

*R&R Medical Fund Scheme
for
Healthier and Longer Life
of
Project Affected Families*



**HIMACHAL PRADESH
POWER CORPORATION LTD**

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List of abbreviations used

| | |
|-------|-------------------------------------------------------|
| AP | Affected Persons |
| APO | Annual Plan of Operation |
| BoD | Board of Directors |
| CBO | Community Based Organization |
| CMFRC | Corporate Level Medical Fund Review Committee |
| CSRRS | Chief Social and R&R Specialist |
| GM | General Manager |
| HoP | Head of Project |
| HPPCL | Himachal Pradesh Power Corporation Limited |
| LAA | Land Acquisition Act |
| MHV | Mobile Health Van |
| MPAF | Main Project Affected Family |
| PAA | Project Affected Area |
| PAF | Project Affected Family |
| PAP | Project Affected Person |
| PIC | Public Information Centre |
| PMFMC | Project Level Medical Fund Management Committee |
| R&R | Resettlement & Rehabilitation/Relief & Rehabilitation |
| SMC | Special Medical Camp |



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R&R Medical Fund Scheme

1. Introduction and background

HPPCL has initiated number of R&R Schemes to provide more benefits to the affected families. These schemes have varied aims ranging from enhancing productivity of all land related activities through training and awareness camps to increasing employability through appropriate training and skill development by nomination and sponsorship in Industrial Training Institute and also career counseling. HPPCL is also trying alternative methods of engaging with local people by increasing awareness through involvement of local youth and school children in a range of competitions and sporting activities; providing scholarship to students of PAF and PAA; involving women and other community members in association with CBOs; and supporting occupations through assistance for self-employment and also providing investment counseling to PAFs.

Enhancement of efficiency/expertise of Project Affected Families plays a crucial role in their capacity building for which keeping good health and longevity are prerequisite. Moreover, for enjoyment of life and fruits of development, the inhabitants must be in good health. Many diseases are preventable with timely vaccination and maintaining hygiene. Since the project sites are usually located in remote and inhospitable areas with limited or no access to medical facilities and the PAFs as also others cannot afford expensive medical treatment, the need to provide medical facility and support for medical treatment has been felt for a long time.

Medical assistance is provided as an adjunct to training-cum-awareness camps organized by HPPCL. Some provisions are also usually given in the Environment Management Plan such as strengthening existing medical facility and infrastructure; in case of bigger projects, opening new hospital; first aid facilities at the working sites, running/donating ambulance; visit by doctors; Mobile Health Van (MHV) etc. But these provisions are neither uniform across all projects nor sufficient considering the spectrum of diseases with concomitant treatment costs. Many ailments prevalent in the area are not treatable in medical camps or through services of a MHV. People need support to get treatment even from outside or from a referral hospital or specialized hospital. Such treatments are murderously expensive and also involve travel and stay costs. Money, for treatment, is required in one lot or large sums within a short period, which people are unable to arrange at short notice.

With this background, HPPCL does not want to limit its role only to providing support for education and livelihood to PAF besides handsome compensation; instead it wants to expand its role to contribute towards healthier and longer life of PAF and of inhabitants of PAA. Access to specialized treatments is required by the affected people, which usually is not

available either in the vicinity or in the district or even in the State. Keeping this overarching goal in view, the present scheme is formulated as under.

2. Concept

Although HPPCL is taking a number of initiatives towards some of the above stated issues yet their outreach, effectiveness and sustainability would enhance multifold if a separate fund is created for the purpose. Accordingly, it is proposed to institute a dedicated fund titled as 'R&R Medical Fund'. This fund can be accessed for meeting the expenses on medical facilities not covered in any other scheme/plan of HPPCL or for supplementing such expenses under other schemes as per requirement.

3. Objectives

The principal aim of the scheme is to improve health conditions and increase longevity of PAFs and other eligible persons. The scheme is primarily meant for MPAFs and PAFs but others would also be covered depending upon specific activity under this scheme and degree of impact of the project on the person concerned besides cases (of inhabitants of PAA) on compassionate ground. Objectives of the scheme are as under.

- i. Preventing diseases in PAA and PAZ through focused immunization.
- ii. Providing free medical check-up.
- iii. Purveying free medicine to needy.
- iv. Giving assistance for such medical treatment as are not possible in medical camps.
- v. Providing assistance for treatment by specialist(s) or for critical diseases or referral cases.
- vi. Assistance in case of accidents.
- vii. Assisting the disabled PAFs acquire specialized kits/aid.

