

**INTERNSHIP REPORT**

**Ex-Servicemen Contributory Health Scheme  
(ECHS)**

**By**

**Col Jitender Mann**

**PG/21-23/043**

**Post-Graduate Diploma in Hospital and Health  
Management**

**2021-2023**



**International Institute of Health Management Research, New Delhi**

**Certificate of Approval**

The following Summer Internship Project titled **“Organizational Issues at Central Organization, Delhi Cantt and ECHS Polyclinic at Base Hospital, Delhi Cantt”** is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which, it has been submitted. It is understood that, by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusions drawn therein but approve the report only for the purpose it is submitted.

Mentor

Dr Vinay Tripathi

IIHMR, Delhi

Student

Col Jitender Mann

Roll No PG/21-23/043

The certificate is awarded to

**Name Col Jitender Mann**

In recognition of having successfully completed his  
Summer Internship in

**ECHS Polyclinic, Base Hospital, Delhi Cantt**

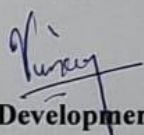
and successfully completed his Project on

**“Organizational Issues at Central Organization, Delhi Cantt and ECHS  
Polyclinic at Base Hospital, Delhi Cantt”**

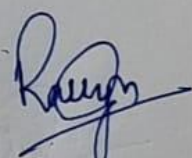
at

**ECHS Polyclinic, Base Hospital, Delhi Cantt**

He comes across as a committed, sincere and diligent person who has a  
strong drive and zeal for learning

  
**Training & Development**



  
**Officer in Charge**

Col B S Kattarya (Retd)  
Officer in Charge  
ECHS Polyclinic  
Delhi Cantt-110010

### FEEDBACK FORM: SUMMER INTERNSHIP

**Name of the Student:** Col Jitender Mann

**Organization:** ECHS Polyclinic, Base Hospital, Delhi Cantt

**Area of Summer Internship:** Organization Issues in ECHS

**Attendance:** Adequate

**Objectives Achieved:** Yes

**Deliverables:** Analysis of Organizational Issues faces by ECHS Polyclinics through detailed feedback from ECHS Central Organization, ECHS Polyclinic and physicians

**Strengths:** Proactive approach, keenness to learn, contented knowledge and professional approach

**Suggestions for Improvement:** Nil

**Suggestions for Institute** (Course Curriculum, industry interaction, placement & alumni):  
Nil

Date:

Place:



Signature of the Officer-in-Charge

Organization Mentor (Internship)

Col B S Kattanya (Retd)  
Officer Incharge  
ECHS Polyclinic  
Delhi Cantt-110010

Signature of IIHMR Mentor

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**ABBREVIATIONS**

ESMs	Ex-servicemen
ECHS	Ex-Servicemen Contributory Health Scheme
OIC	Officer-in-Charge
MO	Medical Officer
MI Rooms	Medical Inspection Rooms
Dir	Director
MD	Managing Director
ECOs	Emergency Commissioned Officers



## Ex- Servicemen Contributory Health Scheme Dept Of ESW, Ministry of Defence



### INTRODUCTION

1. Retired Armed Forces personnel or Ex-servicemen (ESMs) and their dependants of all the three services were able to avail medical facilities only in service hospitals, for a certain high-cost surgery/treatment for a very few numbers of diseases covered under the Army Group Insurance (Medical Branch Scheme) (AGI(MBS)) and Armed Forces Group Insurance Scheme (Management Information System) (AFGIS (MIS)) till 2002. These medi-care schemes were able to provide a very limited amount of relief to the ESM, but it was not as comprehensive as compared to other Central Government Employees Schemes. Therefore, there was a need of establishing a medi-care system which could provide quality and timely medi-care to the ESMs.

2. Based on this noble aim, and after detailed deliberations, a comprehensive scheme was formulated in the shape of **Ex-Servicemen Contributory Health Scheme (ECHS)**, authorized vide Government of India, Ministry of Defence letter No 22(i) 01/US/D(Res) dated 30 Dec 2002. The ECHS was launched with effect from 01 Apr 2003. With the advent of this scheme. ESM pensioners and their dependants who were only entitled for treatment in service hospital are now authorized treatment, not only in service hospitals, but also in those civil/private hospitals which are specifically empaneled with the ECHS.

3. However, there were a number of teething problems that were faced by the ECHS scheme as well as the beneficiaries in the initial years of setting up of the organization. Majority of these problems were sorted out over the years to make the scheme viable as well as making it a preferable option for the beneficiaries. Improvement in service quality, reducing the referral time and providing better facilities to the patients to improving the satisfaction level of the ESMs and their dependants were the major focus areas.

4. **This study was undertaken with the objective to assess the issues/problems faced by the ECHS organization to provide better health facilities to the ESMs and their dependants. The study was carried out at ECHS Polyclinic, Base Hospital and Central Organization, ECHS, Delhi Cantt.** Detailed sets of questionnaires were prepared for the Director (Dir), Central Organization, ECHS, Delhi Cantt, Officer-in-Charge (OIC) ECHS Polyclinic and the staff at the polyclinics. The responses from them were collected and

analyzed to identify issues/problems being faced by the ECHS Organization in providing medi-care to the ESMs and their dependants. A study of these issues will help in better understanding and policy changes that need to be implemented to adopt and implement effective measures to improve health care services in the ECHS.

