CHAPTER II
THE STUDY METHODOLOGY

We have two main components of the methodology, the conceptualisation and the Study Design, which we present in this Chapter.

CONCEPTUALISATION OF THE PROBLEM

The review of literature helped us identify the gaps in knowledge and the insights as yet developed by previous researchers. This has constituted the basis for conceptualizing the problem. As we saw in the previous Chapter, the logic advanced for replacing the Workmen’s Compensation Act with the ESI Act, was to evolve a superior System of Medical and Occupational health care as well as compensation for employment injury and occupational disease. Also, in the ESI Scheme, the sole liability of the employer to compensate for an Employment injury and Occupational disease has been shifted to shared responsibility by both the Employee and the Employer. The ESIS is administered by a tripartite autonomous corporation which includes representatives of three parties, viz, Government, employers and employees. There is another fundamental difference from the Workmen’s Compensation Act. While the latter was only concerned with providing compensation for occupational diseases and injuries, the ESIS has added medical care to its agenda. This medical care scheme has been extended not only to workers but to their families. Even retired employees have been brought under the umbrella of medical care by the ESIS. Thus, the ESIS is burdened with not only rendering Occupational Health Services, but also with health services provided by the General Health Service System. This addition has in principle added to the complexity of the ESI System. When we view the present ESI System it can be said to have two main features:

1) The scheme is run by three principal players, viz, the Government, the industrialist and the Trade Unions. It would have been an ideal situation if all the three players in this autonomous body wielded equal power. However that is not the case. The history of labour legislation has told us that only a continuous struggle by the labour class has forced Governments to bring about legislation for the welfare, safety and health of the working class. The employer lobby by virtue of the might of their capital and for maximizing their profits have pressurized Governments to resist bringing in such legislation. Since the power equations and interests of the parties
involved are different and conflicting, the capacity of the ESIS to provide Occupational Health Services to the working class is dependent upon the prevailing balance between these groups. Autonomy granted to the ESI Corporation also may vary in protecting the workers interest as the other two powerful forces (Government/Industrialist) invariably influence this autonomy.

2) The ESI Scheme has become broader based as it provides both medical care services and occupational health services. Therefore, what was conceptualized primarily as an occupational health service for workers is providing General Health Services not only to the workers, both serving and retired, but their families as well. When so much of dilution has taken place Occupational Health may not be central in the overall scheme of the ESIS.

These two characteristics have given a peculiar character to the ESI. The conflicting interests of the players involved shift the priorities of the ESI depending upon the prevailing balance of power. The autonomy granted also depends upon this power balance. Hence, despite its commitments to a set of priorities, the quantum and quality of their achievements may change with changing power balance. The ethos within the ESI System is also affected by the prevailing degree of autonomy and relative priorities accorded to its various functions. These linkages between the two main features reflect a complexity that we intend to study through a systems approach.

Within a systems framework we attempt to visualize the ESIS Scheme in Faridabad bringing in its linkages into focus. The core system as shown in Figure 2.1 consists of the Regional Office, Deputy Dir Heath Services (ESI), Medical boards, Local and Regional Offices and the ESI Hospitals and Dispensaries. The supporting units are the ESI Court, Civil Surgeon and the Factory Inspectorate. These essentially also give us the boundaries of the ESIS System. This whole system is embedded in the socio-political and economic context with which it is linked through class, caste, social perceptions and political linkages. These constitute the external linkages of the system under study. The linkages within the components of the ESIS and its supporting units are its internal linkages.

In other words, the components of the ESI System are of two types, namely, core components and supportive components (Figure 2.1). The core components are:
1) The various ESI institutions which constitute the ESI Health Service System. These are the ESI Hospitals, ESI Dispensaries and the office of the Dy Dir Health Services (ESI).

2) The ESI medical boards which are responsible for assessing the quantum of compensation to be provided for occupational diseases and injuries.