4. Components of the Scheme

In accordance with the objectives, the Scheme has following components.

- i. Organizing Special Medical Camps (SMCs).
- ii. Providing free medicine and treatment or aid to individuals.
- iii. Operating a Mobile Health Van (MHV) and visiting doctors.
- iv. Health and hygiene education.

5. Eligibility Criteria

Since the scheme has a number of components, eligibility for each would be different especially for referral cases/special medical treatment, which would involve high expenditure on recurring basis. Number of cases under referral case component would be decided each year by the Fund Management Committee or by the HPPCL Corporate Office.

- i. All MPAFs and PAFs are covered in this scheme.
- ii. Other residents of PAA may also be considered depending upon degree of project's impact on the individual's health and nature of activity of the Scheme. However, for Special Medical Camps (SMC) all MPAFs, PAFs and inhabitants of PAA would be eligible.

- iii. The SMC would be organized preferably within PAA. However, depending upon logistical necessity and/or operational ease, these may be organized in PAZ also. If the SMC is organized in PAZ, the residents of PAZ would also be eligible.
- iv. Preference will be given to those MPAF who are becoming both - landless and houseless, then to landless, then to houseless, to other MPAFs and then to PAFs followed by other affected persons/families. Within a priority category, those from vulnerable section (as per R&R Plan of HPPCL) will get preference over others in that category.
- v. Financial assistance to the accident/referral/specialist treatment medical cases would be available only to MPAFs. Some cases on compassionate ground can also be given assistance, selection of which will be done by a committee chaired by the Head of Project. The beneficiary under this scheme should be duly recommended, after examination, by a qualified doctor or a team of doctors for referral cases.
- vi. Lectures and presentations on health and hygiene may be organized in Medical Camps, Training-cum-Awareness Camps, through CBOs and/or in other events.
- vii. Employees of HPPCL (recruited under RR benefit) and their dependents would not be eligible to access fund under this scheme.

6. Time Period of the Scheme

The implementation of this scheme in all the projects of HPPCL may be started immediately after notification under section 4 of LAA. The scheme will remain in force for a period of one (01) year after commissioning of the project.

7. Strategy

The strategy will consist of following.

- A. Creation of R&R Medical Fund
- B. Management and operation of R&R Medical Fund
- C. Selection of Scheme Beneficiary

A. Creation of Medical Fund:

The HPPCL will establish a fund in each project named as 'R&R Medical Fund'. The corpus of fund would be created by contribution from project @ 0.05 % (one-twentieth of a percent) of the project cost to be spread over the project construction period. The exact amount and the phasing will be decided by BoD for each project separately. It shall further be enhanced by income through various means like by organizing special fair/Mela, by donation (from contractors and other public) and grant-in-aid etc. It may invest unspent balance each year in regular interest bearing instruments for enhancing its income without risks. But the Fund would not be allowed to invest in loans, shares and debentures and other similar market instruments.

Salaries and other establishment related expenditure can not be charged to the Fund. No salary, no building and no salary for doctors or paramedical staff are admissible under this scheme except for some honorarium. After project is commissioned some grant may be given

from 1% going into LADF or the BoD may be requested for special grant. This scheme shall be run in associations with the Health Department

B. Management and operation of R&R Medical Fund

To manage and operate the R&R Medical Fund, a committee shall be constituted at the project level by the name of 'Project-level Medical Fund Management Committee' (PMFMC).

At the corporate office level, there would be review committee called 'Corporate-level Medical Fund Review Committee' (CMFRC).

B.1 Project-level Medical Fund Management Committee (PMFMC)

- i. Role and responsibility - Following is the role and responsibility of the PMFMC.
- The PMFMC shall be responsible for management of the fund at the Project level including collection from various sources, expenditure from the funds and investment of the unspent portion.
 - Corporate Office shall allot targets in the month of January each year in terms of number of Camps etc.
 - The rates of following are to be fixed by the Corporate Office.
 - i. Visiting doctor's fee/ honorarium.
 - ii. Rates of various treatments in hospitals to be used in the case of referred patients.
 - iii. PMFMC will be free to decide the rest.
 - PMFMC shall be authorized to empanel General Practitioner doctors for MHV or camps as also specialist doctors for SMC.
 - PMFMC shall be responsible for preparing its Annual Plan of Operation (APO) in the month of January and February each year, apportioning fund requirement for all components of the scheme in view of targets allotted by Corporate Office and if needed, reschedule activities within a year.
 - The number and frequency of camps, visitation by MHV, number of cases to be taken for referral cases etc will be part of APO. It is authorized to organize events including those aimed at raising funds and incur expenditure thereon.
 - It shall authorize the Project Head to spend funds. It shall select beneficiaries for all components of this scheme.
- ii. Constitution and meetings – The PMFMC shall consist of the following members.
- | | |
|----------------------------------------------------------|------------------|
| a. Project Head of HPPCL | Chairman |
| b. HPPCL Project office Finance | Member |
| c. Pradhan of Panchayat of PAA as nominated by MD, HPPCL | Member |
| d. Doctor of the project level health facility | Member |
| e. Representative of MPAFs (Two number) | Members |
| f. In-charge of HPPCL Project level R&R | Member-Secretary |

