

**RECOMMENDATIONS/
POLICY IMPLICATIONS**



**TRAFFIC CRASH INJURIES AND
DISABILITIES: THE BURDEN ON
INDIAN SOCIETY**

This report presents a rigorous analysis on the socio-economic impact of RTIs on poor households and disadvantaged sections amongst road users in India. It highlights the significant differences in the short-term and long-term; direct and indirect impacts of crashes on victims and their households by comparing among Low Income and High Income Households. Key findings indicate that children and adolescents are particularly at risk, as are truck drivers due to their long commutes; women bear a greater and disproportionate burden of road crashes. Outcomes are also significantly different for households in Low Capacity States vis-à-vis households in High Capacity States and urban areas. As such, government interventions may need to focus more on LIH from rural areas and Low Capacity States, who are more severely affected. It needs to be stated that this is not a longitudinal study. A follow up study would enhance the value of the perspectives offered here and would help in capturing the overall impact of crashes better. Globally, disability has been studied over longer periods of time and it is important to conduct more studies in the future to assess its holistic impact.

Favourable signs of Government Action have emerged with the recent enactment of the Motor Vehicles (Amendment) Act, 2019 and the rules being framed under it by MoRTH. If implemented fully and urgently by all states, the proposed

changes could pave the way for a positive turnaround of the road safety situation in India. Under relevant MVAA 2019 provisions, this report suggests that government support systems need to be created and social safety nets extended to poor households to mitigate their financial burden and cope with the sudden fallout of a road crash. The legal system needs to be sensitised towards the predicament of poor victims and their families in the event of a crash and the rights of road crash victims to commensurate and timely compensation needs to be institutionalised. In addition, emergency medical care needs to be improvised and strengthened to ensure greater chances of survival among VRUs/LIH victims. The gendered impact of road crashes needs to be acknowledged: women's participation in road safety reforms should be increased and special state-run programmes and schemes need to be implemented at the state level to provide them immediate relief.

The report emphasises the need to tailor road safety initiatives according to the socio-economic status of road users, as RTIs in India especially affect VRUs, most of whom are poor. It identifies key areas needing immediate improvements and provides some key policy recommendations for the central and state Governments for alleviating RTI-related suffering of VRUs, adolescents and women. These policy reforms have been grouped

under the following six key themes:

- I. Enhance effectiveness of institutional mechanisms and awareness building**
- II. Institutionalise post-crash emergency care and make health infrastructure & coverage more accessible & inclusive**
- III. Provide Social Security nets for crash victims from LIH**
- IV. Create an accessible legal framework for availing insurance and compensation by road crash victims**
- V. Address the disproportionate gender impact of RTIs through participative governance & special schemes for women**
- VI. Strengthen post-crash support for children and young adults through state support**

Improving road safety performance at the national and state level calls for a long-term vision, an integrated framework and sustained efforts from all stakeholders. Implementing the six thematic recommendations above in a sustainable way will require strengthening of institutions, ensuring inter-agency coordination, sanctioning dedicated budgets, and building the institutional capacity of states, especially low capacity states.

This report provides a template to assess and inform reforms based on actual ground situation. This template could be used by Central and State Governments to embed the methodology used in the study to help policy makers evolve customized road safety policies and action plans. Similar or adapted assessment studies could be replicated in more states with differential capacities (perhaps under the proposed MoRTH's State Support Scheme for Road Safety) to highlight gaps and areas of regulatory reform. This can be more effective and beneficial for undertaking targeted efforts and focused interventions.

Below is a quick snapshot of policy implications/recommendations along six broad themes:

THEME ONE: Enhance effectiveness of institutional mechanisms and awareness building



1. DIFFERENTIATED SUPPORT FOR VRUS, ESPECIALLY FROM RURAL LIH

The interlinkages between VRUs, LIH and road crash outcomes, indicate the need to invest more in VRU friendly infrastructure that prioritizes their safety especially in rural areas. State Governments should select districts with a high VRU crash rate and prioritize their safety through dedicated Annual Action Plans.



The findings of this study reveal that 83% of LIH victims were VRUs. Further, income decline was most severe for LIH rural households (56%) compared to LIH urban (29.5%) and HIH rural (39.5%).