### **OBSERVATIONAL LEARNING: ECHS ORGANIZATION PROFILE**

5. A comprehensive tri-service scheme to provide medi-care facilities to the ESMs of all the Armed Forces and their dependants in the shape as ECHS, authorized vide Government of India, Ministry of Defence letter No 22(i) 01/US/D(Res) dated 30 Dec 2002 was launched with effect from 01 Apr 2003. The Scheme is financed by Govt of India and one-time contributions from the personnel retiring from the Armed Forces. While in service, all personnel of the Armed Forces and their dependants are provided medical facilities through service hospitals which are organized into Command Hospitals, Base Hospital, Military Hospitals and Medical Inspection Rooms (MI Rooms) in peace areas. These medical facilities are graded and staffed as per patient load, needs and services provided and are located in Military Stations. However, post retirement, the ESMs and their dependants may move to locations where there are no Military Stations and hence no medi-care facilities. They were now dependent on private or govt hospitals in the vicinity of their residences although they are authorized medi-care facilities post retirement. They faced problems with transportation of patients to military hospitals located far away from their places of residences or had to bear out of pocket expenditure in private hospitals nearby. Military Hospitals have a primary task of looking after the serving combatants and hence their resources were being diverted from the core task while providing medi-care to ESMs.

#### 6. **Concept of ECHS.**

(a) It was planned that ECHS should be managed through the existing infrastructure of the Armed Forces in order to minimize the administrative expenditure. The existing infrastructure includes command and control structure, spare capacity of Service Medical facilities (Hospitals and MI Rooms), procurement organizations for medical and non-medical equipment, defence land and buildings and other tertiary facilities.

(b) To provide better medi-care to all authorized persons closest to their place of residence and medical services in non-military areas and to ensure continued



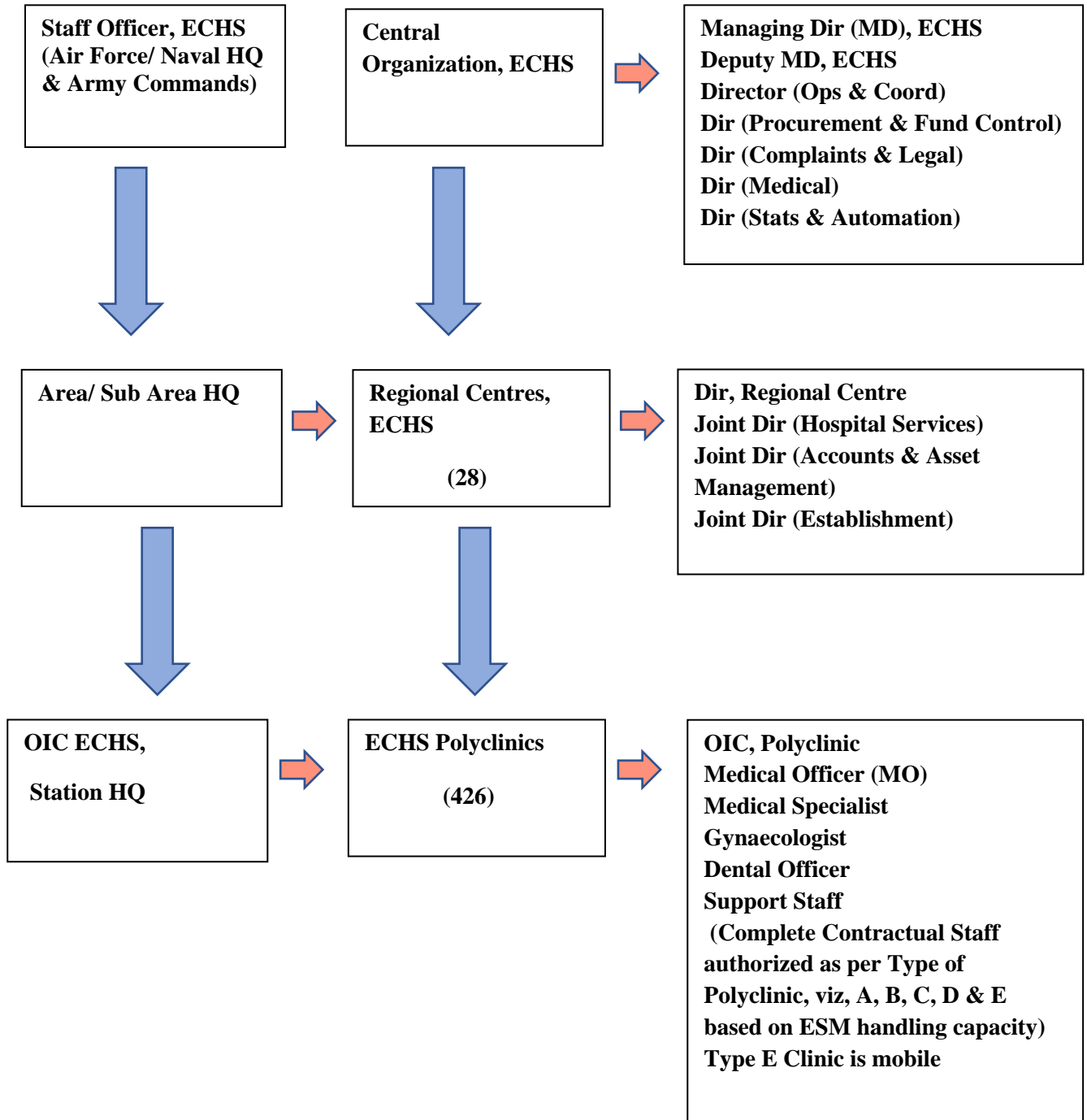
availability of medical services in emergencies such as war, additional steps were taken, which include: -

