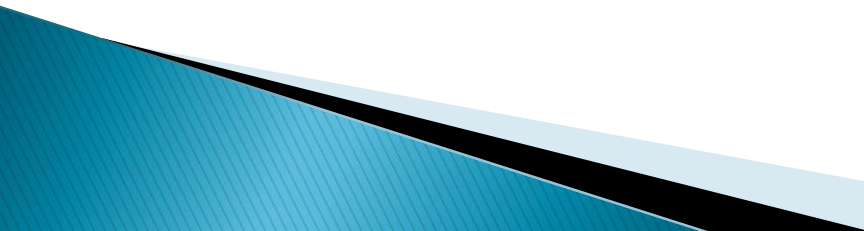


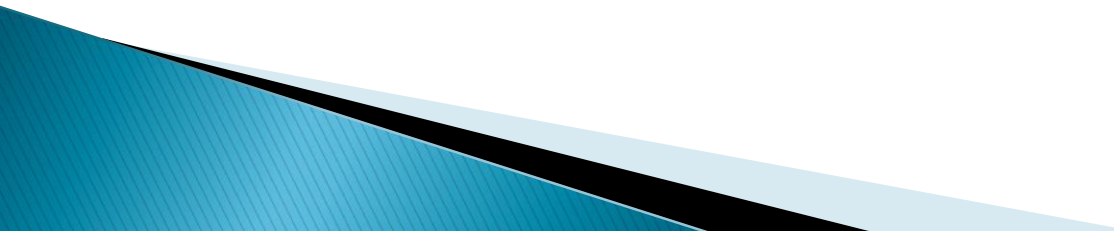
UNIT-6
NATIONAL HEALTH
PLANNING/POLICY

SALINA THAPA
NURSING INSTRUCTOR

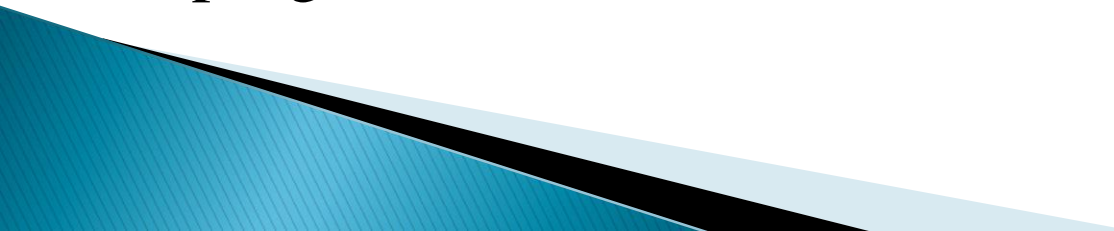


Introduction


- ▶ Health Planning is the process of allocating resources to meet organizational goals within given resource constraints, and the subsequent monitoring and evaluation of the results achieved, all of which feeds into subsequent plans.
 - ▶ Policy and planning refer to functions that must be developed and supported throughout the health system.
- 

- ▶ All health staffs including nursing personal need to understand what the health sector is trying to do in its overall policy and help to promote community awareness about vision for health.
 - ▶ While developing policy, attention should be given regarding regulation of the private sector and relationship with them.
- 

NATIONAL HEALTH PLANNING

- ▶ National Health Planning has been defined as “the orderly process of defining community health problems, identifying unmet needs and surveying the resources to meet them establishing priority goals that are realistic and feasible and projecting administrative action to accomplish the purpose of the proposed programme.”
- 

HEALTH POLICY

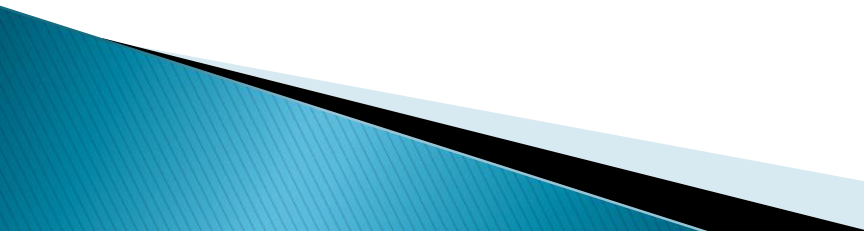
- ▶ Health policy refers to decisions, plans and actions that are undertaken to achieve specific health care goals within a society.
 - ▶ However, policy is not merely a statement from higher levels of an organization, but also may be seen as an ongoing process in which dialogue and continuous discussion about organizational results, ultimately helps to improve policies.
 - ▶ Policies are the general guidelines which are formulated to guide the personnel in decision making.
- 

NATIONAL HEALTH POLICY OF NEPAL

❖ **Historical Background:**


- The National Health Policy of Nepal was adopted in 1991(FY 2048B.S.) to bring about improvement in the health conditions of the people of Nepal. The primary objective of the National Health Policy 1991 was to extend the primary health care system to the rural population so that they benefit from modern medical facilities and trained health care providers.

This National Health Policy addressed the following areas:

- Preventive, Promotive, Curative and Basic Primary Health Services
 - Ayurvedic and other Traditional Health Services
 - Organization and Management Community Participation in Health Services
 - Human Resources for Health Development (HRH) and Resource Mobilization in Health Services
 - Private, Non-Governmental Health Services and Inter- Sectoral Co-Ordination
- 

- ▶ Decentralization and regionalization
- ▶ Blood transfusion services and Drug supply
- ▶ Health Research
- ▶ Mental Health and Dental Health

Similarly existing health policy 1991 was needed to revised and updated to address the national and international commitments made by Nepal to achieve the Sustainable Development Goals while safeguarding the achievements of Millennium Development Goal.

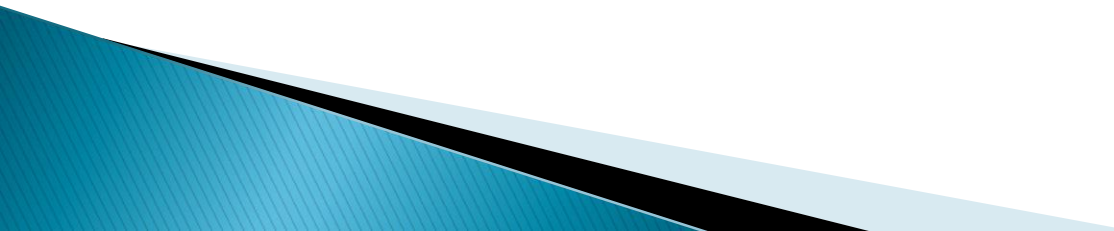
- ▶ Therefore it was revised and formulated National Health Policy 2014(2071 BC) to protect the achievement and address the challenges faced in Health sector.
 - ▶ National Health Policy 2014 highlighted to develop people centered and efficient management through optimal utilization of available resources to provide preventive, promotive, curative and rehabilitative health services.
 - ▶ National Health Policy 2014 emphasized participatory and free basic health services in line with the spirit of interim constitution of Nepal.
- 

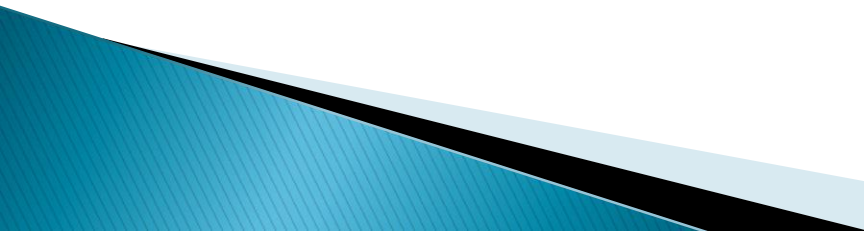
Current National Health Policy 2019(2076 BC)

❖ Background:

- National Health Policy (2019) has been formulated on the basis of the lists of exclusive and concurrent powers and functions of federal, Provincial and Local Levels as per the constitution policies and programmes of the Government of Nepal and International Commitments made by Nepal at different times and problems, challenges, available resources and evidences in the health sector.

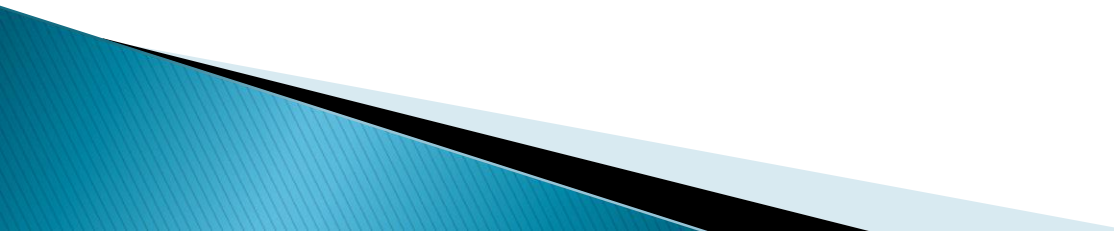
Current Situation

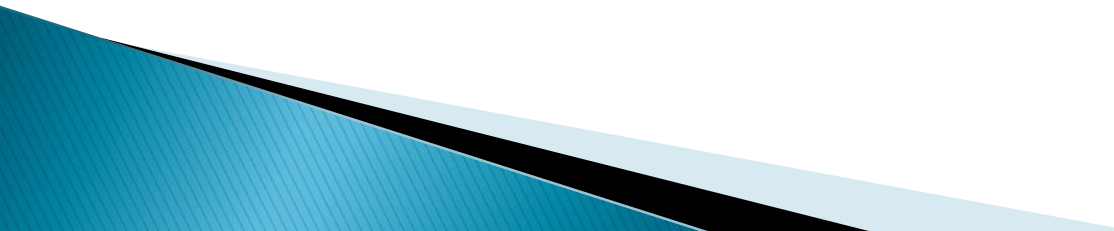
- ▶ Provincial and local Government have also started to deliver social services including health services after the implementation of federalism in Nepal.
 - ▶ Although the Federal Government expanded a network of primary health care throughout the country so far, there are still needs to enhance the quality of services, to classify services, to distribute skilled technical human resources, to add new service centers and to improve their quality as per the expectations of people.
- 

- ▶ Numerous super-specialized treatment facilities relating to eye, heart, kidney, neurology, orthopedic, organ transplant, plastic surgery and cancer have been established in Nepal.
 - ▶ In addition, the major health problems seen in the past such as Kala-jar, filariasis, malaria, tuberculosis, HIV, measles, whooping cough, diphtheria, Japanese encephalitis, diarrhea, respiratory infections, typhoid need to be controlled.
- 

- ▶ Likewise several regulatory bodies(Medical Council, Nursing Council, Pharmacy Council, Health Professional Council, Ayurvedic Medical Council and National Health Research Council) have been activated to ensure quality and regulating production of human resources, health care services, and health researches.

Problems

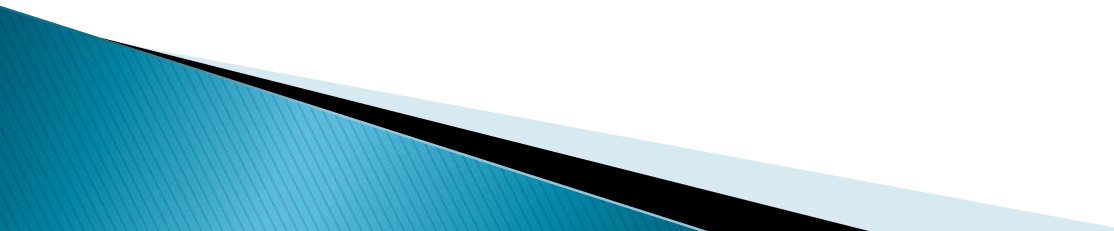
- ▶ Main problem is to promote and make available of quality health services at all levels; to ensure consistent access to quality health services as expected by the people, to develop services and human resources accountable to public health and proportionate return from investment in the health services, availability of necessary modern equipment and specialized doctors in public health institutions.
- 


- ▶ Similarly, prevalence of health problems related to communicable and non-communicable diseases, malnutrition, accidents, disasters, and mental health problems are increasing due to globalization and changes in food habits and lifestyles.
 - ▶ The other problems include imbalance between the production and use of human resources in health services.
- 

- ▶ Humanitarian health problems stemmed from increased food scarcity due to natural disasters, increase in the incidences of antimicrobial resistance due to inappropriate use of antibiotics, slow pace of decrease in maternal mortality ratio, absence of adequate nutrition in more than one-third of children of 0-5age and women of reproductive age.