2. MANDATORY PUBLISHING OF ROAD SAFETY TARGETS BY EVERY STATE AND PLANNED, TARGETED SPENDING BY HIGH CAPACITY STATES (HCS)

It should be made mandatory for all States to publish their targets on road safety annually so that their performance can be measured against these targets. Additionally, their budgets should be reviewed by a relevant authority to maintain transparency and efficiency. Since High Capacity States have higher spending power and more effective institutional mechanisms to implement targets, a multi-level agency should be set up in every State to oversee road safety efforts and guide HCS in drawing out detailed plans.



3. SENSITISATION AMONG THE MEDIA FOR GREATER REPORTING ON CRASH CASES

Road safety educational programmes need to be enhanced for the education and sensitisation of targeted sections. For instance, the WHO Media Fellowship offers reporters a curriculum to help make their reporting around road crashes more nuanced. A similar model needs to be replicated at State level to ensure in-depth comprehensive and science-based coverage.



4. 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.

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 led fortnightly crime reviews can be made a routine practice across States to ensure better training of police



The police should not entangle road users in procedural hassles. About 18.3% respondents of LIH category and 11.7% from HIH category stated that police were not helpful/cooperating with them. Many FGD participants also mentioned police reluctance in filing FIRs in Hit and Run cases.



5. 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.



6. ENSURING COORDINATION BETWEEN DIFFERENT STAKEHOLDERS

The Officiating Secretary of the State Road Safety Authority/Board shall 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. The proposed National Road Safety Board (NRSB) under Section 215(B) of the MVAA, 2019 should be constituted 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.



7. RAISING AWARENESS AND REDUCING INFORMATION BARRIERS.

The Government should raise awareness amongst poor and uneducated households on their rights as road users as well as planning their next steps in case of a road crash. For instance, State Governments should create awareness of cashless treatment schemes, emergency numbers and other support schemes being run for crash victims. They should also provide advice during the MACT claim process. Insurance agencies and IRDA should also reach people through BTL activities to reduce information barriers.



70% of respondents of LIH and 63% of HIH were not aware of compensation clauses and schemes in the event of a road crash.

THEME TWO: Institutionalize post-crash emergency care and make health infrastructure & coverage more accessible & inclusive



8. URGENT NEED TO LOWER THE OOPE FOR LIH

The lack of infrastructure at the primary level, lack of awareness on life-saving protocols among local communities and first responders, low coverage and inadequate compensation, low doctor-patient ratio and inefficient emergency management increases the costs for post-crash care. There is an urgent need to lower the OOPE for LIH by improving health infrastructure, especially in rural areas, investing in better training of manpower, making post-crash emergency care more accessible and efficient, ensuring more efficient penetration and coverage of LIH under health insurance.



The risk of catastrophic expenditure is inversely proportional to increasing income per capita, i.e., it is significantly larger for those belonging to lower-income quartiles than for those belonging to the highest income quartile. Out of Pocket Expenses (OOPE) was the most significant direct cost borne by victim families among LIH. The overall OOPE was higher for LIH (62%) than HIH (59%). LIH spent a little more than half (52%) of all their income (Rs.78,824) as OOPE on the victim's treatment (hospitalisation, medicines, care) compared to HIH that spent 30.5% of their household income, i.e., Rs.60,476 on the victim's post-crash treatment and recovery. A mere 6.1% of the LIH in rural areas availed medical insurance compensation, whereas 26.3% of the HIH residing in rural areas availed medical insurance compensation.



9. STATES NEED TO URGENTLY IMPLEMENT THE SCHEME FOR CASHLESS TREATMENT OF ROAD CRASH VICTIMS AND PUBLICIZE THE GOOD SAMARITAN LAW

In order to save more lives during the critical golden hour. Currently, the Centre has floated such a scheme for cashless treatment of road crash victims under Section 162 of the Motor Vehicles (Amendment), Act, 2019. The proposed scheme suggests a cap of Rs 2.5 lakh for the victim's treatment per crash and designates the National Health Authority as the nodal agency to implement the scheme under Pradhan Mantri Jan Arogya Yojana.



None of the truck drivers surveyed said that they had applied/benefited from cashless treatment at the hospital, or ex-gratia schemes. Across states, a higher proportion of victims were taken to private hospitals compared to government hospitals which can prove to be more expensive, especially for LIH.



