informed

whether the vehicle was insured under section 10 of the Third-party risks act 2) The Third-party victim has a right to sue the owner or driver of a vehicle that was involved in a motor accident under section 39 of the act and 3) the Right to be compensated under Motor Third Party Risks Act 1989.

### Hospital Trainings

	Hospital Name	No of participants	Composition
1.	Nkozi Hospital	58	Hospital administrators, Medical officers, emergency care staff, social workers
2	Kawolo General Hospital	46	Hospital administrators, Medical officers, emergency care staff, social workers, Community leaders and BodaBoda riders
3	Nsambya Hospital	35	Hospital administrators, Medical officers, emergency care staff, social workers
4	Uganda-China Friendship-Naguru Hospital	20	Hospital Administrators, Medical officers, emergency care staff, social workers
4	Kirruddu	43	Hospital Administrators, Medical officers, emergency care staff, social workers
	<b>Total</b>	<b>202</b>	

Due to limited funds were not able to train many staff though they needed the insurance knowledge. The trainings did not cover Kawempe National Referral Hospital because it does not admit victims with RTIs and Mulago National Referral Hospital which had administrative issues.

### 3.2 Key Issues From These Engagements

It was observed that there was ignorance about Motor Third Party Insurance among some beneficiaries and Consumers of this policy. There is also the issue of negative attitude about the insurance among some stakeholders. An individual commented thus;

*“We can work with an NGO but not Insurance. They are businessmen but our institution offers a public good and therefore we cannot be seen promoting private business”*

Some consumers of MTPI were not knowledgeable about the importance of the policy. On many occasions, some of the stakeholders referred to MTPI as a road tax. A consumer at one of the institutions noted that;

*“I buy the third party to get on the road. It is the only aspect the traffic police officers usually check on my vehicle”*

A Staff at one of the health facilities also commented:

*“We usually handle clients who have life policies. No one has ever appeared with this policy. We are glad to hear about this and hope it works”*

Another one asked why third-party policy motor doesn't cover family members in their family car. HIT and run crashes are common does the policy cater for them.

### **3.3 MTPI Corporate Social Responsibility Activities**

Uganda Insurers Association (UIA) and HOVITA, carried out a series of corporate social responsibilities. Realizing the challenges of the Health care system given the burden exerted by RTAs, an assortment of medical equipment was donated to our partner hospitals. Our Partner hospitals of China-Naguru Hospital, Kawolo General Hospital, Kirru National Referral Hospital and Nkozi Hospital benefited from these activities during the Motor Third Party Insurance Project.



*Nkozi hospital: UIA donating medical equipment's to Hospital Director.*



*WHO –uganda country representative, MOH commissioner for medical emergency, CEO UIA and HOVITA handing over medical equipment to medical director Naguru hospital on the UN Remembrance Day of road crash victims*

Also, Road Crash victims received accessories like clutches, Wheel Chairs and others received limbs. This is part of the post-crash response and helps victims in their healing process. There was a donation to the China-Uganda Friendship Hospital Naguru, under the “Renewed Commitment to Settle Motor Third Party Claims” project. The Project has a cohort of Corporate Social Responsibility where hospitals along major highways are supported with Equipment that support Road Crash/accident Victims. In this regard, the UIA donated a number of items to a tune of 5.5 Uganda Million Shillings that included; items such as Ambu bags, Sunction machines, Pulse Oximeters, Lyngo scopes etc.

#### **4. PROCESSING OF INSURANCE CLAIMS WITH MINIMAL PROCEDURES.**

Whereas it is easy to buy MTPI because it is mandatory for any motor vehicle to go on the road, when it comes to claims and compensation many victims face many difficulties with the insurance companies. The companies put in place many requirements which trouble road crash victims and in the end, they abandon the process. Unlike the process of acquiring this policy which can be purchased anywhere, the claims are only processed from insurance head offices all in Kampala.

It was observed that insurance companies/ claims managers request from victims some unnecessary information. One of the victims revealed that;

*“I was asked to go to the police and get a recommendation letter even though I had a police report! even to, date I wonder what the relevance was!”*

Another Victim who was so frustrated after travelling from Mbale to Kampala commented thus;

*“I have been asked to go, arrest the driver of the vehicle and bring them to Kampala”*

He ended up abandoning the process like many others.

It was also observed that many victims abandon the claims process after being frustrated by claims officers in insurance companies. It is within the Third-party risks act that; the insured initiates the claims process and the policy is valid for compensation in a period of three years. However, it was unfortunate that some Insurance staff (companies) with the knowledge of this project on-going advised the victims that the policies were expired even though they were still valid for compensation.