- (i) Establishing new ECHS Polyclinics in Non-Military Areas.
- (ii) Establishing additional ECHS facilities/clinics in certain military stations which have higher patient load.
- (iii) Empanelling civil hospitals and diagnostic centres in most of the cities.
- (iv) Adequate finances made available to ECHS.

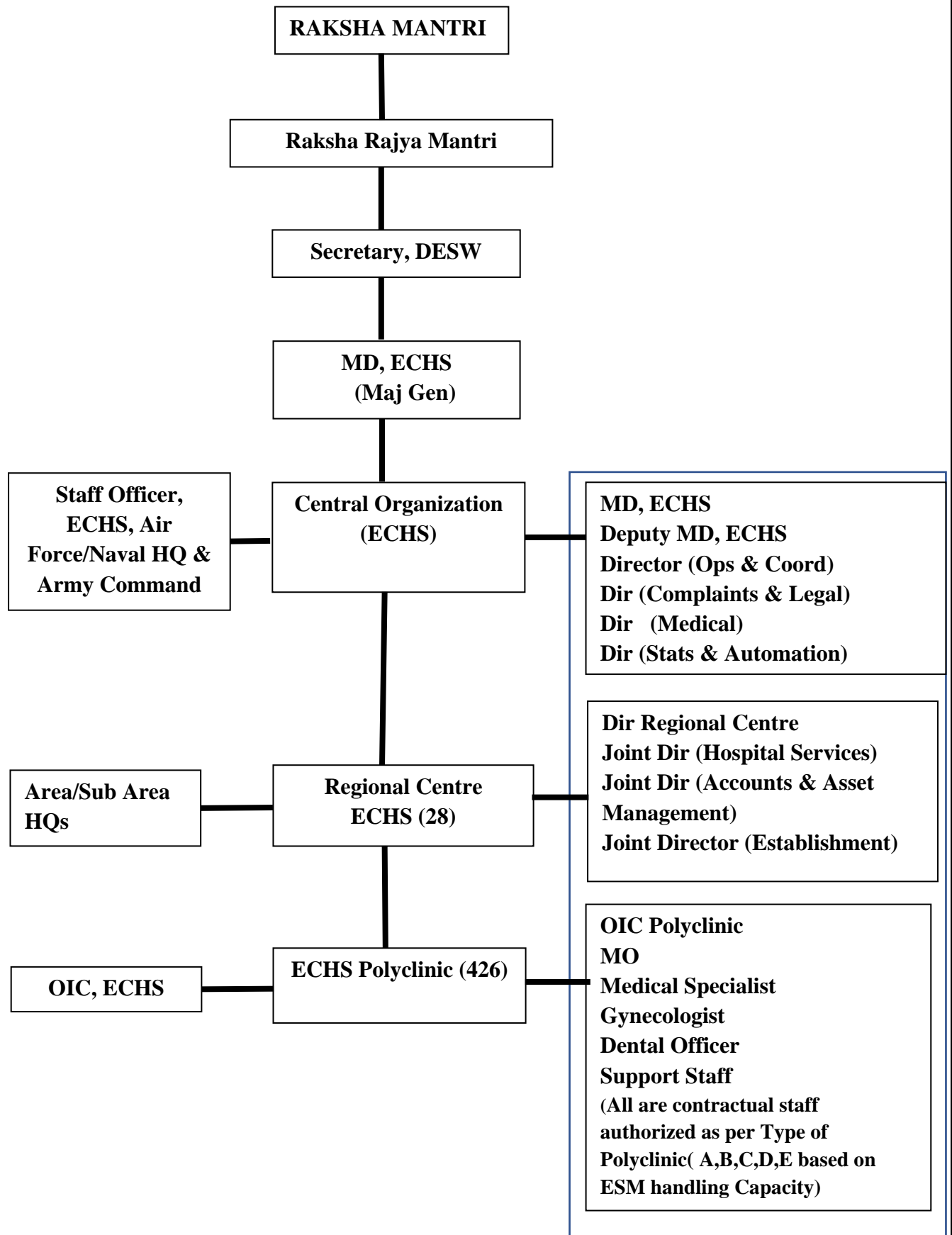
7. **Command and Control.** The existing Command and Control Structure of the Army, Navy and Air Force have been given the Administrative and Financial Powers to run this Scheme. Station Commanders are authorized to exercise direct Control over the ECHS polyclinics. Regional Centre, ECHS and ECHS Cell located at Station Headquarters are to clarify any doubts that may arise in normal functions of the ECHS. Command HQ/ Area HQ are to directly control the Regional Centres ECHS under their area of responsibility. Central Organization, ECHS functions under Adjutant General's Branch, Army HQ.