10. 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.



During the FGD, women participants mentioned the need for cashless treatment of road crash victims in all government and private hospitals, especially for poor families.



11. ENSURING QUALITY OF CARE AT THE HOSPITAL

Many respondents spoke about authorities with mistrust. A few participants suggested that there should be a mechanism to ensure quality of care at hospitals and awareness on these rights should be raised amongst the general public. The quality of care can be ensured for every patient by observing scientific protocols and safe best practices, reducing waiting time and unnecessary delays, being responsive to patient needs, avoiding waste and following equitable and non-discriminatory standards. Hospitals should establish measurable benchmarks to monitor outcomes and follow up on these standards and practices. Since most of the women who either die or are injured in road crashes are in rural areas, Accredited Social Health Activists (ASHAs) can be entrusted with the task of spreading awareness on the rights of patients, information about government run health schemes and ensuring that victims get proper rehabilitation and after-care post an crash.



12. MAKE INSURANCE POLICIES MORE INCLUSIVE BY COVERING FOR REHABILITATION AND RECOVERY OF ROAD CRASH VICTIMS. ADDITIONALLY, INSURANCE SCHEMES SHOULD ALSO ACCOUNT FOR THE MENTAL HEALTH IMPACT OF ROAD CRASHES ON VICTIMS AND DESIGN MORE PROGRESSIVE POLICIES. ESTABLISH A NEURO-SPINAL REHAB CENTRE AT THE DISTRICT LEVEL FOR ALL STATES.

Merely increasing insurance coverage is not enough as not all those who are enrolled know about the scheme or its benefits, not all the poor are covered, and not everyone has access to healthcare. Health insurance coverage in India remains poor because the private health insurance industry is still at a nascent stage, the pool of people who are able and willing to pay for insurance is low, and insurance premiums are high. Further because LIH, especially in rural India, have limited access to healthcare services such as doctors and hospitals, they are less likely to buy health insurance.



13. MENTAL HEALTH SUPPORT

Motor vehicle crashes can result in 'significant post-traumatic psychiatric morbidity'. The psychological impact of road crashes is an understudied area and the data on the subject is extremely fragmented or non-existent. Academic and other institutions should analyse the trends for psychological distress due to road crashes in India. The Ministry of Health and Family Welfare should also update the National Mental Health Policy (NMHP) notified in 2014. NMHP acknowledges the linkage between poverty and mental health however it does not categorise crash victims as "Vulnerable Population". The state government should also ensure implementation of NMHP right from Primary Health Care level. State Governments should also conduct awareness drives on already existing schemes like – 'KIRAN 24x7 Mental Health Rehabilitation Helpline. Most importantly, mental health of road crash victims should be covered under health insurance.



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14. IMPROVING ACCESS TO EMERGENCY MEDICAL CARE. THERE IS A NEED TO PUBLICIZE EMERGENCY NUMBERS AND CREATE MORE AWARENESS AROUND IT. 112 HAS BEEN DECLARED A PAN-INDIA EMERGENCY HELP LINE NUMBER for immediate assistance services for police, fire, health and women.

People in rural areas have poor access to medical facilities. Primary Care and Secondary Care infrastructure and resources in rural areas are inadequate to provide proper care to victims of road crashes. The Central and State Governments should ensure placement of adequate numbers of Basic Life Support (BLS) and (ALS) ambulances with life support equipment, and a trained paramedic. Each district should be equipped with a secondary trauma care facility with infrastructure and resources for initial evaluation, resuscitation, stabilization and initiation of transfer to a higher-level trauma care facility.



15. GRIEVANCE REDRESSAL MECHANISM:

There should be a grievance redressal helpline number at all hospitals to be published and managed by the State Health Services for aggrieved victims and their families to complaint and be heard. This will ensure hospitals act with responsibility.



Nearly 7% of the respondents mentioned that they had faced discrimination/ prejudice by the hospital officials/staff among both LIH and HIH categories. The types of discrimination included victims being denied admission and not attending to the victims immediately on arrival at the hospital.