Challenges

- ▶ The challenges in health sector is to ensure equal access of all citizens to all health sectors providing free and quality basic health services through all level(Federal, Provincial and Local) who are providing health services with priority to ultra-poor and vulnerable citizens by :
 - reducing the existing high level of out of pocket expenditure for health care


- ensuring the establishment of required financial resources and operating health institutions in line with the federal system effectively
 - implementing health insurance policy
 - making the health sector responsible towards human health by transforming it from profit-orientation to service-orientation
 - managing skilled human resources with a blend of skills in health services and social responsibility in health sector
 - Becoming self-reliant on drugs production
- 

- solving health problems associated with climate change urbanization and changes in lifestyle
 - regulating medicines and medical products effectively
 - increasing the use of data in monitoring, evaluation, review, policy making and decision making process
 - making the health management information system more effective, integrated and technology-friendly to address the needs of all levels.
 - developing a system to record the causes of death and continually conducting researches on them and to maintain good governance in overall health and nutrition sectors to confirm quality health services and regulation
- 

Opportunities

- ▶ The existing opportunities in health sector include sharing of responsibilities in health services among the federal, provincial and local levels as per the constitution, implementation of health insurance through policies and laws, operation of health programmes funded by province and local governments, increase the availability of new information technologies, drugs and equipment, development of infrastructure and continuous increase in public awareness, expansion of health network up to the community level, stress of current health policies and programmes on management and quality, use of statistics in policy making and decision making processes and prioritization of health services by all levels of the government.

Guidelines and Principles

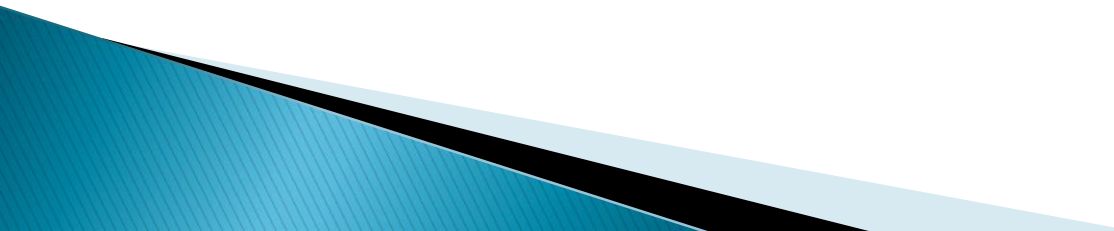
- ▶ Universal access, continuous availability, transparency and comprehensiveness in quality health services.
 - ▶ Multi-sectoral involvement, collaboration and partnership in health system in accordance with the federal structure
 - ▶ Special health services targeted to ultra-marginalized, dalit and indigenous communities
 - ▶ Good health governance and assurance of adequate financial investments
- 

- ▶ Diversification of equitable health insurance
- ▶ Restructuring in the health services
- ▶ Health and multi-sectoral coordination and collaboration in all policies
- ▶ Professionalism, honesty and occupational ethics in health service delivery.

❖ **Vision**

- ▶ Healthy, alert and conscious citizens oriented to happy life.


❖ **Mission**

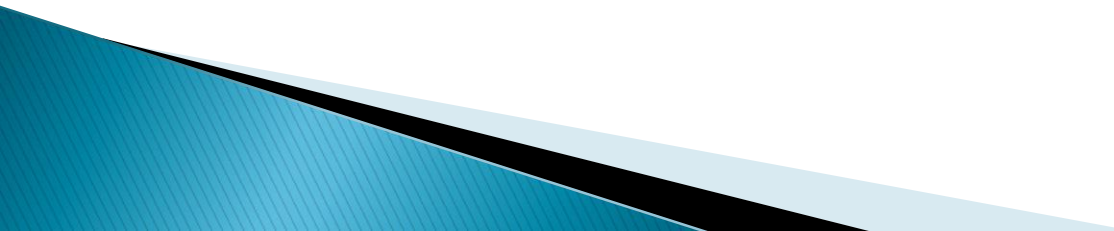
- ▶ To ensure the fundamental health rights of citizens through optimum and effective use of resources, collaboration and partnerships.
- 

Goal


- ▶ To develop and expand a health system for all citizens in the federal structure based on social justice, good governance and to ensure access to and utilization of quality health services.


Objectives


- ▶ To create opportunities for all citizens to use their constitutional rights to health
 - ▶ To develop, expand and improve all types of health systems as per the federal structure
 - ▶ To improve the quality of health services delivered by health institutions of all levels to ensure easy access to those services
 - ▶ To strengthen social health protection system by integrating the most marginalized
- 


- ▶ To promote multi-sectoral partnership and collaboration between governmental, non-governmental and private sectors to promote community involvement.
 - ▶ To transform the health sector from profit-orientation to service orientation.
- 

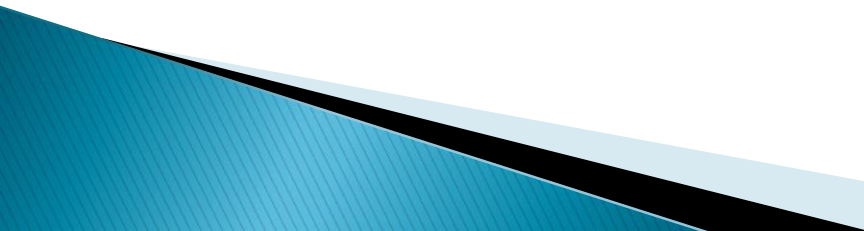
National Health Policies 2019

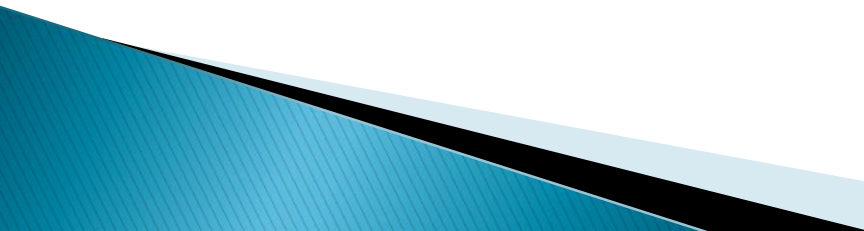
1. Free basic health services shall be ensured from health institutions of all levels as specified.
 2. Specialized services shall be made easily accessible through health insurance
 3. Access to basic emergency health services shall be ensured for all citizens
 4. Health system shall be restructured, improved, developed and expanded at federal, provincial and local levels as per the federal structure
- 

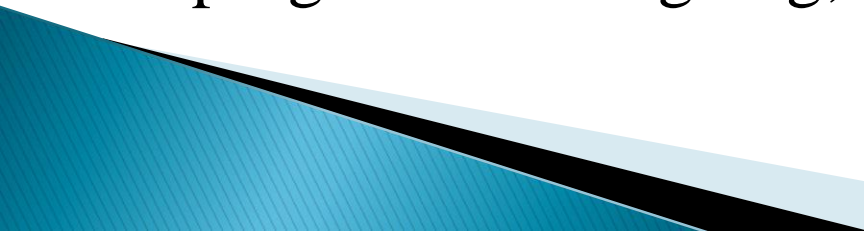
5. In accordance with the concept of universal health coverage, promotive, preventive, curative, rehabilitative and palliative services shall be developed and expanded in an integrated manner
 6. Collaboration and partnerships among governmental, non-governmental and private sectors shall be promoted, managed and regulated in the health sector and private, internal and external investments in health education, services and researches shall be encouraged and promoted.
 7. Ayurveda, naturopathy, Yoga and homeopathy shall be developed and expanded in an integrated way
- 

8. In order to make health services accessible, effective and qualitative, skilled health human resources shall be developed and expanded according to the size of population, topography and federal structure to manage health service.
 9. Structures of Health Professional Councils shall be developed, expanded and improved to make individuals and institutions more accountable to provide effective and quality health care services to the public.
 10. Domestic production of quality drugs and technological health materials shall be promoted and their access and proper utilization shall be ensured through regulation and management of efficient production, supply, storage and distribution;
- 

11. Integrated preparedness and response measures shall be adopted to combat communicable diseases, insect-borne and animal-borne diseases, problems related with climate change, other diseases, epidemics and disasters;
 12. Individuals, families, societies and concerned agencies shall be made responsible for prevention and control of non-communicable diseases and integrated health system shall be developed and expanded;
 13. In order to improve nutritional situation, adulterated and harmful foods shall be discouraged and promotion, production, use and access to qualitative and healthy foods shall be expanded.
- 

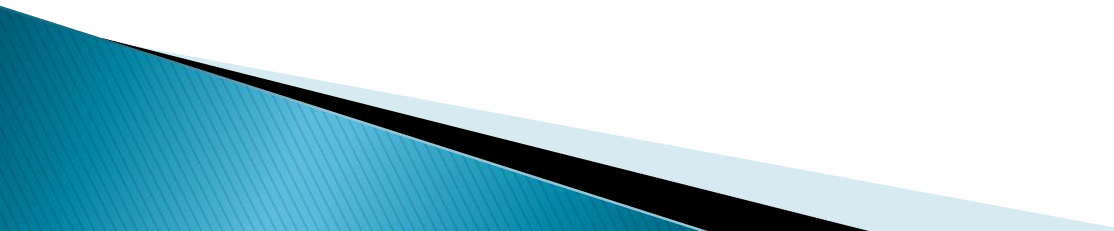
14. Health researches shall be made of international standards and the findings and facts of the study shall be applied effectively in policy formulation, planning and health system development;
 15. The health management information system shall be made modern, qualitative and technology-friendly and integrated health information system shall be developed;
 16. Right to information related to health and right of a beneficiary to know about the treatment shall be ensured;
- 

17. Mental health, oral, eye, ENT health services shall be developed and expanded.
 18. Quality of health services provided by all health institutions including hospitals shall be ensured;
 19. Good governance and improvement shall be ensured in policy-related, institutional and managerial structures in the health sector through timely amendments;
 20. In accordance with the concept of health across the lifecycle, health services around safe motherhood, child health, adolescence and reproductive health, adult and senior citizen shall be developed and expanded;
- 


21. Necessary financial resources and special fund shall be arranged for sustainable development of the health sector;
 22. Urbanization, internal and external migration shall be managed and public health problems associated with such phenomenon shall be resolved;
 23. Demographic statistics shall be managed, researched and analyzed to link them with the policy decisions and programme designing;
- 

24. Antimicrobial resistance shall be reduced, one-door health policy shall be developed and expanded for the control and management of communicable diseases, environmental pollution, such as air pollution, sound pollution and water pollution shall be scientifically regulated and controlled;


25. Necessary arrangements shall be made to reduce the risks of immigration process on public health and to provide health protection to Nepalese staying abroad.



