

According to the WHO, 50% road crashes victims die in the first 15 minutes and the rest can be saved by providing basic life support during the “Golden Hour”. It therefore becomes imperative to provide proper initial care to road crash victims within the first hour of the crash. During the survey, respondents were probed about their interaction with key stakeholders, i.e. Police and health workers.

Overall (combining LIH and HIH categories), among the victims that survived, 55 percent were admitted in hospital for more than a day, while 13 percent were discharged within 24 hours. Out of those who did not survive, 15 percent died at the scene, 7 percent died on the way to hospital, 9 percent died within 30 days from the crash.

## KEY FINDINGS

1. Almost all victims of HIH category (98%) were transferred to hospital while among LIH category 89 percent; 1/3rd of victims transferred in ambulances.
2. 2/3rd of LIH victims and 8 out of 10 HIH victims were admitted to hospital for treatment. Further, the average time any LIH victim stayed in hospital was nearly 20 days whereas it was approximately 10 days for HIH category.
3. Reporting of crashes to police was higher among LIH respondents (54%) compared to HIH category respondents (43%).

4. Almost half of LIH respondents (48%) filed FIR while 41% of HIH respondents did the same. Compared to survival cases, the proportion of FIR filing was significantly higher (over 2 times) when a road crash victim died.

## 9.1. INTERACTIONS WITH THE MEDICAL SYSTEM

Majority of the victims were transferred to hospital. Almost all victims of HIH category (98%) were transferred to a hospital while amongst LIH category 89 percent were transferred to a hospital.

Overall, in the majority of the cases victims were shifted through private vehicles followed by ambulances and public vehicles such as auto/ taxi etc. State-wise, in case of Tamil Nadu, highest proportion of victims were transferred to hospital in ambulances while lowest in Bihar.

With a mandate to reduce the mortality and morbidity of trauma patients in Tamil Nadu, the State Government launched "Tamil Nadu Accident and Emergency care Initiative (TAEI)" programme in 2016 to improve emergency medical services in trauma cases.<sup>45</sup>

Further, victims that were transferred through ambulance were asked about the response time. Overall (combining

LIH and HIH categories), it was found that ambulances did not arrive at the crash location within 15 minutes in 55 percent cases while it took more than half an hour in about 14 percent cases.

However, state-wise, more than half of respondents of Tamil Nadu said that the ambulance arrived at the crash location within 15 minutes.

Across states, a higher proportion of victims were taken to private hospitals compared to government hospitals. On deeper analysis, it was observed that cases where victims survived in road crashes, mostly were taken to private hospitals (LIH-67%, HIH-87%); while the cases where victims died (immediately or later on), most were transferred to government hospitals (LIH-55%, HIH-56%). An inclination towards private hospitals amongst both categories could be due to the perception of better emergency facilities, even when private hospitals can be more expensive, especially for the LIH category.

Overall, compared to the LIH category, a higher proportion of HIH category victims were admitted to any hospital. Among LIH category, nearly two-third of victims were admitted to hospital while among HIH category four out of five victims were admitted.

The percentage of victims that were admitted to hospital among HIH category was higher than LIH category in both

45. [https://www.dropbox.com/sh/mnahgopoj4bcw1g/AACz\\_FcdzK2VMdlbjv0ewluFa?dl=0&preview=TAEI+Manual+2018+09+10.pdf](https://www.dropbox.com/sh/mnahgopoj4bcw1g/AACz_FcdzK2VMdlbjv0ewluFa?dl=0&preview=TAEI+Manual+2018+09+10.pdf)

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urban and rural areas. A significant difference was observed in LIH (66%) and HIH (84%) category in rural areas. On further enquiry, it was found that the average time any LIH victim stayed in hospital was nearly 20 days whereas it was approximately 10 days for HIH category.

Among both the categories (LIH and HIH), almost half of the respondents reported that the victims were not attended by the hospital staff (doctor/ nurse) immediately on reaching the hospital. In Tamil Nadu, 12 percent LIH respondents said that it took more than half an hour for the hospital staff to attend to the victim. Similarly, one-fourth of HIH respondents of Bihar mentioned that hospital staff took more than half an hour to attend the victim after reaching the hospital.

## 9. 2. PREVALENCE OF DISCRIMINATORY PRACTICES IN THE MEDICAL SYSTEM

Overall, nearly 7 percent of respondents mentioned that they had faced discrimination/ prejudice by the hospital officials/ staff among both LIH and HIH categories. The highest proportion of Bihar respondents from both LIH (13.2%) and HIH (21.9%) categories experienced discrimination by the hospital staff, which was comparatively higher than other states. Further, respondents that have faced discrimination/ prejudice at hospitals were asked an open-ended question

regarding types of discrimination they have faced. The most prevalent form of discrimination/ prejudice by the hospital staff among LIH category was not attending victims immediately by hospital staff on reaching hospital (69.8%) followed by the cases where victims were even denied admission in hospital (13.2%). While HIH category respondents reported that the hospital staff made excuses to treat the victim and asked to take them to other hospitals (55.2%).

## 9.3. INTERACTIONS WITH POLICE SYSTEM

To understand the victims' / family members' experience with the police and legal system, they were explored on aspects such as FIR filing, adherence to road safety laws, assistance by police officials etc.

As per the Motor Vehicles Act 1988 and the Motor vehicles (Amendment) Act, 2019 wearing a helmet for motorized two-wheeler users and seatbelt for motorized four-wheeler users is compulsory. In order to understand usage of safety devices while riding/ driving, respondents were asked if the victims were wearing such protective devices.