THEME THREE: Provide a social security net for crash victims from LIH through state support



16. INTEGRATING ROAD CRASH VICTIMS AS A SPECIAL CATEGORY IN SOCIAL SECURITY SCHEMES

Policymakers need to acknowledge the interplay between road crashes and various social hierarchies of class, gender, location that intersect to render certain disadvantaged groups more vulnerable to the shocks of crashes. The spatial context and lived experiences of poor households makes it harder for them to respond to the harsh impact of road crashes, pushing them into a vicious cycle of debt and suffering. Therefore, all existing social security schemes should recognize victims of road crashes as a special category that needs Government support at various levels.



17. COMPREHENSIVE REHABILITATION SUPPORT. A REHAB FACILITY SHOULD BE SET UP IN EVERY DISTRICT.

Injury caused by crashes is the 3rd largest cause of Disability. According to a report by NIMHANS, 'nearly 100% of the severely injured, 50% of the moderately injured and 10-20% of the mildly injured will have lifelong disabilities'.

In India, there are multiple structural, social and economic barriers to accessing Rehabilitation. The Central and State Ministers of Social Welfare and Empowerment should create comprehensive programmes for rehabilitation of crash victims. Similarly, District Road Safety Committees should also maintain a database of people in each district who should receive such care and support them through community based programmes.



Among those who survived the road crash, about three out of ten (29.5%) respondents from poor families (LIH) reported undergoing disability. Further, about 6 out of 10 respondents in LIH (64%) and HIH (62%) category required on-going mobility assistance. In terms of time taken to resume work after an crash, the result was more severe for HIH than LIH. Among the LIH, the average time taken to rejoin the previous occupation was about 92 days (about 3 months) whereas it was 43 days (about 1.5 months) amongst HIH category. Overall, LIH category victims took about 107 days to find a new job from the day of the crash whereas it was about 65 days in case of HIH victims.



18. ACCESS TO UPSKILLING AND JOBS.

The National Skill Development Corporation (NSDC) can undertake a special programme to upskill crash victims from rural areas. The programme can set up specific targets of skilling 1 million people for the next 5 years and so on. The NSDC can tie up with other NGOs for this purpose.

Most rural poor are injured in road crashes, this is also validated by the 2011 census data as 71% of India's 26.8 million Persons with Disability (PwD) live in rural India. Out of the total population of PwD, about 15 million are male and 11.8 million, female. Poor households have a lesser ability to respond to road crashes and find it difficult to mitigate their financial burden in the event of an unforeseen emergency. Since the impact is more severe on LIH than HIH, the Ministry of Social Welfare and Empowerment, Ministry of Small and Medium Enterprises, Ministry of Skill Development and Ministry of Agriculture should create priority programs for upskilling of PwD in rural areas and also create specific programs for female PwD in rural areas.

19. SUPPORT TO CONTINUE EDUCATION.



Throughout FGDs and IDIs many respondents stated the impact of crashes on Education with many male respondents having to leave education to support the household financially. The Ministry of Education should create specific schemes to ensure children from households that have been impacted due to road crashes can continue their education.

Indian Industrial Institutes (ITIs) impart skills in various vocational trades to meet the skilled manpower requirements in the country. An automatic enrolment policy should be created at the district level for road crash victims or their family members who had to drop out of schools or forsake education owing to a road crash.



As high as one in five (20%) respondents of LIH category have mentioned that someone in their household had to give up education due to the crash. Such a proportion of respondents among the HIH category was only 5 percent.

THEME FOUR: Create an accessible legal framework for road crash victims to avail insurance and compensation



20. COMPREHENSIVE IMPLEMENTATION OF MCTAP

A Director level official should be appointed by MoRTH for ensuring compliance with all Supreme Court & High Court judgments including but not limited to judgment on MCTAP. Further, an advisory should be sent to JS Centre-State Coordination for implementation of these judgments. The Supreme Court in its judgment dated 05th March 2019 in the case of M.R. Krishna Murthi vs. The New India Assurance Co. Ltd., SLP (C) No 31521-31522 of 2017, noted that there was no proper implementation of the Claims Tribunal Agreed Procedure by the Claims Tribunals at all India level. Even though the Supreme Court directed NALSA to ensure implementation in coordination and cooperation with various High Courts, yet, the implementation has been weak. The National Road Safety Board, which will be created under the Motor Vehicles Amendment Act, 2019, can be the main coordinating agency to ensure proper implementation of the MCTAP.