The quorum of the committee shall be three.

The PMFMC shall meet at least four times (on quarterly basis) in a year beginning with proposal of APO in the month of February/March each year. In other meetings, it would carry out reviews etc.

- iii. Operational guidelines - The broad parameters of the operation of the PMFMC are as under.
- The PMFMC shall open an interest bearing bank account in a nationalized bank.
 - The bank account shall be operated by Member-Secretary of PMFMC. However, the cheques and withdrawals shall be authorized by two persons as may be decided by the PMFMC.
 - Member Secretary of the PMFMC shall maintenance all record including that of its meetings. Account book and Cash book of the Fund shall also be maintained her/him.
 - Annual audit of the Funds shall be conducted by a Chartered Accountant. Frequency of audit may be increased or decreased at the discretion of PFMC.
 - The PMFMC in its meeting in Jan/Feb decide its annual budget and annual action plan for subsequent year. It will also decide on the interventions and activities which are required for the area after considering the views of PAF's. It will keep in mind the targets given by Corporate Office.
- iv. Residual matters –All matters not listed or can not be decided by the PMFMC shall be taken to the Managing Director of HPPCL for appropriate decision.

B.2 Corporate-level Medical Fund Review Committee

- i. Role and responsibility – Following is the role and responsibility of the CMFRC.
- CMFRC shall allot targets to each project or PMFMC in the month of January or February each year.
 - CMFRC is fully authorized to review the performance of the Fund, expenditure and effectiveness of the Scheme and performance of PMFMC with review of progress of implementation of approved APO.
 - CMFRC shall be authorized to empanel hospitals other than government owned hospitals within or outside the state of HP or the country. Similarly, it may also empanel specialist doctors in addition to those empanelled by the PMFMC.
- ii. Constitution and meetings – The CMFRC shall consist of the following members.
- | | | |
|----|--------------------------------|------------------|
| a. | Managing Director, HPPCL | Chairman |
| b. | Director/GM (Finance), HPPCL | Member |
| c. | Member-secretaries of all PFMC | Member |
| d. | CSRRS, HPPCL | Member-Secretary |

The CMFRC shall meet four-times in a year beginning with approval of APO and allocation of funds to PMFMC in the month of March/April each year. The R&R heads of each project may be special invitees

C. Selection of Scheme Beneficiary - The beneficiary of the scheme shall be selected on application by the concerned on the prescribed application form. R&R staff of the project will help and guide the applicant in filling-up the application form. After processing by the Project R&R staff all applications along with the list will be sent to the Member-Secretary of PMFMC. The PMFMC shall select the beneficiaries under the scheme.

7. Procedure for seeking assistance under this scheme

Any individual meeting the criteria laid down in the scheme seeking help over Rs. 500/- shall make an application for the same. The applicant shall apply on the prescribed application form for seeking assistance for Referral and special medical treatment under this scheme. The Application Form for the same can be obtained from the project site office/Public Information Centre (PIC)/R&R Office. Specimen of the application Form is placed at **Annexure-1**.

The application should be submitted to the concerned HPPCL Project office or during the organization of Health Camp with the R&R staff or during the organization of Medical Camp or during the visit by MHV.

Medicine distribution and financial assistance for amounts less than Rs. 500/- per person may be given directly by issuing the same from a register to be opened for this purpose. The register shall contain all the necessary details particularly the identity of the beneficiary including identity card number. Obtaining signature or thumb impression of the beneficiary shall be mandatory.

8. Processing of application

All the applications received shall be processed by Project R&R Staff. First level of processing of all the applications received shall also be done by the Project R&R staff as per scheme guidelines and eligibility criteria besides verification of status as MPAF or PAF or vulnerable or residence in PAA etc. All other information provided in the application by the applicant shall be verified. After receipt by the Member-Secretary, he/she shall carry out further processing as per scheme guidelines and prioritization etc. thereafter, all the applications along with prioritized list shall be put up to the PMFMC.

