

O/o the Mission Director, IKP Urban
III Floor, E-in-C (PH) Office Complex,
A.C. Guards, Hyderabad – 500 004.

Circular 6936 -/ CH/MEPMA/ CEF-HRF to SLFs

Date : 10.10.2013

Sir/Madam,

Sub: MEPMA-Community Health – SLF strengthening –release of CEF- Health Risk Fund (HRF) – in their regular Health savings –eligibility SLFs –submission of proposal - certain instructions – regarding.

Ref : 1.Circular - 3082/SLFs/IKP Urban dated : 27.7.2009
2. Lr.Roc.No 6936 .IKP/ C.Health/C1/2011-12 dated: 1.8.2011
3. Minutes of the 13th Executive committee meeting
Held on 2.08.2013

Wide reference cited, it was instructed to introduce Health savings in all SLFs to meet the health emergencies among group members. Here risks are shared under the community responsibility.

During illness and especially at the time of hospitalization they face more financial distress also there is loss of wages which is double burden. By community Managed Health savings the community will be able to share some of the risks associated with financial distress due to loss of daily wages and sickness.

As per the reference 3rd cited, it is proposed to release CEF for Health Risk Fund to SLFs and approved the same in 13th EC meeting dated 2.08.2013. To support SLFs to have exclusive Health Fund Proportionate to their Health savings i.e. Rs 50000/- as against the health savings of Rs 10,000/-(1:5 ratio).

Hence the PDs are requested to submit the proposal for CEF-Health Risk Fund for eligible SLFs as per the guidelines. (Enclosed).

Sd/ Anita Ramachandran I.A.S.

MISSION DIRECTOR

//t.c.f.b.o//


Additional Mission Director

IKP-URBAN DISTRICT

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Project Director

Annexure -1-GUIDELINES FOR IMPLEMENTATION FOR CEF-HEALTH RISK FUND (HRF)

I. Following steps for implementation process of Health savings at SLF LEVEL

- The preliminary step is to introduce the concept of Health savings and corpus has generated in the name of Health Risk Fund (HRF) at the SLF level meeting where all the Office Bearers (OB) are present.
- Following the information session the Health sub committee members informs and discusses about Health savings-Health Risk Fund with each SHG during the respective SGH meetings.
- The SHGs and SLFs decide on the minimum monthly amount and start collecting Health savings premiums from each member and separate Bank Account is not necessary and same SLF Bank Account with separate book Keeping for HRF fund has to be created.
- Once the commitment of SLF is obtained in collection of Health savings from the SHGs for a minimum period of six months with minimum corpus of Rs 10,000/- the grant of Health Risk Fund (HRF) can be given loan to needy SHG members as per the requirement.
- Once the money is allocated to the SLFs, it will be available to SHG members as savings and loans.
- The SHG members continue with their individual health saving irrespective of the availability of HRF. The entire implementation of Health Savings and Health Risk Fund takes place in twelve months.

II. Capacity Enhancement Fund: Health Risk fund(CEF-HRF)

It was proposed to release CEF (Capacity enhancement Fund) for health Risk Fund to SLFs. and approved the same in 13th EC meeting dated-2.08.2013

To support SLFs to have exclusive Health Fund Proportionate to their Health savings i.e. Rs 50000/- as against the health savings of Rs 10,000/(1:5 ratio).

Now, it is proposed to release CEF-HRF (Health Risk Fund) Rs 50,000/- equivalent to their Health saving corpus with a minimum limit of Rs 10,000 to eligible SLFs.

III.Objective:

- To Enhance Community participation in planning, formulation implemented on health savings.
- Easy accessibility to financial support in cases of health emergencies due to availability of community Health fund.
- Democratic and transparent claim settlement procedures managed by SLFs.
- Community risk sharing in times of health shocks.