21. ISSUANCE OF NOTIFICATION UNDER SECTION 164C OF THE MVAA, 2019 TO STANDARDIZE PROTOCOLS BETWEEN MACT, POLICE AND INSURANCE COMPANY

For effective and efficient implementation of online DAR is important to ensure no delay in compensation being awarded to claimants. The standardization of this process will ensure that all crash documents, vehicular records, compliance with statutory provisions in regard to use of vehicles, details of victims, family members and other aspects are shared with the tribunal as quickly and efficiently as possible. The notification should also direct the use of Crime and Criminal Tracking Network and Systems (CCTNS) by Police as well as Tribunals as the formal electronic to share files and information including FIRs and DARs



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23. MECHANISM FOR INTERIM COMPENSATION

Interim compensation becomes crucial for the survival of poor households in the event of a crash. The MVAA, 2019 mandates a Motor Vehicle Accident Fund to be set up by the Central Government (Section 164B) for giving immediate relief to victims of road crashes under Section 164 A. The Central Government can also establish a Motor Accidents Mediation Authority (MAMA) in every district to provide fixed interim compensation as direct credit to Aadhaar linked bank accounts. MAMA can also take over pre-litigation procedures from MACT. The Union Govt must fix an amount that can be transferred immediately as interim compensation pending adjudication of the compensation claim. The recommended range of amount is INR 2-5 lakhs in case of death and INR 50,000 for injury.



23% of the victims/nominees had to attend court for claiming compensation. 13% of the respondents said they faced hurdles/difficulties in accessing the money. 25% of the respondents surveyed took more than 6 months to receive any financial help/relief. Additionally, the time taken for receiving compensation from motor vehicle, medical, and life insurance was higher for urban areas than for rural areas for both LIH & HIH.



24. INCREASING AWARENESS ABOUT MCTAP AND OTHER COMPENSATION SCHEMES

Information asymmetry and poor literacy levels often deter the poor from filing claims. Even if the claims are filed, the proportion of compensation received is not adequate and the delays in awarding compensation make the process unfavourable. Government schemes are also not well publicized among the poor and do not offer immediate relief after a road crash. This can be achieved through the Government mandating General Insurance Corporation (GIC) to set up a dedicated helpline number for LIH. Other insurance companies can contribute to this and the number can be linked to the hospital database of LIH.



70% of respondents of LIH and 63% of HIH were not aware of compensation clauses and schemes in the event of a road crash.



25. INSERTING TECHNOLOGY TO ENSURE INSURANCE COVERAGE:

Inserting technology to increase accessibility and affordability of insurance products to poor households should be incentivised. Government should encourage companies to create low-price, micro- insurance products with LIH in mind. For example, Medical insurance provides coverage only for hospitalization, pre-specified ailments and crashes, for a pre-specified amount while health insurance provides a comprehensive coverage against hospitalization expenses, pre-hospitalization and post-hospitalization expenses and ambulance charges. An insurance product designed to ensure pay-out on losing "one-month of work due to ill-health" would help create an interim-safety net for the entire household. Also IRDA should ensure that insurance agencies create mechanisms for simple claim settlement.



Overall, the insurance coverage of HIHs (in terms of the motor vehicle, medical, life insurance) was higher compared to LIHs at the time of the crash.

THEME FIVE: Address the disproportionate gender impact of RTIs through participative governance & special schemes for women



26. BETTER GENDER DISAGGREGATED DATA

Gender responsive reporting and monitoring is essential to evaluate the impact of road crashes on women.⁴⁶ WHO also recommends that “Gender differences in the social and economic consequences of temporary and/or permanent disability resulting from injury have to be taken into account when planning rehabilitation services” (WHO, 2002). To ensure rehabilitation services as well as adequate support to either women road crash victims or families which are left to deal with loss of male breadwinner, gender disaggregated data at state and district level would be imperative to create gender responsive post-road crash safety nets.



