



Government of Khyber Pakhtunkhwa

Health Department

No SOB-II/HD/1-39/GEN. CORR./2020


Dated: Peshawar the: July 2, 2021

To

1. The Director General, Health Services Khyber Pakhtunkhwa, Peshawar.
2. All DHOs in Khyber Pakhtunkhwa.
3. All MSs in Khyber Pakhtunkhwa.

Subject: **GUIDELINES AND AN OPERATIONAL MANUAL FOR HOSPITAL MANAGEMENT COMMITTEES (HMCs)**

I am directed to refer to this department's notification number No: SOG/HD/2-1/General Corr./2020 dated 21.04.2021 and to enclose herewith the guidelines for Hospital Management Committees (HMCs) for implementation in its respective scope of function.


(Syed Qaisar Ali Shah)
Section Officer (General)

ENDST: EVEN NO AND DATE:

Copy forwarded for information to the:

1. PS to Secretary Health, Khyber Pakhtunkhwa.
2. PS to All Special Secretaries, Health Department
3. PA to all Additional Secretaries Health Department
4. PA to All Deputy Secretaries Health Department


Section Officer (General)

TECHNICAL ASSISTANCE TO IMPROVE HEALTH SERVICE DELIVERY IN PAKISTAN (KP) – II

**Guidelines and an operational manual for Hospital
Management Committees (HMCs)**

Date 18.06.2021

Preface/Acknowledgements

The team wishes to thank the Foreign Commonwealth and Development Office (FCDO), and the TA project of Oxford Policy Management (OPM) funded by the FCDO, for their assistance in developing guidelines for Hospital Management Committees (HMCs). The team also feels indebted to express its gratitude for the support provided by Mr Taimoor Saleem Jhagra, Minister for Health, Khyber Pakhtunkhwa, Mr Shakeel Kadir, Additional Chief Secretary, Syed Imtiaz Hussain Shah, Secretary Health, Khyber Pakhtunkhwa, Syed Farooq Jameel, Special Secretary Health, Khyber Pakhtunkhwa, Mr Fazl-e-Akbar, Additional Secretary DoH Khyber Pakhtunkhwa, Dr Niaz Ahmad Director General, Health Services Khyber Pakhtunkhwa Dr Shaheen Afridi, Additional DG Health and their teams for their effort and support in preparation of this document.

Executive Summary

Khyber Pakhtunkhwa's government has initiated an ambitious reform agenda in the health sector in order to enhance health care delivery services. This includes revamping the province's primary and secondary health care systems and assuring the provision of high-quality healthcare. The establishment of local health management committees to create a platform for effective community engagement is one step toward higher efficiency in the health system. It is also asserted policy position of the Khyber Pakhtunkhwa government to encourage community participation and community driven local development. In many parts of the world, models with varying levels of community engagement have been created and implemented, beginning with simply community awareness and progressing to their engagement and, eventually, empowerment.

A health facility will be more utilized if health care interventions are tailored to prevailing behaviours and to the demands expressed by the local communities. Involvement of multiple hospital stakeholders and community members in decision making and implementation of health care programs is one of the principles of delivering Secondary Health Care (SHC). One of the strategies to achieve community participation in health care activities is to form a Hospital Management Committee (HMC) for each SHC facility. The HMCs would provide a platform to allow the community representatives and related officials of the government to come together for identifying and solving local health related issues. It is envisaged that this would help in increasing the effectiveness of health service delivery and would provide a natural check of the community on the quality-of-service delivery.

The document's purpose is to give all fundamental information and formal instructions on the establishment of HMC committees, decision-making procedures, fund use, and essential record keeping.

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List of abbreviations

DHIS	District Health Information System
DHO	District Health Officer
DoH	Department of Health
FCDO	Foreign, Commonwealth and Development Office
GoKP	Government of Khyber Pakhtunkhwa
HMCs	Hospital Management Committees
IHP	Integrated Health Project
IMU	Independent Monitoring Unit
IUCD	Intrauterine Contraceptive Device
LHV	Lady Health Visitor
MDGs	Millennium Development Goals
MHSDP	Minimum Health Service Delivery Package
MNCH	Maternal New-born & Child Health
MO	Medical Officer
MS	Medical Superintendent
NVD	Normal Vaginal Deliveries
OPD	Outpatient Department
OPM	Oxford Policy Management
PCMCs	Primary Healthcare Management Committees
SHC	Secondary Health Care
SBA	Skilled Birth Attendant
TA	Technical Assistance
WMO	Women Medical Officer

1 Introduction

The Khyber Pakhtunkhwa government has launched a reform plan in the health sector to enhance health care delivery services by revamping and revitalising the province's primary and secondary health care system. The establishment of local health committees to create a platform for **effective community engagement** is one step towards bringing **more efficiency to the system**.

