

**Utilization of Free Medical Services by Children
Belonging to the Economically Weaker Sections (EWS)
in Private Hospitals in New Delhi, 2012-13;
A Rapid Appraisal**



**NATIONAL COMMISSION FOR PROTECTION OF
CHILD RIGHTS**

Acknowledgements

This report was put together by Dr Vandana Prasad (Member) and Ms Swati Das (Technical Expert). Ms Shafali Avasthi (Junior Technical Expert) and Ms Pragya Wazir (Intern) also contributed to the process of the rapid appraisal.

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Executive Summary

The **National Commission for Protection of Child Rights (NCPCR)** had undertaken the process of rapid appraisal of select medical services (public and private) for children in Delhi between September 2012 and November 2012. The objective of the appraisal was to see how free beds in private institutions are being utilized for providing medical services to *children* in particular. To our knowledge, this subject has not been investigated earlier and the main objective of the appraisal was to get a broad, rapid basic and preliminary understanding of the current situation so that policy issues can be highlighted for further in-depth study and analysis.

As part of this process, all private hospitals registered under the Govt of Delhi and listed by the Delhi Govt as being mandated to provide free treatment to the poor/EWS in Delhi, were contacted. Additionally, Apollo Hospital and two large government hospitals catering to children were also similarly appraised in order to make comparisons. These comprised of Kalawati Saran Children's Hospital(KSCH) (Central government); a special hospital for children, and Lok Nayak Jai Prakash Narayan Hospital (LNJPNH); a general hospital offering pediatric care (Delhi government).

It is very evident from this rapid appraisal that very few children are utilizing the availability of EWS category beds in private hospitals in New Delhi as compared the vast numbers utilizing public health facilities. Not only are the numbers of children being admitted small, Child Bed Occupancy Rates are very low even with respect to the number of beds available for EWS (most hospitals showing CBORs of less than 10% of the total potential bed occupancy for EWS patients). The bulk of referrals and admissions seem to be going to 8 hospitals in addition to Apollo Hospital, (namely, Maharaja Agarsen Hospital, Fortis Escorts Heart Institute, Sir Ganga Ram Hospital, Bhagwan Mahavir Hospital, Sri Balaji Action Medical Institute, Saroj Hospital and Heart Institute, Dr. B.L. Kapur Memorial Hospital, Max Patparganj) suggesting a larger referral for super specialty care. However, large discrepancies exist between referrals and admissions raising issues of inadequate tracking of referrals and problems with continuity of care. Significant user charges are being applied in government hospitals for certain investigations and Apollo Hospital continues to levy a high charge for drugs and consumables even for EWS patients. Further in-depth studies are recommended to detail these issues. However, the appraisal clearly elucidates the fact that a very minor contribution is being made to the general health care requirements of children in the capital through the strategy of providing subsidy to private institutions as compared to the contribution of the public sector. Even this minor contribution has required prolonged legal battles which persist in the case of Apollo Hospital and constant monitoring is essential to ensure that the terms and conditions of these subsidies are met.

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**Utilization of Free Medical Services by Children Belonging to the Economically Weaker Sections (EWS) in Private Hospitals in New Delhi (2012-13)
A Rapid Appraisal**

I. Context

As part of the health sector reforms that India adopted during the 1990s, a greater participation of the private sector in providing health care services was envisioned by the Government. One of the ways of involving the private sector was by giving significant subsidies to the private sector to set up hospitals/establishments/medical colleges etc in return ensuring that certain services are provided to the poor free of cost or at subsidized costs.

The provision of free treatment facilities for patients belonging to the Economically Weaker Sections (EWS) in private hospitals in Delhi¹ is an example of this kind of partnership. Many registered societies and trusts in Delhi received allotment of land in Delhi/NCR at concessional rates (predetermined and zonal variant rates), by the DDA and the Land & Development Office, Govt. of India for setting up hospitals/health care facilities. In turn, these hospitals were stipulated to provide certain percentage of beds in their hospitals for the poor, for inpatient care as well as provide free treatment to the poor in the OPD. However, while the basic notion was in place, implementation of it was lacking. There were no clear and proper guidelines for providing free treatment. There were no clear definitions regarding ‘freeships’ of free beds. In the absence of clear guidelines, some hospitals were providing 10% of free beds in IPD, some 70% ; some hospitals expressed their unwillingness; some did not have these conditions earlier, and there were a few where these conditions were not imposed at all.

In such circumstances, it was necessary to constitute proper guidelines for the implementation and monitoring of such provisions. The Delhi Government, in response set up a high powered committee under **Justice A S Qureshi** as Chairperson in 2000 to look into these matters. The **Qureshi Committee** was mandated to²:

a) Review the existing free treatment facilities extended by charitable and other hospitals that have been allotted land on concessional terms/rates by the Government.

¹ www.delhi.gov.in

² SAMA report,2011

- b) Suggest suitable policy guidelines for free treatment facilities for needy and deserving patients and to specify the diagnostic, treatment, lodging, surgery, medicines and other facilities that will be given free or partially free.
- c) Suggest a proper referral system for optimum utilisation of free treatment by the deserving and needy patients.
- d) To suggest a suitable enforcement and monitoring mechanism for the above, including a legal framework.

The Qureshi Committee recommended the provision of 10 per cent free beds in the IPD, and free treatment for 25 per cent of the OPD patients. It was also recommended that the conditions should be uniform and applicable to all the allottees with or without any conditions, and free treatment should be completely/entirely free.

The Committee recommended that:

“The existing free treatment facilities extended by charitable and other hospitals who have been allotted land on concessional terms/rates are inadequate, erratic and far from what was desired....”

“The government needs to intervene and to take action against all cases who have contravened the terms and conditions of allotment. The allotments and leases could be cancelled and necessary fresh agreements specifying fresh and uniform terms and conditions be put into place. The new agreements should look into the reconstitution of the managements with at least three nominees of the Delhi government on board of all managements. All defaulters should be made to pay compensation which could be constituted as a welfare fund to benefit the poor.”

(ibid.)

As with the Qureshi Committee in Delhi, **the Dhumal Committee** which was set up in Mumbai to look into the monitoring of Charitable hospitals recommended that charitable hospitals would have to admit indigent patients (annual income less than Rs.25,000) and patients from economically weaker sections (annual income less than Rs.50,000) to ten per cent (each) of operational beds in all departments³.

³ www.dnaindia.com dated 19th Aug, 2006
and SAMA Report,2011

The Delhi Govt. accepted the recommendations of the Qureshi Committee and all private hospitals who had been allocated land/received subsidies were mandated to comply with these provisions.

However, it was not until a PIL writ petition⁴ by a lawyers' group called **Social Jurist** was filed in the Delhi High Court in 2002, that strict implementation of the provisions and clear guidelines for the same were undertaken. The final judgment pronounced in the High Court of Delhi on 27th March, 2007, accepted the recommendations by the Qureshi Committee that 10 % of total beds in the IPD should be for the poor as well as 25% of patients in the OPD should be treated free of cost in the case of EWS patients. The Court also observed that government hospitals must refer poor patients to private hospitals where requisite facilities are available. The Court on examination of 20 such private hospital allottees, had directed all other hospitals who were similarly placed to comply with the Court orders/ provision of free treatment to the poor of Delhi.

The Delhi Govt. in consultation with various concerned agencies laid down specific guidelines to all private hospitals and government hospitals for the implementation of the directives laid down by the Court (**See Box 1**). The guidelines issued are to be followed by /for all private hospitals & govt. hospitals functioning under the control of Central Govt, Delhi Govt., MCD, NDMC, AIIMS, IHBAS etc which are available for general population and Railways, ESI, Cantonment Hospitals that are providing treatment to general population also, apart from their employees covered.

Box 1

The Specific Guidelines for specific hospitals, as laid down by the Delhi Govt are:

(A) FOR PRIVATE HOSPITALS

- (i) The Special Referral Desk for EWS patients must be functional round the clock and managed by a nodal officer whose name, Telephone No., e-mail ID must be prominently displayed & updated in the webpage.
- (ii) In case of any change in the Nodal Officer the same must be updated in the webpage .
- (iii) The hospitals must prominently display a board at a conspicuous place bearing the name, designation. and contact number of the Nodal Officer. (iv) The status of availability of free beds (Critical & Non-Critical) must be updated in the website round the clock on a real time basis.

⁴ WP (c) No.2866/2002 (Social Jurist vs GNCT Delhi)

If the webpage shows availability of such beds then there would be an un rebuttal presumption that free beds are available for referred EWS patients and the concerned Identified Private Hospital authority will be bound to receive and treat such patients irrespective of the vacancy.

(v) The hospital shall maintain the records which would reflect the name of the patient, father's/husband's name, residence, name of the disease suffering from, details of expenses incurred on treatment, the facilities provided, identification of the patient as poor and its verification done by the hospital .