The risk of catastrophic expenditure is inversely proportional to increasing income per capita, i.e., it is significantly larger for those belonging to lower-income quartiles than for those belonging to the highest income quartile. Out of Pocket Expenses (OOPE) was the most significant direct cost borne by victim families among LIH. The overall OOPE was higher for LIH (62%) than HIH (59%). LIH spent a little more than half (52%) of all their income (Rs.78,824) as OOPE on the victim's treatment (hospitalisation, medicines, care) compared to HIH that spent 30.5% of their household income, i.e., Rs.60,476 on the victim's post-crash treatment and recovery. A mere 6.1% of the LIH in rural areas availed medical insurance compensation, whereas 26.3% of the HIH residing in rural areas availed medical insurance compensation.



27. EMERGENCY CASH TRANSFERS TO VULNERABLE FEMALE HEADED HOUSEHOLDS

As part of PM Garib Kalyan Yojana the Government has already implemented the “Unconditional Emergency Cash Transfer” (UECT) to women during the current COVID-19 crisis. (IWWAGE, 2020) The state governments can use a similar framework of UECT to give Aadhar linked DBT to recently turned FHHs. More vulnerable FHHs should be prioritised. The time frame of the emergency cash transfer should be standardised.



Across household categories, the proportion of male Chief Wage Earners (CWE) was higher than female CWE; the number being higher among LIH. 50% of the women from LIH and 55% from HIH were CWE of the household before the crash whereas 81% of the men from LIH and 74% men from HIH were CWE before the crash. 31% of the female members in LIH were severely affected by the decline in household income after the crash compared to 53.5% of the male members.

46. Findings from a 2011 Gallup Poll surveying 143 countries showed that there is a worldwide gap between the sense of safety felt by men and by women, and that this gap was more pronounced in high and middle-income countries where physical safety has increased with economic and social development. Similarly, a 2014 study in the United States found that many people changed their behaviour as a result of harassment: 47% of women and 32% of men started constantly assessing their surroundings, and 31% of women opted to go out in a group or with another person instead of alone.



28. MONETARY SCHEMES FOR LOW INTEREST LOANS:

During the FGD, many participants suggested schemes for low interest or no interest loans to support regular household expenses. The women suggested that the low interest loan should be easily accessible without much paperwork.



29. SCHEMES TO INCENTIVIZE WORK FROM HOME SMALL BUSINESS. WOMEN WHO HAVE LOST THE BREADWINNER OF THEIR FAMILY IN A ROAD CRASH SHOULD BE ENROLLED INTO THE EMPLOYMENT DATABASE TO MAKE THEIR JOB SEARCH EASIER.

State Governments can float schemes to support these women in running small home businesses. Niti Aayog also recommended this strategy to mitigate the declining female labour force participation rates in India. It has proposed to increase women's employment by encouraging entrepreneurship among women. (Niti Aayog, 2019). Women participants also reiterated this. They suggested simple business models like packaging, baking, pickle making as something that would help them monetarily without leaving the house. Women also preferred a model where they could earn daily or weekly income instead of monthly payments.



Besides caregiving, LIH respondents stated that in the absence of any steady primary source of income (especially in the case of death of a breadwinner), the women of the household often had to step up and take additional jobs to mitigate the financial burden. Across households, 40% of the women participants reported a change in their working patterns while around 11% said they took up extra work after the crash.



30. WOMEN'S PARTICIPATION IN LOCAL ROAD SAFETY GOVERNANCE FRAMEWORKS.

Women's participation in planning and decision making at local road safety governance frameworks including State Road Safety Council and District Road Safety Committee should be ensured. Adequate female representation shall not only ensure Gender responsive monitoring, reporting and budgeting, but will also create opportunities for women to be trained for various roles including as paramedics, backend operators for electronic enforcement architecture and other systems which will be created to ensure road safety.