8. **Organization of ECHS.** The ECHS Central Organization is located at Delhi and functions under the Chief of Staff Committee (COSC) through Adjutant General and Dir General Directorate of Ceremonial & Welfare in Army HQ. The Central Organization is headed by Managing Dir, ECHS, a serving Major General. There are **28 Regional Centres ECHS** and **426 ECHS Polyclinics**. ECHS is also an attached office of Dept of Ex-Servicemen Welfare (DoESW), Ministry of Defence (MoD) as are Directorate General Resettlement (DGR) and Kendriya Sainik Board (KSB). Depending on the patient load and facilities provided and authorization of contractual staff, there are five types of ECHS Polyclinics i.e., Type 'A', 'B', 'C' D, & E. The organization chart of ECHS is as given under: -

### ORGANIZATION OF ECHS



9. **Organogram of ECHS.** (Department of Ex-servicemen Welfare, Ministry of Defence, GoI, 2020) (COECHS, 2020)



### **Policy & Operations of ECHS**

10. ECHS was authorized by Government of India on 30 Dec 2002, and was introduced with effect from 01 April 2003. It is a publicly funded medi-care scheme for ex-servicemen pensioners and their eligible dependents. It provides medical care through outpatient treatment at around 426 Polyclinics all over India, and inpatient hospitalization & treatment through Military Hospitals and empaneled Civil Hospitals & Diagnostic Centers at all these locations. Treatment/hospitalization in Service Hospitals will be available to ECHS members, subject to availability of specialty, medical staff and bed space.

11. **Applicability of ECHS.** The ECHS Scheme are applicable to the following persons:-

(a) Any person who has served in army rank (whether) as combatant or as Non-combatant) in the regular Army, Navy and Air Force of the Indian Union, and fulfils the following conditions: -

(i) Individual should have an Ex-serviceman status.

(ii) Individual should be in receipt of Pension/Family Pension/Disability Pension drawn from Controller of Defence Accounts.

(b) Military Nursing Service (MNS) pensioners.

(c) Whole time officers of National Cadet Corps (NCC).

(d) Special Frontier Forces (SFF) pensioners.

(e) Defence Security Corps (DSC) pensioners.

(f) Uniformed Indian Coast Guard (ICG) pensioners.

(g) Eligible APS pensioners.

(h) Assam Rifles pensioners.

(j) World War-II Veterans, Emergency Commissioned Officers (ECOs), Short Service Commissioned Officers (SSCOs) and pre-mature non pensioner retirees.

12. **Benefits of ECHS.** ECHS provides cashless medical coverage for the ESMs and their dependants in the established polyclinic/military hospitals/empaneled hospitals across India.

13. **Salient Features of ECHS.**

- (a) No age or medical condition bar for becoming a member.
- (b) One time contribution ranging from Rs 30,000/- to Rs 1,20,000/- wef 29 Dec 2017.
- (c) No monetary ceiling on treatment.
- (d) Indoor/outdoor treatment, tests and medicines are entitled.
- (e) Country wide network of ECHS Polyclinics.
- (f) Covers spouse and all eligible dependents.
- (g) Familiar environment and sense of belongingness.

14. **Family Members Covered in the Scheme.** ECHS cover ex-servicemen along with his/her following dependent family member: -

<b><u>Ser No</u></b>	<b><u>Relationship</u></b>	<b><u>Criteria</u></b>
(a)	Spouse	<p>(i) Legally wedded wife including more than one wife. Spouse living separately is included as dependent, as long as the ESM pensioner is responsible for her maintenance. In case spouse remarries, then he/she is not entitled.</p> <p>(ii) In the event of plural marriage, where it is permitted by the rules, the following conditions should be fulfilled for claiming ECHS membership: -</p> <p style="padding-left: 40px;">(aa) Necessary casualty for entering into plural marriage should have been published through Unit Part II Orders and names of both the wives should be found recorded in the Service Discharge Book/ Service Particulars Retired Officers booklet issued by respective Service HQs.</p> <p style="padding-left: 40px;">(ab) The names of both the wives, should be found recorded in the PPO for grant of 'Family Pension' award.</p>

		<p>(ac) In case of widows, both wives should be in receipt of a share of 'Family Pension' and PPO produced in support of evidence.</p> <p>(ad) If a war widow remarries then she and her children from first marriage are eligible. Her husband, however, will NOT be eligible.</p>
(b)	Family Pensioner	Implies the legally wedded spouse of an Armed Forces personnel, whose name figures in the service records of the personnel and whose husband/wife (as the case may be) has died either while in service or after retirement and is granted family pension. This term also includes a child or children drawing family pension on the death of his/her pension drawing father/mother, as also parents of a deceased bachelor soldier, who are in receipt of family pension.
(c)	Dependent Unemployed & Unmarried Daughter(s)	<p>(i) Her/their details must exist in the service record of the pensioner.</p> <p>(ii) Eligible till she starts earning or gets married whichever is earlier.</p> <p>(iii) Dependent, divorced/abandoned or separated from their husband/widowed daughters whose income from all sources is less than Rs 9000/- (excluding DA) pm are entitled.</p>
(d)	Dependent Unemployed & Unmarried Sons	<p>(i) His/their details must exist in the service record of the pensioner.</p> <p>(ii) Son is eligible for ECHS membership till he starts earning or attains the age of 25 years or gets married, whichever is earlier.</p> <p>(iii) In addition, the scheme provides <b>white card facilities</b> for critical disabilities as per provision of Person with Disability Act (PWD Act) - 2016. PWD Act provides opportunity for treatment to dependent of beneficiaries over and above the laid down criteria of age. These concessions are currently applicable for 21 disabilities.</p>
(e)	Adopted Children	Children including step children, legally adopted children, children taken as wards by the Government servant under the Guardians and Ward Act 1980, provided that such a ward lives with him, treated as a family member and is given the status of a natural-born child through a special will executed by the Govt. Servant.