In a meeting attended by claims managers from the majority of the insurance companies, the participants discussed at length and outlined the requirements that all insurers can request from victims to facilitate a smooth claims process (**ANNEX B**). From this meeting, it was observed that claims managers were not aware of the ongoing project. They indicated that they need to be guided by the senior officials to implement this project, even when the insurance executive directors had signed a commitment to compensate. This implied that authorities at insurance companies who supported this project did not share information with their junior officers to implement the project.

There were issues with fake stickers. There was a victim who underwent a tedious process to get documentation for MPTI claims and upon reaching the insurer they were told that the sticker was fake. Indeed, it was difficult to identify fake from a genuine sticker because;

- MPTI stickers are vended at so many fuel stations.
- The Implementers were not trained to distinguish between fake and genuine stickers
- The sticker does not have distinguishable security features and therefore easy to forge.
- There is no robust system to verify the stickers.
- There is laxity on the side of enforcement officers (Traffic Police)
- The enforcement officers are not motivated to do so

At one of the checkpoints an officer noted;

*“Sometimes we let them go without insurance stickers after all the policy does not help them neither does it help anyone”*

Such issues of fake stickers and tedious processes for compensation frustrate the victims. One of the victims who was visibly disappointed commented;

*“I got this accident in Kampala, my home is in Mbale, I have made several trips to and from Kampala, to hospital, to police, to the surgeon, to the insurer at head office which was the last destination only to be advised that the sticker was a fake. I can't believe after this much struggling that the sticker is fake, these insurers must be chasing me away”.*

#### **4.1. FOLLOW UP ON ROAD CRASH SURVIVORS.**

The fate of road crash survivors and their families is always unknown. It should be noted that road crash inflicts many challenges on victims and their families. They include; loss of lives, loss of income, permanent disability, stress, family degeneration, unemployment among others. The role of insurance is to try and restore the victims to their original position however the maximum amount of money a victim can get in a single incident under the motor vehicle risks act is 1million (this figure applies only when one victim has claimed. If the victims are more than one, each can get less than 500,000) and aggregate for many victims in one crash is 10 million. This is not sufficient to compensate survivors given the extent of damage usually caused.

**Table 1: Summary of road crash victims per Hospital for the project period**

Period	Victim No	Male	Female	Hit & Run	Known Reg. No	Mild	Serious	Severe	Fatal	Nature of Cases	Cases Reported	Cases Not Reported to Police	Insured	Not Insured	No Compensated
Jul-19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Aug-19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mid Sept. 2019 to February 2020	160	105	55	-	-	5	28	80	9	38	65	95	18	142	-
Mar-20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Apr-20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
May-20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jun-20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jul-20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Aug-20	119	94	25	-	-	20	-	95	4	-	20	99	12	107	-
Sep-20	54	39	15	10	44	7	-	44	3	-	6	-	10	44	2
Oct-20	51	35	16	46	5	7	-	44	-	-	20	-	-	-	-
Nov-20	41	29	12	29	5	5	-	33	3	-	8	33	-	-	-
Dec-20	45	33	12	34	8	10	-	35	-	-	3	42	-	-	-
Jan-21	40	29	11	34	6	10	-	30	-	6	2	38	-	-	-
Feb-21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>510</b>	<b>364</b>	<b>146</b>	<b>153</b>	<b>68</b>	<b>64</b>	<b>28</b>	<b>361</b>	<b>19</b>	<b>44</b>	<b>124</b>	<b>307</b>	<b>40</b>	<b>293</b>	<b>2</b>

Source: Primary data collected by HOVITA

During the project period, 510 cases were reported in the partner hospitals. The majority (364/71.4%) of the victims were male, 28.6% (146) were female. Most 361(70.8%) of the RTAs were severe, 12.5% were mild, 5.5% were serious while 3.7% were fatal. All the victims together with their Next of Kins (NoKs) were sensitized about MTPI, their rights under this cover and the procedure to follow and get compensated by Social workers. Follow up was made by HOVITA and both victims and NoKs were encouraged to get requirements that qualify them for compensation. However, the majority were not interested, especially when they were required to engage the traffic Police and most of them had spent money on



treatment worst of all had relocated to upcountry (home place). Victims would have tried to pursue claims process but the challenge is the claims are processed at insurance head offices and this discourages upcountry victims to continue with the compensation processes.

**AVERAGE NUMBER VICTIMS AFFECTED BY CRASHES**

(Total number of victims x Average members per family in Uganda)

**510 x 7 =3570 Affected members**

Indeed, very few cases (22.5%) were reported to police while 77.4% were never reported. Though for any victim to get compensated, a police report is one of the principal requirements (see table 3).

