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EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEMES: AN OVERVIEW WITH SPECIAL REFERENCE TO MYSORE DISTRICT

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ABSTRACT

The 21st century has brought tremendous changes in health policies and schemes in India. The one among is the Ex-servicemen Contributory Health Schemes for the armed personnel and their family members. Retired Armed Forces persons till 2002 could avail medical services only for specific high-cost surgery/treatment for a restricted number of diseases covered under the Army Group Insurance and Armed Forces Group Insurance Schemes. These Medicare schemes could offer some relief to the ESM, but it was not a comprehensive scheme as related to and available for other Central Government Employees. Therefore, the requirement was felt of establishing a Medicare system which could provide quality medicare to the retirees of the Armed Forces. Ex-servicemen Contributory



Health Schemes (ECHS) is a unique in nature of the comprehensive health care coverage they provide to their members who pay only a limited subscription to be eligible. The government has tied up with private health care providers to ensure high-quality healthcare services to the beneficiaries.

The present article gives an insight into the Ex-servicemen Contributory Health Schemes, which has now spread across the length and breadth of India benefiting the Armed Forces personnel and their family members. A sample of 80 Ex-Servicemen's were selected from Mysore District from different ranks and Units and

were made to reveal their opinion on ECHS schemes and benefits.

KEYWORDS: ECHS, Poly Clinics, Armed forces, ex-servicemen.

INTRODUCTION

People centred health care is one of the main concerns of the central as well as state governments. It is quite necessary to introduce such a type of health facilities and benefits which at least fulfils the basic health care for the masses. In an attempt the central government took an initiative to facilitate the retired armed personnel's and their family members aiming to provide cash less hospitalisation and benefits as it was

provided to other central government employees under CGHS Central government health scheme.

The gallant members of the Indian armed forces ensure our sovereignty by protecting the nation from any possible external threat. They also assist in the maintenance of our integrity in the face of internal disturbances. The best years of their lives to the country, it becomes a national obligation to resettle and rehabilitate the ex-servicemen. In the recent past, there has been drastic transformation in the welfare of ex-servicemen in India. The department of ex-servicemen welfare has formulated various policies and programmes for the welfare and resettlement of ex-servicemen in the country. After long years of Military life most of the ex-servicemen face problem of adjustment

and socialization with civil life pattern parallel to greater responsibilities towards their family members.

Retired Armed Forces persons till 2002 could avail medical services only for specific high-cost surgery/treatment for a restricted number of diseases covered under the Army Group Insurance and Armed Forces Group Insurance Schemes. These Medicare schemes could offer some relief to the ESM, but it was not a comprehensive scheme as related to and available for other Central Government Employees. Therefore, the requirement was felt of establishing a Medicare system which could provide quality medicare to the retirees of the Armed Forces. Ex-servicemen Contributory Health Schemes (ECHS) is a unique in nature of the comprehensive health care coverage they provide to their members who pay only a limited subscription to be eligible.

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEMES (ECHS)

The southern region of India has only two multispecialty command hospitals one in Bangalore and other in Pune. The ministry of defence in 2003 came up with the concept of ECHS under this scheme many polyclinics were established in the district headquarters to facilitate the families of armed forces. At present, the network of ECHS has spread to the length and breadth of the country. The ministry of defence is in a process of establishing ECHS polyclinics at taluk levels. The military hospitals and ECHS polyclinics provide free consultations, treatments and medicines through highly disciplined army medical officers and staffs. ECHS membership is very much necessary to avail medical benefits from the ECHS polyclinics and military hospitals. It becomes prime responsibilities of the families to get themselves registered to ECHS through respective Sainik welfare boards.

The Scheme has been structured on the lines of Central Government Health Scheme (CGHS) and is financed by the Government of India. Endeavour is to ensure cashless treatment by utilising the empanelled hospitals to the veterans and their dependents. ECHS Polyclinics are designed to provide 'Out Patient Care' that includes consultations, essential investigation and provision of medicines. Specialized consultations, investigations and 'In Patient Care' (Hospitalisation) is provided through spare capacity available in Service hospitals, all Govt. hospitals as also through civil medical facilities empanelled with ECHS.

Regional Centres: There are a total of 28 Regional Centres spread across the country. A total of 432 ECHS Polyclinics including six Polyclinics in Nepal have been sanctioned by the Government of India so far. Out of this, 401 polyclinics have been operationalized, across the country.

ECHS Membership: As on December 31, 2014, a total of 14,09,535 ESM have enlisted themselves with the Scheme along with 30,96,346 dependents. Total beneficiaries under this Scheme are 45,05,881.

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME – KARNATAKA

Ex-Servicemen Contributory Health Scheme (ECHS) has been accorded vide Government of India/Ministry of Defence orders. For the easy access to the military families, near about 16 ECHS polyclinics are functioning throughout the state.

Table 1: ECHS Polyclinics in Karnataka.

Districts	
Command Hospital - Bangalore Urban	Dharwad
MEG Centre, Bangalore	Karwar
Yelankha Bangalore Rural	Bidar
Madikeri	Kolar
Mangalore	Tumkur
Mysore	Hassan
Belgaum	Shimoga
Bijapur	Virajpet

The ECHS scheme provides comprehensive medical coverage for Ex-servicemen and their dependents including wife/husband, children and dependent parents. The ECHS provides free medical check-ups and consultations, free medicine, cashless hospitalization, treatments, surgeries. Moreover, this is the contributory health scheme thus; the members have to contribute a certain amount based on the rank structure of the service member during the initial registration process so that the individuals can access the facilities.

EX-SERVICEMEN

Department of Sainik Welfare and Resettlement board plays an vital role in guiding the Ex-servicemen in all aspects after their retirement form the service, the department makes all efforts towards rehabilitation of Next of Kin of Battle Casualties, Ex-Servicemen and their dependents.

Table 2: Number of registered Ex-servicemen in Karnataka, ZillaSainik Board wise

Sl. No.	RSB/ZSB	No of ESM
1	Bangalore Urban	27544
2	Bangalore(R)	3600
3	Bagalkot	1747
4	Belgaum	14391
5	Bijapur	1895
6	Dakshina K	2819
7	Dharwad	3501
8	Gulbarga	2202
9	Hassan	2098
10	Kodagu	3298
11	Mysore	2845
12	Shimoga	1401
13	Uttara Kannada	1743
	Total	69084

The department of ESM welfare formulates various policies and programmes for the welfare and resettlement of ESM. Before proceeding further it is necessary to know who is an ESM and status of ESM in India and Karnataka. An ESM is a person who has served in any rank, whether as a combatant or as non-combatant, in the armed forces of the union of India, including the armed forces of former Indian states, but excluding the Assam rifles, defence security corps, general reserve engineering force, loksahayaksena and territorial army, for a continuous period of not less than 6 months after attestation and has been released, otherwise than by way of dismissal or discharge on account of misconduct or inefficiency or has been transferred to the reserve pending such release or has to serve for not more than 6 months for completing the period of service requisite for becoming entitled to be released or transferred to the reserve.

Punjab in India concentrates largest number of ESM and Arunachal Pradesh has the lowest number of ESM, Karnataka stands at the 14th position in India. In Karnataka, Bangalore Urban has the highest number of ESM and the Lowest is Shimoga district. There are about 2845 ESM in Mysore which is the study area of this paper.

OBJECTIVE OF THE STUDY

- + To highlight the socio-economic condition of the ESM and to assess general awareness level of ESM and their family members on ECHS.
- + The study sought to analyse the opinion of ESM and their family members on ECHS.

METHODOLOGY

The data used for this study was collected from both the primary and secondary sources. For the primary data a total of 80 ESM (various ranks) were randomly interviewed through an unstructured interview method.

The list containing ESM was collected through the ZSB. Few of the respondents were contacted on their workplaces like banks, companies etc. For the secondary sources RSB and ZSB was approached as they are the sole authority for the welfare and resettlement of ESM, annual report of Ministry of Defence, reports from DGR were referred to obtain data regarding ECHS schemes, and various websites, books and magazines related to medical schemes were referred. The present study was conducted in Karnataka with reference to Mysore District.

RESULTS AND FINDINGS

Socio-Economic Profile and General awareness level of ESM on ECHS scheme

The selected respondents were asked questions on their ranks, family background, education background, employment details and the awareness of ECHS scheme and other benefits related to health care through the government and ministry of defence, and finally they were also asked about the opinion on the ECHS schemes and benefits which they were availing, whether the respondents were satisfied with the services provided under this banner.

Table 3: Socio-Economic profile of the selected ESM

Sl. No.	Variables & Categories		Frequency	Percentage
1	Rank Structure	Commissioned Officer (COs)	10	12.5
		Junior Commissioned Officer (JCOs)	15	18.7
		Non-Commissioned Officer (NCOs)	20	25.0
		Other Rank Personals	35	43.8
		Total	80	100.0
2	Current Place of Living	Rural	28	35.0
		Urban	52	65.0
		Total	80	100.0
3	Family Structure	Joint Family	36	45.0
		Nuclear Family	44	55.0
		Total	80	100.0
4	Educational Background	Non-Metric	6	7.5
		Metric	38	47.5
		PUC	20	25.0
		Degree	16	20.0
		Total	80	100.0
5	Employment Details after retirement from Army	Employed	44	55.0
		Unemployed	10	12.5
		Agriculture	26	32.5
		Total	80	100.0

Table 3 deals with the socio-economic profile of the selected ESMs, about 35% of the ex-servicemen were from the rural background and about 65% from the urban background, 45% lived in the joint family structure due to which the dependency was more on the ESM, and all the members in the family had equal chance of decision making due to the joint family structure. The education levels of the selected ESMs were not much satisfactory, 47.5% of them had passed the metric level exam and about 7.5% had not passed metric level exam. It was interesting to know that about 55% of ESMs were employed, 32.5% were indulged in agricultural activities and 12.5% were unemployed.