(f)	Dependent Parents	<p>(i) Parents (excluding step parents), subject to the following: -</p> <p>(aa) Father and mother of the ESM pensioner shall be deemed to be dependent if they normally reside with the ESM pensioner and their combined income from all sources does NOT exceed Rs 9,000/- (excluding DA) pm.</p> <p>(ab) “Parents i.e, mother and father” of unmarried deceased soldier and in case of deceased parents, then ‘NOK’ of unmarried deceased soldier are also eligible, provided they are in receipt of liberalized family pension.</p> <p>(ac) In case of adoption, adoptive parents and not real parents.</p> <p>(ad) If adoptive father has more than one wife, only the first wife.</p> <p>(ae) In case of female employees, parents or parents-in-law, at her option, subject to the conditions of dependency and residence etc being satisfied.</p> <p><b>Note:</b> Option to include either parents or parents-in law is not available to a female family pensioner.</p>
(g)	Dependent Sisters	<p>(i) Dependent unmarried/divorced/abandoned or separated from their husband/widowed sisters.</p> <p>(ii) Irrespective of age.</p>
(h)	Dependent Brothers	<p>(i) Minor brother(s) up to the age of becoming a major.</p> <p>(ii) Brothers suffering from permanent disability either physically or mentally, without any age limit. Provided he is unmarried, not having own family, wholly dependent on and residing with principal ECHS Card holder beneficiary.</p>
(j)	Minor Children of widowed/separated daughters	Minor Children of widowed/separated daughters who are dependent upon the ECHS beneficiary and normally residing with him, shall be eligible up to the age of 18 years.

15. **Exempted Category from ECHS Contribution.** War widows, pre-1996 retirees and battle casualties are exempted.

16. **Subscription/ Contribution Rate and Ward Entitlement for ECHS Membership.**

The latest subscription rate and ward entitlement effective from 29 Dec 2019 are as under: -

Ser No	Ranks	One time Contribution	Ward Entitlement
(a)	Recruit to Havildars & equivalent in Navy & AF	Rs 30,000/-	General
(b)	Nb Sub/Sub/Sub Maj or equivalent in Navy & Air Force (including Honorary Nb Sub/ MACP Nb Sub and Honorary Lieutenant / Captain)	Rs 67,000/-	Semi Private
(c)	All Officers	Rs 1,20,000/-	Private

17. The definition for eligibility to be dependent as per Department of Personnel & Training (DoPT) followed by CGHS is as under: -

(a) **Dependant Parents.** Whose Income from all sources not more than Rs 9000/- excl DA.

(b) **Son.** Till he starts earning or attains the age of 25 years, whichever is earlier.

(c) **Daughter.** Till she starts earning or gets married, irrespective of the age limit, whichever is earlier.

(d) **Son.** Suffering from any permanent disability of any kind (physical or mental) covered under PWD Act 2016 - Irrespective of age limit.

(e) **Minor Brother/Sister(s).** Brothers up to the age of becoming a major. Sisters till she starts earning or gets married, irrespective of the age limit, whichever is earlier.

(f) **Daughters & Sisters.** Dependent, divorced/Abandoned or separated from their husband/ widowed and dependent unmarried children to include ward/ adopted children are entitled for life.

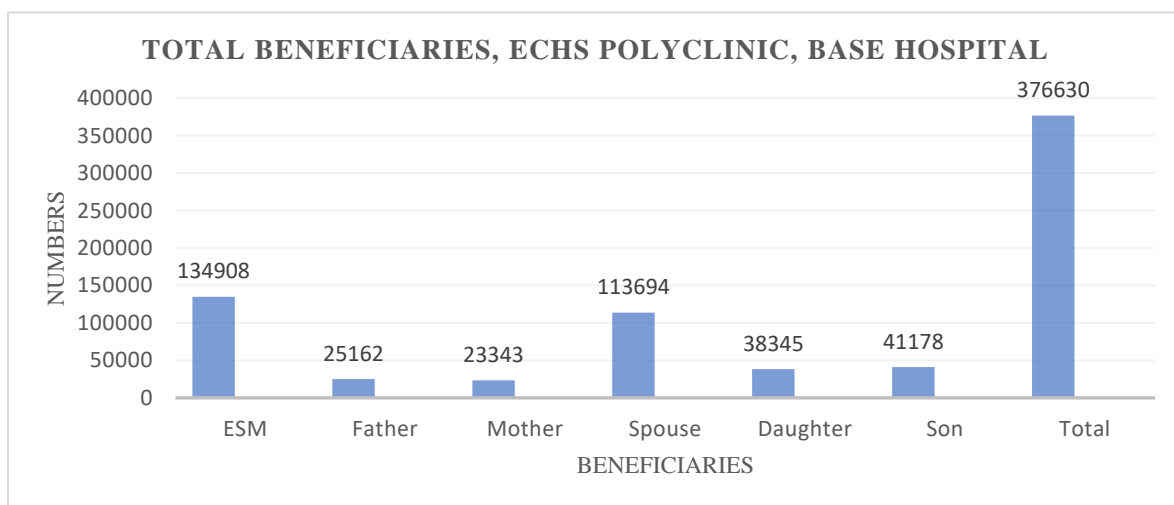
18. **Age limit for Sons/Daughters as Dependent in ECHS Card.** Unemployed son(s) below 25 years, unemployed and unmarried daughter(s) (the individual monthly income of unemployed dependent son(s) and daughter(s) all sources should be less than Rs 9000/-),