(vi) The hospital shall also maintain details of reference from Govt. Hospital and the reports submitted by the private hospital to Govt. hospital in the form of feedback of treatment provided to the concerned patient.

(vii) The records so maintained shall have to be produced to the officers designated by the Govt. of NCT of Delhi for monitoring the free treatment being provided to the eligible category of EWS patients in the IPD & OPD.

(viii) After the discharge of patients who have been provided free treatment, the concerned hospital shall submit a report to the referring hospital indicating there in the complete details of treatment provided and the expenditure incurred thereon.

(ix) All the facilities /treatment being provided to the paid patients by the concerned Identified Private Hospitals must also be provided to the eligible patients of EWS category.

(x) For EWS patient referred from Government Hospitals, the Identified Private Hospitals are not required to ask the patient/attendant to fill another undertaking as the same has already been filled earlier and forwarded by the concerned Nodal Officer of the Govt. Hospital from where the patient has been referred.

(xi) It may be assumed that the patients having either BPL card, AAY card or a valid income certificate issued by the office of concerned Dy.Commissioner, SDM, Tehsildar fall under the eligible category of EWS patients i.e. their monthly family income is less than the minimum wages of an unskilled worker, hence, such patients may not be asked to fill an undertaking and a copy of any of the above mentioned documents would suffice for their eligibility for free treatment.

For patients not carrying any of the above mentioned documents filling of an undertaking is mandatory.

Apart from the undertaking proforma provided by the Directorate the eligible category of EWS patients may not be asked to fill any other kind of undertaking by the Identified Private Hospitals for patients either referred by Government Hospitals or admitted by the Identified Private Hospitals on their own (for patients admitted by the Identified Private Hospitals on their own, the linked Govt. Nodal Officer may be informed to verify the genuinity of such patients within 48 hours of admission).

(xii) If the concerned Identified Private Hospital has inadvertently charged for treatment of eligible patients of EWS category they must refund the amount to the said patient/attendant at the earliest and if they have charged from such patients deliberately it would be viewed as contempt of the orders of Hon'ble Supreme Court of India dated 01/09/2011 and High Court of Delhi dated 22/3/2007.

(xiii) Nodal Officers of the Identified Private Hospitals must send the information in the following format online on email ID dhs.nhcell@gmail.com by 2 PM every day.

Name of the Identified Private Hospital :

Free Patients Report dated :

Name of the Nodal Officer :

Mobile No. of Nodal Officer:

Total number of free IPD patients on the said date:

Total number of free OPD patients on the said date:

S.No.	Name of the Admitted Patient	Age/ Sex	Referred from/admitted on their own
Diagnosis	Department	D.O.A.	Mobile No. of patient/ attendant

(xiv)The hospital charging any money for treatment of eligible patients of EWS category shall be liable for action under the law and it would treated as violation of the order of the Court. The Director/M.S./Member of the Trust or the Society running the hospital shall be personally liable in the event of breach /default.

(B) FOR GOVERNMENT HOSPITALS

(i) The Special Referral Centre established by the Identified Govt. Hospitals must be managed by the concerned Nodal Officer who must be either the Addl. Medical Supdt. /Dy. Medical Supdt. alongwith an alternate Nodal Officer. After the working hours the Casualty Medical Officer would supervise the referral of EWS patients to Identified Private Hospital.

(ii) The Special Referral Centre/ Casualty must be provided with a computer alongwith an internet connection in order to facilitate a referral of eligible patients of EWS category. The availability of free beds in Identified Private Hospitals is displayed on www.health.delhigovt.nic.in ---> MIS link of Department of Health & Family Welfare ---> Free Bed Monitoring .For viewing the availability of free beds click the Calendar for the required date or it may be filled in the format DD-MM-YYYY.

(iii) For such eligible patients reporting to the casualty who needed immediate care and if it is found that the particular facilities are not available or the beds are not available and the patient need urgent care, such patients may be referred to the Identified private hospitals as per the patient's choice / availability of free beds/ Specialty. The list of Identified Private Hospitals is annexed (**Annexure 1**).

(iv) In case a decision has been taken by the treating doctor of the concerned department and the approval of the Senior doctor/ Incharge of the Unit has been sought to refer the particular EWS patient to Identified Private Hospital where the requisite facilities are available, the matter shall then be referred to the Nodal Officer/ CMO managing the Special Referral Centre for transfer of such patients.

(v) The nodal officer shall ensure that the Proforma (**Annexure 2**) for referral in triplicate (i.e one copy to retained by the referring hospital, second copy to be handed over to the patient, and third copy to be sent to DHS and the Undertaking are filled properly by the eligible patient of EWS category or by his/her attendant and the Transfer Summary containing the brief history of the treatment to be handed over to the patient for further treatment in the Identified Private Hospital.

(vi) The Nodal Officer / CMO before shifting a critical patient shall make liaison with the Nodal Officer at the concerned private hospital where such facilities are available regarding blocking of a critical bed in the Identified Private Hospital for the concerned patient and then shift the patient in the hospital ACLS ambulance accompanied by a doctor. He must also ensure that the proforma for referral and other enclosures are handed over to the patient/ accompanying doctor, so as to cause minimum inconvenience to the patient/relative. The accompanying doctor must physically hand over the patient to the doctor at the concerned hospital alongwith the transfer summary and necessary documents.

(vii) In case of a patient is admitted directly by the private hospital on its own, the concerned private hospital shall be bound to intimate the Linked Govt. Nodal Officer within two days of his/her admission. The linked Nodal Officer of the Govt. hospital or any authorized officer of the concerned specialty for which the patient has been admitted shall be under obligation to visit the private hospital and verify the fact in regard to the genuinity of such person, the treatment provided to him, and the cost likely to be incurred by the private hospital. He /She shall make record of his/her visit.

(viii) It may be assumed that the patients having either BPL card, AAY card or a valid income certificate issued by the office of concerned Dy. Commissioner, SDM, Tehsildar fall under the eligible category of EWS patients i.e. their monthly family income is less than the minimum wages of an unskilled worker, hence, such patients may not be asked to fill an undertaking and a copy of any of the above mentioned documents would suffice for their eligibility for free treatment. For patients not carrying any of the above mentioned documents filling of an undertaking is mandatory.

(ix) Nodal Officers of the Government Hospitals must send the following information online to the e-mail ID dhs.nhcell@gmail.com on a daily basis by 4 PM:

Name of the Government Hospital :

Free Patients Report dated :

Name of the Nodal Officer :

Mobile No. of Nodal Officer:

Total number of free IPD patients referred on that date :

Total number of free OPD patients referred on that date:

S. No. Name of the Patient Age/ Sex Documents attached (BPL/AAY card/Valid Income Certificate/ Undertaking)

Name of the Identified Private Hospital Referred to OPD /IPD Mode of transport (Self/ Ambulance)

(x) The list of the linked Nodal Officers for verifying the genuineness of the poverty of patients admitted by the Identified Private Hospitals on their own .

**(B) ELIGIBILITY CRITERIA
(FOR IDENTIFIED GOVERNMENT AND PRIVATE HOSPITALS)**

Any patient who is resident of India, having a monthly family income less than the minimum wages of an unskilled worker which is presently Rs.6422/-, is considered as belonging to EWS category and therefore is eligible for free treatment in the Identified Private Hospitals.

The aforesaid criteria is linked with the minimum wages of an unskilled worker and revised accordingly. Such revisions shall be communicated from time to time.

Any one of the following documents would suffice the eligibility of such patients:

(i) Patients carrying BPL card/ AAY cards (bearing their names)

(ii) Patients carrying valid income certificate issued by the concerned Dy. Commissioner/SDM/ Tehsildar

(iii) Self declaration: By any poor patient or his/her attendant by filling an undertaking regarding his /her family income and is subsequently referred from Govt. Hospitals. None of the Identified Private Hospitals shall refuse treatment to eligible patient of EWS category if he/she fulfills any of the above mentioned criteria.

(iv.) Any poor patient admitted by the Identified Private Hospital on their own, the information about the same must be sent to the linked Nodal Officer of Identified Government Hospitals within 48 hours for verification of the genuinity of such patients.

**(D) REFERRAL SYSTEM
(For Identified Government Hospitals)**

1. Eligible patients of EWS category may be referred from Government Hospitals to the Identified Private Hospitals on the basis of their income proof such as BPL Card /AAY Card Valid Income Certificate issued by SDM/ Undertaking filled by the patient/attendant.

2. Eligible patients of EWS category with valid income proof may attend the Out-Patient Department of these concerned private hospitals directly during their OPD hours.

3. In cases of an emergency, the eligible patients of EWS category can go directly to the casualty/ emergency department of these concerned private hospitals, even if they are not carrying any proof of their income.

(E) SERVICES IN IN-PATIENT DEPARTMENT (IPD)

10 % of the total beds must be reserved/earmarked for eligible patients of EWS category and all the services should be provided free of cost in all respects to such poor patients, in the concerned Identified Private Hospital.