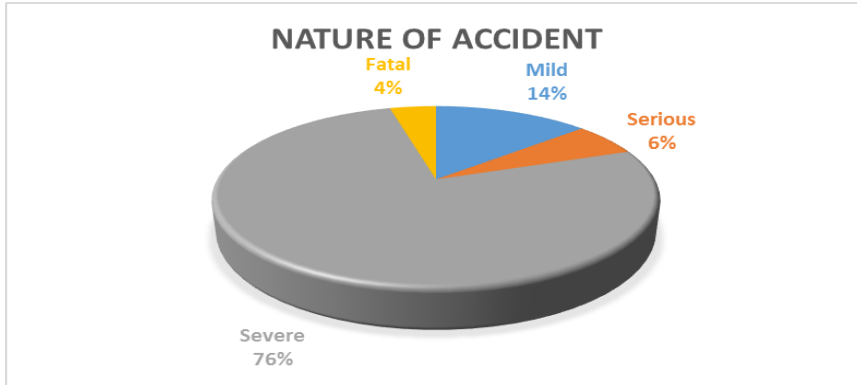
**Table 2: Nature of crashes**

Nature of Accidents

Period	Mild	Serious	Severe	Fatal
Mid Sept 2019 – February 2021	64	28	361	19
% Distribution	12.5	5.5	70.8	3.7

During the project period, it was observed that 70.8% of the victims sustained severe injuries, followed by those with mild injuries. Only 3.7% were fatal.

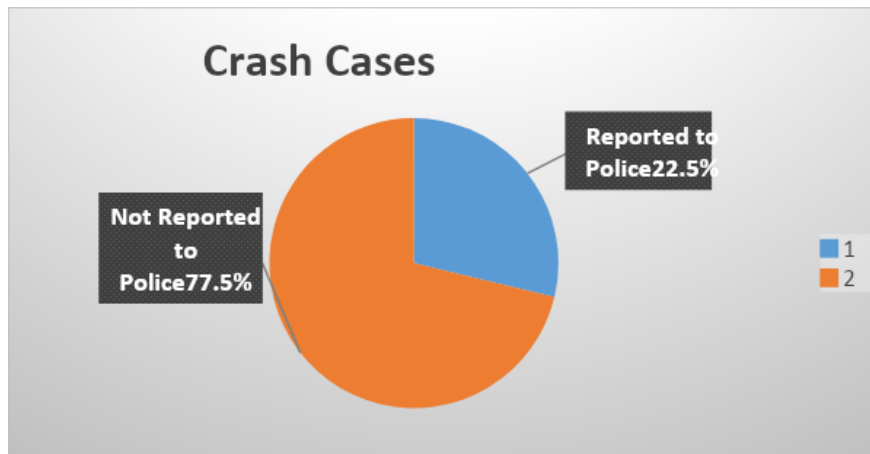
**Graphical Presentation of the Nature of crashes/ accidents**



**Table 3: Crash/ Accident Cases Reported.**

	Reported to Police	Not Reported to Police
%of reported cases	22.5	77.5

It was also observed that 77.5 % of accident cases were not reported to Police. This was due to the fact that the information was captured from admitted victims in hospitals who were still under treatment. Victims can make a follow up and report to police stations once they have been discharged and in stabilised state.



#### 4.2 Estimated costs in Medical Treatment and Processing MTPI Claims

For a reward of 1 million maximum victims incur so many costs as shown in table 6 below;

Item	Average Cost
------	--------------

Police Report	82,300
Vehicle Inspection Report	52,300
Police Surgeon	50,000
Transportation costs	120,000
Medical bills	5,000,000 (Treatment, surgery minus replacement of artificial limb.
Legal costs	-
<b>AVERAGE</b>	<b>5,304,600</b>

Note that the above costs may apply to a victim who was involved in a crash in Kampala Metropolitan and lives in Kampala as well.

For victims who have to make several trips to the Police Station, to the hospital, to the Insurer's head office, the costs are much higher. Most of the victims find no value in following up claims of which they won't benefit or whose cost exceeds the benefit.

A victim who gave up on following up the claims lamented thus;

*"We had an accident, I, and my siblings in a taxi on Jinja road, we sustained injuries and had to get back and forth in hospital. We were advised to go and claim the motor third party, we processed documentation and went to insurance though we were asked for many more requirements including getting a police letter when we had a report! The cost escalated and we did not have a home in Kampala. We ended up abandoning the process. But our brother who lives in Kampala was compensated after 10 months of chasing"*

A beneficiary of MTPI also noted;

*"After hustling to get documentation, I was frustrated by the Doctor who refused to sign for me form 7. I was referred to a Police surgeon who examined me and then asked money for the examination"*

Our observation was that victims who are already frustrated with the impact of RTIs do not want to associate themselves with a process where they have to incur costs especially when they are already struggling financially.