3) The ESI institutions concerned with providing compensation for occupational diseases and injuries. These are the Regional Office and the Local Offices.

The supportive components are:

1) The Civil Surgeon and the National Health Programme Officers working under him. The Civil Surgeon is the administrative head of all medical and health services in the district including the ESI. The Programme Officers are responsible for running the National Health Programmes in the entire district including the ESIS.
2) The EI Court which adjudicates on appeals filed by the workers against decisions of the ESI Medical Boards.

3) The Factory Inspectorate which is responsible for ensuring that managements implement statutory Safety, Health and Welfare provisions in their factories.

All the ESI components are connected through internal linkages which are essentially the interrelationships between the various ESI institutions and personnel working in the ESI Scheme. These are the supervisory, referral, reporting and monitoring linkages as well as financial, administrative, legal and regulatory linkages. These internal linkages are influenced by certain social factors. For example, the attitude, social background and approach of the personnel who are responsible for the functioning of the components have a profound effect on the functioning of the entire system and may even lead to conflicts.

The socio political milieu, in which the ESI System is embedded, has a profound effect on the functioning of the core and the supportive components. The principal players involved in running this autonomous scheme, viz, the Government, the industrialist and the Trade Unions. The pressures exerted by these groups and the extent of monitoring carried out by them will directly influence the functioning of the system. These influences are collectively referred to as the external linkages of the system. Studying the nature of balance between these various players will tell us where the equilibrium has stabilised.

We shall be attempting to locate the relative position of Occupational Health in the wider role assigned to the ESI Scheme. We will also make an attempt to find out the relative balance between the different players whose interests are involved. Though to answer the above questions we will explore the ESIS services as a whole, our emphasis is on occupational health. Systems Analysis gives us the advantage of analyzing occupational health related activities in relation to the other functions of the ESI and those of outside agencies. In the present Study, we shall be attempting to locate the position of Occupational Health in the wider role assigned to the ESI Scheme. We will also make an attempt to find out the relative balance between the different players whose interests are involved. Though to answer the above questions we wish to explore the ESIS services as a whole, our emphasis is on occupational health. Systems Analysis gives us the advantage of
analyzing occupational health related activities in relation to the other components and outside agencies.

**Objectives of the Study**

We have already discussed that the ESIS performs many more functions than the Workmen's Compensation Act, viz; it is involved in both Medicare as well as compensation. This Study attempts to understand qualitatively and quantitatively as to whether the ESIS continues to focus on occupational diseases and injuries. In other words, our objective is to find out the ability of the ESIS to provide qualitatively adequate and full coverage with Occupational Health Services to the registered workers. To achieve this objective we have identified four specific steps:

1) To develop an overview of the ESI System.
2) To study the structure, organization and technological aspects of the ESI Scheme in Faridabad district and the degree of its autonomy.
3) To analyse the ability of the system to detect, diagnose, treat, prevent and compensate occupational diseases and injuries and provide comprehensive health services.
4) To locate conflicts and inefficiencies that lead to under achievements.

**DESIGN OF THE STUDY**

Area of Study

Faridabad District has been selected as the Universe for this Study. It is located in the State of Haryana. Haryana was created on 01 Nov 1966 from the State of Punjab under the Punjab Reorganization Act 1966. At that time the present Faridabad Area was part of Gurgaon district. The separate district of Faridabad was created on 02 Aug 1979 (Director of Census Operations Haryana, 1991a).

The State of Haryana having a population of more than 17,000,000 is also reckoned among the states having the highest per capita income in the country. It produces 4/5 th of passenger cars, 2/3 of tractors, 2/3 of motorcycles and 50% of refrigerators manufactured in the country. It has 800 large units and 1, 35,440 Small Scale and rural industries providing employment to about 10 lac people (Internet Htp/ www/ nicin/ haryana/IND/HTM, 1999).
Faridabad District is bounded by the Union Territory of Delhi in the North, by the state of Uttar Pradesh in the North East, East and South East and by the district of Gurgaon in the west (Figure 2.2). It covers an area of 2105 sq. Kms and has a population of 14,77,240, with a density of 702 persons per sq Kms. The population is distributed equally
among the rural and urban areas of the district and workers constitute 30.34% of the population of the district (Director of Census Operations Haryana, 1991b).