9. Post-selection procedure

Following procedure would be adopted after selection of the beneficiaries under different components of the scheme. In case of any ambiguity regarding procedure or admissibility or otherwise of any particular case/treatment, the HoP (Head of Project) would be the final authority to decide the same.

9.1 **Beneficiary List**: The list of beneficiaries approved by the PMFMC shall be made public by the HoP. All the selected beneficiaries shall be informed by him/her either directly or through project R&R staff.

9.2 Procedure for Referral Cases etc: For the beneficiary under the referral/special treatment/accident, the funds would preferably be released directly to the empanelled hospital but in case of government hospital it can be released to beneficiary first as 30 % advance and thereafter as reimbursement of the amount spent till the sanctioned amount is exhausted or treatment is over, whichever is earlier.

9.3 Although providing a list of admissible expenditure can never be complete yet following broad parameters in this regard may be adopted while processing claims. All claims have to be supported with hospital's/doctor's prescription slip, receipts/cash memo etc.

i. Admissible items: Indicative but not conclusive list is as under. The guiding principle would be the same as in case of HP state government employee's reimbursement of medical expenses.

- i. Registration/Hospitalization charges.
- ii. Consultant fee or expert fee.
- iii. Expenditure on prescribed tests.
- iv. Prescribed medicines with related kit, like syringes etc.
- v. Auxiliary support system like glucose, oxygen etc.
- vi. Items required for undergo surgery.
- vii. Cost of carrying dead body back to home.

ii. Inadmissible items: The list provided here is not exhaustive. Again the guiding principle will be the same as in the scheme for reimbursement of medical expenses to HP state government employees.

- viii. Any item which is not prescribed by doctor/hospital.
- ix. Food.
- x. Tonic and other dietary supplements.
- xi. Travel cost.
- xii. Accommodation cost of patient and attendant(s).

10. Review and appeal

The performance of this Scheme and the Fund shall be reviewed regularly as per the guidelines indicated in the scheme. The BoD of HPPCL shall be kept informed of the progress made in this scheme. For continuation of this scheme in the operation phase of a project, its success will be reviewed by committee constituted by the BoD of HPPCL and decision taken accordingly for its continuation or otherwise.

Any person aggrieved by the decision of PMFMC may appeal to the CMFRC or to the Managing Director HPPCL, who shall decide case with in a month. Similarly, any person aggrieved by any decision of CMFRC or MD may file application with the Chairperson of HPPCL, who shall decide it within a period of three months.

Application Form for applying for financial assistance for referral/special/accident medical treatment under the R&R Medical Fund Scheme

| |
|--------------------------------------------------------------------------|
| Self attested photograph of applicant or group of applicants |
|--------------------------------------------------------------------------|

1. **Name of the District**..... Teh./Sub-Teh.
2. **Name of HPPCL Project**.....
3. **PAF Identity Card (ID) No (if allotted) of main applicant**
4. **Name of the Applicant (in capital letters) with Gender**
5. **Relationship with the Head of MPAF/PAF (if other than himself)**
6. **Occupation of the applicant and that of the Head of MPAF/PAF**
7. **Detail of Family Members (if applying for assistance to them)**

| SN | Name* | Sex | Relation with Applicant | Date of birth# | Remarks |
|-----|-------|-----|-------------------------|----------------|---------|
| i | | | | | |
| ii | | | | | |
| iii | | | | | |
| iv | | | | | |

*Only those dependent on Head of Family be included. # attach proof

8. **Total income of family** (verified by the concerned revenue staff) (Rs. per year) in numbers and in words
9. **Description of disease** for referral/special treatment/accident

| SN | Name | Sex | Relation with Applicant | Date of birth | Name of disease | Name of doctor & hospital | Signature of referring doctor |
|----|------|-----|-------------------------|---------------|-----------------|---------------------------|-------------------------------|
| i | | | | | | | |
| ii | | | | | | | |

10. **Certificate by referring doctor**
11. **Any other information**

Date.....

Applicant's Signature

Verification by Head of Family

Name and Signature

12. **Verification by the Pradhan Gram Panchayat** concerned

Verified that the applicant/applicants reside in the Gram Panchayat as mentioned in the application and all the information provided by the applicant/applicants is correct to the best of my knowledge.

Signature & seal of Pradhan GP

Checking and verification by project R&R Staff

Name and Designation of project R&R Staff