31. STANDARDISATION OF COMPENSATION FOR NON-WORKING WOMEN

The MACT has often taken a very conservative view on compensation for "house-wives". In *Sher Singh vs. Raghubir Singh* (2004), the Tribunal assessed the dependency of the family on the housewife at as low as Rs. 600 per month. The Tribunal concluded that the 'services rendered by the deceased woman could be replaced by hiring a servant at the salary of Rs. 600/- per month.' This logic is highly fallacious. The unpaid work done by women in households cannot be quantified by comparing it to the work done by a domestic help. This approach to compute the compensation by relying upon the minimum wages payable to a skilled worker has also been criticised by various members of Judiciary. In *Arun Kumar Agarwal vs. National Insurance Company* (2006), the Supreme Court also stated, "It is not possible to quantify any amount in lieu of the services rendered by the wife/mother to the family... the term 'services' is required to be given a broad meaning and must be construed by taking into account the loss of personal care and attention given by the deceased to her children as a mother and to her husband as a wife. The Bombay High Court in the case of *Rambhau & Ors Vs The Oriental Insurance Co & Ors* (2007), in its judgment dated 17th September 2020 directed Oriental Insurance to pay Rs. 8,22,000/- along with interest at the rate of 6% per annum as compensation for the woman's death. The Court while computing the amount considered various factors such as loss of love and affection, funeral expenses, household work and other such factors. Therefore in light of the subjective interpretation, it is of utmost importance that the Central Government issues guidelines to set a definite criteria for determination of compensation payable to the dependents of a non-earning housewife/mother to remove subjectivities and ensure that family members or the disabled women (in case of serious injuries) receive appropriate compensation.

THEME SIX: Strengthen post-crash support for children and young adults through state support



32. ENACTMENT AND IMPLEMENTATION OF CHILD ROAD SAFETY PROVISIONS IN MVAA, 2019

MVAA, 2019 has provisions for mandating the use of Child Helmets, Child Restraints and also penalizes juvenile driving. These sections should be notified by the Central Government under the Central Motor Vehicle Rules and the State Governments should ensure that effective implementation. The Enforcement agencies should also ensure enforcement of child safety provisions.



33. EDUCATIONAL INSTITUTE BASED SUPPORT SYSTEM. CHILDREN AND ADOLESCENTS WHO ARE IMPACTED BY A ROAD CRASH DIRECTLY OR INDIRECTLY SHOULD BE PROVIDED SUPPORT FROM THE STATE.

Since the main institution of interaction for them are schools, the education department can ensure access to qualified child therapists. Since road crashes impact nutritional intake of household members, the State Government can also create a better mechanism to monitor their calorie intake and ensure they get adequate nutrition through the School Mid-Day Meal Scheme.



34. SUPPORT FOR PAYMENT OF SCHOOL FEES FOR CHILDREN FROM VULNERABLE FAMILIES.

In the IDIs, adolescents mentioned that financial constraints due to road crashes led to either late admission or dropping out of school completely to support their family financially. This was stressed more by male adolescent participants. The State Government should ensure this by enacting a moratorium on payment of school fees for at least 3 months so that the children from vulnerable families don't have to leave school due to financial constraints. Since almost 80% of adolescents who die in road crashes are male, the Government should ensure that this policy is gender neutral.



35. ENSURING SAFE SCHOOL ZONES

Considering around 9% of all road crashes in India are reported near schools and colleges it's imperative to ensure that all road owning agencies ensure that children and adolescents are safe while commuting on roads. Urban Local Bodies (ULB) and Rural Local Bodies (RLB) in villages should create safe school zones by slowing down vehicles by design and improving infrastructure by providing walkable pavements, safe crossings etc. The Union Government should also prescribe standards for this under Section 198A of MVAA, 2019.



36. ENACTING RULES ON SAFE TRANSPORT TO SCHOOL

Governments should address safety issue faced by children while commuting to school by making rules regarding school buses, vans, auto rickshaws and other means of transport, for safe transportation of school children.

In 2018, over 4500 children died in road crash deaths in the 4 surveyed states out of which over half the deaths happened in UP. Rules around school transport should be formulated by State Governments to help safeguard children. Standardization of rules for all school transport including personally organized transport will ensure that children coming from poor families don't have to be in overcrowded personally organized transport to cut costs. This is important since parents around 70% of parent respondents from Mumbai, Chennai and Lucknow admitted that their children travel in overcrowded personally organized vehicles. (SaveLIFE, 2019)



37. ISSUANCE OF CHILD ROAD SAFETY POLICY

State Governments as part of their State Road Safety Policy, Annual Action Plan and Road Safety Fund should prioritize road safety for children and adolescents. The State Government should standardize rules for safety of children by issuing a child road safety policy. They should highlight information for parents and guardians in local languages. Concrete measures should be budgeted and made part of the State Road Safety Annual Action Plan..



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