Till India achieved Independence in 1947, Faridabad District, then part of Gurgaon District, remained industrially backward. Until then, only small scale industries were present in the district manufacturing saltpetre, mehndi grinding, glass bangles, etc. Since 1947, the district has made rapid progress in the field of industrial development and a number of modern industries have been established in the district. The number of working registered factories in 1990 was 1,398 employing 1,25,862 workmen, which is the highest in the State of Haryana. The district also possesses one of the biggest industrial areas in the state located in Faridabad Complex. Faridabad Complex comprises of Faridabad old, Faridabad Township and Ballabgarh town of 1971 and some surrounding villages. The township being essentially an industrial area has been provided necessary infrastructure by the Government. It has a Railway siding laid down right through its entire length so as to be serviceable to all the industrial units established here. Important factories like Escorts, Rajdoot, Auto Meters, Good Year, etc are located here (Director of Census Operations Haryana, 1991b).

Faridabad specialises in producing products ranging from ceramics to buttons, tractor-motor parts to little syringes and bicycles to little pins. While Faridabad has thus become the Centre of various types of industries, its main activity is in the engineering field. The number of large and medium scale units situated in the district upto October 1992 is 161, which manufacture products such as tractors, motorcycles, hand tools, tyres, textiles, potteries, shoes, etc. Besides, there are about 10,000 small scale units employing 1,80,000 workmen. There are about 65 units exporting major items such as tractor parts, auto parts, electronic items, gas stoves, henna, black powder, etc (Director of Census Operations Haryana, 1991b). This District has 5 towns (Table 2.1).

<table>
<thead>
<tr>
<th>TABLE 2.1: TOWNS IN FARIDABAD DISTRICT</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
</tr>
<tr>
<td>Faridabad Complex Area</td>
</tr>
<tr>
<td>Palwal</td>
</tr>
<tr>
<td>Hodal</td>
</tr>
<tr>
<td>Hathin</td>
</tr>
<tr>
<td>Hassanpur</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

Source: District Census Handbook (1991)
The First district to which the ESI Act was applied in the State of Haryana was Ambala in 1958. Thereafter, it was extended to major portions of the present Faridabad District in a phased manner between 1962-1966. At present it extends to the Faridabad Complex Area and Palwal Towns of the District. The major industries in these areas produce tractors, shoes, agricultural implements and wheat flour. As per the 1991 census, these towns are classified as 'Standard Urban Areas' in that while taking into account the population, not only the urban and rural units which will get merged into it are considered, but also the intervening areas which are potentially urban and have mutual socioeconomic links with the core town. This is a long term planning area and is to remain as a continuous statistical reporting unit irrespective of the changes in the boundaries of local and administrative units within the tract. The ESI Scheme has been implemented in the entire Faridabad Complex Area and Palwal Towns and the coverage is clubbed under one 'Centre' called 'Faridabad Centre'. This Study will be confined to the areas covered by the Faridabad Centre of the ESI Scheme.

