



ESIC की बात आपके साथ – V

ESIC Dispensary Conditions – A Case Study from Manesar Reflecting Systemic Challenges

(Key Findings and Recommendations)









This report on the ESI Manesar dispensary is a representative case of the widespread challenges faced by ESI medical facilities at the dispensary level nationwide. The conditions described here, ranging from poor infrastructure and medicine shortages to understaffing and inadequate grievance redressal, mirror systemic issues that affect thousands of insured workers and staff nationwide. Addressing these concerns at the national level is crucial to ensure equitable, dignified, and effective healthcare delivery for all ESIC beneficiaries.

This 5th report in the series 'ESIC Ki Baat, Aap Kay Saath' recommends immediate improvements in this dispensary for both the IPs and the ESIS staff.

1. Poor Infrastructure and Cleanliness

Norm: As per ESIC guidelines and the Ministry of Health and Family Welfare norms for primary healthcare facilities, dispensaries must be clean, well-ventilated, with adequate seating, fans, clean drinking water, and hygienic washrooms for staff and patients.

Current State/Evidence: Washrooms in poor condition (broken tiles, no proper flushing system). No drinking water available for workers or staff. No ventilation or fans in the main waiting area. No power backup facility. Waste material, such as gloves and syringes lying in open space near the entrance. No clear signage or seating arrangement.







Poor Infrastructure – no cleanliness and no seating arrangement

Recommendation: Upgrade physical infrastructure: ensure functional toilets, adequate drinking water, ventilation, and proper waste disposal. Cleanliness standards must be maintained daily.

Note: Poor infrastructure also demotivates the medical staff and lowers their morale, which can indirectly affect patient care. Improving working conditions is equally important for staff wellbeing and performance.

2. Hours long queues for registration

Norm: ESIC dispensaries must implement patient-friendly registration systems, including queue management, multiple counters if needed, and a clear display of procedures.

Current State/Evidence: Long queues, sometimes many hours long, due to a single registration window. Patients wait standing, sometimes for up to two hours in the heat and rain. No token system or digital registration.



Long, multi-hour queue outside the dispensary

Recommendation: Install a digital queue/token system. Provide shaded seating and drinking water near the registration counter. Increase registration windows during peak hours.

Note: Better systems would ease patient load on staff and improve staff efficiency and satisfaction.

3. Understaffed - medical and non-medical

Norm: Each ESIC dispensary must be adequately staffed as per ESIC norms: 1 Medical Officer per 10,000 IPs (Insured Persons), supported by nurses, pharmacists, and support staff.

Current State/Evidence: Only one doctor on most days for 150–200 patients. A pharmacist working alone with no helper. The medical officer had to manage OPD, paperwork, and grievance redressal.

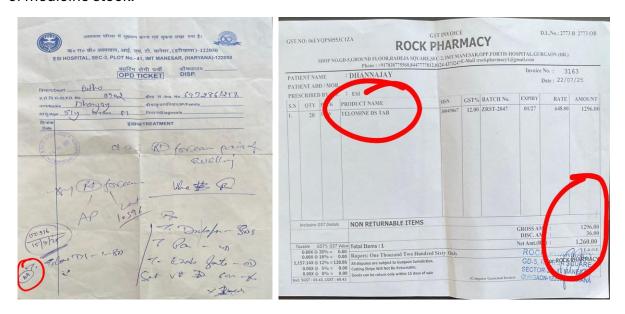
Recommendation: Post at least 2 full-time doctors and one helper in the pharmacy. Provide administrative support for grievance redressal.

Note: Understaffing creates pressure on existing staff and affects their ability to provide quality care. Supporting staff capacity boosts morale and retention.

4. Shortage of medicines

Norm: Essential medicines must always be available in adequate quantity. Shortages must be minimised through timely procurement and buffer stock policies.

Current State/Evidence: Frequent medicine shortages, especially for chronic conditions like BP, diabetes. Workers referred to outside medical shops at their own cost. No display of medicine stock.



Case study of an IP being forced to spend Rs. 1260 at a private dispensary

Recommendation: Ensure timely stock audits and automatic replenishment systems. Display current medicine availability.

Note: Medicine shortages frustrate both patients and dispensary staff who are forced to turn people away.

5. Lack of clear Grievance Redressal and Worker Information

Norm: All ESIC dispensaries must maintain a visible grievance redressal system and regular information dissemination.

Current State/Evidence: No visible complaint box or nodal officer contact info. Workers are unaware of their entitlements and the grievance process.

Recommendation: Install visible and working complaint mechanisms. Provide IEC (Information, Education, and Communication) materials. Conduct monthly awareness sessions.

Note: Lack of proper grievance handling affects worker trust and increases pressure on staff to individually handle all complaints.

6. Need for Worker and Staff Dignity

Norm: All public health institutions are expected to provide services in a dignified, respectful, and non-discriminatory manner to all patients and staff.

Current State/Evidence: Workers reported feeling ignored or shouted at. Staff are visibly frustrated and overworked. No privacy during consultation.

Recommendation: Train staff in patient rights and non-violent communication. Provide partitions for consultation privacy. Improve workplace culture.

Note: Mutual respect between staff and workers is essential. Burnt-out staff cannot serve with empathy. Investing in staff dignity is also investing in better patient care.

Conclusion

This dispensary's current conditions hurt not only workers but also the staff who serve them. A systemic, well-funded and well-managed upgrade will improve outcomes for both. We urge ESIC to take prompt action based on this evidence:

- a) In line with our recommendations.
- b) A health check of dispensaries in Haryana to begin with.

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