It was also noted that claims officers frustrate Road crash victims despite knowledge of ongoing project. On several occasions HOVITA had to intervene on behalf of the crash victims despite having filled the claims form.

## 5. PROMOTION OF ROAD SAFETY CAMPAIGNS AND REDUCE ROAD DEATH REDUCTION

### Smart Travel Road Safety Campaign

In end of the year 2020, the Uganda Insurers' Association and Hope for Victims of Traffic Accidents (HOVITA) launched the Smart Travel Road Safety Campaign. The Campaign slogan was **"A safe Journey Starts with You"**. Its main focus was on **Bus Drivers and Passenger Safety**. Often during festivities of December, there are more Crashes by Buses and this campaign aimed at reducing the road crashes.

### UN Remembrance Day

On 15<sup>th</sup> November 2020 was the United Nations World Day of Remembrance For Road Traffic Victims, and Uganda joined the rest of the world in marking the event that was celebrated under the theme **"Remember Lives Lost and Broken, Support Survivors, Bereaved Families and First Responders, Act to Save Lives"**.

The Uganda Insurers Association (UIA) in partnership with Hope for Victims of Traffic Accidents (HOVITA), and Consult Afrika Usalama (CAU) joined the World to celebrate the day at China Uganda Friendship Hospital –Naguru on 16<sup>th</sup> December, 2020. The day was officiated by the WHO Uganda Representative, Dr. Yonas Tegegn Woldemariam with about 50 invited guests.

The WHO team was composed of Dr. Fatunmbi Bayo and Dr. Hafisa Kasule, the Consultant, Non-Communicable Diseases. The day was honoured by many stakeholders from the Ministry of Health, Ministry of Works and Transport, Ministry of Gender, Bankers Association, Civil Society, Media, Medical officers from Naguru Hospital, Uganda Police Force, Insurance Institute, Amputee Self Help Network, and Institute of Brokers Association Uganda. Its coverage was about 2335, viewership and 850 Post engagements on social Media platform.

The day was graced with several activities such as the unveiling of the UIA Road Safety Ambassador, Ms. Hilda Twogyerwe. Also, the Report of Writing for families Bereaved by Road crash Crashes was also launched.



*WHO-Country representative, Ministry of Health Commissioner of Medical emergency poses a photo with Ms Hilda Atwongyeire one of the beneficiaries of the project during UN Remembrance Day Commemoration:*

## **SMART TRAVEL CAMPAIGN**

### **Stakeholder meetings:**

Team UIA and HOVITA had several stakeholder meetings with key persons in Government Ministries of Works and Transport, Health and Gender. Meetings with Bus Owners and Terminal Managers. The team also meet International agencies like the World Health Organization (WHO), and the United Nations (UN). The Traffic Police Department, Hospitals, Civil Society and Media was also engaged.

### **Baseline survey:**

The survey objective was to engage stakeholders in bus transportation for instance the Traffic Police, Bus Terminal Managers, the transport Regulators and Bus transport users to establish their compliancy to COVID 19 SOPs and their road safety knowledge and awareness levels.

The baseline survey was conducted on 2 highways of Uganda that is Kampala- Gulu and Kampala- Jinja Highways. The survey data collection points were Police Check points (Mabira, and Matugga) and Bus Terminals (Namayuba). The survey also covered 2 Police Stations (Lugazi Police Station and Wattuba Police Station-Mattuga).

The survey employed a descriptive design using qualitative methods of data collection. Qualitative data collection involved key informant interviews (physically; telephone). The survey also collected data through observation. The key informant participants were purposively selected. The survey respondents included bus passengers, bus drivers, terminal managers, and Officers in Charge of Traffic. The survey participants were selected by both convenient and purposive sampling methods.

Data was collected in two (2) days from November 5-6, 2020. The data collection tool was an Interview guide (check list) which was used for the key informant interviews and study participants by trained data collectors. The data collected was transcribed and thematically analysed.

## Findings

- Several Bus drivers and passengers were not observing SOPs (Mask wearing).
- Majority Drivers did not display their Driver badges, however, had route charts.
- Majority passengers did not know their drivers names/Vehicle number plates. They only knew the Bus Company/ services they were travelling in.
- Majority passengers did not know the Police Toll free line, for reporting bad driving.
- Passengers were not bold enough to speak out in case of unsafe behavior of drivers.
- There was limited road safety and insurance awareness and sensitization.



safe



Bus check point

Under the travel campaigns, December,

Police training was carried out on 10<sup>th</sup> 2020 at the Nateete Police Headquarters. The training was Half day with 18 traffic police officers drawn from the 4 major highways of Kampala -Gulu, Kampala- Masaka, Kampala-Mityana and Kampala-Jinja. The Training was presided over by Ag. Commissioner Operations and Enforcement, Charles Ssebambulidde.

