The Employees State Insurance Act 1948, is one of the first major legislations on social security for workers in independent India. The ESI Act encompasses certain health-related eventualities that workers are generally exposed to, such as sickness, maternity, temporary or permanent disablement, occupational disease or death due to employment injury, resulting in total or partial loss of wages or earning capacity. A social security provision has been made in the Act to counterbalance or negate the resulting physical or financial distress in such contingencies and is aimed at upholding human dignity in times of crises through protection from deprivation, destitution and social degradation, while enabling the society the retention and continuity of a socially useful and productive manpower.

The ESI initiatives in Gujarat received a shot in the arm recently with Mallikarjun Kharge, minister of labour and employment, government of India, announcing that one ESIC Medical College will be opened in Gujarat, if the total covered employees under ESI Scheme cross a figure of 10 lakh. He said that both the Central and state governments should work in close co-ordination for the welfare of working class.

The minister made this announcement while inaugurating the 300-bed ESIC Model Hospital in Bapunagar, Ahmedabad, Gujarat.

Mallikarjun Kharge, minister of labour and employment, government of India, inaugurates the ESIC Model Hospital in Bapunagar, Ahmedabad, Gujarat.

A weekly round-up of news and developments in government and public sector enterprises for you

The Employees State Insurance Scheme of India is a multidimensional social security system tailored to provide socio-economic protection to worker population and their dependents covered under the scheme. The Scheme has the country's largest medical infrastructural facility under its umbrella. It is also the most affordable social security system with the lowest contribution rate for multiple health insurance benefits.

In Gujarat specifically, about 28,827 employers are covered under the ESI scheme and it provides benefits to about 7.51 lakh insured persons and their beneficiaries.

As per the scheme, in addition to the full medical care for self and dependants, that is admissible from day one of insurable employment, the insured persons are also entitled to a variety of cash benefits in times of physical distress due to sickness, temporary or permanent disablement and other ailments resulting in loss of earning capacity or confinement in respect of insured women. Dependants of insured persons who die in industrial accidents or because of employment injury or occupational hazard are entitled to a monthly pension called the dependants benefit.

The ESIC Corporation is committed to working for the welfare of workers and improvement in the quality of their life and for providing all possible social security benefits to them.

Of late, the Corporation has started providing services to insured persons through its upgraded and modified hospitals and is also adopting a policy...

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ensuring
a healthy workforce

The 300-bed Model Hospital in Bapunagar, Ahmedabad, is another applause-worthy initiative by the Employees’ State Insurance Corporation that was conceived with the intention of improving the socio-economic situation of India’s workforce country. With the establishment of this ESIC Model Hospital, insured persons and their beneficiaries of Gujarat state will be ensured of excellent medical treatment and care. It is another chapter in the Employees’ State Insurance Corporation because of employment injury or occupational hazard are entitled to a monthly pension called the dependants benefit.

The ESI Corporation is committed to working for the welfare of workers and improvement in the quality of their life and for providing all possible social security benefits to them.

Of late, the Corporation has started providing services to insured persons through its upgraded and modified hospitals and is also adopting a policy for providing medical benefits as per the need and choice of insured persons anywhere in India. ESIC is also entering into tie-up arrangements with other hospitals on cashless basis.

With time, ESIC has added huge infrastructure and provides benefit through 149 hospitals, 42 hospitals annexes, 1,402 ESIdispensaries, 1,540 panel clinics, 797 branch/pay offices and 58 regional/sub-regional/divisional offices.
The Panchdeep project of the Employees' State Insurance Corporation to provide health and social security services to millions of contributor-members through a national digital network from July 1 is a laudable initiative. Workers have been waiting for some measure that ensures they do not lose their welfare benefits simply because they have to relocate. Happily, they will now be able to use their identity cards to access the services in any networked institution. Achieving such scale is no easy task, considering that the membership base of the ESIC stands at 56 million, and the number of hospitals, dispensaries, and offices is 2,220. Networking will also bring about another significant advance: the families of the insured can get health care without the insured member having to accompany them. These are overdue measures, and they lend belated impetus to India's efforts to provide low-cost health insurance and welfare support to workers. Over the decades, the agenda has made only fitful progress. Often, the huge cash reserves with the ESIC have contrasted sadly with the less-than-average quality of its services. Against this backdrop, the 2010 amendment to the Employees' State Insurance Act, 1948 to widen its reach was welcome. The new provisions enabled extension of coverage to any institution with a manufacturing process, and employing 10 or more people, irrespective of the use of power.

Impressive as the networking achievement is, the ESI system now has to turn its focus on strengthening its core purpose — to safeguard employee health. There are acknowledged problems starting with the sheer demand for facilities, inefficiency, official indifference, corruption, and a lack of accountability. Improving medical infrastructure is a key priority, as is an administrative revamp. A legitimate question is whether the Hospital Development Committees constituted by the ESIC have brought about any perceptible change. Policy concerns at the State level also remain. For example, a liberal approach would facilitate the inclusion of more shops and establishments. The Centre has been appealing to the States to invoke the powers under the Act and lower the threshold for coverage from 20 employees to 10. But not all States have acted. Labour Minister Mallikarjun Kharge told Parliament recently that only Bihar, Punjab, Rajasthan, and West Bengal had issued the necessary notifications. The decision of the ESIC to start 18 medical colleges "in phases" to provide the human resources for its expanding hospital operations is a step forward. At a time of rising costs and debilitating out-of-pocket health expenditure, it is vital that governments widen social security.