IV. SLFs are eligible to apply for the Capacity enhancement Fund (CEF) HRF grant following criteria is stipulated for accessing the performance of SLFs

- SLF Should have regular Health Savings with minimum Rs 10,000/- Corpus
- Separate Book Keeping for Health Savings including loan settlement process

- Separate Bank Account for Health Savings at SLF is not necessary
- SLFs shall have minimum 6 months maturity for Health savings.
- SLF shall be within the slum
- SLF must have been registered
- Priority shall be given to the SLF having 50% of SCs,STs & Minorities
- Minimum seniority of 6 months from the date of formation of SLFs
- SLF must have conducted atleast 3 EC meetings since last 3 months
- SLF must have opened its A/c in the Bank.
- Consistency in minimum monthly savings @ Rs 100/- per month per SHG from the date of formation of SLF.
- must have trained SLF Resource person
- must maintain SLF books of Accounts properly.
- must have membership of at least 15 SHGs
- SLF must have formed all subcommittees Bank linkage committee, Social issues committee, Health & Nutrition committee, SHG monitoring committee etc.,
- 80% of SHGs in SLF must have own Book keepers.
- SLF details must have been placed on MEPMA website
- SLF must have received managerial support
- SLF must have undergone EC&OB members training
- SLF must have minimum corpus fund of Rs 25,000/-
- SLF must have co opted disabled SHGs

SLF RP-CO-TPrO will grade the SLFs and certify the correctness and wherever TLFs are existing, TLF would take up the task of grading of SLF for accessing CEF-HRF

V.Utilization of CEF-HRF by SLFs:

- A) SLFs shall conduct EC meeting and prepare slum level action plan – for utilization of CEF HRF– in consultation with all SHGs and after approval of the same by the EC only, CEF -HRF shall be utilized by the respective SLFs.

Sl No	Activity	Amount required	Purpose – Health Problems	Approved by SLF
1	Lending to SHGs SHG name 1. 2.			

Health savings provides a stepping stone for health risk fund (HRF), which is a onetime large grant sanctioned to the entire SLF by IKP. The role of HRF is to complement existing health insurance programs like Aarogyasree and to have funds for other health related expenditures not covered by the insurance like transportation, doctor fees, medicines, diagnostics tests, and other costs incurred by the relatives of the patient in taking care of ill person. HRF can be used for any costs incurred by both major and minor illnesses.

VI. FUND FLOW MECHANISM :

- MD, MEPMA release the funds in favour of PD,IKP urban based on the proposals received from PDs.
- Role of PDs: Project Directors shall ensure that
- TPrO/PRP, shall conduct town level orientation programme to OB members of all SLFs and explain in detail regarding accessing and utilization of CEF –HRF
- Executive Committee in consultation with all its SHGs shall pass a resolution accepting the conditions for utilization of CEF-HRF by SLFs.
- Once all the resolutions are completed, TPrO/PRP shall send the proposals to PD IKP urban in consolidated manner for sanctioning of CEF-HRF to the eligible SLFs through concerned MCs.
- PD should draft a circular in Telugu regarding utilization of CEF-HRF and handover to the president, before release of funds.
- PD,IKP urban while releasing funds may prioritize SLFs based on following aspects
 - Date of SLF formation
 - Corpus fund available
 - SLFs with SC,ST, minorities ,PWDs, PoP

PD, IKP urban will issue proceedings with the approval of the Dist.Collector, for releasing the amount as per eligibility, in favour of the Branch managers of the respective branches, enclosing the details of SLF A/c Nos and Branch managers will adjust the same to SLF A/Cs through online transfer.

VIII . MONITORING MECHANISM:

- ❖ SLF shall review on utilization of CEF-HRF during its EC meeting
- ❖ T.Pr.O/PRPs/Cos shall facilitate proper utilization of funds for the activities for which CEF-HRF is sanctioned. SLF shall permit the ULB staff for verification of accounts whenever necessary.
- ❖ District Health –Disability Specialist shall monitor over all fund flow mechanism at District level.
- ❖ Municipal Commissioner will monitor and give necessary support to the concerned.