The training was facilitated by Ms. Mable N. Tomusange a seasoned Road Safety Advocate, supported by 3 officials from Hope for Victims for Road Accidents (HOVITA) and Uganda Insurers Association (UIA). Mr. Sam Bambanza the Executive Director, HOVITA, Ms. Linda Merrian and Ms. Angel Yopa of UIA also talked to the participants. HOVITA discussed the role of HOVITA in insurance compensation and its claims. UIA discussed Motor Third party insurance and the newly introduced electronic payment system via mobile phone. The main facilitator focused on **Road Crashes and their Causes, strategies for road crash prevention, The Safe Systems Approach and the Role of Enforcement in Road Safety**. In addition, the Smart Travel Campaign implementation was discussed at length.

The training was evaluated; the participants enjoyed the training, and requested for more trainings in, Road Safety, Insurance, First Aid, Crash investigation and other related topics. All participants increased their knowledge levels on road safety management.



***Police Training at Nateete Police Station ON ROAD SAFETY EDUCATION AND ENFORCEMENT***

**Sensitization flag off.**

The Smart Travel Road Safety Campaign was flagged off on the 14<sup>th</sup> December 2020. This was a sensitization activity hosted by the UIA in conjunction with the Ministry of Works and Transport. This sensitization activity of bus travelers took place within the National Road Safety Week of Uganda. This sensitization flag off took place at the Matugga Bus Check point and was officiated by the Ministry of Works and Transport, Commissioner Transport Regulation and Road Safety represented by Mr. Edward Kizito, Senior Road Safety Officer and other Road safety officers from the Road Safety department. The activity was honored by officials from the Ministry of Works and Transport, Kiira Motors Corporation, Bus Owners Association and Traffic Police Department. The UIA together with its partners sensitized passengers and drivers on board, and also distributed facemasks and fliers.



Flag off at Matugga Checkpoint officiated by the Ministry of Works and Transport

**Distribution of IECs:**

Several IECs were produced to provide information to the masses in form of Posters, and Fliers. The traffic department also received 500 branded Reflective jackets.



IECs for Smart Travel Road Safety Campaign

### Smart travel road safety campaign on social media

**HOVITA and partners had social media campaigns with a slogan “A Safe Journey Starts with You: Road Safety is a Shared Responsibility.”**

The campaigns encouraged the drivers and travellers to use the roads responsibly. The social media campaigns reached **2,405 people**, and had **520 engagements**.



### **Monitoring and Evaluation.**

A Team from UIA and HOVITA set out to monitor the progress of the sensitization exercise of the bus travelers along the highways. This was done on the 20<sup>th</sup> December, 2020, and the key observations include: All traffic officers at the bus checkpoints are aware about the sensitization and are implementing it. Bus drivers are very receptive to the sensitization going on along the highways. Majority of the buses are compliant with the standard operating procedures (SOPs) for COVID 19 set out to safeguard public transportation. However, the leaflets carrying the information on road safety were not sufficient for the masses.

During the assessment, several stakeholders indicated that this was a good project and was well implemented. A stakeholder was quoted thus:

*It's a good project which needs enforcement throughout the whole country such that all victims can benefit from it. It has been well implemented because it involves all the stake holders i.e. road users, traffic police and they have tried to sensitize the population about it. A social worker from a partner hospital.*

## 6. SUMMARY OF ACHIEVEMENTS, CONCLUSIONS, AND RECOMMENDATIONS

In our view, the project has been successful though with some lessons to learn to improve on the gaps identifies.

Sn	Period	Activities	Achievements
1	July 2019	Signing of MoU with UIA	MoU signed
		Engagement with Ministry of Health (Emergency Medical services)	Secured Introductory letter and Authority to pilot the project in 7 Hospitals
2	Sept 2019 – Oct. 2019	Securing MoU with partners hospital and stakeholders	MoUs secured with all partner Hospitals
3	Nov. 2019	<ul style="list-style-type: none"> <li>o Designing, printing and distribution of flyers, posters victim assessment forms</li> <li>o Training of partner's hospital staff and identification of social workers</li> <li>o Data collection and compensation of victims</li> </ul>	<ul style="list-style-type: none"> <li>o Training materials designed,</li> <li>o Flyers, posters victim assessment forms printed and distributed</li> <li>o More than 200 Hospital staff from Five hospital staff sensitized about the project and Motor Third party insurance.</li> <li>o Social workers identified and trained how handle the project</li> <li>o Data collected and compensation of victims began</li> </ul>
4	Dec. 2019	<ul style="list-style-type: none"> <li>o Engagement with Directorate of Traffic and road safety and hospital partners</li> <li>o Smart Travel Campaign (STC)</li> <li>o Sensitization of MTPI partner hospitals</li> <li>o Data collection from the partner hospitals</li> </ul>	<ul style="list-style-type: none"> <li>o Supported the Directorate with Reflective jackets.</li> <li>o Trained 51 Traffic police Officers in Crash investigation ,</li> <li>o Trained 25 Traffic officer on Road safety education and Enforcement as approach to reduce road crashes.</li> <li>o</li> <li>o</li> <li>o</li> <li>o</li> </ul>