(F) SERVICES IN OUT-PATIENT DEPARTMENT (OPD)

25% of total OPD must be provided free of cost in all respects to the eligible patients of EWS category and the all the services should be provided to such patients attending the OPDs of the concerned Identified Private Hospitals.

(G) EMERGENCY SERVICES

When an eligible patient of EWS category goes for treatment in the emergency/ casualty departments of the concerned Identified Private Hospital on his/her own, such poor patients must be treated free of cost in all respect.

The treatment must not be withheld for want of income proof of such patients, rather the treatment may be given priority without any delay whatsoever.

Such patient/his or her attendant may fill an undertaking regarding his/her income which would suffice for availing free treatment.

Apollo Hospital

The other well known case regarding provision of free services to the poor relates to the Apollo Hospitals, New Delhi.

The Indraprastha Medical Cooperation Ltd (IMCL) / Indraprastha Apollo hospital, a multi specialty hospital, was leased 15 acres of land on the Delhi-Mathura road, at the rate of Re.1 for a month. The agreement had been to establish a super specialty hospital running on 'no profit no loss' basis on the land provided by the GNCTD, and in turn providing free of cost medical treatment, diagnostics and other necessary facilities to 40 % of their out patients as well

provide 1/3rd of the total beds as free beds for the poor. However, these provisions were interpreted as free services of doctors and free beds rather than for drugs and consumables.

In the light of this, the **All India Lawyers Union (Delhi Unit)** filed a writ petition⁵ at the High Court of Delhi in December 1997, against the hospital charging them with not honouring their social commitments as per contract and in fact charging fees from deserving BPL beneficiaries under the agreement.

The Delhi High Court constituted a Committee in July 2002 to look into the services being provided to the free and paid patients by the hospital, status of referral system by the Government for free treatment and number of commissioned free beds. However, the hospital failed to provide certain material information which had been called for by the Committee including on the following aspects:-

- a) Cost to the hospital per free bed in proportion to the food, medicines and consumables.
- b) The criteria adopted to identify a "free patient".
- c) Speciality-wise break up of expenses on free patients.
- d) Data about emergency admissions.
- e) Speciality-wise break up for ICU patients on paid and free sides.

The Committee submitted its report in March, 2003 which brought out glaring deficiencies in the arrangements as also discriminatory treatment as regards poor patients referred for free treatment (**see Box 2**).

BOX 2

Report of Committee set up by Delhi High Court (March 2003)

- a) The space norms, specification and services for poor patients are of much lower standards when compared with paid patients.
- b) No procedure had been established for identifying patients entitled to freeship.
- c) The area made available (2935 sq.mtrs.) for poor patients out of the total built up area (38580 sq.mtrs) works out only 7.6%.
- d) Free patients are entitled only to general wards, each accommodating about 50 beds with common toilets, as against paid patients having provision for luxury suites, single rooms, double rooms, general wards (with 5 to 6 beds only), all with attached toilets.
- e) Each paid patient on an average has available to him 72.45 sq.mtrs of space as against a space of 20.67 sq.mtrs per bed for free patient.
- f) The areas meant for free patients are non-air- conditioned whereas all areas for paid patients are fully air-conditioned.
- g) No records were found maintained for free patients, the statistics gathered indicating the number of

⁵ All India Lawyers Union (Delhi Unit) Vs. Govt of NCT Delhi & Others in WP (C) No.5410/1997 from www.indiankanoon.org

admissions towards free side has been virtually negligible when compared to the paid patients.

h) On physical count only 117 beds out of the total 634 commissioned were found allocated to "free patients", constituting 18.45% only.

i) The average occupancy of the commercial beds over the last one year was 338 (69.26%) as against meagre 23 (15.97%) for free beds.

j) Attempts had been made to inappropriately categorise patients from whom payments could not be recovered as free patients, which was actually an attempt to write off "bad debt".

k) Patients categorised as free patients were made to pay for the medicines and all consumables which formed a substantial portion of the total expenditure during hospital stay.

l) OPD treatment had been provided only to the extent of .0091%, .0017% and .0015% patients respectively during the financial years 2000-01, 2001-02 and 2002-03 respectively as against the obligation to provide free OPD services to 40% of the patients.

m) In spite of specific requirement of clause-6(2) of the lease agreement, no separate records were maintained for outdoor patients.

n) No separate records for emergency admissions or speciality-wise break up were maintained.

o) In ICU the share of free beds was only 12 out of 110 beds (constituting 9.83% against the requisite 33%), with actual occupancy allowed being only 7 out of 10 beds, as compared to 100% occupancy on the paid side.

p) The diagnostic facilities were not provided as free of cost to the poor patients.

Source: <http://www.indiankanoon.org/doc/1508125/>

Another report on corrective measures taken regarding issues brought forth in the first report was submitted by the Committee in April 2009. It observed that out of a total of 38,120 number of paid indoor patients in the sampled months for the previous five years, only 939 were free indoor patients i.e. only 2.46%. With regards to OPD patients also, only 358 patients out of a total of 1,29,145 were treated free i.e. only 0.27% of the OPD patients were treated free of costs. Not much improvement was observed in the infrastructure and facilities made available for the free patients except that the air cooling system was made functional.

Thus, in view of this, the Hon'ble High Court of Delhi in its judgment dated 22.09.2009 took serious note of non-seriousness of the hospital in the matter and directed the Indraprastha Apollo Hospital, New Delhi, to provide 1/3 of the total beds i.e. 200 beds free for treatment in the IPD and to make necessary arrangements for free facilities to 40% of the outdoor patients.

In the same judgement, the Court also expressed its displeasure at the hospital for avoiding its responsibility and not complying with the said agreement for more than fifteen years by raising one or other frivolous objection. The Court issued a directive, among others⁶ to the Hospital to admit such patients and treat them free of any expenses in relation to admission, bed, treatment, surgery etc., including consumables and medicines. In other words, such patients would not be required to pay any expenses for their treatment in the Indraprastha Apollo

⁶ ibid

Hospital. The Delhi High Court noted that the agreement between IMCL and GNCTD was clear in its meaning of the term 'free treatment' and that the free treatment would also include consumables and medicines. The hospital was also directed to pay a fine of Rs.2 lacs by the Delhi High Court for non compliance of terms of agreement.

In October 2009, the Delhi Govt. issued the following directions with regards to the implementation of the orders of the High Court (**Box 3**).

Box 3

A. For Delhi Govt. Hospitals

1. A board should be displayed prominently in the OPD and in the casualty Deptt of your hospital indicating that free treatment is available to the patients of following category in Apollo Hospital. These patient should be properly identified and classified as below :

(a) Person of below poverty line to be identified on the basis of ration card:

(b) Person referred by the hospital of the GNCTD:

(c) Class-III and Class-IV employees of the GNCTD:

(d) Any other poor or needy person on the recommendation of the Secretary (Health)

The patients in Emergency up to a total of five per day, irrespective of any referral shall also be admitted.

2. A special referral centre is to be established in the form of referral counter or room in the casualty or regular OPD, to refer the eligible patients of above mentioned category to Apollo Hospital.

3. A patient brought to casualty, if requiring necessary treatment immediately may be referred through the Medical Supdt./Director of the hospital after stabilization of the patient's condition.

4. All BPL patients identified based on the ration card and other patients in the above mentioned category, in case of overflow of patients who might require urgent treatment may be referred as per procedure mentioned in the subsequent paras. .

5. While referring a patient, the proforma as enclosed herewith shall be required to be filled in triplicate. The copy marked as Proforma -A shall be given to the patient who would hand over the same to Apollo Hospital, 2nd copy marked as Proforma-B shall be maintained by the

referring hospital and the office of the Pr secretary / MOH and the 3rd copy marked as Proforma-C shall be sent to DHS for records.

6. As the Apollo hospital has been directed to provide free treatment as per procedure mentioned above, the same shall be strictly followed while referring any patient. After treatment of the referred patients on discharge, it shall submit a report to the referring hospital with a copy to DHS indicating complete details of the treatment and the expenditure incurred. You are required to intimate the receipt of the said feed back to DHS.

7. The patients of BPL category and the Class III & IV of GNCTD employees willing to obtain treatment in OPD may approach directly to the hospitals with proof of identification through the nodal officer Dr.Ashok Kumar Rana, Mobile telephone no 9654100313 who is posted as OSD to DHS, Delhi Government. The nodal officer would be available in the hospital between 10 AM to 12 AM and 2-4 PM. The other patients from (b) & (d) above would be referred either through Govt hospital or through GNCT as mentioned above.

8. It has been decided that initially at least 40 patients per day would be provided free treatment in the OPD for a period of three months which would be reviewed and the number may be decided.