dependent parents whose combined income is less than Rs 9000/- per month and mentally/physically challenged children(s) for life as per PWD Act 2016.

### **PROJECT REPORT: ORGANIZATIONAL ISSUES IN ECHS**

19. ECHS Polyclinic, Base Hospital, Delhi Cantt is a Type A Polyclinic that is to cater for a dependency of 20,000 beneficiaries. However, due to its location in a metro city and closeness to Base Hospital, there are approximately 3,76,630 registered dependents on the polyclinic, which is nearly 20 times the authorized dependency. This is a unique situation with heaviest workload in the country with maximum dependency of officers and equivalent. The observations made during the internship may not reflect equally on the other ECHS Polyclinics in the country. There are certain issues which are common to all other polyclinics, however, the effect may not be similar across all the polyclinics due to their location and dependency.



### 20. **Organizational Issues in ECHS.**

(a) **Finances**. Availability of finances for smooth operations of the ECHS has been an issue since long. Annual requirement of funds in ECHS Polyclinic, Base Hospital was approximately Rs 50 crores in Financial Year 2019-2020, before the COVID pandemic struck the world. However, the allotment was approximately Rs 45 crores. There was a sudden increased unexpected requirement for additional funds due to the pandemic. As on date, approximately Rs 60 crores are pending in terms of funds and current pendency in terms of time is approximately nine months at the Central

Organization as the payment of dependents at ECHS Polyclinic Base Hospital is paid by them. There is a continuous increase in the beneficiaries to the scheme due to retirement of the serving personnel on completing their normal service conditions and this adds to the financial burden on the ECHS. Restrictions on the funds allotted per year needs to be increased to cater for the increasing additional load of beneficiaries, failing which, it will be unviable to keep the scheme running in an efficient manner in future.

(b) **Medical Specialists & Radiologist.** The authorized Medical Specialist & the Radiologist are not posted with the Polyclinic due to its proximity to the Base Hospital where these are available in sufficient numbers. However, the patients have to come to the ECHS polyclinic first for the referral to go to the Base Hospital for necessary treatment and follow-up. However, authorized Gynecologist, Dentists and general MO are available at the Polyclinic.

(c) **ECHS Policy Changes.** There are policy changes that are being introduced quite frequently as the organization is relatively new and the changing health requirements of the beneficiaries. Information of the same has to be known to all the polyclinics in the country as well the beneficiaries. The percolation of these changes to all takes considerable efforts in terms of time and finances. Education qualifications and reluctance to use of modern technology and social media of older generation of dependent beneficiaries is a hinderance to the IEC to them. Certain policy changes introduced are as under: -

(i) SSCOs & ECOs, World War-II and Premature retirees are now auth for ECHS facilities, (15 Apr 19). However, the online link for the same has not been updated till dt.

(ii) SSCOs and Non-Pensioner Pre-Mature Retirees applicable for reimbursement @75% of total admissible expenditure for personal having more than 10 years of service and @50% of total admissible expenditure for personal having less than or equal to 10 years of service (15 Apr 19).

(iii) Personnel of Assam Rifles are now eligible for ECHS facilities (11 Mar 19).

(iv) Instructions for online ECHS Smart Cards are available on ECHS website [www.echs.gov.in](http://www.echs.gov.in) now.

(v) Person with Disabilities (PWD) Act was revised in 2016 and diseases for which White Card facility is provided has been increased from 7 to 21 (26 Sep 18).

(vi) **Introduction of Preventive Health Check-up.** This facility would aid in early detection, monitoring, management, prevention and aggravation of chronic ailments and follow up of most of the common ailments besides being cost effective in long term thereby increasing the quality, life expectancy and satisfaction of the target clientele. The facility is in line with the concept of 'Prevention is better than cure'

(d) **Awareness of Beneficiaries.** As brought out in para 20(c), the beneficiaries are not aware of the policy changes as well as the procedure to be followed to avail health benefits and subsequent processing of claims leads to unwarranted delays which adversely affect the ECHS as well as the beneficiaries in both finances and time involved. General lack of awareness in ESM and their dependents noticed are: -

- (i) Regulations for cash payment in empaneled hospitals.
- (ii) Delay in intimation and submission of claims.
- (iii) Incomplete documents for claim processing.