## **6.2 Key success.**

- o Training of crash investigators in the traffic (51)
- o Drafting of standard claim forms with insurance claim managers
- o Insurance COE signing commitment to compensation
- o Hospital staff sensitization (202)
- o CSR, NAGURU, KIRUDDU, KAWOLO, NKOZI
- o Road safety awareness campaign.

## **6.3 General Challenges in Motor third party insurance processing and claims.**

- o Ignorance about motor third party by the accident victims and public in Uganda.
- o There is corruption at Police when victims are accessing crash reports and filling of the medical forms
- o Motorist fake insurance stickers and this denies victims right to compensation
- o Improper implementation and enforcement of the motor third party policy, people do not go to jail because of fake insurance stickers.
- o Victims fail to claim insurance compensation because of long process, fake certificates  
Costs involved in claiming insurance.
- o Insurance claim officers in bid to save costs for their companies import all manner of clauses and arguments that will deny the victims right to claim.
- o All insurance claims are settled at Head offices not upcountry branches, this discourage upcountry victims to process claims.
- o Government vehicles are not insured under motor third-party Act. Victims have to sue the Attorney general for compensation.
- o Injuries are not graded all victims are paid the same amount.

## 6.4 Conclusion and Recommendations.

Strategic Priority	Recommended Immediate Actions	Responsible Entity
Massive awareness about motor third party insurance	<ul style="list-style-type: none"> <li>- There is need for massive Motor Third Party Insurance and Road Safety Awareness campaign across the country.</li> <li>- Ensure that hospital staff in emergency and trauma are trained on how assist victims accesses insurance compensation and victims' rights.</li> <li>- To make insurance claim forms available in hospitals so that victims can fill them once discharged from hospital.</li> <li>- To make available insurance contacts in Trauma Wards.</li> </ul>	IRA, UIA, MOH HOVITA Ambulance and Emergency Agencies Uganda Red Cross MOWT, UPF
Review the Third part risks Act 1998	<ul style="list-style-type: none"> <li>- Increase the insurance premiums</li> <li>- Allow insurance company Branches settle claims as its done in Banks.</li> <li>- Government should compensate the HIT &amp; Run Victims.</li> <li>- Insurance companies should provide monthly reports on the number of victims compensated to the regulator.</li> <li>- The regulatory should regularly update the public about compensation to ensure that there is transparency and accountability of the cover.</li> <li>- Prosecute those who issue fake stickers</li> <li>- Compensate the victims who are in the affected vehicles with fake stickers.</li> <li>- Ensure there is standard claims form and requirements to avoid insurance claim managers importing all manner of clauses and arguments that will deny the victims right to claim.</li> </ul>	UIA IRA MoWT Parliament of Uganda
Review of the Police medical form	<ul style="list-style-type: none"> <li>- Trauma Notes should include grading of the injuries as per current situation all victims are paid the same or less regardless of the nature of the injuries.</li> </ul>	Uganda Police Force (Directorate of Traffic and Road Safety)

Insurance companies should first inspect vehicles.	<ul style="list-style-type: none"> <li>- Vehicle in dangerous mechanical condition should not be issued with the sticker as it will reduce on road crashes.</li> </ul>	IRA UIA All Insurance Companies
Establish a road trauma centre	<ul style="list-style-type: none"> <li>- Insurance industry should support victims with Psychosocial support, rehabilitation, empowering bereaved families with support.</li> <li>- Create empowerment skills and funds for affected families and individuals.</li> </ul>	UIA, MoH, Gender Civil society HOVITA MoES
Victims' Rights and Assistance	<ul style="list-style-type: none"> <li>- Ensure victims promptly assisted by police officers and their medical forms signed without charging them money.</li> <li>- Ensure the accident report is quickly worked on so that victims get justice.</li> <li>- Ministry of justice and constitutional affairs should provide legal AID services for road crash victims.</li> <li>- Victims access accident report free of charges.</li> </ul>	Ministry of Justice and Constitutional Affairs
Invest in prevention of road crashes and road safety awareness.	<ul style="list-style-type: none"> <li>- Insurance industry can save more money if they invest in road safety.</li> <li>- Support and fund road safety campaigns.</li> <li>- Insurance companies should continuously support road safety courses for their clients to reduce on crashes and save on save compensating unnecessary claims.</li> </ul>	IRA UIA All insurance companies Civil Society GoU
Compensation policy	<ul style="list-style-type: none"> <li>- Government should work on a comprehensive compensation policy which is separate from criminal law.</li> </ul>	Government and Insurance companies