9. Similarly a nodal officer from Apollo hospital has been requested to be appointed for smooth referral of patients.

B. For Apollo Hospital

In pursuance of directions of Hon'ble High Court, the lease agreement and the decision taken by Delhi Govt. the hospital is required to follow the following directions:

1. To provide One third of total beds .i.e 200 beds with adequate space and necessary facilities similar to whatever is being provided to the general ward/ economic ward of the hospital on paid side. In furtherance, the hospital is required to make necessary arrangements for free facilities to 40 % of the out door patients.

2. It has been decided that to arrive at 40 % of patients, at least 40 patients in the OPD be examined free of charge initially for period of 3 months, which may be reviewed subsequently.

3. Delhi Govt. Hospitals have been directed to refer patients as in accordance with lease agreement and court directions with a proforma to be filed in triplicate. The patients referred

with proforma A shall be admitted and treated free of any expenses in terms of admission, bed, treatment, surgery etc. including consumables and medicines. Such patients would not be required to pay anything.

4. After the patients is discharged, the hospital shall submit a report to the referring hospital indicating the details of treatment and the expenditure incurred thereon with a copy to DHS.

5. The patient's entitled for free treatment should be properly identified and classified. Priority norms for such classification would be as below:

Person of below poverty line to be identified on the basis of ration card:

Person referred by the hospital of the GNCTD:

Class-III and Class-IV employees of the GNCTD:

Any other poor or needy person on the recommendation of the Secretary (Health).

6. In case of emergency a total of 5 patients / day shall be admitted without any referral, however ex post facto sanction may be obtained from the Govt.

7. A board should be displayed prominently within the compound at OPD indicating that 40 % of OPD patients are entitled for free treatment. This should be publicized through advertisement in newspaper and other Medias.

8. The records of having given free treatment and paid treatment should be scrupulously maintained which shall be open for inspection by DHS or Monitoring by GNCTD.

9. The quarterly reports of free treatment given as per proforma enclosed, separately for OPD and IPD Patients with details along with the expenditure incurred should be submitted before 5th day of the month ending each quarter.

10. For the convenience of such patients Dr Ashok Kumar Rana, with Mobile telephone No.9654100313 a nodal officer as OSD to DHS has been appointed who would be available in the hospital to interact with the Nodal Officer. You are requested to make necessary arrangement and provide necessary facilities for the nodal officer of the Govt.

However, the definition of free treatment continues to be contested by Apollo Hospital which continues to charge for drugs and consumables. The hospital appealed against the judgement of the Delhi High Court and filed a Special Leave Petition (Indraprastha Medical Corpn. Ltd. Vs All India Lawyers Union & Anr, SPL No. 29482/2009) in the Supreme Court. The next hearing in the matter is slated for 16th June 2014⁷.

⁷ <http://courtnic.nic.in/supremecourt/querycheck.asp>

II

The Rapid Appraisal

II. The Rapid Appraisal

The National Commission for Protection of Child Rights (NCPCR) had undertaken the process of rapid appraisal of select medical services (public and private) for children in Delhi between September 2012 and November 2012⁸. The objective of the appraisal was to see how free beds in private institutions are being utilized for providing medical services to **children** in particular. To our knowledge, this subject has not been investigated earlier and the main objective of the appraisal was to get a broad, rapid basic and preliminary understanding of the current situation so that issues can be highlighted for further in-depth study and analysis⁹.

1. Methodology

All private hospitals registered under the Govt. of Delhi and listed by the Delhi Govt. as being mandated to provide free treatment to the poor/EWS in Delhi, were contacted. Additionally, Apollo Hospital and two large government hospitals catering to children were also similarly appraised in order to make comparisons. These comprised of Kalawati Saran Children's Hospital(KSCH) (Central government); a special hospital for children, and Lok Nayak Jaiprakash Narayan Hospital (LNJPNH); a general hospital offering pediatric care (Delhi government).

Thus, a total of 37 hospitals including Apollo Hospital and the two government hospitals were included in the study (See table no.1, below). A questionnaire was sent by post requesting information (**Annexure 3**) followed by reminders.

Finally, filled questionnaires were received from 30 hospitals of 37 which included 27 private hospitals, Apollo Hospital and two government hospitals, namely Kalawati Saran Children's Hospital and LNJPNH.

Data was extracted, collated and analysed from the responses received. Apollo Hospital was categorised and analysed separately since it is following a different contractual requirement as compared to the other private hospitals and a separate court case exists on the issue. Not all questionnaires were completely filled and thus not all data was available for all hospitals.

⁸ This was done as part of the routine work of the Commission without projectisation and one of the limitations of the rapid appraisal is the relative allocation of time for this task.

⁹ Interestingly, this process led to further sustained, specific and in-depth work on strengthening Kalawati Saran Hospital for Children as well as some further work on LNJPNH. This has been captured as a detailed case study of the Commission's interventions in health care services for children.

Table 1: List of Hospitals Contacted

Sr.No.	List of Hospitals that were sent Letter/Proforma	Response; Yes / No
1	Lok Nayak Jai Prakash Narayan Hospital	Yes
2	Indian Spinal Injuries Centre, Vasant Kunj	Yes
3	Jaipur Golden Hospital, Rohini	No
4	G M Modi Hospital, Saket	No
5	Batra Hopsital & Medical Research Centre, Mehrauli Badadpur Road	No
6	Delhi ENT Hospital & Research Centre, Jasola	No
7	Mata Chanan Devi Hospital, Janakpuri	No
8	Fortis Flt Lt. Rajan Dhall Hospital, Vasant Kunj	No
9	Indraprastha Apollo Hospital, Jasola Vihar	Yes
10	Kalawati Saran Children's Hospital, Connaught Place	Yes
11	Dharamshila Hospital & Research Centre, Vasundhara Enclave	Yes
12	Deepak Memorial Hospital, Vikas Marg Extension	Yes, but no accompanying data
13	Fortis Escorts Heart Institute & Research Centre, Okhla Road	Yes
14	Pushpawati Singhanian Research Institute, Sheik Sarai	Yes, but no accompanying data
15	Mai Kamli Wali Charitable Trust Hospital & Research Centre, Rajouri Garden	Yes
16	Saroj Hospital and Heart Institute, Rohini	Yes
17	Shanti Mukund Hospital, Karkardooma	No
18	Primus Super Speciality, Chanakyapuri	Yes
19	VIMHANS, Nehru Nagar	Yes
20	Bhagwati Hospital, Rohini	Yes
21	Arya Vaidya Sala, Karkardooma	Yes
22	Amar Jyoti Charitable Trust, Karkardooma	Yes
23	Bimla Devi Hospital, Mayur Vihar	Yes
24	Bhagwan Mahavir Hospital, Rohini	Yes
25	Max Devki Devi Heart & Vascular Institute, Saket	Yes
26	Sri Balaji Action Medcial Institute, Paschim Vihar	Yes
27	Max Super Speciality Hospital, Patparganj	Yes
28	Sir Ganga Ram Hospital, Rajinder Nagar	Yes

29	Sundar Lal Jain Hospital, Ashok Vihar	Only no. of admissions
30	Rockland Hospital, Qutub Institutional area	Yes
31	Bensups Hospital, Dwarka	Yes
32	Maharaja Agrasen Hospital, Punjabi Bagh	Yes
33	Dr.B.L Kapur Memorial Hospital, Pusa Road	Yes
34	National Chest Institute, Neeti Bagh	Yes
35	Khosla Medical Institute and Research Society/Maharishi Ayurveda Hospital, Shalimar Bagh	Yes
36	Fortis Seth Jessa Ram Hospital, Karol Bagh	Yes
37	National Heart Institute, East of Kailash	Yes

2. Results

i. Beds Available for Children

A. Private hospitals (excluding Apollo Hospital)

Of the 34 hospitals that had been sent the questionnaire, 27 had responded of which 20 responded to the question to assess the number of beds available for children in the EWS category as follows (Table 2).