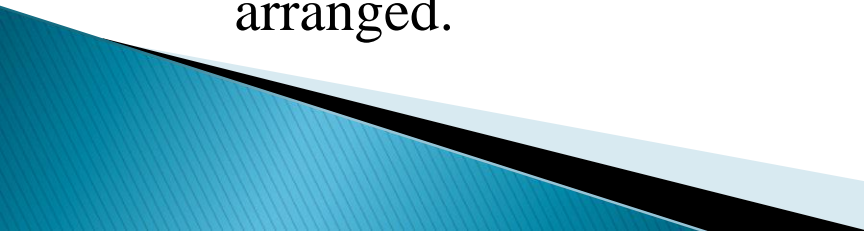
Strategies for each policy

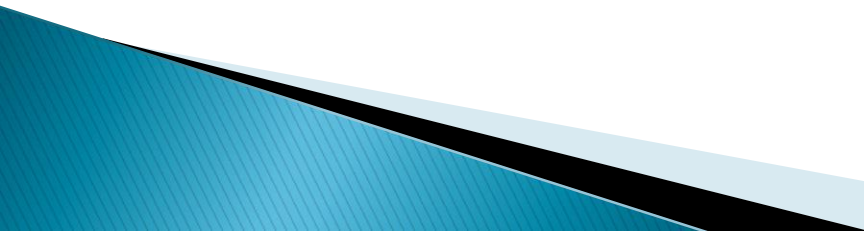
1. **Free basic health services shall be ensured from health institutions of all levels as specified;**
 - a. Basic health services shall be provided by health institutions free of cost.
 - b. The government of Nepal shall arrange resources and provide basic health services to people through the local levels. The state and local governments may include additional services to the specified ones as per the need. However, expenditures for such additional services shall be borne by concerned governments.
 - c. Necessary policy, legal and institutional arrangements shall be made by provincial and local governments to make basic health services effective.
- 

2. Specialized services shall be made easily accessible through health insurance:

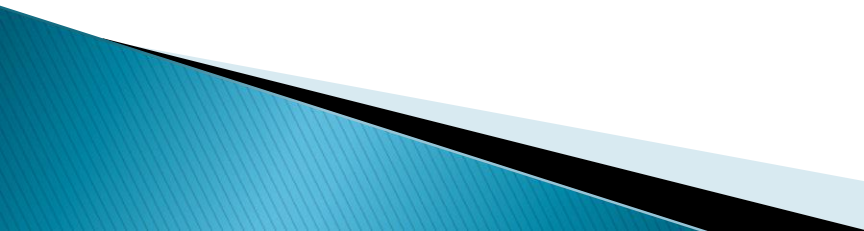
- a. Treatment services that are not included in the basic health services shall be strengthened and integrated into the insurance system.
 - b. Based on the principles of social justice, poor and prioritized target groups shall be linked with the state-subsidized health insurance system..
 - c. The access of poor people to special health services specified by the state shall be gradually ensured.
- 

3. Access to basic emergency health services shall be ensured for all citizens:

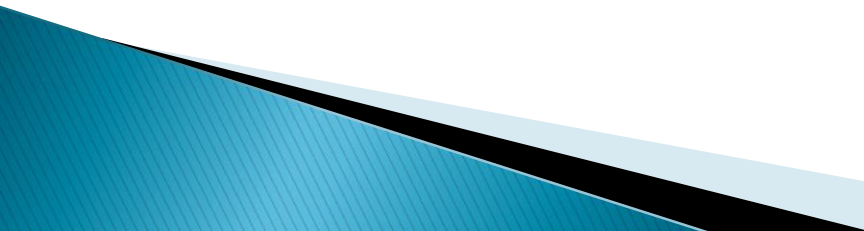
- a. Specified emergency health services shall be regularly provided through health institutions of all levels including basic health service centers and primary hospitals. Two way referral system should also be arranged.
 - b. In the main highways, trauma service centers shall be built and made operational for immediate treatment services by targeting possible road accidents.
 - c. At least one ambulance with minimum facilities shall be arranged for each local level and ambulance services with specified standards, classification and modern technologies shall be arranged.
- 

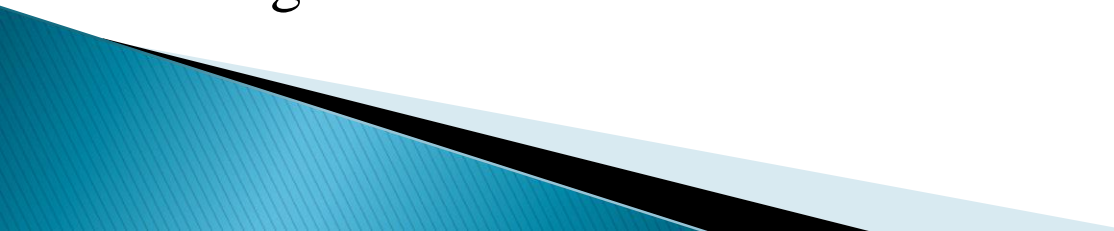
- d. Air ambulance shall be arranged with specified norms to rescue people from ultra-remote areas with critical health condition.
 - e. Emergency treatment fund shall be arranged and mobilized as specified in the guidelines.
 - f. In order to make the quality of emergency treatment as per the international standards, compulsory life support training shall be given for doctors, nurses, and other health workers.
- 


4. Health system shall be restructured, improved, developed and expanded at federal, provincial and local levels as per the federal structure:

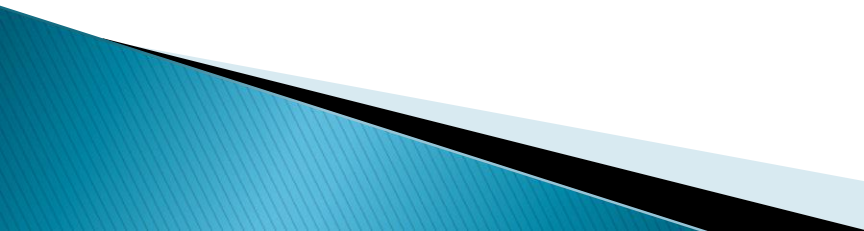
- a. Existing structure of the health sector shall be amended as per the need and necessary structures shall be established including National Disease Control Center, Epidemic Control Center and Research Center.
 - b. Necessary legal and institutional arrangements shall be made to strengthen the health system in line with the federal structure.
- 

c. Hospitals and health institutions for health services and human resources at the federal, provincial and local levels shall be developed and expanded in accordance with the demographic distribution, geographic situation and needs. Basic health service centers shall be established under each ward of the local levels, primary hospitals under each local level, secondary hospitals and provincial hospitals under the provincial level and super specialized hospital under the federal level shall be established. Similarly at least one Tertiary hospital , one Communicable Disease Hospital and One Health Science Academy in each Province under the Federal government shall be established.

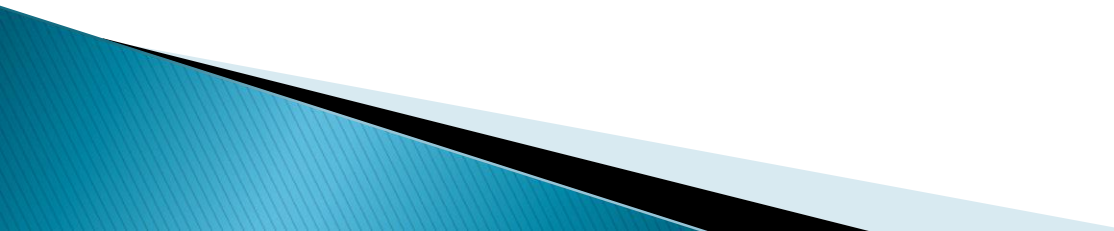


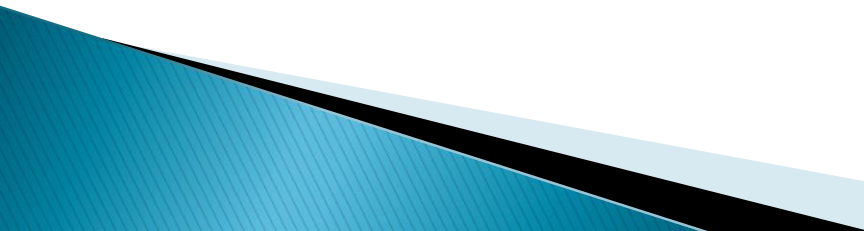
- d. Two way referral system from community level to the super specialized service providers shall be effectively implemented to make the treatment service more systematic.
 - e. E-health shall be institutionalized and modern technologies such as mobile health, and telemedicine shall be developed, expanded and regulated . Health services, health education, medical services and health systems shall be digitalized.
 - f. Diagnostic services shall be made modern and technology-friendly and the national public health laboratory and diagnostic center shall be established in each state.
- 

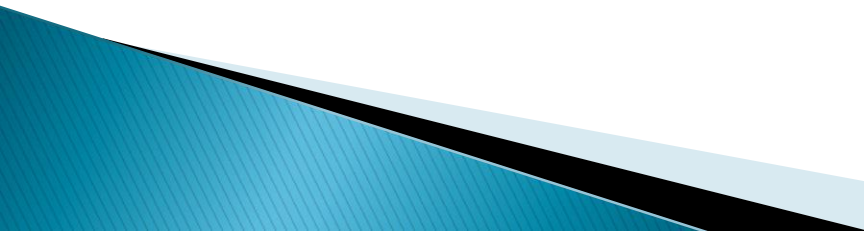
- g. Partnership, collaboration between governmental and non-governmental sectors and community participation shall be promoted and blood transfusion services shall be institutionally developed and expanded to all province and primary hospitals.
 - h. With public private partnership and through volunteer blood donors, availability of safe blood and blood related items shall be ensured.
 - i. Human organ transplant, organ donation services and organ donation of brain-dead persons shall be managed, developed and expanded.
- 

- j. Medico-legal services shall be developed and expanded to all provincial and primary hospitals.
 - k. Home health services, school health service and health services provided by various institutions shall be managed and regulated.
 - l. Relevant modern technology shall be used or modernized to make health services qualitative and cost-effective.
- 


5. In accordance with the concept of universal health coverage, promotional, preventive, curative, rehabilitative and palliative services shall be developed and expanded in an integrated manner:


- a. People's responsibility to keep them healthy and healthy lifestyle shall be promoted through awareness programmes.
 - b. In coordination with the education sector, school health programmes and health awareness campaigns shall be gradually expanded to higher secondary schools ensuring the availability of at least one health personnel in each school.
- 

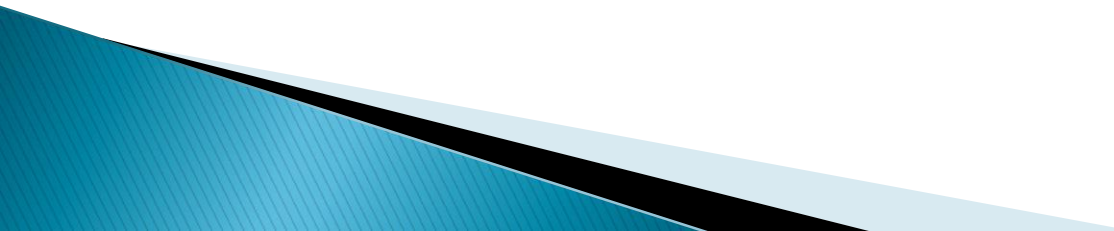
- c. Contemporary vaccination services shall be adopted depending on prevalence of disease and cost-effectiveness. Right of target groups to receive vaccination shall be ensured and compulsory vaccination shall be implemented.
- d. Regular health check-ups shall be arranged for various population/groups to identify health hazards promptly.
- e. Universal and equitable access to health services shall be ensured with priority to population of various age groups, genders, classes and regions.
- 

- f. Private and non-governmental organization shall be promoted to establish rehabilitative and palliative service centers with physiotherapy services at federal, provincial and local levels.
 - g. In order to address local health needs and behavioral change of the people, health-related messages and materials shall be developed (more scientific, effective, well managed) and regulated. Then it shall be disseminated through broadcasting.
 - h. Surveillance system shall be implemented on environment, sanitation, drinking water and food items etc. in coordination with concerned stakeholders.
- 


6. Collaboration and partnerships among governmental, non-governmental and private sectors shall be promoted, managed and regulated in the health sector and private, internal and external investments in health education, services and researches shall be encouraged and promoted:

- a. Partnership with private and non-governmental organizations shall be done based on specified parameters to ensure health and treatment facilities for targeted groups and areas.
 - b. Professionalism, efficiency, entrepreneurship, technical skills and financial resources of the private sector shall be utilized for the development and expansion of health services and social responsibility shall also be promoted.
- 

- c. Parameters for approval of hospitals shall be equal and practical for governmental, non-governmental or private sectors. Similarly, private hospitals shall be encouraged to open outside the Kathmandu valley and in rural communities. Regular reports from hospitals and health institutions on their services shall be made mandatory and effective monitoring and regulation shall be put in place.
- d. In order to ensure access of quality health services to all, fees shall be determined depending on the classified facilities of treatment and health services provided by all levels and types of hospitals and health institutions.
- 