<table>
<thead>
<tr>
<th>INDUSTRY</th>
<th>HARYANA</th>
<th>FARIDABAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food, Beverage &amp; Tobacco</td>
<td>239</td>
<td>39</td>
</tr>
<tr>
<td>Textiles</td>
<td>1373</td>
<td>182</td>
</tr>
<tr>
<td>Leather &amp; Rubber</td>
<td>457</td>
<td>233</td>
</tr>
<tr>
<td>Chemical &amp; Chemical Products</td>
<td>365</td>
<td>74</td>
</tr>
<tr>
<td>Non metallic minerals</td>
<td>140</td>
<td>50</td>
</tr>
<tr>
<td>Metallic minerals</td>
<td>1410</td>
<td>564</td>
</tr>
<tr>
<td>Engineering</td>
<td>2332</td>
<td>1432</td>
</tr>
<tr>
<td>Transport</td>
<td>228</td>
<td>95</td>
</tr>
<tr>
<td>Paper &amp; Printing</td>
<td>153</td>
<td>89</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>1413</td>
<td>527</td>
</tr>
<tr>
<td>Commercial Establishment</td>
<td>294</td>
<td>26</td>
</tr>
<tr>
<td>Hotels &amp; Restaurants</td>
<td>66</td>
<td>25</td>
</tr>
<tr>
<td>Cinemas &amp; Theatres</td>
<td>25</td>
<td>7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>8495</td>
<td>3343</td>
</tr>
</tbody>
</table>

Source: Compiled from RO ESI Faridabad

As on 31 Mar 98, there were 3, 63,650 workers covered under this Scheme spread over 29 Centres in Haryana State. Faridabad Centre alone covers 1, 59,900 workers spread over 3343 number of Factories and establishments (Table 2.2). In addition medical care is extended to the families of these workers. The number of IP's covered by the ESIS in Haryana and Faridabad as on 31 Mar 98 was 404800 and 17900 respectively (ESI Corporation- 1997-98). The number of 'Insured Persons'(IP's) on any day would normally
be in excess of the number of 'employees' as, on that day because under the eligibility conditions for medical benefit under the Act, the persons entitled to medical benefit on any day would comprise not only the person actually employed on that day but also the ex-employees, who by virtue of the contribution conditions during the period earlier to that would be entitled to such benefit on that date (ESI Corporation- 1996-97).

Faridabad district has been selected for this Study as it is considered representative of the running of the ESI Scheme in the country for the following reasons:

1) It is not only the largest industrial district of Haryana, but is also rated as one of the biggest 10 Industrial estates in India (Escorts Ltd, 1983).

2) The ESI Scheme is running in the district for more than 30 years.

3) The ESI health care system in this district is run by the State Government which is akin to the pattern followed throughout the country, except Delhi and NOIDA (which is run directly by the ESI Corporation).

4) The medical benefit is given by the District pattern of medical care, a system being followed in all industrial areas of the country.

After the ESI Scheme was implemented in Haryana in 1958, there was a common regional office established for the states of Haryana, Punjab and Chandigarh located at Chandigarh. In 1984, a separate regional office was created for Haryana which has been located in Faridabad. This had 4 Local Offices under it for Faridabad District till 1992, when an additional local office was opened. As regards the ESI Health care setup, Faridabad has the direct pattern of medical care run by the State Government, similar to the pattern in all industrial areas of the country. In 1965, a 200 bedded ESI hospital was setup in NH3 area of Faridabad which continues to function till date. Till 1993, this hospital had 14 dispensaries under it. In addition, 3 ESI dispensaries located in Ballabgarh, Tigaon and Palwal functioned independently. In 1993, another 200 bedded ESI Hospital was constructed in Sector 8, but sanction was only given for 50 beds to function by the State Government. Accordingly, the dependency of the dispensaries underwent realignment and at present the NH3 Hospital has 9 and the Sector 8 Hospital has 8 dispensaries under it. This includes the erstwhile 3 independent Dispensaries that are now under the control of the new Sector 8 Hospital.
Selection of Study Units and Sampling

Since the ESI Scheme in Faridabad has been studied using a Systems Approach and focusing on the Occupational Health element, the following samples have been drawn for collection of Qualitative and Quantitative data:

1) To Study the Medical/Health care component of the Scheme: The 200 bedded ESI Hospital located in NH3 Faridabad and four dispensaries coming under this hospital have been selected. The reason for choosing this particular hospital is that it is the largest and oldest ESI Hospital in Faridabad providing coverage to around 65% of the workers/families in Faridabad. In the ESI NH3 Hospital, we interviewed the MS, at least one doctor in each speciality, 50% of the General Duty Medical Officers and 25% of the paramedical staff. Besides, as this hospital does not have any skin specialist or dentist, doctors of these specialities working in the other (Sector 8 ESI Hospital) were interviewed. In the 4 dispensaries, we obtained qualitative data by interviewing 2 doctors including the dispensary incharge, both the pharmacists, the Laboratory Technician (where present) and both the MPHS (F) and MPHW (F) in each dispensary. The ESI NH3 Hospital was visited at least 20 times and each dispensary at least 10 times for data collection. During the visits, we also observed the working attitudes and approach of different categories of medical and paramedical workers. The visits were also used to conduct Time Activity analysis of the ESI doctors and paramedical workers working in the hospitals and dispensaries. In addition, 10 visits were made to the ESI Hospital during evening/night to observe the functioning of emergency services/specialists after non-working hours. Therefore, we have selected one of the ESI Hospitals purposively and 50% of the ESI Dispensaries under it, through simple random sample, in our Study sample. Besides, the Occupational Diseases Wing of the Zonal ESI Hospital cum Occupational Diseases Centre, Delhi being designated by the Corporation as referral Occupational Diseases Centre for Haryana has also been included in our Study. The referral ESI Hospital cum Occupational Diseases Centre at New Delhi was visited at least 5 times. We interviewed the MS of the hospital, the medical record supervisor, head of ODC (who is also a member of the one and only ESI Special Medical Board for compensation of Occupational Diseases). Besides, the head of each speciality of the Occupational Disease Centres viz Chest and TB Centre, Skin Centre, Eye and ENT Centre were interviewed. Our unstructured interviews and observations regarding the working of the referral ODC have helped us generate data.
about the working of this Centre and its contribution to detection, treatment and compensation for occupational diseases. In addition to this, we also interviewed the Civil Surgeon of Faridabad and the various programme officers viz, the District Malaria Officer, District TB cum Leprosy Officer and the District Family Welfare and Immunisation Officer. Among the paramedical workers, we regularly interacted with the State MPW (M) attached with the ESI Hospitals and dispensaries. We also interviewed the head of the State Post Partum Centre attached to the ESI Hospital NH3. Data was also collected from the LHV and one ANM attached to this Centre. We visited the Pali Mohabattabad Stone Crusher Belt Dispensary and interviewed the Medical Officer, ANM and the MPW (M).

2) To Study the functioning of Medical Boards and Cash Benefits: The Medical Boards conducted at the Regional Office pertaining to Faridabad District in the last 5 years were analysed statistically to provide quantitative data. This data was obtained from the well maintained PDB (Permanent Disability Board) Register at the RO. Also, it was found that on conclusion of the medical boards, the reports of each worker are kept in separate files in the RO. We selected 500 individual PDB files for our qualitative analysis. This was done by systemic random sampling. First, we found out that a total of 2636 workers had appeared before the medical board in Faridabad in the last 5 years (1993-94 to 1997-98). The files of these workers were neatly stacked in the record room of the RO. They were numbered from 1 to 2636. The first number was picked up by lottery. Every fifth file thereafter was picked up for our Study till we collected a total of 500 files. In addition, data for our qualitative analysis was obtained by observing the conduct of seven medical boards and interacting with medical board members and executive officers of the Regional Office. This was done to ascertain the speed, efficacy and adequacy of the disability compensation procedure in Faridabad.

3) Senior Personnel and other ESI Institutions: We interviewed the Regional Director, the Dy Dirs ESI and the Office Superintendents responsible for handling compensation and legal cases. Besides, we interacted with the Legal Inspectors of the ESI located in Faridabad. The Heads of 4 Local Offices (to whom the respective Dispensaries selected by random sampling are attached) were also interviewed. At Chandigarh, we conducted interviews with the Deputy Dir ESI (Med) and his MO (Grade II). At the National Office in New Delhi, we interviewed the Public Relations Officer (ESI), Medical Commissioner, 2 Deputy Medical Commissioners, the Actuary and 3 Executive
Officers (working under the Insurance Commissioner) responsible for handling files pertaining to compensation for occupational diseases and injuries.

4) **Factory Inspectorate:** At Faridabad, we made repeated visits to the Factory Inspectorate. During our visits we interacted with the Senior Asst Dir (Industrial Health and Safety), 2 Asst Dirs, the Asst Dir (Chemicals) and the MO cum Certifying Surgeon. In addition, we visited the Factory Inspectorate Office in Chandigarh. Here we interviewed the Additional Chief Inspector of Factories, Officer Incharge of Statistical records pertaining to the Factories Act and two of his clerks. Our repeated attempts to get an appointment with the Labour Commissioner cum Welfare Commissioner (designated ex officio CIF of Haryana) were unfortunately met with failure.

5) **EI Court:** We attended and observed 10 hearings at the EI Court in Faridabad, whenever EI cases came up. Here we interviewed the Standing Advocate representing EI cases and 5 advocates representing workers. We also had informal discussions with litigants. Our visits to EI Courts were of great help in compiling Case Reports. The relevant judgements of the EI Courts and the higher judiciary pertaining to the ESIS were also perused.

6) **Sampling to Study the workers perception regarding the functioning of the Scheme:** Besides selection of dispensaries, sampling method has also been used to study the workers perceptions regarding the functioning of the ESIS. One large residential area having 1235 houses, where workers covered by this Scheme reside was identified in Faridabad District. An initial exploration revealed that majority of the 1235 households belonged to workers covered by the ESIS. 200 households were selected by Systemic Random Sampling. The houses were having numbers allotted by the municipality. The first number was picked up by lottery. Thereafter, every sixth house was selected for the survey. The earning member in each of these selected households was interviewed. This gave us adequate number of registered workers to assess their perceptions about the occupational health element of the scheme and the working of the ESIS.

**Data Required**

While conceptualising the problem we had identified the various elements that influence the nature of balance in the ESI System. Accordingly, the following data had to be collected during our field work:
1) **Health Service System:** This includes collection of data pertaining to the day to day working of the ESI Hospital, its dependent dispensaries and that of the occupational diseases referral hospital. The following data has been collected:

i) Recent changes in the administrative setup of Haryana ESIS, options exercised by ESI doctors and paramedical staff (regarding switching over to general state health cadre or continuing in the ESIS) and the reasons behind exercising the options.

ii) Health infrastructure of the ESIS in Haryana and Faridabad. This includes availability of doctors, paramedical staff, beds, hospitals and dispensaries.

iii) OPD load, bed occupancy rate, availability of essential medical equipment, investigations and drugs in ESI hospitals and dispensaries.

iv) Morbidity and mortality statistics at hospital, dispensary, ESI directorate at the State and National levels.

v) Time activity study of doctors in dispensary and hospitals with a view to find out amount of time spent in professional duties, administration and ancillary activities.

vi) Occupational disease and injury load on hospitals and dispensaries and efforts made by doctors to detect, diagnose, treat and assist in compensation proceedings.

vii) Statistics of cases referred to referral hospitals and Occupational Diseases Centre.

viii) Morbidity and mortality statistics of the referral Occupational Diseases Centre.

ix) Pattern of reimbursement of money for local purchase of drugs or for treatment outside ESI hospitals.

x) Quality of Occupational Diseases Training and Surveys conducted.

xi) Quality of health care rendered by the Health Service System.

xii) Preventive Health Programmes run by the ESIS and the District Health Service System.

xiii) Directives concerning Occupational diseases and injuries issued by the ESI Corporation.

xiv) Information flow between the doctors responsible for diagnosis and treatment and those responsible for compensation of Occupational diseases and injuries.

xv) Information flow between ESI doctors and the Certifying Surgeon of the Faridabad Factory Inspectorate.