Table 2: Number of Beds Available for Children

Sr.No.	Name of the Hospital	Total no. of free beds available for children	Comments	No. of Free beds accdg to Delhi Govt list(14th July 2011)
1.	Fortis Jessa Ram Hospital	9		9
2.	Bensups Hospital	2		3
3.	Maharaja Agrasen Hospital (Punjabi Bagh, New Delhi)	4		38
4.	Dharamshila Hospital And Research Centre	20		20
5.	Maharishi Ayurveda Hospital (Managed by Khosla Medical Institute and research Society).	7	(ADULT+CHILD REN)	7
6.	Fortis Escorts Heart Institute	31	(Adult + Pediatric)	26

7.	Sir Ganga Ram Hospital	7	2 ward beds, 2 PICU, 3 NNU beds	68 (for Sir Ganga Trust Society Hospital)
8.	Amar Jyoti Research & Rehabilitation Center	2		2
9.	Bhagwan Mahavir Hospital	3	As such beds are not earmarked for children but there are two for general & one for critical patients available for EWS patients where children are also admitted.	3
10.	Vimhans	9		9
11.	M.K.W. Jankalyan Charitable Trust Hospital & Research Centre	5		5
12.	Sri Balaji Action Medical Institute	30		20
13.	Bimla Devi Hospital	2		2
14.	National Chest Institute	2		2
15.	Rockland Hospital	11		11
16.	Bhagwati Hospital	8		5
17.	Saroj Hospital and heart institute	1		11
18.	Arya Vaidya Sala Kottakkal	4		4
19.	Max, Saket	30		30
20.	Primus Super Speciality Hospital	NA	nil, if specifically	
21.	Indian Spinal Injuries Center	NA	Depends on available patients (children) but not specific.	
22.	Dr. B.L. Kapur Memorial Hospital	NA	Free beds have not been earmarked for any category. Patients are on	

			the available beds as this improves the availability of the beds to the patients.	
23.	Max ,Patparganj	NA		
24.	Sunder Lal Jain Charitable Hospital	NA	Free beds being utilized , but number not specified.	
25.	Deepak Memorial Hospital	10	Not specified for children. No other information given, except no. of free beds	10
26.	National Heart Institute	NA	Responded don't have ped. Services	
27.	Puspawati Singhania Renal Institute	NA	Responded don't have ped. Services	
Total free beds available		197		285

Thus, the total number of free beds in the 20 who provided numbers were 197 as against 285 free beds as suggested by the Delhi Government website for the same hospitals. This is partially explained by the differences in interpretation of the question; some hospitals stated that there were no specific allocations for children, but (presumably) all the beds could potentially be used by children, whereas a few hospitals like Sir Gangaram hospital had a total of 68 beds of which they stated a total of 7 specifically for children (2 ward beds, 2 PICU, 3 NNU beds). Thus it appears that some hospitals were limiting the beds available for children within the overall EWS category.

That implies that the total number of EWS bed-days available were $197 \times 365 = 71905$ as per the data provided by the proformas for 20 hospitals and $285 \times 365 = 104025$ as per Delhi govt website.

B. Apollo Hospital

The total number of beds available for children were reported to be the 'beds available for the free ward' unqualified by a number. However, Apollo hospital is required to allocate 1/3rd of

their total beds to EWS patients which amounts to 200 beds. That implies that the total number of EWS bed-days available at Apollo is $200 \times 365 = 73,000$ which is significant compared to the other private hospitals and about $\frac{3}{4}$ th of the total number of beds of all the other private hospitals put together.

C. Two Govt Hospitals

In sharp comparison, the total number of beds available in KSCH was stated to be 345+30. Thus, the total bed-days available for children at KSCH; a single public hospital is $375 \times 365 = 1,36,875$. The Commission has been informed that in actual fact, KSCH has a 150% bed occupancy, which makes the total bed days as high as **205312.5**.

The total number of beds in LNJPNH is 250, making a total of $250 \times 365 = 91,250$

It is evident that there is no comparison between the small numbers of beds available and being accessed by children in the private sector as compared to the large public hospitals providing services in Delhi for children resident there as well as arriving from across the country, with the exception of the potential bed-days available at Apollo Hospital.

ii. Children admitted during last year under EWS category

A. Private hospitals (excluding Apollo Hospital)

Of 27 respondents, 3 stated that no children were admitted to them during the last year (2011-2012) (Maharishi Ayurveda Hospital, Primus Hospital and National Chest Institute) and 3 did not provide data. The total numbers of children catered to in the EWS category by the 24 hospitals who responded with the previous year's figures was **1218**. The maximum numbers of children were admitted in Sri Balaji Action Medical Institute (284), Fortis Escorts Heart Institute (180) Dr. B.L. Kapur Memorial Hospital (149) Max Patparganj (113) Maharaja Agrasen Hospital (112).

Table 3 : No. of Children admitted during last year under EWS category

Sr.No.	Name of the Hospital	Children admitted during last year under EWS category
1.	Fortis Jessa Ram Hospital	6
2.	Bensups Hospital	21
3.	Maharaja Agrasen Hospital (Punjabi Bagh, New Delhi)	112

4.	Dharamshila Hospital And Research Centre	1
5.	Maharishi Ayurveda Hospital (Managed by Khosla Medical Institute and research Society).	NIL
6.	Fortis Escorts Heart Institute	180
7.	Primus Super Speciality Hospital	NIL
8.	Sir Ganga Ram Hospital	57
9.	Amar Jyoti Research & Rehabilitation Center	8
10.	Bhagwan Mahavir Hospital	6
11.	Vimhans	5
12.	M.K.W. Jankalyan Charitable Trust Hospital & Research Centre	21
13.	Indian Spinal Injuries Center	25
14.	Sri Balaji Action Medical Institute	284
15.	Bimla Devi Hospital	6
16.	National Chest Institute	Nil
17.	Rockland Hospital	8
18.	Bhagwati Hospital	10
19.	Saroj Hospital and heart institute	87
20.	Arya Vaidya Sala Kottakkal	9
21.	Dr. B.L. Kapur Memorial Hospital	149
22.	Max Patparganj	113
23.	Max, Saket	14
24.	Sunder Lal Jain Charitable Hospital	96
25.	PSRI	NA
26.	National Heart Institute	NA
27.	Deepak Memorial Hospital	NA
Total No. of children admitted during last year under EWS category		1218

B. Apollo Hospital

Children admitted in **Apollo hospital** numbered **252** only.

C. Two Govt Hospitals

In contrast, the numbers admitted in the two surveyed public hospitals were **27, 123 at KSCH and 8231 at LNJPNH**. However, data for BPL / EWS admissions was not available from either

hospital. This has implications on costs of care for the patient at the government hospitals since non BPL patients would be charged some user fees (*Section vii User Charges, pg.38*).

iii. Referrals by Government Hospitals

A. Private hospitals (excluding Apollo Hospital)

16 hospitals had provided data about numbers of admitted children as well as referrals received from government hospitals. A total of 493 children were received as referrals as against the total 1116 admitted to these 16 hospitals; i.e, upto **44%** of admitted children could have been by referral from govt hospitals (Table 4).. Amongst these, Gangaram Hospital received the maximum number at 150 followed by Fortis Escorts Heart Institute (77), Dr. B.L. Kapur Memorial Hospital (74) and Saroj Hospital and Heart Institute (66).

Dr. B.L. Kapur Memorial Hospital is a centre for cancer treatment and the other two hospitals are centres for cardiac care, suggesting that these specialities are perhaps not available in the public sector sufficiently.

However, further analysis showed that Gangaram Hospital reported 150 referrals but only 57 admissions in the EWS category which raises the question of what became of approximately 100 children referred but not admitted. Some other hospitals (Primus and Rockland) also reported more referrals than admissions. Bensups Hospital had exactly as many admissions than referrals while Sri Balaji Action Medical Institute stood out as having many more admissions than referrals (284 against 11).

Table 4: Referrals by Govt. Hospitals

Sr.No.	Name of the Hospital	Children admitted during last year under EWS category (% of admissions)	Children referred by the govt. hospitals (Aug. 2011- Aug. 2012) (% of referrals)
1	Bensups Hospital	21 (1.88)	21 (4.26)
2	Maharaja Agrasen Hospital (Punjabi Bagh, New Delhi)	112 (10.04)	42 (8.52)
3	Dharamshila Hospital And Research Centre	1 (0.09)	2 (0.41)

4	Maharishi Ayurveda Hospital (Managed by Khosla Medical Institute and research Society).	0 (0.00)	0 (0)
5	Fortis Escorts Heart Institute	180 (16.13)	77 (15.62)
6	Primus Super Speciality Hospital	0 (0.00)	3 (0.61)
7	Sir Ganga Ram Hospital	57 (5.11)	150 (30.43)
8	Amar Jyoti Research & Rehabilitation Center	8 (0.72)	0
9	Bhagwan Mahavir Hospital	6 (0.54)	3 (0.61)
10	Vimhans	5 (0.45)	0
11	M.K.W. Jankalyan Charitable Trust Hospital & Research Centre	21 (1.88)	0
12	Indian Spinal Injuries Center	25 (2.24)	1 (0.20)
13	Sri Balaji Action Medical Institute	284 (25.45)	11 (2.23)
14	Bimla Devi Hospital	6 (0.54)	0
15	National Chest Institute	0 (0.00)	0
16	Rockland Hospital	8 (0.72)	26 (5.27)
17	Bhagwati Hospital	10 (0.90)	4 (0.81)
18	Saroj Hospital and heart institute	87 (7.80)	66 (13.39)
19	Arya Vaidya Sala Kottakkal	9 (0.81)	0
20	Dr. B.L. Kapur Memorial Hospital	149 (13.35)	74 (15.01)
21	Max Patparganj	113 (10.13)	13 (2.63)

22	Max, Saket	14 (1.25)	0
	Total	1116	493

B. Apollo Hospital

698 children were received as referred, as per the data received. As with some of the hospitals noted above, this also does not correspond to the figure of 252 admissions during the same period.