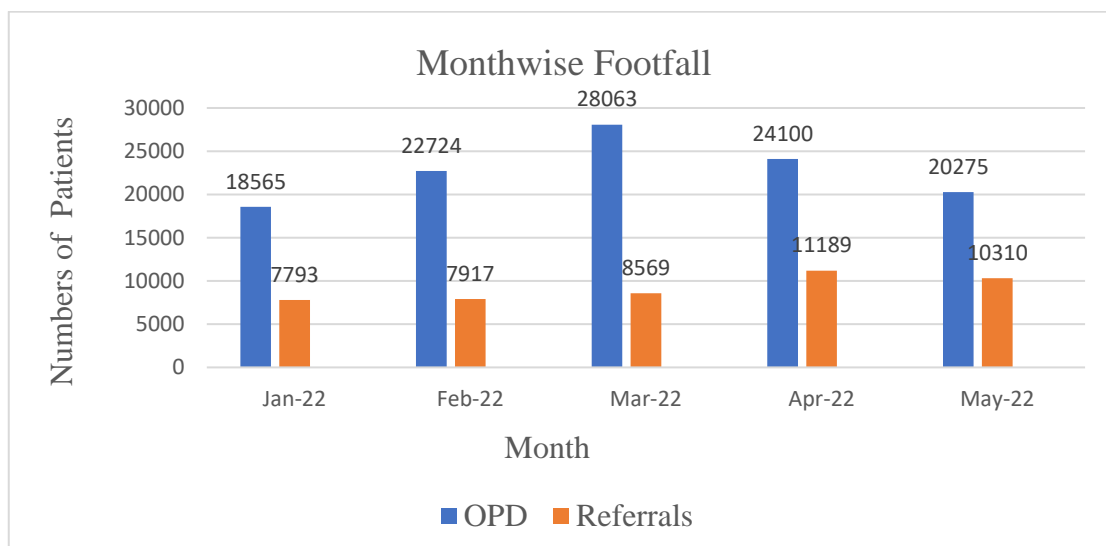
(e) **Software & Hardware.** The availability of dedicated and dependable communications in terms of availability of internet is an issue even in metro cities. The problem is more pronounced in remote areas. This leads in delays in referrals that are given in emergencies in healthcare and subsequent issues. The ECHS cards issued to the beneficiaries are being upgraded to 64 kb for a smoother experience, however, the pace of the same has been slow due to various issues.

(f) **Infrastructure.** The infrastructure in terms of proper building for the polyclinics is a long pending issue that the ECHS Polyclinic is facing leading to deficiency in the availability of authorized services that are to be provided to the beneficiaries. Suitable laboratories, consultations rooms, waiting rooms, offices and other support services need upgradation. This issue is more in remote areas, as all ECHS Polyclinics are not located in military stations. Efforts are on to coordinate with state and district administrations for the allotment of available buildings/land for resolving the issue.

(g) **Support Services.** Laboratory services are not available at ECHS Polyclinic, Base Hospital. This is a deliberate step taken to avoid duplicity of effort as a better facility is available in the Base Hospital located in close vicinity. However, transportation for the patients is an issue as the battery-operated carts are in limited numbers and the patients either have to wait for a considerable time or use their own transport to move to get their tests done. The issue has been flagged a number of times but not implemented due to lack of funds. Bulk SMS services for medicine inquiry and ECHS card collection for new beneficiaries has been introduced at the polyclinic.

(h) **Medicines Availability.** Most of the fast-moving generic medicines are available in the Pharmacy co-located with the ECHS Polyclinic. Medicines to the ECHS Polyclinic are supplied by the Base Hospital. However, costly medicines are not procured and stored keeping in mind the cost and expiry time. A system of Local Purchase of such medicines is in place to cater for medicine requirements. Facility for medicine inquiry is through phone and SMS/WhatsApp has been introduced. Also, one medicine counter at the Pharmacy is operational at all times for emergencies.

(i) **Patient Load.** Being located in the capital city and maximum number of dependents settled in close proximity of the Cantt area for obvious reasons, the patient load on the ECHS Polyclinic, Base Hospital is extremely high. The number of dependent beneficiaries is close to 4,00,000 and the daily footfall is above 2000 (910-980 for Medical OPD and 90-120 for dental OPD). Keeping this in mind, additional MO are posted at the polyclinic in comparison to other Type A polyclinics.



(j) **Availability of Staff.** Adequate number of medical support staff is posted with the ECHS Polyclinic, Base Hospital Delhi Cantt as per authorized strength less the Physiotherapist and the Laboratory Technician for reasons stated above. Office staffs such as clerks/typists and peons if deficient are augmented by the Station HQ, Delhi Cantt, under whose administrative control the polyclinic functions.

## **REFERENCES**

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**SURVEY QUESTIONNAIRE FOR ORGANIZATIONAL ISSUES AT ECHS**  
**POLYCLINICS**

**Title of the Research-** A Study on the organizational issues faced by ECHS.

**Informed Consent:** Internship is an integral part of PGDM (Hospital and Health Management). All the students undergoing this course at IIHMR, Delhi are required to undergo on the job training in reputed health organizations. I am .....a student of IIHMR, Delhi. As part of the curriculum, a survey on organizational issues is being carried out at ECHS organizational setup. The purpose of the Survey has been verbally explained to the respondent in detail. All the information collected will be kept strictly confidential and shall only be utilized for academic/ research and service improvement. The respondent is free to abstain from answering any question if he/she so desire.

(Approximate time required to fill this form is 10 Minutes).