## **ANNEX I**

### **PROJECT TEAM**

- |                          |                    |
|--------------------------|--------------------|
| 1. Mr. Sam Bambanza      | Team Leader        |
| 2. Mr. James Akena       | Project Consultant |
| 3. Mr. Tutyahebwa Medard | Project Analyst    |
| 4. Mr. Musoga Jackson    | Project Assistant  |

### **PARTNER HOSPITAL SUPPORT TEAM**

- |                           |                                    |
|---------------------------|------------------------------------|
| 1. Mr. Tumuryamye Hillary | Kawolo Hospital                    |
| 2. Ms. Namyalo Esther     | Nkozi hospital                     |
| 3. Ms. Nahabwe Rebbecka   | Kirrudu Referral Hospital.         |
| 4. Ms. Teddy karali       | St. Francis Nsambya Hospital       |
| 5. Ms. Nagawa Denzindata  | Uganda- CHina Friendship Hospital. |

**ANNEX II**  
**MOTOR THIRD PARTY INSURANCE ACCIDENT DATA**  
**COLLECTION FORM**

Death and bodily injury claims

1. Name of the policy holder.....  
.....

Registration number..... Make..... Type.....  
.....

Name of the insurance company.....  
.....

Period of insurance:  
From..... To.....  
.....

**Details of Claimant**

2. Claimant's name:  
.....

Address:  
.....

Telephone:  
.....

Physical Address:  
.....

Employer & Address if any.....

Name of Next of kin :..... Contact.....  
Physical Address.....

3. Accident particulars:

Date of Accident:  
.....

Place and time:  
.....

Circumstances:  
.....

Police station reported to: .....

Vehicles involved: .....

Owner/ insured: .....

Nature of injuries:.....  
Hospital where treated:.....  
Claimant's signature and date:.....

**4. Required documentation**

5. Attach medical expenses receipts(original)

Attach medical report (from a qualified and licensed medical practitioner)

**Other documents required:**

- a) Official communication- lodging in a claim.
- b) Medical report and medical bills
- c) Police abstract report form 3 (original)
- d) Passport photocopy of claimant (2)
- e) Identification of claimant and Victim (National ID or passport)
- f) In case of death of an Adult, Death certificate/ postmortem report
  - Letter and Minutes from the family appointing the administrator and a letter from LC1 confirming the same.
  - Where there is dispute as to the rightful claimant and the insurer will require letters of administration of the deceased estate.

Note: The compensations are per the Motor Third party Insurance Act 1989. The limits are as Follows;

- 1. Maximum limit person per single accident ;up to 1,000,000
- 2. Maximum limit in aggregate in anyone period of insurance;10,000,00



## ANNEX III

### **Motor Third Party Insurance Compensation Project (MTICP) Project Evaluation report (Hospital social workers)**

The Motor Third Party Insurance Compensation Project team would like to commend the great job you have been doing under this project, and we would like you to spend a few minutes to fill this questionnaire. Please note that the information provided will be used for making this project better and will be strictly for this project and will be treated with utmost confidentiality. Please answer the questions objectively and truthfully as possible.

**1. What was your greatest accomplishment at this project?**

- Some of the victims have been helped.

**2. Did you have everything you need to perform your duties? If No, what do you think was lacking?**

- Yes, have had all the necessary materials to do it and been receiving my allowances.

**3. What is your personal overview of the MTICP?**

- It's a good project which needs enforcement throughout the whole country such that all victims can benefit from it.

**4. Do you think the project has been properly implemented?**

- Yes because it involves all the stake holders i.e. road users, traffic police and they have tried to sensitize the population about it.

**5. Has this project benefited the target group?**

- Not yet, because most victims miss out due to failure to get the required documents.

**6. Which other population segments do you think should be considered?**

- Drivers and motorcyclist should be considered because most times they also lack the money to pay for their medical bills.

**7. Where do you think insurance companies can do help the Victims?**

- By reducing the required documents and process needed for someone to be compensated because it's hard for the victims to get all of them.

**8. What factors have helped and hindered the intended outcomes?**

- Most are hit and run victims which are not catered for.
- The high cost of getting a police report because some victims had spent the little they have on the medical bills.

- ☐ Ignorance of victims and other stake holders about the policy.
- ☐ Most of the motorcycles don't have third party insurance hence their victims are not catered for.