It should be noted that children referred from government hospitals are entitled to EWS ‘free’ beds. Since the services at Apollo are still not free (*Section vii User Charges, pg.38*), it is one possibility that referred children were not ultimately admitted there. The other possibility is that they were treated as out-patients; however this is far more unlikely and notwithstanding, this discrepancy deserves to be explained, considering that very detailed directions have been made by the Court with respect to referral systems.

iv. Child Bed Occupancy

In the absence of bed occupancy rates for the children, a proxy approximate was used for Child Bed Occupancy Rate (CBOR) as [(No. of children admitted*Avg. days of stay) / bed-days] X 100%, (average days of stay as given in the proforma). 16 hospitals provided the data to enable this computation (Table 5).

Table 5: Bed Occupancy Rate

Sr.No.	Name of Hospital	Avg days of Stay	Children admitted during last year under EWS category	Bed Occupancy (actual) (Avg days of Stay* No. of Children Admitted)	No. of free beds available ¹⁰	Total no. of EWS bed days (No. free beds available X 365)	Child Bed Occupancy Rate (No. of children admitted*Avg. days of stay / bed-days) X 100) %
1	Fortis Jessa Ram Hospital	8.66	6	51.96	9	3285	1.58
2	Bensups Hospital	2.5 (2 to 3 days)	21	52.5	3	1095	4.79

¹⁰ The total EWS beds available have been used for this calculation since technically, any restriction on beds to be used for children is purely a decision taken internally at the level of the private hospital. In case of discrepancy between figures quoted by the hospital and the Delhi Government website, the larger figure has been used.

3	Maharaja Agrasen Hospital (Punjabi Bagh, New Delhi)	7	112	784	38	13870	5.65
4	Fortis Escorts Heart Institute	16.1	180	2898	31	11315	25.61
5	Amar Jyoti Research & Rehabilitation Center	Day care only (1)	8	8	2	730	1.09
6	Vimhans	10	5	50	9	3285	1.52
7	M.K.W. Jankalyan Charitable Trust Hospital & Research Centre	2	21	42	5	1825	2.30
8	Sri Balaji Action Medical Institute	3.32	284	942.88	30	10950	8.61
9	Bimla Devi Hospital	2.5 (2 TO 3 days)	6	15	2	730	2.05
10	Rockland Hospital	4 (3-5 days)	8	32	11	4015	0.79
11	bhagwati Hospital	4.5 (4-5 days)	10	45	8	2920	1.54
12	Saroj Hospital and heart institute	3.2	87	278.4	11	4015	6.93
13	Arya Vaidya Sala Kottakkal	14	9	126	4	1460	8.63
14	Dr. B.L. Kapur Memorial Hospital	11.46	149	1707.54	30	10950	15.95

15	Max Patparganj	4	113	452	28	10220	4.42
16	Max, Saket	6	14	84	30	10950	0.76

A. Private hospitals (excluding Apollo Hospital)

We note that the highest bed occupancy for children (CBOR) is 26% for Fortis Escorts Heart Institute followed by 16% for Dr. B.L. Kapur Memorial Hospital while of the 14 other hospitals for which data exists 4 have CBOR under 10%, 8 have CBOR under 5 % and 2 have CBOR under 1%.

This suggests that child bed occupancy in the beds available for EWS patients is very low and the utilization of these beds for children in particular is very low.

B. Apollo Hospital

Apollo hospital has a CBOR of **3.14** which is again very low considering the high number of beds that could be potentially available for children.

Table 6: Child Bed Occupancy Rate, Apollo Hospital

Avg days of Stay	Children admitted during last year under EWS category	Bed Occupancy (actual) (Avg days of Stay* No. of Children Admitted)	No. of free beds available	Total no. of EWS bed days (No. free beds available X 365)	Child Bed Occupancy Rate (No. of children admitted* Avg. days of stay / bed-days) X 100%)
9.1	252	2293.2	200 (accdg to High Court directives..1/3 rd of total beds)	73000	3.14

C. Two Govt Hospitals

The CBOR in two **government hospitals** is practically 100% in comparison, and that bed occupancy may be as high as **150%** during some parts of the year.

v. Reasons for Admissions

A. Private hospitals (excluding Apollo Hospital)

Hospitals with small number of admissions were able to provide reasons for admission along with the identification details of the admitted children. Consolidated data with figures was not provided on reasons for admission by any of the private hospital respondents which leads us to infer that this kind of data is neither being collated by monitoring authorities in the Delhi Government nor being collated in these hospitals. Obviously this pool of beds which are being considered an extension of beds available in government hospitals is escaping into invisibility and not contributing to the national database on morbidity in children. It was not possible to analyse the individual data that was provided in the given time-frame of this rapid appraisal.

B. Apollo Hospital

Apollo furnished a list of reasons for admissions (**Annexure 4**).

C. Two Govt. Hospitals

LNJPNH gave a consolidated list of reasons for admission as follows, but no figures:

1. Acute Diarrhoea
2. Pneumonia
3. Asthma
4. Bronchiolitis
5. Empyema
6. Malaria
7. Enteric Fever
8. Congenital Heart Disease
9. Congestive Heart Failure
10. Seizure Disorders
11. Meningoencephalitis
12. TB Meningitis
13. Viral Hepatitis
14. Liver Abscess
15. Nephrotic Syndrome

KSCH

Reasons for admission were reported as follows, without figures:

1. Critical illness

2. Chronic diseases eg leukemia, diabetes
3. Admitted for life saving drugs, supportive systems aid like oxygen
4. Main morbidities are bronchopneumonia, acute diarrhoeal disease, prematurity, low birth weight, septicemia, meningitis, malaria, dengue, typhoid etc.

vi. Deaths Recorded

A. Private hospitals (excluding Apollo Hospital)

No consolidated data was made available by the private hospitals, probably because of the small number of deaths that occurred over the last year. 55 deaths were reported by 8 hospitals (namely, Maharaja Agarsen Hospital, Fortis Escorts Heart Institute, Sir Ganga Ram Hospital, Bhagwan Mahavir Hospital, Sri Balaji Action Medical Institute, Saroj Hospital and Heart Institute, Dr. B.L. Kapur Memorial Hospital, Max Patparganj). 15 hospitals reported no deaths in that time period (including 3 that had no admission either) and 4 hospitals did not furnish data.

The list of 8 hospitals may reflect the fact that some of these hospitals had relatively the largest number of admissions and referrals as noted in previous sections, and that they deal with serious medical conditions.

Compared to the total admissions, 81% admissions, and compared to total referrals, 88% referrals had been received in these 8 hospitals. Of the 988 admissions in these hospitals, deaths occurred in 5.6% children. An analysis of the cause of deaths (**Table 7**) shows that the maximum, 49%, were related to sepsis (including 3 with TB) followed by deaths due to predominantly cardiac causes (27%) and at least 50% of the deaths¹¹ happened in the neonatal period as a result of congenital anomalies, sepsis, birth asphyxia, prematurity and low birth weight. As seen in the Table, the diagnoses in these tertiary care centres suggested mortality from complex interlinked causes often involving multiple organ failure.

¹¹ No data is available on ages from 3 hospitals.

Table 7: Causes of Death

Sr.No	Name of the Hospital	Children admitted under EWS category (% of admitted)	Child Bed Occupancy Rate (No. of children admitted* A vg. days of stay / bed-days) X 100) %	Children referred by the govt. hospitals (% of referred)	Deaths of children in EWS category in last one year (% of deaths)	Ages	Sex M/F	Causes
1	Maharaja Agrasen Hospital	112 (11.34)	5.56	42 (9.63)	11 (20)	3,1,5,10 days ; 4,6,8 months; 1,1.5, 6, 1.5 yrs	6 M, 5 F	[preterm (32 weeks) /AGA/VLBW/Resp failure with septic shock],[AGE with Septic shock with Resp failure with fungal infection with Severe Acute Malnutrition with Rickets with Metabolic Acidosis], [Down Syndrome with CHD with BPN with Resp failure],[Severe Pneumonia with disseminated Koch's with Congestive Heart Failure], [ADEM with sepsis with Bilateral Pneumonia with Respiratory Failure], [AGE with shock with Resp failure], [Pt(32 weeks), ELBW,RD at birth,Acute GI Hemorrhagic with Shock], [Cardiac arrest with Shock], [PT (32 weeks),AGA, VLBW, Sepsis, NEC and Resp Failure], [FT,AGA,HIE Stage III, Coagulase Negative Staphylococcus Aureus Sepsis and Shock with Meningitis], [FT,AGA,HIE Stage III, Coagulase Negative Staphylococcus Aureus Sepsis and Shock with Meningitis], [Bronchopneumonia with Resp Failure]
2	Fortis Escorts Heart Institute	180 (18.22)	25.61	77 (17.66)	15 (27.27)	Not specified (1,15,1,1 ,18,0,0,0, 0,0,0,0,0, 0,0)	11 M, 4 F	[CHD(PDA), NEC-II, SEPSIS,MODS,CADIAC ARREST] ,[SEVERE PERSISTANT, LVD, BT SHUNT, PULM, VALVOTOMY] [VENTRICULAR DYSFUNCTION,SEPSIS WITH MOF] , [CARDIAC FAILURE, MOF] , [MALIGNANT ARRYTHEMIA, REFRACTORY SHOCK,HTN,GEN.DIC,BTSHUNT], [REFRACTORY VENTRICULAR FIBRILLARTION,UNIFOCALIZATION],[ALCAPA,BIVENTRICULAR DYFN.(SEVER)], [AC. REFRACTORY, LOW CARDIAC OUTPUT, PERISTING RISING], [SEPTICEMIA, DISSEMINATED IVC, NECROLIZING ENTERCOLITIS, VSD], [Severe RVOT, narrow, closure of PDA], [SEVER SEPSIS, HEART FAILURE], [Pulmonary Atresia VSD],[Intractable Cardiogenic shock as sepsis], [Septic Shock],[Cardio respiratory Arrest, Complex Congenital Heart Disease]
3	Sir Ganga Ram Hospital	57 (5.77)	No info	150 (34.40)	13 (23.64)	Days: 3,2, 3,8,3,9,2 7,1,9 Mths: 7	7 M, 6 F	[Term/37 weeks/AGA/RTDS/ Shock],[Pre Term/34 weeks/AGA/RDS/ Pulmonary Hypoplasia/Right Sided Pniumd thorax/Bilateral hypronephrosis/ Bilateral Multicystic],[Term/AGA/Shock], [PT/AGA/Sepsis/Shock/DIC/Acute Renal failure],[Pre term/30 weeks/AGA/RDS/ Sepsis/Shock],[PT34-36