1.1 Purpose

The purpose of having Hospital Management Committees (HMCs) is to **improve the service delivery of secondary care hospitals** by encouraging **local community members to actively participate** in their own health care. The **forum will provide an opportunity for community representatives and government officials to work together to solve local health-related concerns**.

1.2 Objectives

The objectives of establishing HMCs are:

- a. Improved health system **governance and finance**.
- b. Improved management and Availability of Qualified **human resources**.
- c. Improved management of public health **commodities**.
- d. **Increased commitment of individuals and communities** in the management of their own health and health services.
- e. Use of **localized solutions for local problems** in health service delivery.
- f. Increasing the **effectiveness and pace of decision-making processes**.
- g. Allowing a **certain amount of autonomy** to a health facility.
- h. Making the healthcare facility **more responsive to the needs** of the local community.
- i. Enhance **community ownership** of the healthcare facility.
- j. Creating **greater awareness of the community on healthcare issues**.

1.3 Scope of Work

The HMCs will support the health facility to conduct outreach activities whenever required, hire temporary staff (excluding doctors, nurses, technicians) on work charge basis for few days not exceeding three months. The HMC shall actively coordinate with the government, civil society organizations (mainly NGOs), community representatives and other stakeholders at the local level for the betterment of health facility. HMCs shall observe the highest standards of transparency, responsibility and honesty in fund utilizations. The funds transferred shall be spent judiciously setting excellent standards of integrity to uphold the trust of the government. Concerned chairpersons and secretaries of concerned HMCs shall be responsible for ensuring opening and operating the account jointly as co-signatories.

The **HMC shall maintain a single account** which will hold all types of funds available at the disposal of the health committee. The Drawing and Dispensing Officer (DDO) for bank account shall be Chairperson for HMC. The HMC Chairman & Secretary of the committee will execute the budget only after approval of activities in HMC meeting with quorum. The representative of Department of Health (DoH) or Director General Health Services (DGHS) or Deputy Commissioner/ Commissioner may hold sample audit. Cash expenses shall be made through a revolving fund which will be replenished as needed upon providing relevant justification of incurred cash expenses.

HMCs will contribute to this vision by supporting to ensure availability and functionality of all inputs required to provide the menu of services detailed according to facility type. Foremost for HMCs will be ensuring that critical infrastructure is complete and all basic facilities such as electricity, back up of electricity, toilets, water, and sanitary and sewerage works are in working condition. Additionally, HMCs will also help ensure functionality and availability of equipment and essential medicines in facilities. Table 1 gives an overview on number of HMCs established in the province for secondary health facilities:

Community Participation Forum	Type of Facility	Number
HMC	Category – A Hospitals	6
	Category – B Hospitals	13
	Category – C Hospitals	26
	Category – D Hospitals	63
Total HMCs		108

Table 1: Number of HMC in secondary health care facilities

2 Composition of HMCs

With reference to notification No: SOG/HD/2-1/General Corr./2020, HMCs for all secondary health care facilities have been established. The notified compositions of respective committees are as follows:

Category A & B		
Sr. No	Designation	Role
1.	Medical Superintendent concerned	Chairperson
2.	Additional / Deputy Medical Superintendent	Secretary
3.	1 Representative from Deputy Commissioner Office	Member
4.	1 Gynaecologist of same hospital	Member
5.	3 Community members nominated by Deputy Commissioner	Member
Category C & D		
1.	Medical Superintendent / In-charge	Chairperson
2.	A Principal/Senior MO nominated by DHO	Secretary
3.	A Gynaecologist or WMO nominated by DHO	Member
4.	Concerned Tehsil Municipal officer	Member
5.	3 Community members nominated by Deputy Commissioner	Member

Table 2: Composition of HMCs

- a. In the event that the position of Medical Superintendent is vacant at a DHQ, the Additional / Deputy Medical Superintendent of the same facility will be nominated by Director general Health Services (DGHS) on recommendation of the District Health Officer (DHO) as temporary chairperson of concerned HMC for a period of no longer than three months. In the meantime, the Director General Health Sciences (DGHS) shall approach Health Department for the posting of Medical Superintendent at the earliest.
- b. The tenure of each private member shall be of two years. The tenure may be extended by another three years by respective nomination authority.
- c. If a member fails to attend three consecutive meetings in a year, his membership shall stand terminated. In that case, the process of filling the vacancy would start immediately.