**9. What do you think can be done to enhance sustainability of this project**

- ☐ Educating all the stake holders about the benefits of motor third party insurance because most of the victims they are ignorant about them they think it's just a government project to earn revenue. This can be done through advertisement in the media and having seminars with traffic officers and other stake holders.
- ☐ The traffic officers should give police medical forms to all accident victims with ease.

**10. In your own Opinion how can we best assist road crash victims?**

- ☐ By reducing the minimum documents and process needed for someone to be compensated.
- ☐ By compensating victims in time because most of them can't afford the immediate medical bills.

**11. In your interaction with the victims and their attendants, what are their views regarding insurance compensation, hospital bills, Police reports, etc.**

- ☐ They complained about how hard and expensive to get the police reports.
- ☐ The insurance companies takes long period of time to compensate them irrespective of having the necessary documents.
- ☐ Some victims suggested that they should increase on the maximum amount to be compensated for because most of the current inflation medical services are expensive than in 1989 when the Motor Third Party Act was made.
- ☐ Some victims lost trust in Uganda insurance companies that most times they have failed to compensate them.

**12. Do you think HOVITA should start a road trauma Counseling center? And why?**

- ☐ Yes, because many accident victims get post trauma stress syndrome as many loses their jobs due to long stay in hospital, loss of body parts like the amputees and expensive hospital bills hence they need social psychological support which they lack in most medical centers.

## ANNEX IV



### **HILDA'S TESTIMONY AS A ROAD CRASH VICTIM.**

On 3<sup>rd</sup> October 2019 Hilda set out for a business trip to deliver her goods from Kampala to Mbarara. She was travelling in a Goods truck together with her driver and turn boy. Their journey started at about 10pm at night and around 5am at a place called Kyazzanga, there were involved in a Headon collision with a passenger bus and another truck. The Passenger bus was on very high speed and as it tried to overtake the one truck, there was a collision and the truck which carried Hilda tried to swerve and in that effort fell on one side to save themselves. The turn boy was not injured, while the driver had a head injury. The driver had no seat belt on. Unfortunately Hilda was badly crashed by the truck as it fell on her and she lost her right limb. All the 3 victims were conscious after the incident, while the bodaboda riders helped them reach out to the neared police post. The police truck came after about 30 mins to an hour after the incident and the victims were taken to Masaka Hospital. The victims paid for the fuel for the police truck. The victims were taken to the Masaka Hospital emergency unit, however, they spent an hour before receiving any treatment. At receiving treatment at the hospital all the sundries and supplies used were paid by the victim. Hilda was devastated as she was informed she was to lose her right limb, she had a head injury and several facial injuries and her left limb especially the fingers were numb. Hilda spent 1 day at the hospital and was referred to Kampala for further management.

Hilda was transferred to Mulago Hospital in Kampala in an ambulance that was personally fueled by her. While at Mulago Hospital Casualty, there was no treatment for one day and on day 2 she received treatment paid out of her pocket. Later she was further referred to Kiruddu Hospital for further management and here she stayed for 3 months hospitalization at no cost. During the 3 month hospitalization, she was often dressed for her deep wounds, and was also operated on to enable her thigh get a piece to add to her amputated limb.

While at Kiruddu Hospital, she was introduced to an agency HOVITA that would help her with victim compensation from the insurance company...name... Hope for Victims for Traffic Accidents (HOVITA) was at the forefront to support victims of road crashes obtain their insurance compensations. HOVITA cared and counseled her, HOVITA traced the insurance company that was to compensate her. The process was not easy, it was quite tight save for HOVITAs support. She received 1 million Uganda shillings only as an insurance compensation

and yet her costs were way over 13 million Ugshs. HOVITA also secured a lawyer to prepare for a law suit, and HOVITA supported her to get an artificial limb through the Uganda Insurers Association as a medical donation through its Corporate Social Responsibility (CSR). The limb will be executed by CORSU Hospital.

Hilda now lives in Senge Kayunga with her relatives and trying to survive with her 4 children. Hilda has challenges with her welfare. First she is a single mother raising 4 children, she has no job currently because she has no capital, however, if funds are available she can manage a retail shop. Hilda's amutated arm was the arm that works and then her left arm and fingers are numb and very weak to support her. She lost friends and family as a result of her incident. She has also faced a lot of stigma from the community. Her mother has been a great source of counselling, love and care to her and the children. Her siblings support her children with school fees.

Her lessons for the others include: Never lose hope, Disability is no Inability. Trusting in God who has and knows all our plans. She is grateful to God for surviving death. She cautions all drivers and road users to be careful on the road not to over speed. She has a lot of stigma among people.