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178

Central Organisation ECHS
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B/49709-League/AG/ECHS/2025 1 Jul 2025

Disabled War Veterans (India) Regd
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**SUBMISSION OF DISCUSSION POINTS FOR CONSIDERATION OF ECHS
SERVICES AND WELFARE OF DISABLED WAR VETERANS**

1. Please refer your letter No DIWAVE/21/ECHS/2024-25/1221 dated 22 Apr 2025.
2. Parawise comments/ views pertaining to Central Org ECHS are as under:-

Ser No	Points	Comments by Central Org ECHS
(a)	Revision of Rates for Procurement of Hearing Aids.	ECHS rates are aligned to CGHS rates. The downtrend noted is mainly due to technologies getting cheaper every year and wide distribution. The govt prefers to permit purchase of only basic hearing aids to beneficiaries (CGHS or ECHS) and allows to buy costlier hearing aids by the beneficiary by paying difference in cost.
(b)	Local Purchase	Noted for improvement.
(c)	Display of Priority Boards for War Disabled Veterans.	Instrs on the subject have already been promulgated. Fresh instrs have again been disseminated.
(d)	Issue & Repair of Prosthesis.	The guidelines for repair of prosthesis are based on DGAFMS guidelines and direct procurement and repair without opinion of a specialist is not in order and is likely to cause avoidable financial loss to exchequer. However, efforts are on to empanel more branches all over India to facilitate ease of access to prosthetic care.

Ser No	Points	Comments by Central Org ECHS
(e)	Upgraded Wards for War Disabled Soldiers and Spouses.	All entitlement are as per rank while in service or thereafter. Necessary privileges as per contribution to service / country or act of bravery is suitably awarded while in service. War disabled / battle casualty and senior citizens are kept in special category to accord priority in treatment at service hospitals. Since, ward entitlement is linked to the substantive rank at the time of retirement of a beneficiary as per MoD policy, no change is possible presently.
(f)	Strengthening ECHS Polyclinic Infrastructure.	Various measures are being undertaken through HQ Comd and Equivalent for constr, upgradation and maint of infra at PCs. Use of Stn Welfare fund for provisioning of better amenities at PCs is also being pursued.
(g)	Availability of Ramps.	Presently, 212 PCs has availability of Ramps. Wheel chairs are available in the remaining polyclinics.
(h)	Preventive Health Check-up for ECHS Beneficiaries.	Medical Examination/Health check up/screening tests as mentioned in Para 9 (h) of GoI, MoD letter No 24(8)/03/US(WE)/D(Res) dt 19 Dec 2003 (copy att).
(j)	Specialist Doctor Availability.	Noted. Tele-consultancy through E-SeHAT is likely to be started soon.
(k)	Specialist Treatment to War Disabled / Battle casualties without Referrals at Empanelled Hospital.	It is intimated that the subject case in respect of white card holders has already been taken up with MoD for consideration. It will be implemented as and when it is approved.
(l)	Timely Renewal of Empanelled Hospitals.	Automated system generated review of hospital emp status at BPA portal is in place. This system generated info would be visible to Dir Regional Centre, JD HS Regional Centre and JD Empanelment, CO ECHS minimum 90 days in advance before termination of the present duration of emp (MoA) for respective hospital.

Ser No	Points	Comments by Central Org ECHS
(m)	Medicine Availability at Polyclinics.	<p>(i) The O/o DGAFMS procures medicines through 139 SEMOs across 456 PCs in the country. Medicine satisfaction varies between 50% to 60% due to vendor non compliance, delays by IFA, glitches on GeM and internally due to lack of capacity to receive and disburse stores at SEMO level as also deficiency in preparations of correct demands at PC level.</p> <p>(ii) These are being remedied by various changes to policy and capacity building. The promulgation of CDL-2023 and E-CDL 2024 as an improvement is one such measures.</p> <p>(iii) In such situations where life-saving and essential medicines are urgently required and not available at PC (due to non-supply by SEMO), such medicines may be procured through ALC as an interim measure. These ALC demanded medicines are expected to be delivered within 48 hrs. Additionally, SEMOs are authorised to procure life-saving medicines for ECHS patients on an emergency basis, even if the medicines are not included in the CDL list, ensuring critical case.</p> <p>(iv) NA Medicines worth Rs 230 Cr were bought last year. Last resort is to purchase generic medicines only, in the interest of large number of beneficiaries.</p> <p>(v) Beneficiaries should not insist on branded medicines prescribed by doctors in emp hosp as there is no proven for procurement of this. Generic equivalent will be provided by one of the above means.</p>

Ser No	Points	Comments by Central Org ECHS
(n)	Grievance Redressal Mechanism.	Grievance module is under prep by SDCPL. With launch of the module, each stakeholder will have resp to address the issue in a time bound manner. It is also confirmed that all efforts are being made to resolve the grievances in most effective ways in a time bound manner.
(o)	Improvement and Awareness of ECHS Mobile App.	Upgraded mobile app has been launched.
(p)	Transport Ambulance Assistance for Senior / Disabled Veterans.	<p>(a) Ambulance services for picking up patient on call in emergency is not part of any CGHS package rate. However, ambulance from empanelled hospital is mandatory only if patient is admitted at empanelled hospital and if patient requires referral to higher hospital.</p> <p>(b) However, with involvement of Stn HQs, local arng for bedridden or immobile patients can be made utilising stn welfare funds/ other non PF.</p>

3. For necessary action pl.



(Arun Sharma)
Col
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for MD ECHS

Enclosure: As above.

Internal

Med Sec
S&A Sec
P&FC Sec
C&L Sec

} For info pl.