Awareness on ECHS

Table 4 below shows the knowledge and awareness of the respondents on medical benefits and their utilizations.

Table 4: Awareness of medical facilities

Category	Classification	Frequency	Percentage
Aware 74 (92.5%)	Availed ECHS Membership	56	70.0
	Aware but not availed ECHS Memberships	18	22.5
Unaware 6 (7.5%)	Lacked Knowledge on Medical facilities	6	7.5
Total		80	100.0

The majority of the respondents were aware of the medical facilities which constituted 92.5% of the total sample population. Among them, 70.0% of the respondents availed ECHS membership which is essential to gain access to military hospitals as well as polyclinics. On the other hand, though 22.5% of the respondents were aware of medical facilities but did not avail ECHS membership. Only 7.5% of the respondents were not aware of medical facilities provided specially for defence service members and their families. The reason for this was the respondent's ignorance regarding these benefits.

Respondents Review/Opinion on Medical Facilities

The ministry of defence has played a significant role by extending the medical facilities to the Ex-Servicemen. Further, it is the retired member and family's responsibility to take a keen interest in availing medical facilities. The respondents who availed ECHS membership were directed to share their experiences with medical facilities which were implemented through ECHS polyclinics. On the contrary, those respondents who did not avail ECHS membership were compelled to give reasons for not obtaining these benefits and were also destined to reveal their preference for hospitals during medical emergencies. The below Table 5 provides insight on the reviews made by respondents on medical facilities.

Table 5: Respondents opinion on medical facilities.

Category	Classification	Frequency	Percentage
ECHS Members 56 (70.0%)	Satisfied with medical facilities	32	40.0
	Lack of medical staffs	12	15.0
	No proper assistance and lack of facilities	4	5.0
	Unavailability of Medicines	8	10.0
ECHS Non-Members 24 (30.0%)	Depended on Government Hospitals	6	7.5
	Depended on Private clinics and other treatments	14	17.5
	Non-approachable due to distance	4	5.0
Total		80	100.0

The opinion of the respondents varied a lot as they gave mixed responses. The data from the above Table 5 shows that 70.0% of the respondents availed ECHS membership. Among them, 40.0 of the respondents had an excellent review of the medical facilities and were satisfied with medical facilities which were given to them.

Whereas 15.0% and 5.0% of the respondents opined that the ECHS polyclinics lacked medical staffs, especially the ladies staffs, were less in number. There were no proper assistance or guidance given to war martyrs families respectively in the ECHS polyclinics. Few of them also opined that the polyclinics had fewer facilities compared to private clinics, the same time the staffs at the ECHS polyclinics were partial when the officers families visited these clinics they were given priority. Besides, 10.0% stated that the ECHS polyclinics lacked medicines often and they were made to visit again and again just to avail medicines.

The respondents without ECHS membership consisted 30.0%. Among them, 7.5% of the respondents revealed that their dependency was more on government hospitals than the military hospitals because it was easy to access. Whereas 17.5% of the respondents depended on private clinics and other treatments which included Ayurvedic and Homoeopathic treatments. The respondents also opined that the military hospitals lacked other forms of treatments such as Ayurveda and homoeopathy. Moreover, 5.0% of the respondents faced difficulty in accessing the army hospitals and ECHS polyclinics due to distance problem as these respondents resided in remote areas.

DISCUSSION

The government responsibility just should not end with implementation of welfare schemes and facilities to the target group; instead they should play a comprehensive role and introduce new mechanisms to extend these medical schemes and facilities to the ESM. The District Sainik boards should take initiatives to address these facilities and schemes in personal to the ESM and family members, an information bulletin of overall ECHS medical schemes and benefits in official language and regional languages should be made available to the families which will be a helpful tool to make these families aware of the facilities. A grass root level analysis on problems and prospectus of ESM would help in exploring and knowing them much better. More number of ECHS poly clinics to be established at Taluk levels so that the ESM residing in remote areas can have easy access. The government should take an initiative to introduce Homeopathy and Ayurveda treatment under ECHS. A new and systematic mechanism on disbursing medicines will be helpful to solve the problems of medicine shortages at ECHS pharms. The rank stratification should be prevented at ECHS and the services to be made on first come first serve basis and the emergency cases to be prioritised.

CONCLUSION

The availability of hospitals and medical assistances during emergencies are very much essential. The army medical corps are specialised in providing medical services to all Army personnel. These services are also extended to the military families through military command hospitals and Ex-servicemen Contributory health schemes ECHS polyclinics. In recent years, the military hospitals and ECHS has tied up with multispecialty private hospitals for providing highly specialised medical treatments to the service members as well as to their families.

Theoretically government has taken a positive step to safeguard the interests of Ex-servicemen in India but while implementing it practically certain factors such as socio, economic, educational, and political aspects of the ESM and their families should be taken into consideration. To sum up it can be said that there is a great need for making the ESM and their families aware of the medical facilities in depth so that they can optimally utilise them and take benefits.

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