2) **The Factory Inspectorate:** This is an outside agency that has links with the ESI System and its functioning can directly affect the latter. We therefore proceeded to collect data pertaining to the activities of the Factory Inspectorate and Certifying Surgeon located in
Faridabad and their level of coordination with the ESIS. The following data has been compiled:

i) Information flow between the Factory Inspectorate and the ESIS. This flow not only assists in taking punitive measures against errant employers but also prevents employment injuries.

ii) Manpower position of the Factory Inspectorate in Haryana and Faridabad.

iii) State Government directives to the Factory Inspectorate staff regarding implementation of the Factories Act.

iv) Industrial profile of Faridabad district and identification of occupational hazards and hazardous industries.

v) Trends in Factory inspection in Haryana and Faridabad in the last 5 years.

vi) Occupational accidents in Faridabad in the last 5 years and analysis of accident investigation reports.

vii) Inspections carried out by Certifying Surgeon in Faridabad and pattern of diseases detected.

3) Compensation for Occupational Diseases and Injuries: Our aim has been to assess the adequacy of the ESI compensation procedure or otherwise. Therefore, we compiled the following data:

i) Types of cases appearing before medical boards.

ii) Time taken by the compensation procedure to award disability to the injured worker.

iii) Extent of temporary and permanent disability awarded by the medical board in the last 5 years.

iv) Level of sensitivity of the medical board and special medical board towards workers suffering from occupational diseases or injuries.

v) Procedures for compensation followed under Workmen’s Compensation Act as compared to the ESIS.

vi) Landmark case laws pertaining to Employment Injury.

vii) Method of History taking and Clinical examination employed by the medical board to assess ‘Loss of earning capacity’ of the worker.

viii) Weightage given by the medical board to opinion of treating doctor.

ix) Number of disability cases closed prematurely by the ESIS Faridabad.

x) Dependent Benefit cases admitted in the last 5 years in Faridabad.

xi) Occupational Diseases compensation in Faridabad in the last 5 years.
xii) Financial aspects of disability compensation.

4) **Legal Adjudication System**: This agency is approached by aggrieved workers in case they have grievances against the Corporation. The following data pertaining to the Legal Adjudication system has been collected:

i) Procedure of functioning of Medical Appellate Tribunal and EI Courts and the time taken to dispose off cases.

ii) Status report of appeals filed by workers against ESIS in EI Court Faridabad in the last 5 years.

iii) Important judgements pertaining to medical board cases decided in EI Courts in the last 5 years.

iv) Sensitisation of the judges, lawyers and ESI executives towards problems of workers suffering from occupational diseases and injuries.

v) Working of the Consumer Protection Act in Haryana and cases of ESIS decided in the last 5 years under this Act.

vi) Outcome of prosecutions under Factories Act in the last 5 years.

vii) Status of implementation of Court orders by the employers in the last 5 years.

5) **Workers Perception regarding working of the ESIS**: We obtained the following data in our short User Survey conducted on a sample of 200 workers:

i) Profile of workers residing in the selected colony.

ii) Work related health problems among the workers.

iii) Occupational Injuries sustained by the workers and their perceptions regarding adequacy of diagnosis, treatment and compensation for occupational diseases and injuries.

iv) Workers perception regarding safety and health conditions at work place.

v) Workers perception regarding functioning of the ESI Health Service System.

**Data collection process and Tools**

Data has been collected from both Primary as well as Secondary sources. Tools to be used in the Study have been drawn from various disciplines such as Biostatistics, Epidemiology, Sociology and Anthropology to incorporate various dimensions.
COLLECTION OF SECONDARY DATA

Data has been collected from Secondary sources such as publications, reports and records available at the District administrative offices, ESI hospitals and dispensaries, national, regional and local ESI Corporation offices, ESI State health directorate, programme officers of the General Health Service System, ESI Court, Factory Inspectorate and Labour Department of Haryana.