3 Roles, Responsibilities of HMCs

The HMCs have the mandate to perform the following functions:

- a. The HMCs will identify the needs of the respective health facility.
- b. Based on the needs identified the HMCs will develop annual plan, budget (as per Form 5A and 5B annexed) and carry out **repair and maintenance** work or any other task the committee may deem necessary for **up-keep** of the concerned health facility and for delivery of quality health care services.
- c. The **work should be executed using local expertise** only after approval from the HMC.
- d. The funds transferred shall be spent judiciously setting excellent standards of integrity to uphold the trust of the government.
- e. The development works shall be designed and executed as per specifications approved by the HMC or notified by DoH. In case technical support and guidance is required for a specific works, the HMC shall request the concerned government department for such support in the form of a written request.
- f. The HMCs will support the health facility to conduct outreach activities whenever required.
- g. **The HMCs can also hire temporary staff (excluding doctors, nurses, technicians) on work charge basis for few days but not exceeding three months.**
- h. The committee **can also receive donations** to meet urgent needs.
- i. The HMC will actively coordinate with the government, Civil Society Organizations (mainly NGOs) and other stakeholders at the local level.
- j. The HMC **may procure limited quantity of medicines from local market.**
- k. The committee will also **ensure service delivery** and to **maintains the proper stocks of essential supplies** as per requirement.

3.1 Auxiliary functions of HMCs

In addition to the above-mentioned tasks, HMCs also play the following roles:

- a. Health committee shall **oversee safety of all the movable and immovable property** of the concerned health facility
- a. Health committee shall ensure to **adhere to all applicable government policies and instructions.**
- b. Health committee can **keep a check on the attendance** in the health facilities and can report the same to the relevant authorities.

4 Guidelines for operationalisation of HMC

4.1 HMC meetings

- a. The Secretary of the concerned HMC shall issue formal invitations to all committee members as per Form 2 after obtaining Chairperson's approval.
- b. Quorum requirement shall require the presence of four committee members with at least one representative from the Deputy Commissioner Office and one member from the community. Meetings shall stand postponed in case of non-availability of the required quorum.
- c. The presence of Chairperson and Secretary will be mandatory during HMC meetings.
- d. The Secretary of the concerned HMC shall be responsible for recording the meeting minutes and decisions taken, and enter these into official records after obtaining Chairperson's approval. Meeting minutes will be recorded as per Form 3 template provided in annexures.
- e. The meeting will be conducted according to the set agenda to the extent that it is possible. However, important or pressing issues outside of the set agenda may also be discussed during the meeting with the permission of Chairperson.
- f. It shall be mandatory for the Chairperson of the concerned HMC to hold a committee meeting at least once every month. However, an emergent meeting can be called at any time as needed. Moreover, a copy of the official minutes of meeting shall be shared with the relevant DHO & Deputy DHO.
- g. The Chairperson of HMC will share copy of reconciled account bank statement with concerned DHO and Provincial Health Directorate on quarterly basis.

4.2 Maintenance of Records

- a. The Secretary of concerned HMC shall be responsible for maintaining a record of all the relevant and related receipts and records of the committee.
- b. HMCs shall maintain the following records in the facility:
 - o Particulars of HMC members (as per Form 1)
 - o Inspection register / visitor book will be maintained by the health facility in charge. The government officials & HMC's members may record their observations and recommendations from review of facility.
 - o Meeting's records/ minutes of the meetings, and passed resolutions (as per Form 3)
 - o HMC correspondences, meeting notices, and notifications
 - o Infrastructure, service delivery etc. improvement plans and budgets prepared by HMC (as per Form 5A and 5B)
 - o Financial records of funds received for HMC (cash book as per Form 9)
 - o Stock and inventory register (as per Form 10) of all the movable and immovable equipment procured under HMC funds
 - o Procurement records of HMC including purchase request form (as per Form 6), Purchase Committee Decisions (as per Form 7), Purchase Order (as per Form 8), and receipts voucher (as per Form 11)
 - o Details of the receipts and issuance of stock (as per Form 10)
 - o Records of repair and maintenance done under HMC (as per Form 4)
 - o Income tax deducted (as per Form 12) and sales tax deducted (as per Form 13)
 - o All activities to be displayed in the premises of the facility
- c. Release of funds tranches will be dependent upon submission of complete records accounting for previously provided funds, as well as the needs of the facilities.

