



**Consultancy
for
Employee State Insurance Corporation, India**

“...implementing perhaps one of the biggest and most complex e-governance projects ever undertaken in the country. I would like to place on record my deep appreciation of the outstanding performance of... and would like to thank Vayam Technologies for the excellent job done.”

*- Prabhat C Chaturvedi, IAS
DG, ESIC*

CLIENT: Employee State Insurance Corporation

LOCATION: India

CLIENT DESCRIPTION

ESIC is an autonomous body created by an act of parliament which provides medical and insurance benefits to workers and their dependants earning less than INR 10,000/- monthly in private sector with its mission to provide for certain benefits to Employees in case of sickness, maternity and employment injury and to make provisions for related matters.

More than 12 million employees (and their dependents) are insured while 350,000 employers are enrolled nationwide under this scheme run by State Governments and funded by ESIC. ESIC provides Administration through 47 state level offices and 1100 branch offices providing medical aid through 1300 dispensaries, 750 hospitals (cumulative over 23,000 beds) at more than 2300 locations across the nation.

ESIC operates through its 22 State Departments; 40 Regional/State Regional/District Offices; 620 Branch Offices and runs 22 Model Hospital; 144 ESIC Hospitals & 1388 Dispensaries.

CHALLENGES

ESIC handles data for more than 50 million persons annually. As most of the insured persons belong to socially vulnerable section, the insured persons are under tremendous pressure to prove his identity at areas other than their designated area as the status of contribution by the insured persons and employer are at a phase difference of six months in the manual system. The manual handling and processing of data made the medical history retrieval very cumbersome and required huge efforts towards inventory control and monitor delivery status of medical stores.

State Directorate's control on the QoS provided to the prime beneficiary required real time monitoring while historical data on performance of medical suppliers was very difficult to get in different locations. Employers required furnishing multiple details on six monthly basis and process of depositing contribution in state designated bank of India through mechanisms that were out dated.

ROLE

The sheer magnitude of the task mandated the necessity to deploy multiple agencies for complete IT transformation. The role of Vayam was designated as follows:

- 1) Conduct exhaustive study to identify challenges faced even in the remotest location of India.
- 2) Collect real time transactional data Pan India

- 3) Do an analysis of over 1000 processes, implementing BPR where necessary
- 4) Arriving at the scope of implementation through consensus of various stakeholders. To cope with the identified problems, solutions were developed into 5 tracks:
 - a. **Pehchan**: This entails biometric based identification and issuance of two sets of identical smart cards to the insured persons that have all the static details of the insured person and his family.
 - b. **Pashan**: This deals with the deployment of hardware to all the dispensaries/branch offices, regional offices, hospitals and state directorate, head office with LAN.
 - c. **Milap**: This was the networking component of the project, that connects all the 2300 locations with WAN with two different SP connecting all locations. Also VC connects to all higher offices.
 - d. **Dhanwantri**: This is a complete **HMIS** that ensures working of hospitals on central application covering all modules of hospital administration. Also makes the data available amongst all medical entities.
 - e. **Pragati**: Smoothens the functionalities of administration with ERP connecting with banks, employers and offices and making all data available cross-sectional amongst all administration entities.
- 5) Prepare an RFP for implementation and manage the vendor selection process
- 6) Project manage the implementation by:
 - a. Monitoring the scope and schedule
 - b. Monitoring project risks and coordinating with various stakeholders for timely mitigation of the same.
 - c. Taking ownership of the functionality on behalf of the end user and giving signoff to the requirements
 - d. Validate and verify the implementation.
- 7) Oversee the change management and capacity building exercise.

BENEFITS OF THE IMPLEMENTED SYSTEM

- Quality of services to insured persons enhanced exceptionally
- All the medical records of insured persons available for better diagnosis
- Insured person or his family can be treated separately at different locations
- Mitigation of effort required by insured persons on change of employer
- Insured person can migrate with disruption of service
- Elimination of data duplication
- Prevention of medicine stocking, control on medicine distribution, redistribution of stock
- Direct connectivity with all the employers, identification of defaulting employers and connectivity with suppliers and RMP
- Trend analysis at higher levels ensures industrial growth restricting disease vector, out break warning and indicates real performance