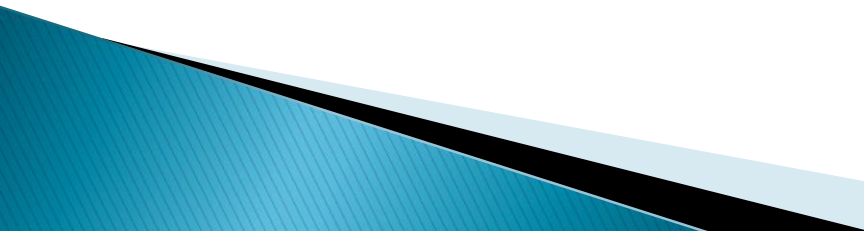
- e. Health tourism shall be promoted by developing specialized and super-specialized health services and through partnership between the governmental, private and non-governmental sectors.
 - f. Volunteerism in health services shall be promoted and female health volunteers shall be mobilized and managed through local levels.
- 

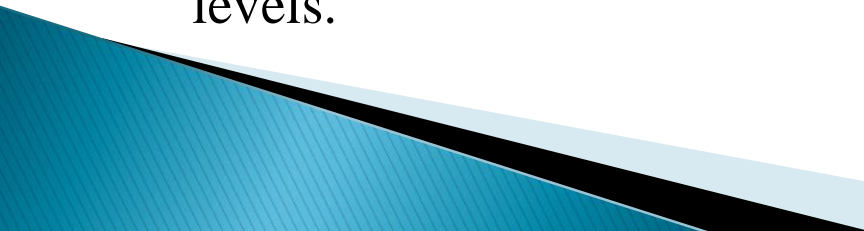
7. Ayurveda, naturopathy, Yoga and homeopathy shall be developed and expanded in an integrated way

- a. In line with the federal structure, level-wise institutions related with Ayurvedic healthcare shall be systematically developed and expanded.
 - b. Other healthcare systems, such as Yoga and Naturopathy, Homeopathy, Unani, Accupunture shall be developed and expanded.
 - c. Locally available medicinal herbs, minerals and animal substances shall be identified, conserved, collected and promoted. Those items shall be used in researches on Ayurvedic healthcare and self-reliance shall be promoted.
- 


d. Ayurveda health science academy and Ayurveda University shall be established and studies, treatment and researches shall be carried out on Ayurveda science and naturopathy system.

8. In order to make health services accessible, effective and qualitative, skilled health human resources shall be developed and expanded according to the size of population, topography and federal structure to manage health service.

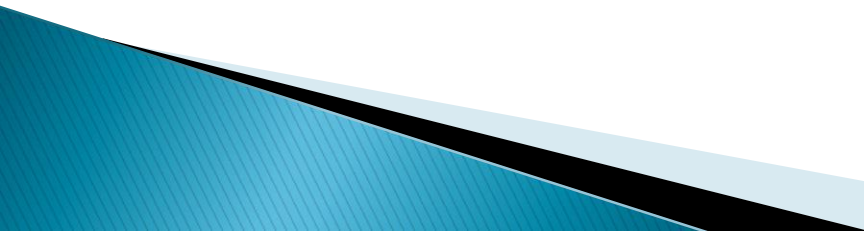
- a. Necessary health human resources shall be obtained, developed and utilized based on short-term and long-term plans.
 - b. In collaboration with concerned agencies, integrated national curriculum shall be developed to produce necessary health human resources at all levels.
- 

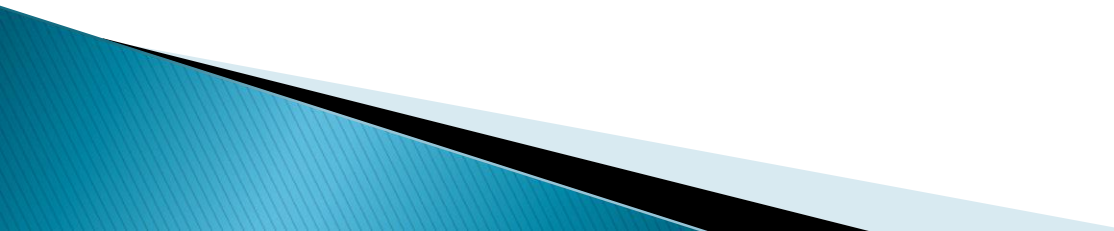
- c. The concept of one doctor/health professional in one health institution(doctor or health professional stays only in one government health institution) shall be gradually implemented in all governmental health institutions.
 - d. In order to ensure availability of basic health services in all basic health centers at all wards, integrated treatment services shall be implemented which shall include primary treatment for emergencies, primary lab services and other basic services.
 - e. MDGP doctor and necessary posts shall be created and arranged for emergency treatment with laboratory, pharmacy, nursing and public health services shall be availed at the primary hospitals at all local levels.
- 

9. Structures of Health Professional Councils shall be developed, expanded and improved to make individuals and institutions more accountable to provide effective and quality health care services to the public.


- a. An integrated umbrella act for health-related professional councils shall be implemented and expanded to the state levels.
 - b. Institutional and technical capacity of health-related councils shall be increased.
 - c. Code of conduct shall be enforced to make the service providers professional and accountable to the health of beneficiaries.
 - d. Performance based pay and incentives shall be arranged to make the health professionals responsible to their work and services.
- 

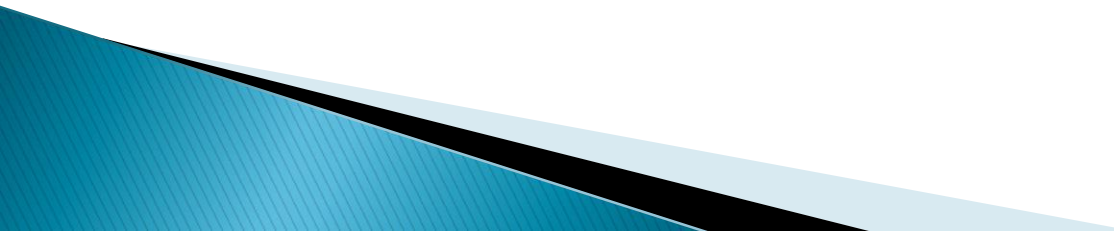
10.Domestic production of quality drugs and technological health materials shall be promoted and their access and proper utilization shall be ensured through regulation and management of efficient production, supply, storage and distribution

- a. Mechanism shall be developed as per the federal structure to determine price and quality of drugs, equipment and technological health materials and to regulate them. Generic prescription and hospital pharmacies with skilled technicians shall be implemented.
 - b. National production of essential drugs and technological health materials shall be encouraged and self-reliance shall be increased.
- 


- c. Medicines and food items management divisions shall be set up as per the food security policy and drugs quality and price control policy.
 - d. Procurement, transportation, quality storage and distribution system shall be made more effective and systematic by preparing specification of drugs and medical supplies.
 - e. National medical surveillance shall be extended to all levels and made more effective to manage import and export of drugs.
- 

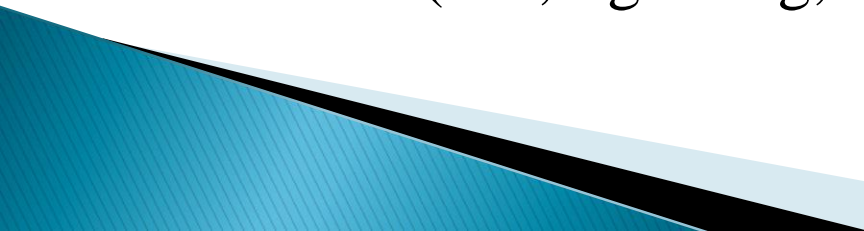
11. Integrated preparedness and response measures shall be adopted to combat communicable diseases, insect-borne and animal-borne diseases, problems related with climate change, other diseases, epidemics and disasters;

- a. Effective programmes shall be implemented for study, researches, surveillance, prevention, control, elimination and eradication of communicable diseases including tuberculosis, HIV/AIDS and malaria.
 - b. Environment and health-friendly technologies shall be encouraged. State and local levels shall be made responsible for proper management, regulation and continuous monitoring of waste and medical garbage produced by hospitals , health institutions and laboratories.
- 

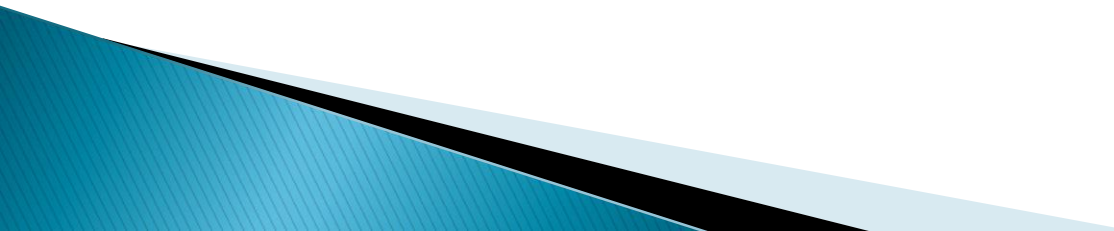
- c. Coordination and advocacy shall be done to promote domestic and community waste management and environment cleanliness.
 - d. Programmes to minimize climate change-induced health problems shall be revised and developed in collaboration and coordination with stakeholders.
 - e. Mechanisms shall be set up at all levels to immediately address disasters and epidemics, their capacity development, response plans, preparedness and mobile hospital services shall be arranged.
- 

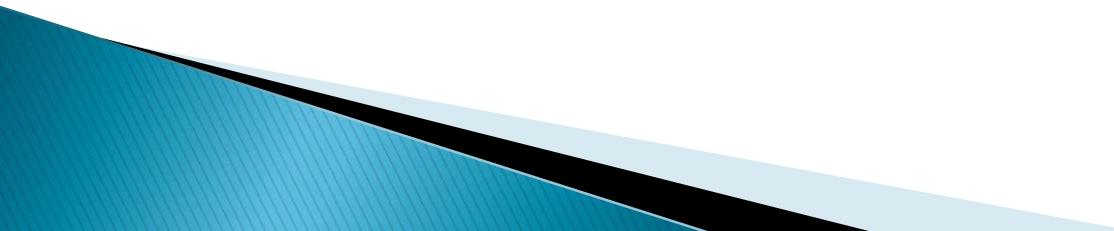
12. Individuals, families, societies and concerned agencies shall be made responsible for prevention and control of non-communicable diseases and integrated health system shall be developed and expanded;

- a. Programmes to promote healthy lifestyle shall be developed and extended through health institutions at levels.
 - b. Multi-sectoral coordination with institutions related with drinking water, environmental cleanliness, food security, education and so on shall be strengthened to promote health.
 - c. Proper system shall be developed to prevent and treat hereditary diseases.
- 

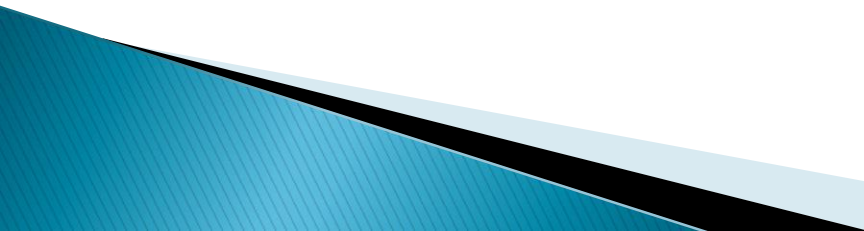
- d. Processed and readymade food items that are harmful to health shall be discouraged and use of hazardous chemicals, pesticides, adulteration during the production, storage, processing and sales shall be controlled.
 - e. Use of stimulating drugs and alcohols shall be discouraged through multi-sectoral coordination and sales, spread and use of tobacco products shall be effectively regulated.
 - f. Promotional and structural arrangements shall be implemented to prevent road accidents and other disasters (fire, lightning, strike)
- 

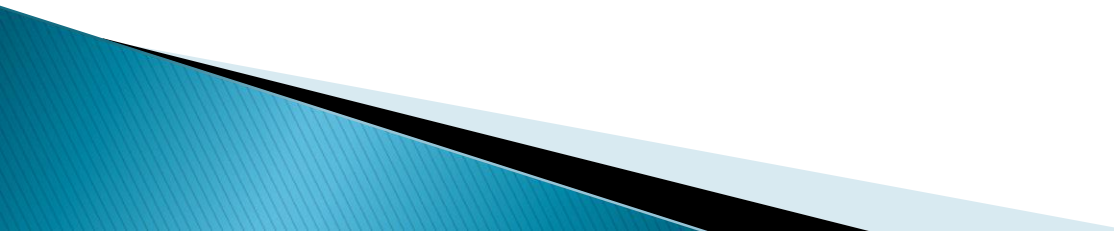
13. In order to improve nutritional situation, adulterated and harmful foods shall be discouraged and promotion, production, use and access to qualitative and healthy foods shall be expanded.