COLLECTION OF PRIMARY DATA

Our main effort has been concentrated on collecting primary data from a range of institutions and personnel. The following tools have been used to collect the primary data:

1) Observation: Non participatory observation of the working attitudes and approach of different categories of medical, paramedical and other personnel at various levels in the ESIS has been carried out. For this we have conducted repeated visits to the ESI Medical Institutions, Regional Offices and EI Courts.

2) Interview and Discussion: Interviews and discussions with various officials associated with the ESIS and the Factory Inspectorate has formed the basis for collection and compiling primary data regarding the working of the ESI System. Unstructured interviews have been conducted after thorough rapport building with these personnel. This too required multiple visits and formal as well as informal meetings with doctors and officials.

3) Indepth Interview of Key Personnel: The key personnel in the Scheme were identified. Indepth interviews of these individuals have been conducted to identify the conflicts and bottlenecks in the detection, diagnosis, treatment, compensation and prevention of occupational diseases and injuries.

4) Group Discussion: Informal discussions with groups of doctors and other personnel associated with the ESIS and the Factory Inspectorate has helped in eliciting information regarding the efficiency of the system to manage and compensate occupational diseases and injuries.

5) Survey Method: A short User Survey on a purposive random sample of 200 workers was conducted to elicit their perceptions about the working of the ESI Scheme. Unstructured interviews with the help of a Schedule were conducted after repeated visits to the workers colony to ensure rapport building. The views expressed by the workers were cross checked with the medical reports available with the workers.
6) **Case Reports**: Case Reports have been prepared in respect of certain workers, areas, legal cases and institutions identified during our field work. The aim is to illustrate issues and to identify the processes, conflicts and bottlenecks in the detection, treatment and compensation of occupational diseases and injuries.

7) **Time Series Analysis of Reports of the ESIS**: Time Series Analysis of important ESI records was carried out. These included morbidity load of hospitals and dispensaries, occupational health burden on ESI Institutions, OPD and indoor records of handling of medical cases and medical board records with a view to quantify time taken to dispose off compensation claims, etc.

8) **Time Activity Analysis**: A time activity analysis of ESI doctors working in hospitals and dispensaries was carried out to quantify the amount of time devoted by them to patient care, administrative duties and other social activities.

**Analysis**

A Systems Approach for analysis (Systems Analysis) will be adopted for analyzing the qualitative as well as quantitative data. Data was transformed into indicators of performance of different institutions to assess the efficacy of these institutions. Findings covering all the different aspects of the ESI Scheme with special emphasis on occupational diseases and injuries in Faridabad district give an insight into the working of the Scheme as a whole and how the different components of the complex system interact with each other. On the basis of such an understanding, it has been possible to identify the organizational, administrative, technical and social factors acting as bottlenecks in the Scheme. This has also helped in locating the status of Occupational Health in the overall ESI Scheme and the power equations that have contributed to it.

**Duration and Plan of Study**

The total duration of the Study has been 2 years (Aug 1997 to Aug 1999). Starting in Aug 1997, the first 6 months have been devoted to the collection of the secondary data and writing the protocol for the conduct of the Study. Data collection at various levels has been done in the next one year and the last 6 months have been utilized for Analysis and Thesis writing.
Limitations of the Study

1) This Study is limited to studying the working of the ESI Scheme in Faridabad district. Faridabad being close to the national capital is expected to have more competent ESI machinery as compared to far flung states. Therefore, the findings of this Study need not necessarily be generalized for the entire country.

2) Simultaneous data generation at various levels vertically and horizontally could not be done as it was individual and not team work.

3) The Study has remained focused only on occupational diseases and injuries. Therefore, data collection pertaining to the complete ESI Health Service System has not been undertaken. This was primarily due to constraint of time as the Study has been undertaken by a single investigator in a short span of 2 years.

4) There are certain gaps in data at some places as the same was not available.

5) The suggestions for improvement could not be tested.
REFERENCES