						Yrs: 1.5, 2		weeks/AGA/RDS/HMD/PPHN/Renal anomaly/Renal Failure],[Term/39+5 weeks/AGA/TEF operated/pneumonia/Resp.Failure],[Septic shock with multi organ dysfunction syndrome],[PT/30 weeks?AGA/Candida Pelliculosda sepsis/NEC/Hyperbilirubinemia/OB setting/GNB sepsis], [Term/AGA/Birth Asphyxia Stage III/Meconium Aspiration Syndrome/PPHN], [Term/AGA/Meconium Aspiration Pneumonia/Perinatal Asphyxia/PPHN/Hypoxic Resp. Failure], [Refractory shock with sepsis in a case of Congenital Cyanotic Heart disease/Tetralogy of Fallots with AV canal defect; Cerebral sinus thrombosis and Haemorrhage], [Septic shock with ICH with? haemophagocytosis]
4	Bhagwan Mahavir Hospital	6 (0.61)	No info	3 (0.69)	2 (3.64)	Data not available	2M	[Respiratory and multi organ failure], [Cardio respiratory failure due to septicemia, TBM with hydrocephalus]
5	Sri Balaji Action Medical Institute	284 (28.74)	8.61	11 (2.52)	5 (9.09)	Days:1; Yrs: 8,1,1,5	1M,4F	[Severe head injury with shock cardiac arrest],[Septicemic shock with severe anaemia with hypoglycemia], [Congenital pneumonia with septic shock with birth asphyxia],[Septicemia with irreversible shock],[Tubercular Meningitis with bronchopneumonia with PEM Grade IV]
6	Saroj Hospital and heart institute	87 (8.81)	6.93	66 (15.14)	3 (5.45)	Data not available	1M, 2F	[Meningoencephalitis with coma with M],[Empyema],[PT/ELBW/RD/Pneumonitis/fungalsepsis]
7	Dr. B.L. Kapur Memorial Hospital	149 (15.08)	15.95	74 (16.97)	4 (7.27)	Mths: 1,1 Yrs:5,1	3M, 1F	[Singleton],[Other Disorders],[Encephalitis myelitis and encephalomyelitis unspecified],[Convulsions of Newborn]
8	Max Patparganj	113 (11.44)	4.42	13 (2.98)	2 (3.64)	Yrs:8,5	2M	[TBM+quadripareisis+left MCA infarct+shock+resp.Failure],[Anterior mediastinal mass lymphoma+cardiac tamponade+pleural effusion]
	Total	988 (100)		436.00 (100)	55 (100)			

B. Apollo Hospital

Apollo Hospital received 698 referrals, 252 admissions, and reported 10 deaths **(4%)**. The reasons given for the deaths are described as aplastic anemia, tracheal stenosis, spinal AV malformation, neuroblastoma, acute renal failure, ependymoma, chronic renal failure with sepsis, Langerhans cell histiocytosis, Down's syndrome with heart disease.

C. Two Govt. Hospitals

The deaths in the public hospitals were also high – 1782 in KSH **(6.6%)** and 517 in LNJPNH **(6.3%)**

The consolidated reasons for deaths at LNJPNH were given as follows (no figures):

1. Neonatal Period: Sepsis, Birth Asphyxia, Low Birth Weight, Prematurity, Congenital Malformations
2. Post Neonatal Period: Meningoencephalitis, Sepsis, TB Meningitis, Congenital Heart Disease, Congestive Heart Failure, Chronic Liver Disease, Hepatic Encephalopathy

The consolidated reasons for deaths at KSCH were given as follows along with figures for the period Jan-Dec 2011 for a total of 1782 deaths:

1. Preterm and other ill defined conditions in perinatal period: 651 (36.5%)
2. Bronchopneumonia and other respiratory infections: 580 (32.5%)
3. Neonatal sepsis: 291 (16%)
4. Meningitis: 112 (6%)
5. Intestinal infections: 138 (8%)

vii. User Charges

A. Private hospitals (excluding Apollo Hospital)

All the private hospital respondents (except Apollo Hospital) responded that the treatment of the admitted children was completely free.

B. Apollo Hospital

Apollo reported that the costs per child were approx.Rs.19,000 (medicines and consumables)

C. Two Govt. Hospitals

Paradoxically, the government hospitals noted many user fees as below but with exemptions for BPL families:

Table 8: User Charges in Govt. Hospitals

Hospital	Charges for tests(Rs.)				MRI
	USG	EEG	CT Brain	CT Abdomen	
KSH	75	100	500	1000	300
LNJP	75		3000-5000 (CT)		5000-7000

viii. Specific Requirements to Provide Better Services

The hospitals were asked for suggestions that would help them to provide better services to children in the 'free beds'. Of the private hospitals, only 2 responded with some suggestions, as below.

Rockland Hospital

Before referring a case patient history should be discussed in order to provide better [services]

Saroj Hospital and Heart Institute

- 1. Requirement for higher level of investigation such as MRI, nerve conduction studies etc which are not available in most of private hospital.*
- 2. Patients should be referred to ailment specific institutions.*

LNJPNH*Outdoor*

1. *Enhancing help desk by adding social worker in order to facilitate help and directions to families of sick children in obtaining transport (trolleys and wheel chairs) to emergency/ward.*
2. *Dedicated nutritionist for counseling*
3. *Additional waiting space and sampling facility by trained technician*

Indoor

1. *Extra manpower for pediatric services*
2. *Enhanced space for pediatric emergency, ICU and high dependency beds*
3. *Enhanced central oxygen supply*
4. *Enhancing space for mothers for extramural nursery admissions*
5. *A separate Mother and Child Health Block*

KSCH**(Perceived difficulties)**

1. *Shortage of space*
2. *Shortage of staff, specially technical staff, paramedical staff and clerical staff*
3. *Lack of nutritional counselors*

III

Conclusions and Recommendations

III. Conclusions and Recommendations

Utilization by Children of EWS beds: It is very evident from this rapid appraisal that very few children are utilizing the availability of EWS category beds in private hospitals in New Delhi as compared the vast numbers utilizing public health facilities. Not only are the numbers of children being admitted small, Child Bed Occupancy Rates are very low even with respect to the number of beds available for EWS (most hospitals showing CBORs of less than 10% of the total potential bed occupancy for EWS category).

Referrals: However, of the small numbers admitted, there may be a fair proportion of those referred from government hospitals (upto 44%); especially to those hospitals that offer super specialty services such as cancer treatment or cardiac treatment. The bulk of referrals and admissions seem to be going to 8 hospitals, (namely, Maharaja Agarsen Hospital, Fortis Escorts Heart Institute, Sir Ganga Ram Hospital, Bhagwan Mahavir Hospital, Sri Balaji Action Medical Institute, Saroj Hospital and Heart Institute, Dr. B.L. Kapur Memorial Hospital, Max Patparganj). An interesting fact that is uncovered from the data is the discrepancy between referrals and admissions with gaps as large as 698 referrals with only 252 admissions (Apollo) and 150 referrals and 57 admissions (Gangaram). This finding raises concerns about continuity of care and seamless transitions for referred children and must be juxtaposed against very detailed directions by the court on procedures for and following referral.

