

INTRODUCTION:

- Employees' State Insurance Scheme (ESIS) is an integrated social security scheme mandated to provide protection to workers and their dependants in the organized sector in contingencies such as sickness, maternity and death or disablement due to employment injury or occupational disease.
- Contribution based scheme for workers employed in organized sector labor, earning less than 15,000Rs a month.
- Employee contributes 1.75% & employer 4.75% of the wages.
- Delivery System comprises of: #Cash benefits => maternity benefit, sickness benefit because of non employment => provided by ESIC Hospitals.
- #Medical Benefits => provided by both ESIS and ESIC run hospitals.

Objective/Task Assigned:

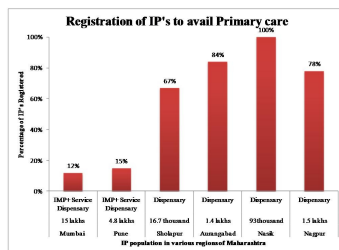
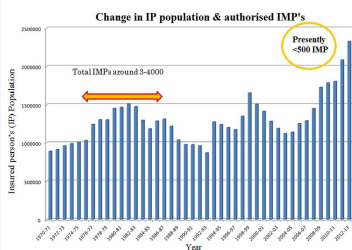
- To understand Primary Health care delivery under ESI Scheme.
- To study utilization of medical benefits provided by ESI Scheme.

Methodology:

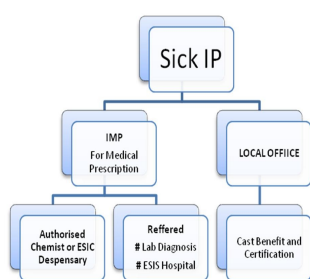
- Primary data collected from beneficiaries, officers and doctors by face to face interview.
- Secondary data collected from ESI Office.

Findings: Objective 1

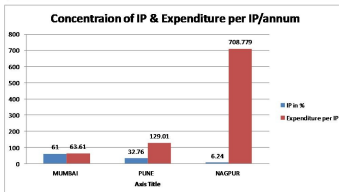
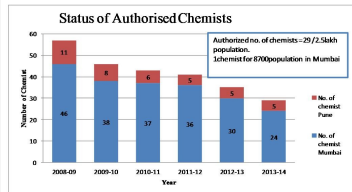
Primary care (Outpatient services) is provided by panel clinics (IMP-Insured Medical Practitioners) and Service Dispensaries to IP's. Areas where ESIC did not consider it feasible to set up a Dispensary, IMP are authorized.



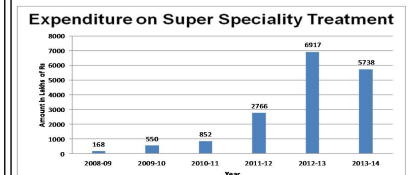
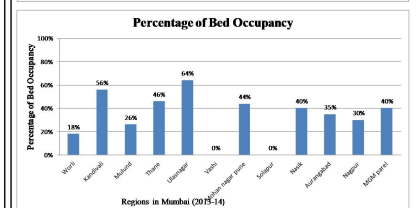
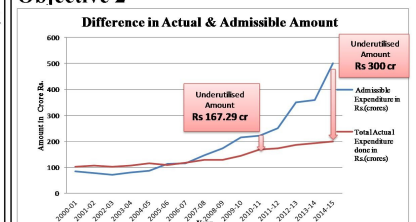
Process flow in seeking Medical and Cash Benefits under ESIS



Inference: IMP gets remuneration of 240Rs/IP family/annum, in spite of incentive for medical practitioners to register more number of IP there is no evident increase in No. of registered IP in this PPP.



Objective 2



ESIS expenditure was constantly low for years, as the grant is given on the basis of expenditure of previous quarter. This is because of the pending cabinet decision since 2010 wherein ESIS hospitals are to be handed over to the ESIC.

Proposed Service Dispensary(SD) Plan

- SD will be located in the area where there are concentrated pockets of IPs.
- Preferably along the three train routes; Central, Western and Harbour Lines for easy approach.
- To start with, around 30 service dispensaries will be opened in Mumbai, Thane and Navi Mumbai.
- The service dispensaries will have local office under the roof or in the premises. This will help in Reducing over-all costs and improve IP satisfaction.
- The financial expenditure on service dispensaries would be well within the ceiling limit.

Observations & Learning from the field:

Human Resource	Supply chain Management	Decision making & Claim settlement	Community	Logistics	Funding
Overburdening of Senior staff. Inefficient Junior level Staff. Difficulty in operating electronic record system by Officers. Shifting and transfer of staff becomes serious issues at times. Certain staff don't allow others to work, this problem is faced by senior authorities. Huge vacancies across all cadres with almost 60% of sanctioned post lying vacant	Private players are proactive, especially during drug procurement they made best of efforts to get large orders	Decision making authority is with health ministry and Health secretary, thereby delaying the process. Claim settlement is a slow moving process, upto Rs10,000 is under control of MO, upto Rs25000 claim can be settled by district Hospital, >50,000Rs is done by ESIS Office.	Information campaigns resulted in limited gains in enrollment under the Scheme. There exists big information gap. Disease are widespread among low socio economic society, therefore more disease burden which leads to Out of pocket expenditure.	ESI has large properties which are largely unused because of ill maintenance. Certain flats are issued to non ESI employees on recommendations. Cutting down administrative cost can enhance amount available for Medical Benefits under the scheme.	Government prepares definite shields to protect interest of the consumers. If there is a surplus after the claims experience on the premium at the end of the policy period, after providing 20% of the premium paid towards the administrative cost, of the balance 80% after providing for claims payment and outstanding claims, 90% of the left over surplus will be refunded to the Government of Maharashtra.