Overall, the proportion of victims that wore helmet or seatbelt at the time of crash was lower among LIH compared to HIH category. Among LIH, one-third of victims were wearing helmets while only 5 percent were wearing seatbelts at the

time of crash. In the HIIH category about half of the victims were wearing helmets while about one-fifth were wearing seatbelts. Compared to urban areas, it was observed that seatbelt/ helmet usage was more prevalent in rural areas which was almost twice the urban areas.

Respondents were probed on whether they had intimated the crash to the police. Overall, case reporting to the police was found higher among LIH respondents compared to HIIH respondents.

Over half of the respondents from the LIH category (54%) reported the road crash to the police whereas, 43% of HIIH respondents reported crashes to the police.

Also, overall (both LIH & HIIH), more than 8 out of 10 respondents reported the crash to the police where the victim had died while in case of serious injuries about one-third of road crashes were reported to the police.

Additionally, respondents were asked if FIR of the crash was filed. Overall, close to half of LIH respondents had not filed the FIR of the crash while over 50 percent amongst HIIH category respondents did not file the FIR. Also, overall, three-fourth of LIH respondents filed FIR where the victim had died. Similarly, 90% of HIIH respondents filed FIR in case of road crash death.

Those respondents who admitted to not filing the FIR were asked an open-ended unaided question to know the

possible reasons for the same. 46 percent LIH respondents said they did not feel the need of filing FIR followed by one-fourth of respondents that did not want to get into legal hassle and 8 percent respondents that were afraid of police harassment. Few others mentioned that they were afraid of police asking for bribes (3.6%) and few mentioned police declining to file the FIR (2.3%).

Similarly, half of the HIIH respondents did not file the FIR saying they did not want to get into legal hassle followed by one-third that mentioned they did not feel the need for the same.

**“After hitting us, he hit the pedal. We could barely note the vehicle registration number. The policeman asked us for the vehicle registration number for filing the FIR”**

**- Male FGD Participant, Lucknow**



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During FGDs, many respondents mentioned that since the crash was a hit and run case and the vehicle could not be identified or they could not note the vehicle number, therefore the FIR couldn't be filed, since the police wanted to know the offender. Also, many female respondents admitted to not being aware of the process and the need for filing FIR.

Respondents that filed FIR (N=970) were further asked if police officials were helpful/ cooperative during the FIR process. Overall, about 18.3 percent respondents of LIH category stated that police were not helpful/ cooperating with them while among HIH category it was about 11.7 percent. State-wise, over one-third LIH respondents of Bihar and close to one-fourth LIH respondents of Uttar Pradesh stated that they were not assisted by police during the FIR process. In the HIH category, one-third respondents of Bihar and 18 percent of Maharashtra did not receive police assistance during the FIR process.

## 6-POINT POLICY RECOMMENDATIONS

### 1. Sensitization and Training of Police on rights of Road Crash Victims and other Road Users.

Police Officials at the level of Investigation Officer and

above should be trained and sensitized on the rights of bystanders, road crash victims and their family members. The police should not entangle road users in procedural hassles. Many FGD participants also mentioned police reluctance in filing FIRs in Hit and Run cases. Police should be trained to support road crash victims and their families. Since police is one of the key stakeholders in terms of enforcing rules under MVAA, 19, good practices of certain States can be standardised across the country and made a norm. For instance, the DGP's 'Fortnightly Crime Review Meeting' should also include a review of Road Crash Cases in the State.

### 2. Raising Awareness and reducing Information Barriers.

The Government should also raise awareness amongst poor and uneducated households on their rights as road user as well as in case of a road crash. In case of an crash the State Government should provide advice during the MACT claim process. Insurance agencies and IRDAI should also reach people through BTL activities to reduce information barriers.

### 3. Additional Support to vulnerable people, including women under Proposed Cashless Treatment Scheme under Section 162 of MVAA,2019

Many respondents in FGDs and IDIs stated that they didn't receive proper medical care at the hospital. While the Ministry of Road Transport and Highways (MoRTH) and National Health Agency will operationalize the Cashless crash scheme, the State Government should create Grievance Redressal Mechanism to ensure healthcare service providers in the State don't deny treatments to victims.

#### **4. Setting Clear Roles and Responsibilities for District Road Safety Committees**

All State Governments have created a District Road Safety Committee under Section 215(3) of the Motor Vehicles Act, 1988. This was done in 2018 under the instructions of the Supreme Court Committee on Road Safety under Writ Petition (Civil) No. 295 of 2012. However, the roles and responsibilities of the District Road Safety Committee is not standardized. Their roles and responsibilities should be measurable, reportable and verifiable. The Action Taken Reports should be submitted digitally to the State and the Central Government.

#### **5. Grievance Redressal Mechanism**

There should be a grievance redressal helpline number for all cases of medical negligence. The number should

be managed by the State Health Services and the helpline number should be publicised at all hospitals.

#### **6. Ensuring Coordination between different stakeholders.**

The proposed National Road Safety Board (NRSB) under Section 215(B) of the MVAA, 2019 should be constituted immediately to ensure coordination between different stakeholders. A strong, independent and technically competent NRSB would also serve as primary centre for ensuring data analysis and data driven policy changes. NRSB can also supervise and monitor efforts of all State Governments to achieve various road safety related indicators as well as create mechanisms to engage with road users throughout the country.

The Officiating Secretary of the State Road Safety Authority/Board should be entrusted with the responsibility to maintain coordination among all relevant stakeholders. The appointment of a specific member from NRSB at the National level can be done for the same.