The respondent chooses to give **verbal** ☐ /**written** ☐ consent for participation in survey?

Signature of the  
Respondent

**Questionnaire for the Directors, ECHS**

**Section 1 (Personal Information)**

1. Name of the Respondent \_\_\_\_\_
2. Appointment \_\_\_\_\_
3. Age \_\_\_\_\_ (Completed years)
4. Gender \_\_\_\_\_ Male/Female
5. Mob No \_\_\_\_\_ (Optional)
6. E-mail Id \_\_\_\_\_ (Optional)

**Section 2 (Availability of Funds)**

7. Are the funds made available adequate for the functioning of the ECHS Polyclinic?
8. Are the funds made available in time for the running of the ECHS Polyclinic?
9. How is payment made to the employees of the ECHS Polyclinic?

**Section 3 (Staff Availability)**

10. Are adequate doctors available to cater for the patient load of the ECHS Polyclinic?
11. Are any specialists available in the ECHS Polyclinic?
12. Is the support staff adequate for the polyclinic?
13. Are the doctors from Armed Forces Medical background or civilian background?
14. Are adequate lady doctors employed?

**Section 4 (Services and Allied Activities)****Excellent/Good/ Fair/Poor**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. How is the cleanliness and hygiene at the polyclinic?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is Covid appropriate behavior practiced in the polyclinic? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. How are the Lab/Diagnostic test services?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Availability of Emergency Services                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Section 5 (Availability of Medicines)****Excellent/Good/ Fair/Poor**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 19. Are general medicines available in the polyclinic pharmacy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is the stock of medicines adequate?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Section 6 (Infrastructure Availability)****Excellent/Good/ Fair/Poor**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 21. How is the infrastructure available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Suitability of Waiting Area?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Drinking water facilities?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Entertainment facilities?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Availability of adequate washrooms?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Parking Facilities?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## **Questionnaire for the Doctors at ECHS Polyclinics**

### **Section 1 (Personal Information)**

1. Name of the Respondent \_\_\_\_\_
2. Appointment/Specialization \_\_\_\_\_
3. Age \_\_\_\_\_ (Completed years)
4. Gender \_\_\_\_\_ Male/Female
5. Mob No \_\_\_\_\_ (Optional)
6. E-mail Id \_\_\_\_\_ (Optional)

### **Section 2 (Availability of Doctors and staff)**

**Excellent/Good/ Fair/Poor**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. Adequacy of doctors available in the polyclinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Adequacy of specialists in the polyclinic       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Availability of support staff?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ability to handle patient load?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Time taken per patient?                        |                          |                          |                          |                          |
| (a) Less than 10 minutes                           |                          |                          |                          |                          |
| (b) 10-20 minutes                                  |                          |                          |                          |                          |
| (c) More than 20 minutes                           |                          |                          |                          |                          |

### **Section 3 (Diagnostic Services)**

**Excellent/Good/ Fair/Poor**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 12. How are the Lab/Diagnostic test services?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Availability of trained staff?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Serviceability of equipment?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Where do you prefer to refer in case required (rank in order of preference)? |                          |                          |                          |                          |
| (a) Private hospital   |                          |                          |                          |                          |
| (b) Service hospital   |                          |                          |                          |                          |
| (c) Government hospital  |                          |                          |                          |                          |

### **16. Suggestions if any for ECHS Polyclinic**

(a) Related to number of doctors.

(b) Related to Lab/Diagnostics services.



(c) Related to Medicine Availability.

17. Challenges faced or Problems (if any)

## **Questionnaire for the Central Organization, ECHS**

### **Section 1 (Personal Information)**

1. Name of the Respondent \_\_\_\_\_
2. Appointment/Specialization \_\_\_\_\_
3. Age \_\_\_\_\_ (Completed years)
4. Gender \_\_\_\_\_ Male/Female
5. Mob No \_\_\_\_\_ (Optional)
6. E-mail Id \_\_\_\_\_ (Optional)

### **Section 2 (Availability of Funds)**

7. Are the funds made available adequate for the functioning of the ECHS Polyclinics under your office?
8. Are the funds made available in time for the running of the ECHS Polyclinics?
9. How is payment made to the ECHS Polyclinics?

### **Section 3 (Staff Availability)**

10. Are adequate doctors available to cater for the patient load of the ECHS Polyclinics?
11. Are specialists made available to the ECHS Polyclinics?
12. Is the support staff made available in adequate numbers to the polyclinics?
13. Employed doctors are from the Armed Forces Medical background or civilian background?
14. Are adequate lady doctors employed?

### **Section 4 (Services and Allied Activities)**

**Excellent/Good/ Fair/Poor**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. How is the cleanliness and hygiene at the polyclinics under you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is Covid appropriate behavior practiced in the polyclinics?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. How are the Lab/Diagnostic test services?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Availability of Emergency Services                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### **Section 5 (Availability of Medicines)**

19. How are general medicines made available to the Polyclinics' pharmacy?
20. Are the stocks of medicines adequate?

### **Section 6 (Infrastructure Availability)**

**Excellent/Good/ Fair/Poor**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 21. How is the infrastructure available at polyclinics? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. How suitable are the Waiting Areas?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. How are the drinking water facilities?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. How are the entertainment facilities?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are adequate washrooms available?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. How are the parking facilities?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |