



KEY FINDINGS AND RECOMMENDATIONS

ESIC की बात आपके साथ-1



MAY 2021

This publication is produced to build dialogue between ESIC and Insured Persons

FINDINGS

'ESIC की बात आपके साथ' is a new series of quick surveys initiated by Safe in India Foundation to seek IPs feedback on issues related to ESIC. Essentially, a conversation (बात) between the IPs and ESIC.

The purpose is to provide current and ongoing feedback to ESIC/ESIS to respond to emerging needs of IPs, especially during Covid19, and to improve its services for these insurance premium paying workers.

This first survey of 107 IPs, among the 2500+ we have assisted in the past with their healthcare and compensations, mainly in Gurgaon, will be expanded gradually in other geographies nationally. Note the poor numbers despite these IPs having assisted with ESIC in the past:

1. Almost half of these IPs are now in villages and have very poor knowledge of nearby ESIC facilities and are spending their scant resources on private care instead of using ESIC services'

- 44% of IPs were in their villages, spread across 8 states, majority belonging to UP and Bihar. Of these:
- 58% have no information about their nearest ESIC centre.
- 98% do not know about nearby tie-up hospitals.
- 36% needed medical treatment out of which 18% needed COVID care. 59% of these went to private hospital/clinic spending on an average of ₹ 3,000/IP.

“पट्टी और दवा के लिए रोज के 40-50रू (1500रू/महीना) खर्च होते हैं”

अमित कुमार, 28 वर्ष, रायबरेली

2. The awareness among those who stayed back in work locations was, expectedly, better, about their nearby ESIC facilities, but still have large awareness gaps and spend unnecessarily on private care while they are paying premium to ESIC:

- 56% of IPs continued staying near their work.
- 93% knew about their nearest ESIC centre.
- An insignificant 3% had information about tie-up hospitals.
- Among these 35% needed medical care out of which 10% needed COVID care. Of these, 76% went to ESIC Hospital/Dispensary, evidencing their need and desire for ESIC facilities where available. Their personal spend on private care was therefore probably lower at Rs.1190/-per IP.

3. Lack of clearly communicated medical-bills reimbursement process results in unaffordable losses to many IPs, while saving money for ESIC:

- Overall, 56% of IPs bought medicine from their closest private pharmacy out of which 36% spent between Rs.1000-5000 on medicines
- Only 61% IPs have kept their bills. Of those IPs that do not have bills, 65% don't have them because medical store didn't provide them and they probably did not insist as they were not aware of the medical reimbursement process.

“बिल के लिए ना तो मैंने बोला और ना ही मेडिकल वाले ने दिया”

कुंदन कोरी, 47 वर्ष, गुडगाँव हरियाणा

4. Extremely Poor knowledge of and therefore under-utilisation of ESIC Covid19 Schemes, which will soon become irrelevant and would be good only on paper:

- 96% of IPs still do not know about any of the COVID relief measures meant for them.
- 77% of IPs did not know they can get free treatment on being infected by COVID from ESIC COVID dedicated hospitals.
- 97% of IPs did not know that each ESIC hospital has reserved 20% of its bed capacity as dedicated COVID beds for ESIC IPs, staff, beneficiaries & pensioners.
- 93% IPs did not know they can claim reimbursement of expenditure for treatment of IP and his family, in any private hospital on being infected with COVID.
- 86% of IPs did not know that if he/she abstains from his work due to COVID-infections(s).
- 60% did not know of ABVKY scheme for unemployment benefits.
- 97% of IPs did not know that in the event of IPs demise, the eldest surviving member of the family can claim funeral expense of Rs. 15,000/-
- 100% IPs were not aware of RGSKY.
- 98% of IPs did not know that they can seek emergency/non-emergency medical treatment from tie-up hospitals directly without referral, in accordance with his/her entitlement.
- 73% of IPs do not get regular updates about ESIC.

“फरीदाबाद में ESI कहाँ है इसकी जानकारी भी नहीं है और ये भी नहीं पता है की अपने गाँव में भी ESI से इलाज करवा सकते हैं ”

भूप सिंह, 47 वर्ष, फरीदाबाद हरियाणा

5. IPs do really want the announced Covid19 schemes; the problem is not demand but awareness:

- On being provided the relevant information on all the above scheme, 98% IPs liked these scheme and looked forward to availing them.

6. Helpline is still not effective:

- 93% of IPs do not know about the ESIC helpline Number. We shall provide a detailed feedback on this in our subsequent surveys. A report was also submitted by us to ESIC in 2019 on the same issue. Privatisation of the help line does not appear to have improved its effectiveness although ESIC implementation cost may have gone up.

RECOMMENDATIONS

We have raised similar issues of awareness for the past 4 years with ESIC. While, we have seen improved communication, in line with some of our recommendations, on ESIC facebook page and twitter and the worker app we had been pushing too, launched, they have not led to significantly higher awareness of ESIC services, before and during Covid times.

Our recommendations, some repeated from the past. Therefore are:

- 1. Periodic SMS/Whatsapp messaging.** ESIC has most IPs mobile numbers and the database is improving especially as the new login process requires the correct mobile number. We were advised late 2020 that this recommendation has been accepted and that after regulatory approvals a pilot will start in early 2021. This does not appear to have been done and needs to be implemented asap, messages repeated regularly and in regional languages. We had offered our communication strategy planning support.
- 2. Involve FLWs eg. Anganwadis and ASHA workers and ESIC Consultants** in these awareness campaigns, especially in villages.
- 3. Multi-lingual Posters and banners** on individual schemes in regional newspapers, TV and social media.
- 4. Clear consistent processes** communicated to BO and SRO and made available in public through notifications added on ESIC website.
- 5. A sensitisation training for ESIC teams** at the Regional and Branch Level.