

GOVERNMENT OF INDIA
MINISTRY OF DEFENCE
DEPARTMENT OF EX-SERVICEMEN WELFARE
LOK SABHA

STARRED QUESTION NO.56

TO BE ANSWERED ON THE 18TH NOVEMBER, 2016

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME

*56. SHRI MD. BADARUDDOZA KHAN:

Will the Minister of DEFENCE j{k k ea=h
be pleased to state:

- (a) the details of aims and objectives of the Ex-Servicemen Contributory Health Scheme (ECHS);
- (b) whether ECHS has fulfilled its mandated aims and objectives;
- (c) if so, the details thereof and if not, the reasons therefor;
- (d) whether shortcomings / deficiencies in the implementation of ECHS have come to the notice of the Government; and
- (e) if so, the details thereof and the corrective measures taken by the Government thereon?

A N S W E R

MINISTER OF DEFENCE

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(SHRI MANOHAR PARRIKAR)

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(a) to (e): A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO PARTS (a) TO (e) OF LOK SABHA
STARRED QUESTION NO. 56 FOR ANSWER ON 18.11.2016**

(a) The aim and objective of the scheme is to provide quality healthcare to the Ex-Servicemen (ESM) pensioner and their dependents.

(b) & (c): Yes, Madam. Ex-Servicemen Contributory Health Scheme (ECHS) was launched on 1st April 2003. Its growth has been phenomenal. It had a beneficiary base of only about 3.5 lakh in 2003 and its beneficiary base has expanded to approximately 50 lakh. Having started with 13 Regional Centres and 227 Polyclinics, the Scheme expanded in October 2010 with 15 more Regional Centres and 199 Polyclinics, taking the total to 28 Regional Centres and 426 Polyclinics. Presently all Regional Centres and 421 Polyclinics are operational across the country. Further, ECHS has a large number of empanelled medical facilities.

(d) The shortcomings / deficiencies in the functioning of the empanelled hospitals, supply of medicines, budgetary and manpower matters, have come to the notice of the Government.

(e) Corrective steps taken / being taken to overcome the shortcomings / deficiencies include outsourcing of pharmacy, authorization of local chemists, enhancement of financial power of Officer in-charge of ECHS polyclinic to obviate the shortage of medicines, processing of medical bills of all 28 Regional Centres on-line as per rules, appropriate use of ECHS funds by the service hospitals, adherence to the terms and conditions of Memorandum of Agreement by the empanelled hospitals, recruitment of the manpower in ECHS polyclinics, de-duplication of ECHS smart cards etc.