Morbidity data: The findings suggest that the pool of beds for EWS in the private sector which are being considered an extension of beds available in government hospitals may be escaping into invisibility and not contributing to the national database on morbidity in children. This finding needs to be verified through perusal of actual documents and reports made available to the concerned authorities.

Deaths: The death rates are similar between the private hospitals, Apollo hospital and the two government hospitals (4-6.6%).

User Charges: Paradoxically, the private hospitals claim not to charge any fees from children admitted to EWS beds whereas significant user fees exist in the government hospitals for non BPL category patients. The existing eligibility for EWS beds is more liberal than the eligibility for BPL category. Thus, there is a discrepancy in policy on user charges. In comparison, the average costs per child per admission are very high at 19,000 Rs at Apollo Hospital.

The net conclusions from this rapid appraisal confirm the understanding that the EWS beds in private hospitals are catering to very small numbers of children and seem to be best used in

providing super- specialty care. This has implications in evaluating this strategy on the whole for future policy; i.e providing coverage to poor urban communities by providing massive subsidies to private providers in exchange for a small number of beds for free treatment.

Considering the sheer volume of children being catered to by the government sector in the face of many challenges like inadequate staffing and space, it is imperative to enhance the medical services for children at these facilities and make the necessary investments in public hospitals.

The paradoxical user charges being levied at public hospitals (whereas private hospitals excluding Apollo Hospital are providing entirely free services) need to be withdrawn in consideration of the overwhelming evidence that has accumulated that they inhibit the poorest of the poor from using public health services and make no contribution that is sufficient to offset this negative impact¹². This inhibitory impact of user charges as a barrier to access for the poorest of the poor has also been specifically documented with respect to Government and Private hospitals in New Delhi¹³. This is especially important when we are already in the process of making progressive policies that define 'free' treatment as one in which all investigations, drugs and consumables are free and in the face of judgements that further reinforce the same.

Greater care needs to be taken to ensure that referrals are honoured and tracked sufficiently. to ensure that referred children do not drop out of the system or face inconvenience Better monitoring is also required to collect data on morbidity and mortality that feeds into the overall database generated by the public services.

It is the Commission's recommendation that the concerned health authorities of the Delhi and Central Government consider the issues suggested by this rapid appraisal and respond to them. The study recommends far greater rigour in the analysis of use of free beds with respect to children, and the following specific recommendations emerge:

1. Collection and analysis of morbidity and mortality data from admissions to these beds as part of the HMIS and IDSP

¹² 1. Creese, A. (1997). User Fees; They Don't Reduce Costs, And They Increase Inequity. *British Medical Journal*, 315: 202.

2. Patel, V., Shiv Kumar, AK., Paul, VK., Rao, KD. and Reddy, KS. (2011). Universal Health Care in India: The Time is Right. *The Lancet*, 377 (9764): 448 –449.

3. Macroeconomic Commission on Health, Government of India. (2005). *Report of the National Commission on Macroeconomics and Health*. New Delhi: Ministry of Health and Family Welfare.

¹³ 1. Prasad, V. (2011). *Staying Alive: A Study to Understand the Barriers and Facilitating Factors for Accessing Health Care amongst Adult Street Dwellers in New Delhi, India*. New Delhi: Public Health Resource Network

2. Prasad, V. (2012). Translating Universal Health Care for the Homeless: Barriers and potential facilitating factors for accessing health care amongst street dwellers in India, *Health Society and Culture*, Vol 2 No. 1

- 2. Tracking of referrals to ensure continuity of care and seamless transitions,**
- 3. Reconsideration of the strategy of PPPs of this kind itself, since utilization has been insignificant, delayed and fraught with legal complexities**
- 4. Greater priority to strengthening public health systems**
- 5. Abolition of user fees in public hospitals for EWS categories for consistency in law and policy, since the private hospitals are required to do the same**
- 6. Expediting the legal resolution of the case of Apollo hospital which has been inordinately delayed even after a clear High Court ruling placing it in the same category as other private hospitals with EWS beds.**

Further detailed formal studies are recommended to continue the investigation of the issues brought up in this preliminary study as well as those it was not able to elucidate.

ANNEXURES

References

1. All India Lawyers Union (Delhi Unit) Vs. Govt of NCT Delhi & Others in WP (C) No.5410/1997 from www.indiankanoon.org
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Utilization of Free Medical Services by Children Belonging to the Economically Weaker Sections (EWS) in Private Hospitals in New Delhi (2012-13) A Rapid Appraisal

The **National Commission for Protection of Child Rights (NCPCR)** had undertaken a process of rapid appraisal of select medical services (public and private) for children in Delhi between September 2012 and November 2012. The objective of the appraisal was to see how free beds in private institutions are being utilized for providing medical services to **children** in particular in order to get a broad, rapid basic and preliminary understanding of the current situation so that policy issues can be highlighted for further in-depth study and analysis.

All private hospitals registered under the Govt of Delhi and listed by the Delhi Govt as being mandated to provide free treatment to the poor/EWS in Delhi, were contacted as part of the process. Additionally, Apollo Hospital and two large government hospitals catering to children Kalawati Saran Children’s Hospital(KSCH) (Central government); a special hospital for children, and Lok Nayak Jai Prakash Narayan Hospital (LNJPNH); a general hospital offering pediatric care (Delhi government) were also similarly appraised in order to make comparisons.

We present some of the key findings of the study here.

Total No. of Hospitals Contacted for Rapid Appraisal (34 Pvt hosp + 2 Govt hosp (KSCH&LNJP) + Apollo)	37
No. of Govt. Hospitals contacted	2 (KSCH and LNJP)
No. of Pvt. Hospitals under Govt. of Delhi contacted	34
No. of Pvt. hospitals under Govt of Delhi who responded	27
Total no. of free beds available to children (of 20 pvt hospitals who responded)	197

Key Findings

- ✚ **Utilization by children of EWS beds in private hospitals in New Delhi as compared the vast numbers utilizing public health facilities was found to be very low.** The number of children admitted under EWS in the last year in the private hospitals (the 24 who responded) was 1218; Number admitted in Govt hospitals: 27,123 (KSCH) and 8231 (LNJP) and Apollo had only 252.
- ✚ **Child Bed Occupancy Rates** calculated as $[(\text{No. of children admitted} * \text{Avg. days of stay}) / \text{bed-days}] \times 100\%$, was also found to be very low in private hospitals, with Fortis Hospital at the highest of 25.61%. Out of the 16 hospitals who responded to this question, 14 hospitals had CBOR under 10%. **Compared to this, Govt. hospitals had a 100% CBOR, and going upto 150% at certain periods of time.**
- ✚ **Referral from govt hospitals especially to those hospitals that offer super specialty services such as cancer treatment or cardiac treatment were happening considerably well, potentially constituting upto 44% of those admitted.** A total of 16 hospitals had provided data both, for referrals and children admitted, with a total of 493 referrals against 1116 children admitted in these hospitals. 8 hospitals shared the bulk of referrals and admissions. **However, discrepancy between referral and admissions was observed- Apollo had 698 referrals and only 252 admissions; and Gangaram Hospital had 150 referrals and 57 admissions.** This finding raises concerns about continuity of care and seamless transitions for referred children and must be juxtaposed against very detailed directions by the court on procedures for and following referral.
- ✚ **Morbidity data:** No consolidated data on diseases/ailments treated as reasons of admission, were provided. Hence, it would not contribute to the national database on morbidity in children. This finding needs to be verified through perusal of actual documents and reports made available to the concerned authorities.
- ✚ **Deaths:** The death rates are similar (around 4-6.6%) between the private hospitals (55), Apollo hospital (10) and the two government hospitals (1782 and 517). The bulk of deaths occur in the neonatal period and from sepsis/ infection.
- ✚ **User Charges:** The private hospitals claim not to charge any fees from children admitted to EWS beds whereas significant user fees exist in the government

hospitals for non BPL category patients. On the other hand the average costs per child per admission are very high at **19,000 Rs** at Apollo Hospital.

Recommendations

It is the Commission's recommendation that the concerned health authorities of the Delhi and Central Government consider the issues suggested by this rapid appraisal and respond to them. The study recommends far greater rigour in the analysis of use of free beds with respect to children, and the following specific recommendations emerge:

- 1. Collection and analysis of morbidity and mortality data from admissions to these beds as part of the HMIS and IDSP**
- 2. Tracking of referrals to ensure continuity of care and seamless transitions,**
- 3. Reconsideration of the strategy of PPPs of this kind itself, since utilization has been insignificant, delayed and fraught with legal complexities**
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- 5. Abolition of user fees in public hospitals for EWS categories for consistency in law and policy, since the private hospitals are required to do the same**
- 6. Expediting the legal resolution of the case of Apollo hospital which has been inordinately delayed even after a clear High Court ruling placing it in the same category as other private hospitals with EWS beds.**

Further detailed formal studies are recommended to continue the investigation of the issues brought up in this preliminary study as well as those it was not able to elucidate.

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