- a. Multi-sectoral nutrition policy and programmes including food security shall be updated and implemented with priority.
 - b. In order to improve micronutrient situation of women, children and people of different age groups, food diversification and balanced diet shall be emphasized and short-term, medium-term and long-term measures at all levels shall be adopted.
- 

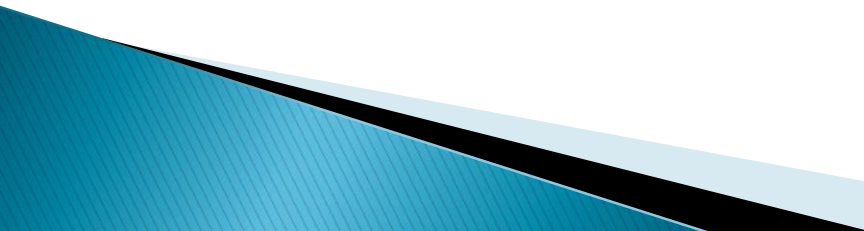
- c. School health programmes and nutrition education programmes shall be strengthened, developed and implemented.
 - d. Consumption of nutritious and healthy foods shall be promoted and domestic production shall be encouraged.
- 

14. Health researches shall be made of international standards and the findings and facts of the study shall be applied effectively in policy formulation, planning and health system development;

- a. Institutional structure, capacity and scope of Nepal Health Research Council shall be updated, developed and expanded to federal structures and made as per international standards.
 - b. Capacity of all levels shall be developed in health researches and health researchers and technical human resources shall be motivated to researches in coordination with academic and educational institutions.
- 

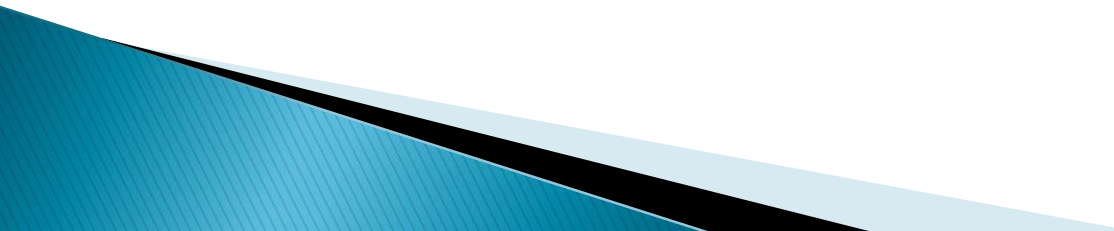
- c. Results of health research conducted by all sectors and entities shall be integrated and those facts, reports and conclusions shall be used in formulation of policies and plans and health system development and expansion.
- d. Books, knowledge , skills on indigenous medical herbs, minerals, animal substances, Ayurveda and traditional healthcare shall be researched and recorded, protected and promoted as intellectual property.
- 

15. The health management information system shall be made modern, qualitative and technology-friendly and integrated health information system shall be developed;


- a. Health management information systems of all levels as per federal structure shall be developed and managed in an integrated manner.
 - b. Health management information system shall be made integrated, friendly, and regular and capacity of all levels shall be enhanced to use the information.
- 

c. The facts and information obtained from health management information system , researches, surveys and surveillance shall be used in monitoring, evaluation, policy formulation, programme development and decision making processes at various levels.


d. Security of health information shall be ensured and health information of beneficiaries shall be maintained in e-recording system.

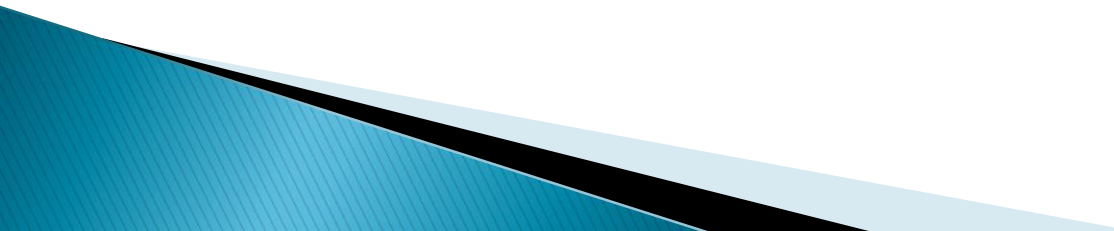


16. Right to information related to health and right of a beneficiary to know about the treatment shall be ensured;

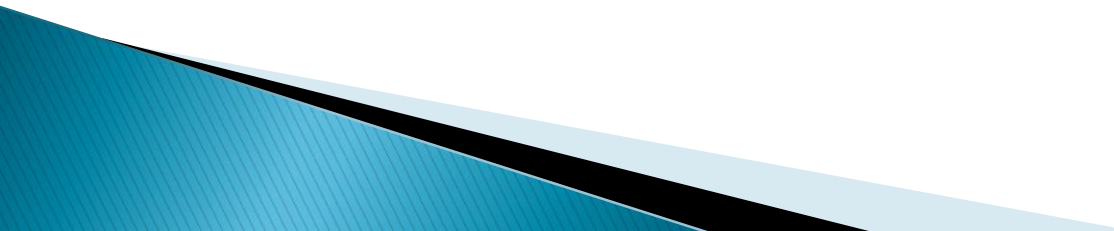
- a. The service providers shall be made responsible in health information. Health institutions shall be developed as information-friendly and the rights of beneficiaries to informed consent, privacy and information shall be ensured.
 - b. Communication materials that may directly or indirectly have adverse effects on people health and on society shall be discouraged and regulated.
- 

17. Mental health, oral, eye, ENT health services shall be developed and expanded:

- a. Primary treatment of eyes shall be integrated in basic health services.
 - b. Eye health services shall be developed and expanded with public-private partnership and an eye health unit shall be set up.
 - c. Oral health services and control and treatment of dental diseases shall be developed and expanded at all levels including basic health centers.
 - d. Ear, nose, throat treatment services shall be developed and expanded to all levels.
- 

- e. People's access to mental health and psychological services shall be ensured through primary hospitals by promoting transfer of knowledge and skills, service-oriented skills and special training.
 - f. Other specialized health services shall be developed and expanded as per needs.
- 

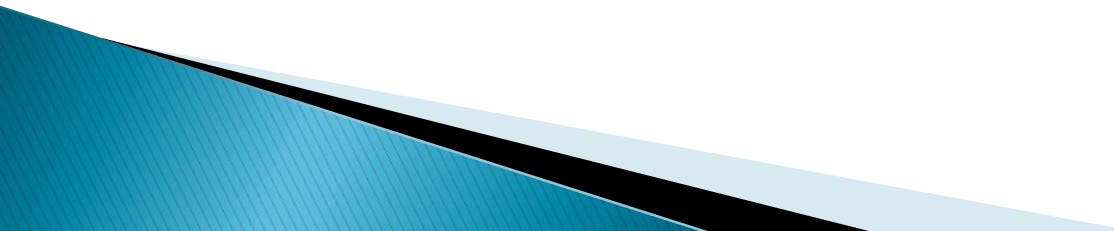
18. Quality of health services provided by all health institutions including hospitals shall be ensured;

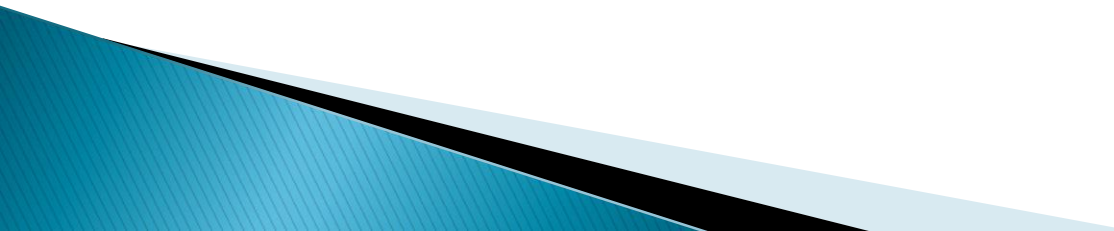
- a. In order to ensure quality of health services, a regulatory mechanism shall be established and developed.
 - b. Minimum service standards for health institutions of all levels shall be developed and DoHS, implemented after necessary amendments.
- 

c. Guidelines, quality standards and standard treatment(treatment protocol) shall be developed and amended for the provision of quality health services.

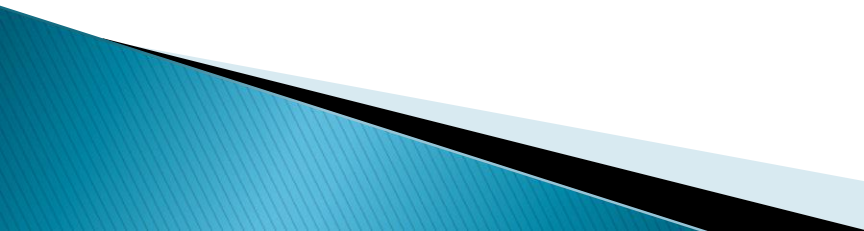
d. Medical and managerial audit of health institutions shall be carried out and the quality of services and institutional capacity shall be strengthened.

19. Good governance and improvement shall be ensured in policy-related, institutional and managerial structures in the health sector through timely amendments;

- a. Health governance procedures shall be developed and implemented.
 - b. Necessary mechanisms shall be developed and used to address grievances, complaints and suggestions of beneficiaries.
 - c. Provisions of existing laws shall be amended and implemented for the security of health service providing individuals and institutions.
- 

- d. Public hearing and social audits shall be arranged about the health services provided by all health institutions.
 - e. Institutional capacity shall be improved for effective management of health services at all levels.
- 

20. In accordance with the concept of health across the lifecycle, health services around safe motherhood, child health, adolescence and reproductive health, adult and senior citizen shall be developed and expanded;


- a. Safe motherhood and reproductive health services shall be made of good quality, affordable and accessible.
 - b. Health services targeted to vulnerable age groups such as maternal-infant health, child health, adolescent health, adult health and geriatric health shall be strengthened and professional midwifery and nursing services shall be expanded.
- 

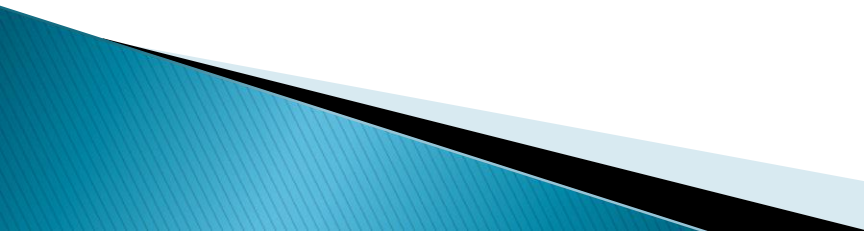
c. In order to strengthened safer motherhood and reproductive health, skilled birth attendants shall be arranged in all wards.

d. Abortion services shall be made qualitative and effective as per the law.


e. Health services related with infertility shall be gradually extended to the state levels.

21. Necessary financial resources and special fund shall be arranged for sustainable development of the health sector;

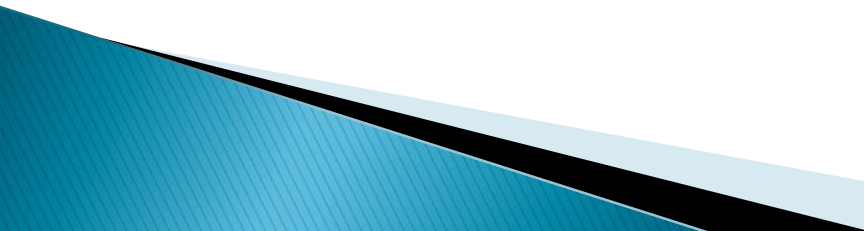
- a. Integrated health finance strategy shall be formulated and implemented to ensure equitable access of all to health services, to reduce out of pocket expenditure on health and to mobilize financial resources in the health sector in a cost-effective manner.
 - b. State expenditure on health shall be gradually increased and the burden of expenditure for individuals shall be reduced.
- 

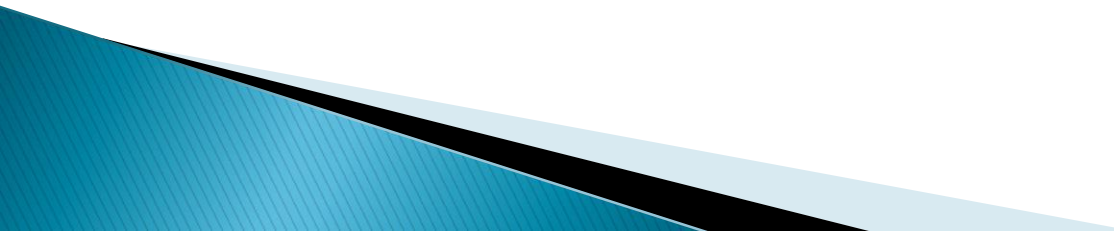
- c. National health accounts with analytical details of overall income, expenditure, distribution and use of resources in the health sector shall be annually published and used in the preparation of policies, programmes and plans.
- d. Maximum portion of revenue generated from tobacco and alcohol products shall be used in public health promotion programmes.
- 

22. Urbanization, internal and external migration shall be managed and public health problems associated with such phenomenon shall be resolved;

- a. Demographic information shall be analyzed to prepare plans for overall development, to formulate projects and to develop programmes.
 - b. A system to examine the cause of deaths shall be developed and linked with the vital registration system.
 - c. External and internal migration and urbanization shall be effectively managed. Measures to minimize the effects of such phenomena in public health shall be adopted.
- 

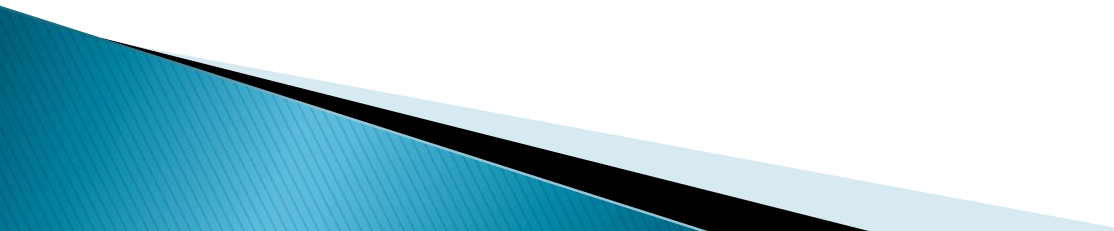
23. Demographic statistics shall be managed, researched and analyzed to link them with the policy decisions and programme designing;

- a. Actual demographic data with age distribution shall be updated through the ward level health institutions and targeted health programmes shall be designed for age-specific groups.
- 

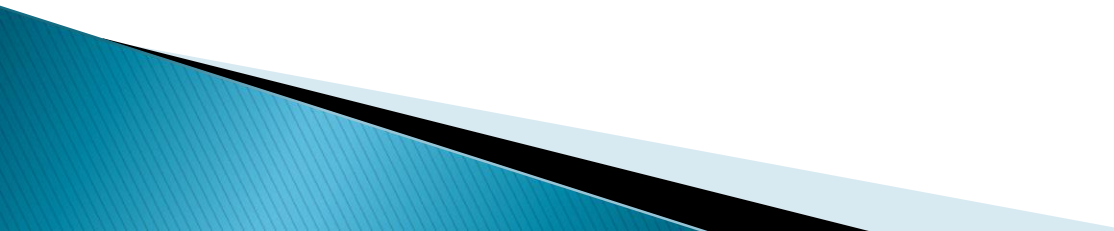
- b. In order to ensure access of handicapped and people with disability to health services, disability-friendly structures and mechanisms shall be ensured at all levels.
 - c. Coordination shall be made with concerned agencies to establish senior citizen care centers with public-private partnership.
- 

24. Antimicrobial resistance shall be reduced, one-door health policy shall be developed and expanded for the control and management of communicable diseases, environmental pollution, such as air pollution, sound pollution and water pollution shall be scientifically regulated and controlled;

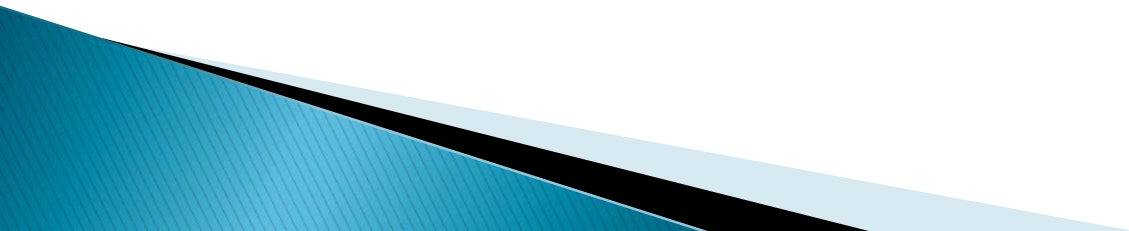
a. Concrete scientific plans and programmes shall be developed and implemented in partnership with concerned authorities to minimize adverse effects on environmental pollution including air pollution, sound pollution, water pollution and chemical pollution on public health.

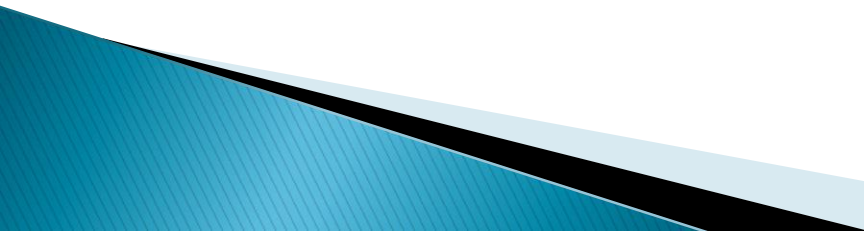
- b. A plan of action shall be developed and implemented to regulate and control food pollution and adulteration.
 - c. In order to reduce antimicrobial resistance, necessary plan of action shall be developed and implemented to effectively regulate and control the misuse of antibiotics.
- 

25. Necessary arrangements shall be made to reduce the risks of immigration process on public health and to provide health protection to Nepalese staying abroad:


- a. Necessary arrangements shall be made to ensure pre-departure, in-destination-country and post-return health check-up, to promote access to and use of health services.
 - b. Health examination for foreign nationals before entering Nepal shall be made compulsory.
- 

NEPAL HEALTH SECTOR STRATEGIES(2015-2020)




- ▶ Nepal health sector strategy 2015-2020(NHSS) adopts the vision and mission set forth by the National Health Policy and carries the spirit of constitutional provision to guarantee access to basic health services as a fundamental right of every citizen.
 - ▶ It articulates nations' commitment towards achieving Universal Health Coverage(UHC) and provides the basis for gathering required resources and investments.
 - ▶ NHSS places health sector's response in realizing government's vision to graduate Nepal from Least Developed Country' to Middle Income Developing Country' by 2022.
- 

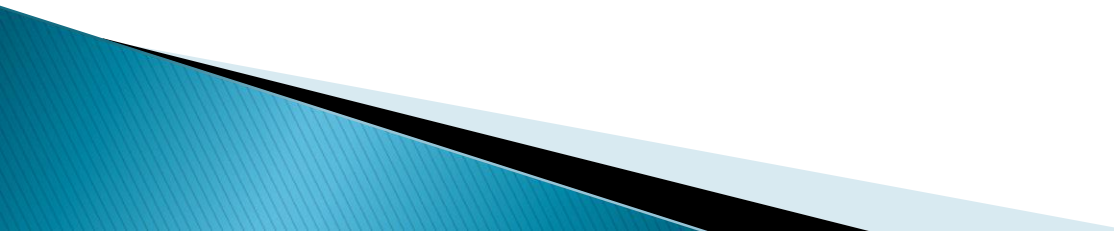
NHSS Vision

- ▶ The vision carries the aspiration to bring about holistic change in individuals and society by improving the health status of the citizens leading to overall human, social and economic development.
 - ▶ The vision statement alludes to the idea that increasing the investment in human health is central to Nepal's development; healthy productive citizens are able to make better society and drive economic growth.
 - ▶ It establishes the mental, social and emotional well-being of individual as integral facets of human health to enable citizens to live quality lives.
- 

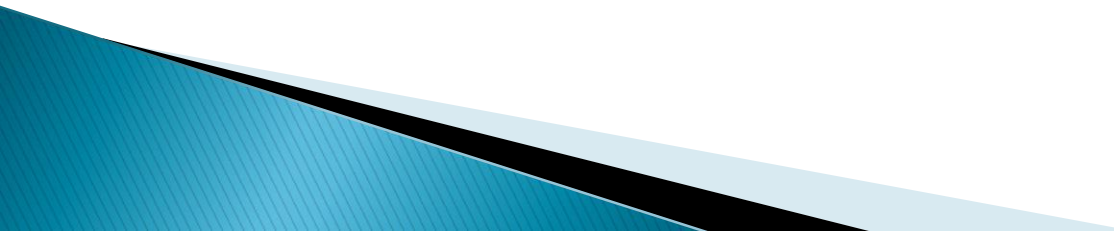
NHSS Mission

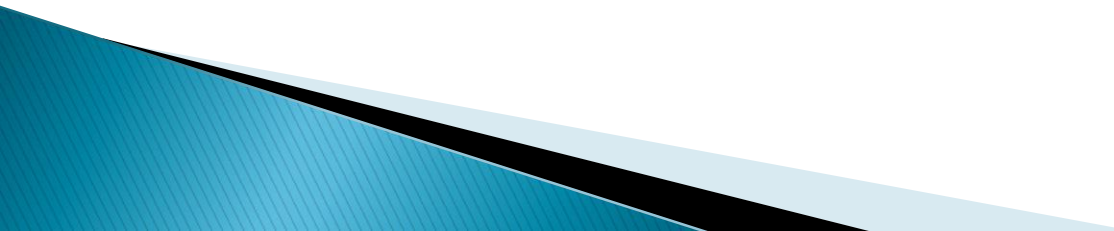
- ▶ The constitution of Nepal 2015 recognizes the citizen's right to stay healthy as fundamental human right.
 - ▶ It aims to progressively realize this right by actively engaging the communities and nurturing the notion of individual responsibility towards one's health.
 - ▶ The citizen's right to health is achieved through exploring suitable options to effectively and efficiently manage the available health resources and this also demands strategic cooperation amongst all stakeholders including the service users themselves.
- 

NHSS Strategic Principles

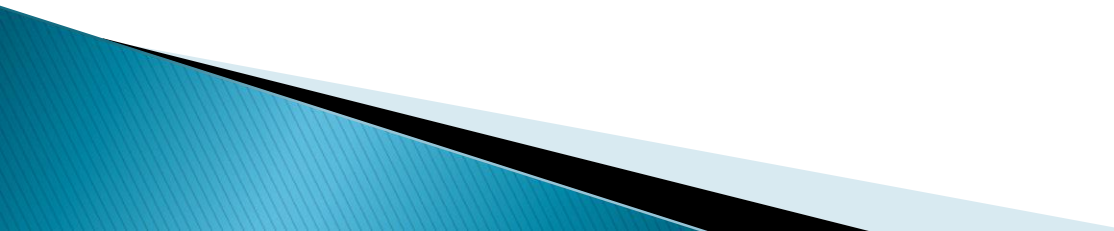
1. Equitable access to health services
 2. Quality health services
 3. Health systems reform
 4. Multi-sectoral approach
- 

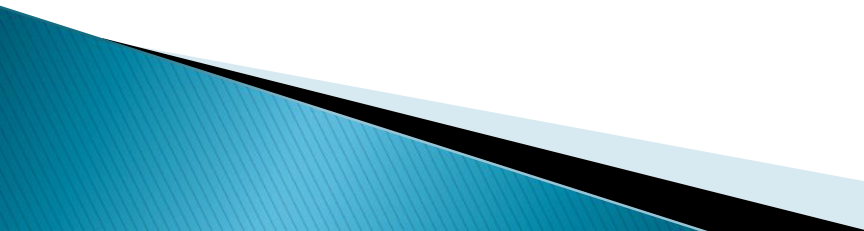
1. Equitable Access to Health Services

- ▶ The equitable development is included in the Constitution of Nepal(2015), National Health Policy and Periodic Plans of the National Planning Commission(NPC).
 - ▶ NHSS re-emphasizes the importance of the equitable provision of health care for all as the backbone strategy for the health sector.
- 