4.3 Funds Management

- a. Concerned Chairpersons and Secretaries of concerned HMCs shall be responsible for ensuring opening of commercial bank accounts for HMCs.

- b. The bank account shall be opened in the name of the HMC. The Chairman and Secretary shall operate the account jointly as co-signatories.
- c. The HMC shall maintain a single account which will hold all types of funds available at the disposal of the primary healthcare management committee
- d. The DDO for accounts of HMC shall be Chairperson for HMC. The HMC Chairman/DDO will execute the budget only after approval of activities in HMC meeting.
- e. The bank account shall be opened in Bank of Khyber or a nearby branch of scheduled bank if former is not available. Only the Chairperson and Secretary of the concerned HMC shall be able to access/operate the account.
- f. After notification of the committee, the HMC shall hold its first meeting in which the resolution for opening of a bank account shall be passed. The resolution shall include the address of the bank in addition to the names, addresses and Computerized National Identity Cards (CNICs) of the co-signatories. The resolution shall be recorded as per Form 3 provided in annexures.
- g. Bank account statements shall be obtained and compiled on a monthly basis. Details of all deposits and withdrawals shall be recorded in the cashbook as per Form 9 provided in annexures. A copy of these detailed records shall share with DHO / DGHS on quarterly basis.
- h. HMCs will observe the highest standards of transparency, responsibility and honesty in fund utilizations.
- i. The representative of Department of Health/DG health services (DGHS)/Deputy Commissioner/ Commissioner may hold sample audit or checks.
- j. HMCs shall maintain close relations with prominent individuals and locals to solicit donations and other financial contributions.
- k. All payments shall be made through crossed cheques, over and above PKR 100,000
- l. HMCs will follow relevant Khyber Pakhtunkhwa Revenue Authority (KPPRA) Rules 2014 /financial instructions issued by Provincial Government for all procurements. As per KPPRA Rules 2014:
 - o For procurements under PKR 50,000 in value, single quotation will be required.
 - o For procurements greater than PKR 50,000 and less than PKR 100,000 in value, at least three price quotations will have to be solicited, although bidding process need not be followed.
 - o For procurements greater than PKR 100,000 and less than PKR 2,500,000, the relevant advertisement will have to be uploaded onto the KPPRA website. All the procurements above 2,500,000 shall be made through competitive bidding process by publishing advertisements in at least two daily national newspapers (Urdu and English)
- m. HMC may use advance withdrawal of funds from account for day-to-day expenditures once in a month up to PKR 100,000:
- n. In exceptional circumstances, each HMC may apply to District Health Steering Committee (who shall submit it to Secretary Health for final decision) for a need based Special Purpose Grant up to PKR 2 million in a given financial year. The Special Purpose Grant shall be governed by following conditions.
 - o The access conditions:
 - The health committee has the capacity to execute the project for which the grant is requested
 - The project is feasible and has the potential to bring substantial improvement in healthcare service delivery/health outcomes of the community.
 - Service delivery improvement plan duly approved by the District Health Steering Committee.
 - Provisioning of mandatory audit by a third party.
 - o The performance conditions are:
 - The grant is to be utilized for clearly spelled objectives and item of expenditure,
 - Performance benchmarking through clearly defined Key Performance Indicators (KPIs) and targets against baseline.
 - Sufficient reporting both financial and physical as per the stipulated rules and regulations.

- **Robust monitoring and evaluation mechanism** both internal and external through Independent Monitoring Unit (IMU).

4.4 Funds Sources

- a. **Funds transferred from exchequer** of provincial governments as grant.
- b. **Funds from different development schemes** for specific tasks proposed to be completed by the HMCs.
- c. **Donations** from local philanthropists.
- d. Funds may be transferred from UN agencies, donors or International NGOs for trainings of health care providers/ community-based staff, or local purchase of emergency medicines and disposables, or for arrangements of community-based awareness activities.

4.5 Audit

The health committees are not exempted from financial audit by the office of Auditor General (on the pattern of Parent Teacher Councils). However, to ensure that the funds are utilized to meet the intended objectives, they may hold third party audit by a registered Chartered Accountancy Firm with the approval of concerned Deputy Commissioner. Following measures will also be undertaken to ensure proper monitoring of fund utilization:

- a. Reconciliations of financial records to be carried out by the DHO / office of DGHS with each facility as per rules & regulations in vogue.
- b. The DHO / office of DGHS shall ensure aggregation and consolidation of the budget and expenditure statements of Health committees on a monthly basis.
- c. Third party validation to be carried out once a year on sample basis
- d. Independent monitoring of Health committee functionality to be carried out by the IMU
- e. The DHO / office of DGHS shall present quarterly report to District Health Steering Committee.

