

## EXECUTIVE SUMMARY

Roll No. 4218

India has large incidence of accidents. A total number of 4,81,805 traffic accidents comprising of 4,50,898 road accidents, 28,360 railway accidents and 2,547 railways crossing accidents were reported in the year 2014. As a result of these accidents 1,69,107 persons died. Out of 1,69,107 accidental deaths, 1,41,526 persons (around 30%) died of road accident alone. As per WHO Report 2013, 24 Indians die every hour and 56 Indians are injured in road traffic injury every hour.

A large number of people, who are victims of trauma and accidents, lose their lives for want of timely transportation to an appropriate Health Care Facility and many trauma and accident victims, who survive after getting medical care, become disabled because of improper handling during transportation

Ambulance service remained an urban phenomenon until the year 2005 when National Rural Health Mission was launched. It was under NRHM wherein provision for emergency response transport system for rural area was visualised. Now adequate numbers of ambulances have been deployed in the country so as to ensure that the accident victims are taken to appropriate health centre in time. As on date different model of ambulance services are available under various dial numbers. Some of the popular dial numbers for ambulances are 102, 104, 108, 1098 etc. The ambulances services provided in India, as on date, may be segregated into three functional models. These three functional models have been classified as (i) Government run Ambulances, (ii) Ambulances running under PPP mode, and (iii) Ambulances run by NGOs/Private agencies/ Private Hospitals/Private Individuals on charity or chargeable basis. The prominent one being the ambulance running under first two models.

In the present study, the effectiveness and efficiency of first two ambulance models run through government support have been analysed. It has been found after analysis that both the models have some limitations as well as operational constraints. In the process a need has been felt for an alternate ambulance service model. The model, which has emerged after studying the concerns of the present forms of ambulance service model, envisages to bring down death and disability caused due to life threatening trauma and accidents by 50%. This model has been named an alternative model with the objectives of creating a self-sustaining and financially non-obligatory network of reliable ambulance service, relieving the

state from recurring committed expenditure on ERS, creating multiplier effect by recirculating the one-time investment in the economy, keeping the ERS personnel motivated by incentivising efficiency and generating employment.

This model suggests a comprehensive state of the art communication network also known as e-Ambulance. The contemporary technology is proposed to be utilised for developing a mobile based application namely e-Ambulance app for reporting accidents by the bystander or anyone. The Mobile based application will be in line with **Meri Sadak mobile app** that will enable the bystander to click the photograph of the victims along with the accident site and submit the same on the e-Ambulance App. The application (app) will utilise the Global Positioning System (GPS) co-ordinates for identifying the site of the accident, much like what is done in Meri Sadak, Ola and Uber Apps. The App can be downloaded by any concerned citizen in the country free of cost. On sighting an accident, a user can open the e-Ambulance App and click the photograph of the accident victim/site. On clicking the photograph, the exact location of the accident site can be tracked on the basis of GPS and information can be flashed to the nearest available Ambulance.

A financial working model has accordingly been designed to sub-serve the aforementioned objectives of an alternative ambulance model.