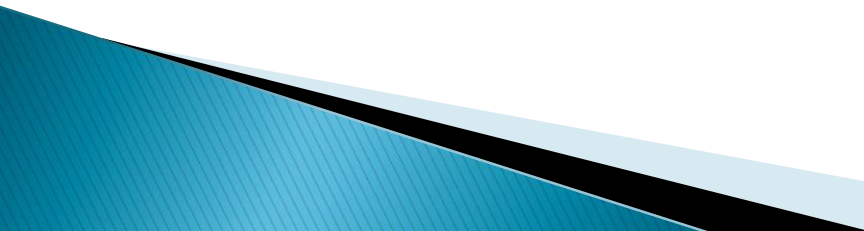
- ▶ NHSS focuses on strengthening service delivery and demand generation to underserved populations including urban poor. MoHP will gradually implement the “one village, one doctor” aspiration of Nepal Health Policy to bring health services closer to people.
 - ▶ NHSS also promotes health sector’s role in ultimately eliminating gender-based violence(GBV) in Nepal.
- 

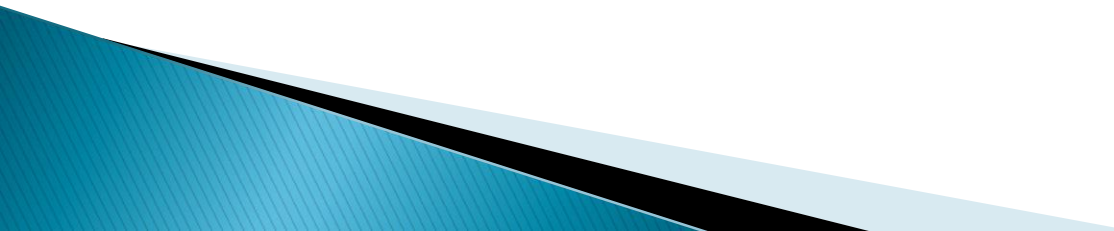
2. Quality Health Services for All

- ▶ Strengthening of procurement, supply chain management, human resource management ,information management, sector financing as well other core systems are all driven by the ultimate goal of improving quality of services.
 - ▶ It is essential to focus on improving the qualities at point of delivery, where people receive health services, from immunizations at remote out-reach clinics to specialty care provided at tertiary hospitals.
- 

- ▶ This requires that services meet basic standards of quality, which are coordinated across multiple layers of public and private providers, centered on client's needs and expectations. For this purposes NHSS focuses on developing minimum standards of care that are applicable for both public and private sector.
 - ▶ Quality dimensions
 - ▶ An Accreditation Body for Quality Assurance
- 

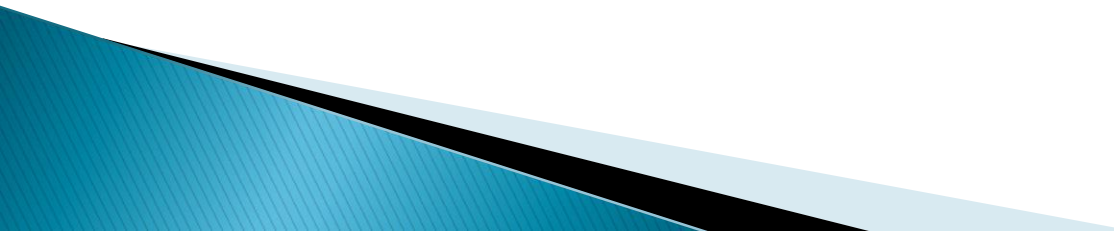
3. Health Systems Reform

- ▶ NHSS prioritizes good governance to ensure clear lines of authority and decision-making that all levels of the health system are accountable, ultimately to the people that they are serve. NHSS will focus further strengthening district health systems.
 - Restructuring health sector and rebuilding health systems
 - Decentralized planning and budgeting
 - State and non-state partnership
- 

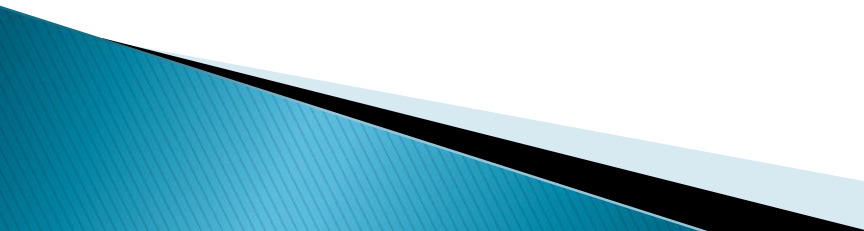
- Regulation across the public and private health system
 - Strengthening research and promoting the use of evidence
 - Application of modern technologies
- 

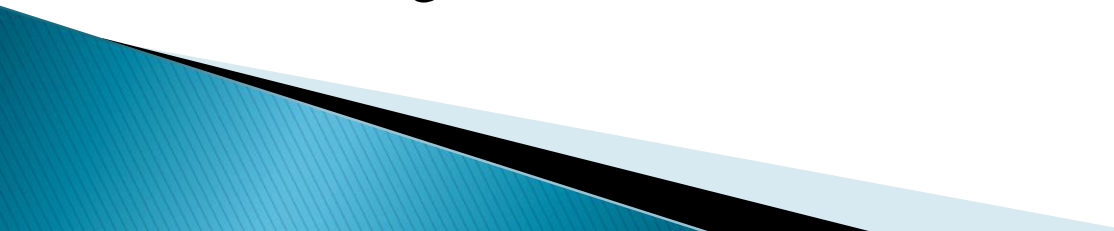
4. Multi-sectoral Approach

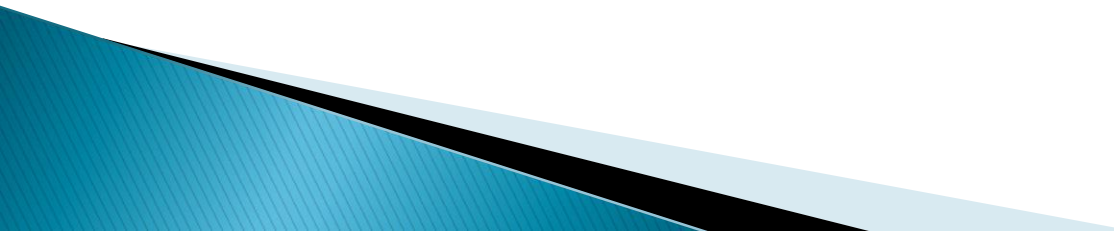
- ▶ Health is a part of the broader development agenda more linked to the wider social determinants such as empowering of women, improving of rural and urban infrastructure, expanding access to clean air, water and sanitation, better waste management and improving access to quality education.
- Ensuring health in all policies emphasizes the importance of multi-sectoral working

- Promoting healthy lifestyles and healthy environment through multi-sectoral action
 - Children as the starting point
 - Health facilities as a learning environment for healthy lifestyles
 - Reducing the high burden of death and injury through improved road safety
 - Nutrition as a cross-cutting Issue
 - Collaboration to promote healthy environment
 - Establishing multi-sectoral response to Climate Change
- 

Goals of NHSS

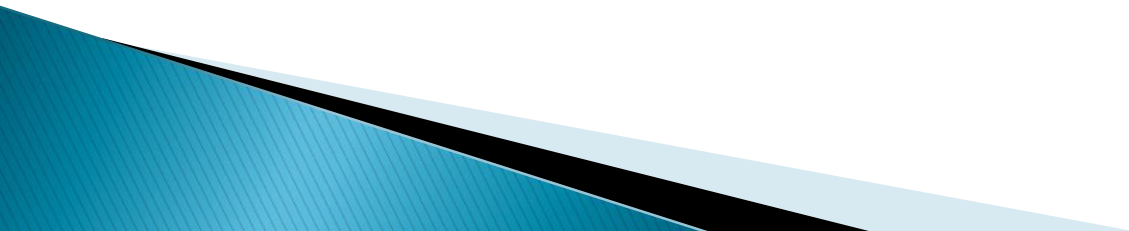
- ▶ The overall goal of NHSS is to improve health status of all people through accountable and equitable health service delivery system.
 - ▶ There are 10 national level indicators defined in NHSS to measure the progress toward this goal as listed below.
 - ▶ Nepal health sector strategy spells out nine outcome statements as presented below which will be measured through 29 outcome level indicators. These outcomes are further split into 26 output statements and corresponding 56 output level indicators.
- 

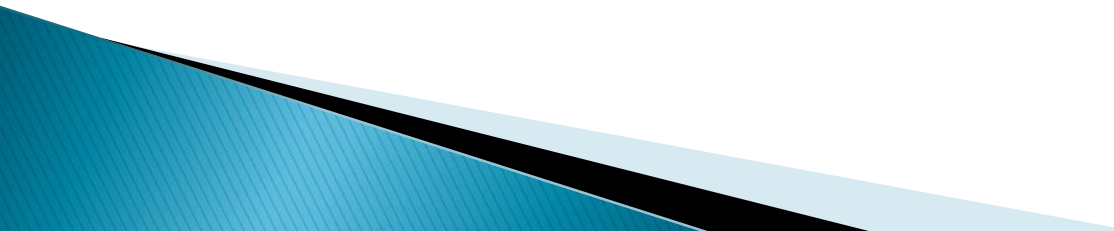
- ▶ Outcome 1: Rebuilt and strengthened health systems; Infrastructure, HRH management, Procurement and Supply Chain Management
 - ▶ Outcome 2: Improved quality of care at point-of-delivery
 - ▶ Outcome 3: Equitable utilization of health care services
 - ▶ Outcome 4: Strengthened decentralized planning and budgeting
 - ▶ Outcome 5: Improved sector management and governance
 - ▶ Outcome 6: Improved sustainability of health sector financing
- 

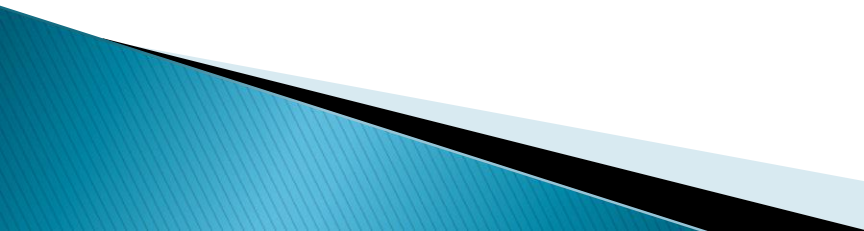
- ▶ Outcome 7: Improved healthy lifestyles and environment
 - ▶ Outcome 8: Strengthened management of public health emergencies
 - ▶ Outcome 9: Improved availability and use of evidence in decision-making processes at all levels.
- 

Code	Indicators	Baseline		Target	
		Data	Year	2017	2020
G1	Maternal mortality ratio <i>(per 100,000 live births)</i>	190	2013	148	125
G2	Under five mortality rate <i>(per 1000 live births)</i>	38	2014	34	28
G3	Neonatal mortality rate <i>(per 1000 live births)</i>	23	2014	21	17.5
G4	Total fertility rate <i>(births per 1000 women aged 15-19 years)</i>	2.3	2014	2.2	2.1
G5	% of children under- 5 years who are stunted	37.4	2014	34	31
G6	% of women aged 15-49 years with body mass index less than 18.5	18.2	2011	13	12
G7	Life lost due to road traffic accidents per 10000 population	34	2013	23	17
G8	Suicide rate per 100000 population	16.5	2014	15	14.5
G9	Disability adjusted life years lost due to communicable, maternal and neonatal, non-communicable and injuries	8319695	2013	7487726	6738953
G10	Incidence of impoverishment due to out of pocket expenditure in health	na		Recude by 20%	