4.6 Eligible Expenditures

HMCs may utilize funds to benefit patients through provision of the following facilities:

- a. **Repairs, renovation and rehabilitation** of civil infrastructure.
- b. Purchase of lights, furniture for waiting rooms and doctor's duty rooms, water coolers, fans, and any other non-biomedical equipment for patient facilitation.
- c. **New construction only with the approval of Department of Health but not exceeding the total cost of Rs. 3 million.**
- d. **Purchase of IT equipment** such as desktop computers, printers, tablets, biometric machine etc
- e. **Local purchase of emergency drugs (including sanitizers) and disposables (including PPEs)**
- f. Minor purchase of **electric and water supplying appliances**
- g. Purchase of wheelchair/patient stretcher
- h. Purchase of minor equipment/instruments (thermometer/thermal gun, BP apparatus, weighing scale (child and adult) and anthropometric equipment, etc.)
- i. **Operational and maintenance** expenses for already available/donated **ambulance** (does not include purchase of vehicle)
- j. **Engage part-time/daily wage staff (MOs, LHVs and MTs are not included) for limited period to a maximum of 89 days. In case of urgency, new daily wage contract may be awarded for further 89 days. However, this practice may be discouraged. Meanwhile, MS of the hospital will submit creation of new permanent posts to Department of Health.**
- k. To fill in facility-level gaps against service delivery package approved by the government.

4.7 Priority areas in Repair and Renovation

Priority must be given to expenditures mentioned in this document. Once these upgrades have been completed and some remaining funds are still available in the bank account, the health committee may approve additional expenditures as per facility needs. HMCs must ensure all of the following in their facilities (suggested outlook/specifications/quantities detailed in following sections).

- a. Repair and renovation of the following rooms are in priority for all facilities, in the order specified.
 - Emergency Room or Labour room (including washroom, ceramic tiling of floors and walls up to 6ft, and full-length window curtains)
 - Minor repairs of CCU, ICU and OT
 - Patients waiting areas
 - Public washrooms
 - Doctor's room (including washroom)
 - Water supply system
 - Drainage and sewerage works
 - Medicine store
- b. Repair and renovation of main building exterior, boundary walls, and interior walls of rooms used by patients/public, such that no cracks, water damage, etc remain.
- c. Fresh paint/whitewash of main building exterior, boundary walls, and interior walls of rooms accessed by patients such that no stains or discoloration is visible.
- d. Repainting and repair of all road-signs/direction-to-facility boards, entrance and gate signs, and other boards/signs such that they are clearly legible and not visibly faded, discoloured, rusted, etc. If budgetary allocations permit, new /additional signs may be installed.
- e. Availability of sufficient fans in the patient waiting area, and air conditioners in the labour room, patient wards, and other rooms used by patients and doctors.
- f. Adequate lighting fixtures (energy savers/LED lights, etc.) connected to functional back-up power supply.
- g. If back-up power supply is not already available, UPS and batteries should be installed.
- h. All wiring should be done properly and there should be no loose wires in the facility.
- i. Patient bathrooms (separate for males and females) with working flush, wash basin/sink with running water and soap, and adequate light as well as maintenance of privacy.
- j. Electric water cooler/dispenser installed in an area easily accessible for patients/public, keeping in view that water spillage does not affect cleanliness of the facility.
- k. Availability of freshly laundered and clean blankets and bedsheets for all patient beds, as well as back up sets.
 - Outside pathways of the facility should be clearly demarcated and paved (covered with bricks)
 - Facility grounds/lawns cleared of any rubble/construction materials/old equipment, and grass/hedges/plants properly cut and maintained.

5 Monitoring and Evaluation

District Health Steering Committee (DHSC) shall perform oversight and coordination functions for PCMCs/HMCs falling within its jurisdictions. The DHSCs shall consist of the following members:

- | | |
|-----------------------------------|-----------|
| a. Deputy Commissioner | Chairman |
| b. IMU Head / Monitoring Officer | Member |
| c. Additional Deputy Commissioner | Secretary |
| d. DHO | Member |

The DHSCs shall have the following functions:

- a. Ensure that all PCMCs/HMCs within the district fulfil their responsibilities efficiently and judiciously.
- b. Coordinate amongst all PCMCs/HMCs for district-wide outreach activities
- c. Ensure that all PCMCs/HMCs perform their functions within the vision and framework of the Provincial government
- d. Ensure availability of medicines and equipment.
- e. Coordinate between PCMCs/HMCs and other government agencies.
- f. Monitoring the pace of funds utilization of the PCMCs/HMCs

In addition, provision may also be made for third party validation of PCMCs/HMCs. The validation exercise to be carried out by an independent private firm to assess the quality of utilization of health committee funds by all facilities.

6 Annexures

Form 1: HMC Members Register

1	2	3	4	5	6	7	8	9	10	11
<u>S#</u>	<u>Name & NIC #</u>	<u>Contact #</u>	<u>Designation</u>	<u>Gender</u>	<u>Qualification</u>	<u>Profession</u>	<u>Date of Joining</u>	<u>Date of Leaving</u>	<u>Complete Address</u>	<u>Signature</u>

Instructions for filling the form:

Serial #1: Insert the serial number

Serial # 2: Insert the name & National Identity Card number of the HMC member

Serial # 3: Insert the contact # of HMC member

Serial # 4: Insert the designation of member

Serial # 5: Insert the gender of member

Serial # 6: Insert the qualification of the member

Serial # 7: Insert the profession of the member

Serial # 8: Insert the member's joining date

Serial # 9: Insert the member's leaving date

Serial # 10: Insert the complete address of the member

Serial # 11: Take member signature

Form 2. Invitation for Meeting (Template)

Mr./ Mrs./ Miss _____ You are requested to attend
HMC meeting on date and time as given under;

- i. HMC Meeting Number _____
- ii. Date _____
- iii. Place/Venue _____
- iv. Time _____
- v. Agenda

Agenda items; example agenda item may be:

- Follow up on tasks assigned
- Identification of health problems
- Discussion on developing infrastructure improvement plan
- Patients' complaints
- Participation in Polio eradication campaign etc.
- Any additional agenda item with the permission of the chair

- vi. Secretary Name _____
- vii. Secretary Signature _____
- viii. Name of HMC _____

Instruction for filling the template:

- Insert the name of HMC member invited for the meeting
- Insert the details of HMS name, date , place/venue of the meeting & time of the meeting
- Insert the agenda for the meeting
- Insert the secretary's name, their signature and HMC name

Form 3. Recording Minutes in Register (Template)

HMC Name _____ Meeting Number _____

Meeting (Ordinary/Emergency). Please tick relevant

Date _____ Time _____

Chaired by _____

Total number of HMC members

Number of Participants in meeting

Agenda items

- Confirmation of previous meeting minutes

- _____

Decisions:

- _____

- _____

- _____

Signature of Chairperson _____

Signature of Secretary _____

Signature of other members (at least two)

1. _____

2. _____

3. _____

Attendance Sheet

Sr #	Name	Designation	Signature
1		Chairperson	
2		Secretary	
3		Member	
4		Member	
5		Member	
6		Member	
7		Member	

Instruction for filling the form:

- Insert the detail of HMC name, meeting number and meeting nature(Ordinary/Emergency)
- Insert the date , time and meeting chair, HMC members, participatory members details
- Insert the agenda, previous meeting details & decisions taken in the meeting
- Take the signature of Chairperson, secretary & at least two members of the HMC

- Fill the attendance sheet with members name, designation and their signature

Form 4: Register for Repair and Maintenance

1	2	3	4	5	6
Work Detail	Amount Allocated (PKR)	Amount Expended (PKR)	Date	Responsible person	Comments & Signature of MS/ DMS In-charge

Instructions for filling the forms:

Serial #1: Insert the detail of the work

Serial # 2: Insert the allocated amount for the work

Serial # 3: Insert the expected amount for the work

Serial #4: Insert the date for the work

Serial #5: Insert the responsible person details

Serial # 6: Insert the comments/signature of MO/SMO in-charge

Form 5A: Annual Plan and Budget Template for HMC for the Financial Year XXXX

District Name:		[insert]		Bank and Account No;		[insert]		Contact Info			Phone
Hospital Name:		[insert]		Address		[insert]					Email
	Procurement			Repair & Civil Works				Operations & Other's			Grand Total
	1	2	3	4	5	6	7	8	9	10	11
Month	Purchase of Medicine	Equipment	Purchase of Stationery etc.	R&M of Building and Structure	R&M of Furniture and Fixture	R&M of Machinery & Equipment	Other Civil work (Additional Room, Latrine etc.)	Wages / Remuneration	Solar & Electrification	Others	Total
Jul	-	-	-	-	-	-	-	-	-	-	-
Aug	-	-	-	-	-	-	-	-	-	-	-
Sep	-	-	-	-	-	-	-	-	-	-	-
Oct	-	-	-	-	-	-	-	-	-	-	-
Nov	-	-	-	-	-	-	-	-	-	-	-
Dec	-	-	-	-	-	-	-	-	-	-	-
Jan	-	-	-	-	-	-	-	-	-	-	-
Feb	-	-	-	-	-	-	-	-	-	-	-
Mar	-	-	-	-	-	-	-	-	-	-	-
Apr	-	-	-	-	-	-	-	-	-	-	-
May	-	-	-	-	-	-	-	-	-	-	-
Jun	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-

Instruction for filling the template:

- Insert the district name, Bank Account details, contact details (Phone & E mail), Hospital Name & Address

Serial # 1: Insert the budget/planned amount for purchase of medicine in cell of each respective month

Serial # 2: Insert the budget/planned amount for purchase of equipment in cell of each respective month

Serial # 3: Insert the budget/planned amount for purchase of stationary in cell of each respective month

Serial # 4: Insert the budget/planned amount for repair & maintenance of building & structures in cell of each respective month

Serial # 5: Insert the budget/planned amount for repair & maintenance of fixtures & fittings in cell of each respective month

Serial # 6: Insert the budget/planned amount for repair & maintenance of machinery & equipment in cell of each respective month

Serial # 7: Insert the budget/planned amount for repair & maintenance of Other Civil Work (Additional rooms & Latrines etc) in cell of each respective month

Serial # 8: Insert the budget/planned amount for wages & remuneration in cell of each respective month

Serial # 9: Insert the budget/planned amount for solar/electrification in cell of each respective month

Serial #10: Insert the budget/planned amount for other details in cell of each respective month

Serial #10: Insert the total of the all the heads

Form 5B: Detailed Costing Sheets for Annual Plan and Budget of the HMC

	1	2	4	5	6
Budget Item Head	Details of Sub-Items	Unit Description	Unit Rate in PKR	Quantity Required	Total Amount
1. Medicines and Supplies					
2. Equipment					
3. Purchase of Stationer etc.					
4. R&M of Building Structure					
5. R&M of Machinery & Equipment					
6. R&M of Furniture & Fixtures					
7. Other Civil works Additional Room & Latrine etc.					
8. Wages & Remuneration					
9. Solar & Electrification Backup					
10. Others					

Instructions for filling the Costing Sheet:

Serial # 1: Insert the details of the items in respective cells against each budget item head

Serial #2: Insert the description of items

Serial # 3: Insert the unit rates in Pakistani Rupee

Serial #4: Insert the details of required quantity

Serial # 5: Insert the total amount for the required units

Form 6: Purchase Request Form

Date: _____

1	2	3	4	5
S. No	Item	Description	Quantity	Remarks

Signature Relevant Committee

Prepared by

Instructions for filling the form:

- Insert the date of request form

Serial # 1: Insert the serial number

Serial # 2: Insert the item details

Serial # 3: Insert the item description

Serial # 4: Insert the required quantity

Serial # 5: Insert any relevant comments

- Take signature of relevant committee & detail of person prepared the form

Form 7: Purchasing Committee Decisions

Date: _____

The members of purchasing committee takes combined decisions for below work(s);

Purchase of Items **Construction** **Repair** **Others**

For this work we got _____ information regarding below supplier/service providers during _____ market survey.

1- Supplier Name: _____ Address: _____ Contact: _____

2- Supplier Name: _____ Address: _____ Contact: _____

3- Supplier Name: _____ Address: _____ Contact: _____

For work/supply _____ we choose _____ on below parameters.

Signature Purchasing Committee:

Chair Person	Voice Chair Person	Member	Member	Member	Member

Instructions on filling the form:

- Insert the date of the purchasing committee meeting
- Tick the relevant boxes for the purpose of meeting, i.e., Purchase of items, Construction, Repair & Maintenance or Other
- Insert the short-listed supplier/service provider name, address & contact
- Insert the details of work & the reason for selecting the supplier/service provider
- Take the signature of Chairperson, Voice Chairperson & members of the purchasing committee

Form 8: Purchase Order

Date: _____

Supplier Name: _____

Supplier Address: _____

Deliver Address: _____

S. No	Item	Description	Quantity	Price	Total	Remarks

Conditions: _____

Signature Relevant Committee

Prepared By

Instructions for filling the form:

- Insert the date for purchase order
- Insert the supplier's name, address, & delivery address
- Insert the detail of required Items, Description, Quantity Unit prices & Total Price and remarks if any
- Insert the relevant condition for the purchase
- Take signature from relevant committee & detail of person who prepared the purchase order

Form 9: Cash Book

Cash Book _____

Financial year _____

Receipts					Payments					
1	2	3	4	5	6	7	8	9	10	11
Date	Details	Receipt #	Amount	Total	Date	Details	Receipt #	Amount	Total	Balance

Instructions for filling the cash books:

Receipt Section:

Serial #1: Insert the date of receipt

Serial # 2: Insert the details of receipt

Serial #3: Insert the receipt voucher number

Serial # 4: Insert the Amount

Serial # 5: Insert the Total Receipts

Serial # 6: Insert the payment date

Serial # 7: Insert the details of receipt

Serial #8: Insert the payment voucher number

Serial # 9: Insert the Amount

Serial # 10: Insert the Total Payment

Serial # 11: Insert the cash balance after receipt and payments

Form 10: Stock Register

Item Name _____

1	2	3	4	5	6	7
Date	Description	Reference	Stock In	Stock Out	Balance	Signature

Instructions for filling the stock register:

- Insert the detail of items

Serial # 1: Insert the date of stock movement

Serial # 2: Insert the details/ description

Serial # 3: Insert the reference

Serial # 4: Insert the detail of stock in (stock received)

Serial # 5: Insert the details of stock out (stock issued)

Serial # 6: Insert the balance stock

Serial #7: Take the signature

Form 11: Receipt Voucher (for cash / bank deposits by donors / philanthropists etc.)

RV #: _____

Date: _____

Sum of Rupees: _____

In Words: _____

Received from: _____

On Accounts of: _____

Prepared by:

Received by:

Instructions for filling the receipt vouchers:

- Insert the receipt voucher number
- Insert the receipt voucher date
- Insert the amount received in PKR in numbers
- Insert the PKR received in words
- Insert the detail of amount received from
- Insert the details of account on which funds, amount is received
- Signature of the person prepared the voucher, and signature of the person received the funds/amounts

Form 12: Income Tax Deduction

Name of the Vender _____

Status of the Vender (tick where applicable)

Filer

Non-Filer

Invoice # _____

Claim on Account of (tick where applicable)

Goods

Services / Works

Total Amount as per Invoice _____

Applicable Rate of Income Tax on Invoice Amount _____

Total Amount of Income Tax Deducted _____

Details of Office where Deducted Amount to be Deposited:

Description of Payee* (office)	Cheque Number	Amount	Payee's Address	Date of Deposit

*: For instance, Regional Tax Officer etc.

Instruction for filling the form:

- Insert the name of the vendor, and vendor tax status (Filler/Non-Filler)
- Insert the vendor invoice number
- Insert the detail of Purchase of items/Service
- Insert the invoice amount total
- Insert the applicable income tax rate
- Insert the detail of amount deducted for income tax
- Insert the Payee details (Regional Tax Office), Cheque number, Amount, Payee Address (Tax office Address) and date of deposit

Form 13: Sales Tax Deduction

Name of the Vender _____

Status of the Vender (tick where applicable) **Filer** **Non-Filer**

Invoice # _____

Claim on Account of (tick where applicable) **Goods** **Services / Works**

Total Amount as per Invoice _____

Applicable Rate of Sales Tax on Invoice Amount _____

Total Amount of Sales Tax Deducted _____

Details of Office where Deducted Amount to be Deposited:

Description of Payee* (office)	Cheque Number	Amount	Payee's Address	Date of Deposit

*: For instance, Regional Tax Officer etc.

Instruction for filling the form:

- Insert the name of the vendor, and vendor tax status (Filler/Non-Filler)
- Insert the vendor invoice number
- Insert the detail of Purchase of items/Service
- Insert the invoice amount total
- Insert the applicable sales tax rate
- Insert the detail of amount deducted for sales tax
- Insert the Payee details (Regional Tax Office), Cheque number, Amount, Payee Address (Tax office Address) and date of deposit

Recommended furniture/fixtures/appliances quantities and specifications

To the extent that it is possible, all facilities should have the following, in the recommended specifications and quantities as needed and approved by HMC:

Items	Specifications/Example
Bracket fans	Any good brand, 16"
Energy savers	24 watts white energy savers/LEDs
Steel benches	3-seater, metal steel benches
Flush tanks	Any good brand
Exhaust fans	Any good brand, Window type 8"
Water dispenser	Any good brand, electric
UPS (2000W) & Batteries	Any good brand UPS + battery
Handheld tablet	Any good brand
Office desk	Standard, wooden
Office chair	Black, mesh