National Nursing and Midwifery Policy



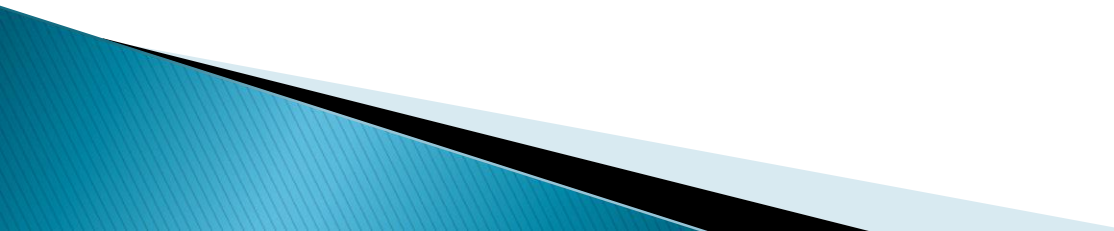
- ▶ The draft of National Nursing and Midwifery Policy 2074, which has been submitted to the Ministry of Health, is likely to be presented in the Cabinet for approval soon.
 - ▶ The draft proposes introducing nursing education from the proficiency certificate levels so that skilled manpower can be produced for the health sector. Similarly, it has also proposed to increase the number of nurses and midwives.
- 

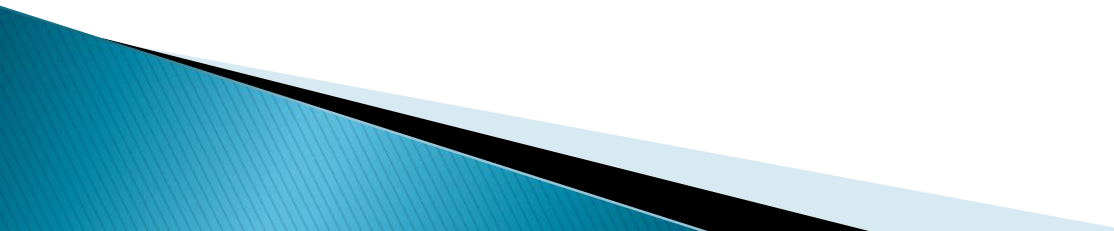
- ▶ Each ward of a municipality or a rural municipality should have at least one midwife. There should be the presence of nurses and midwives in birthing centers to provide antenatal and post natal services. This will help reduce ,maternal and child mortality rate in the country.
 - ▶ Nurses working in private hospitals should get at least the minimum salary prescribed by the government. In addition, working hours for nurses should also be fixed. The draft also seeks timely promotion of nurses and salary increment.
 - ▶ At present, government has been providing a salary of Nrs 23,500/- to staff nurses working in government hospitals.
- 

**Public Health Service Act,
2075BC(2018AD)**




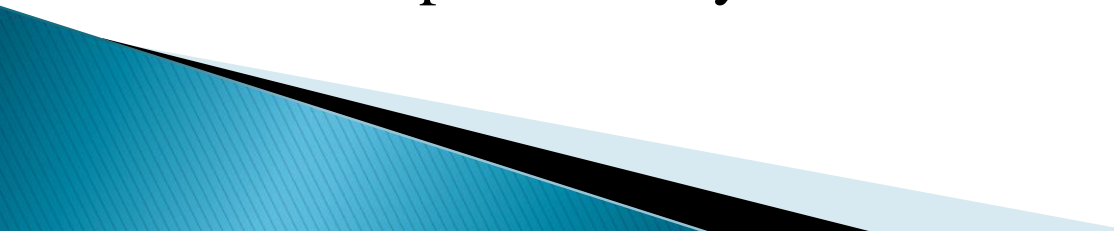
▶ Public Health Service Act(2075) is useful to make necessary legal provisions for implementing the right to get free basic health service and emergency service guaranteed by the constitution of Nepal and establishing access of the citizens to health service by making it regular, effective, qualitative and easily available. Therefore, it is enacted by the Federal Parliament. This act defines:

- Emergency health service
 - Basic health service
- 

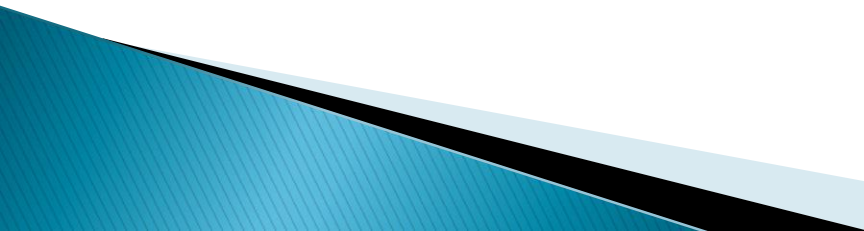
- Non-Governmental or private health institution
 - Government health institution
 - Community health worker
- 

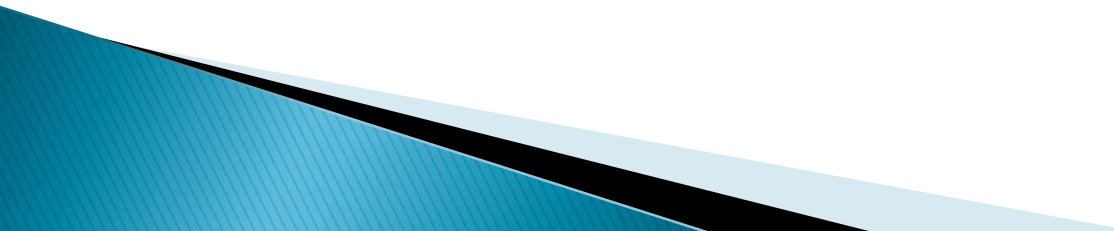
A. Rights, Duties of Service Recipients and Responsibilities of Health Institutions

1. Access to and certainty of health service
 2. Emergency treatment
 3. Specialist service
 4. Referral service
 5. To provide quality health service
 6. Duties of service recipient
 7. Responsibility for getting treated
- 

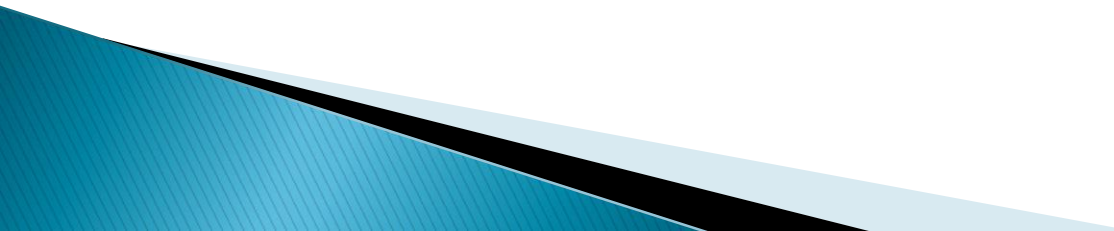
8. To provide service recipient with information
 9. To obtain informed consent of service recipient
 10. To behave equally
 11. Professional conduct
 12. To maintain confidentiality
 13. To provide discharge summary
 14. Liability of health institution
 15. To provide information to local administration
 16. To make a complaint
 17. To adopt necessary measures
- 

B. Relating to Health System and Management of Service

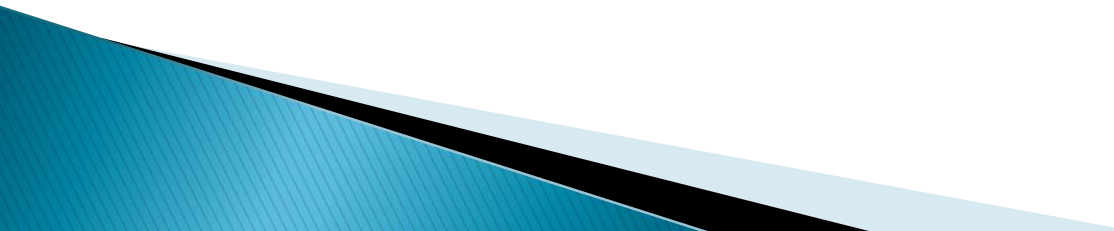
1. Operation and regulation of health institutions
 2. To obtain license
 3. To be ipso facto terminated
 4. To provide health service from elsewhere except health institution
 5. To maintain quality by health institution
 6. Human resource management and development
 7. Investigation, regulation, quality measurement and monitoring
- 


8. Health finance and social security
 9. Provisions relating to price of medicine, prescription, pharmacy and free medicine
 10. If any person is to be treated in a foreign country, the expenses shall not be made available by the government of Nepal.
 11. Any physician, health worker or the employee working in a government hospital and health institution shall not serve elsewhere during the time prescribed by the concerned body. But if they wish to serve elsewhere after than the mentioned time shall obtain prior approval of the concerned body.
- 

C. Blood, Use of Blood Based Substances and Human Organs Transplant

1. Blood transfusion Service
 2. Human organs transplant and use
 3. To conduct and manage autopsy
 4. Identification of cause of human death
- 

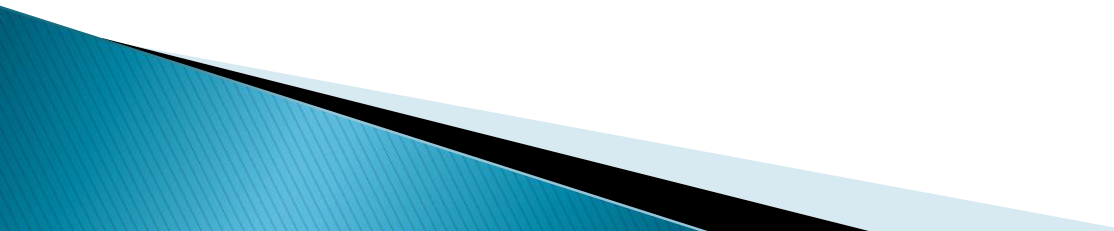
D. Social, Cultural and Environmental Determinants for Protection, Promotion and Improvement of Public Health

1. Quality of consumable goods
 2. Noise and air pollution
 3. Sanitation and waste management
 4. Public health friendly residence, public transport and road infrastructure and safety
 5. Industry and urbanization
- 

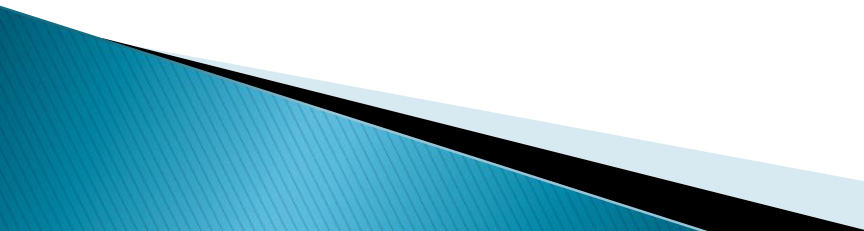
6. Safety of health workers working in risky zone
 7. advertisement, dissemination and transmission affecting public health
 8. The federal, Provincial and Local level may adopt necessary measures for controlling social and cultural superstitions that affect adversely in public health.
 9. The Local level and Provincial Government shall make necessary arrangements to implement the programs for special social health security for the women, children, adolescents, dalit's, martyr's families and others targeted groups
- 

E. Emergency Health Service and Management

1. Emergency health service and management
2. Prevention, information and treatment of infectious disease

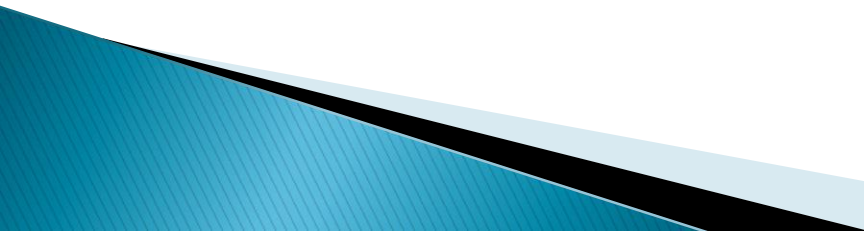


F. National Public Health Committee

- ▶ To address comprehensive social determinants of health affecting human health, making policy-wise recommendation on inclusion of the issues of public health into the policy and programs of thematic scope, there shall be formed a National Public Health Committee.
 - ▶ National Public health Committee shall be formulated by total of 21 members including chairperson. The chairperson shall be the Minister of the Government of Nepal and responsible for the matters relating to health.
- 

Nepal Health Service Act 2053 BC

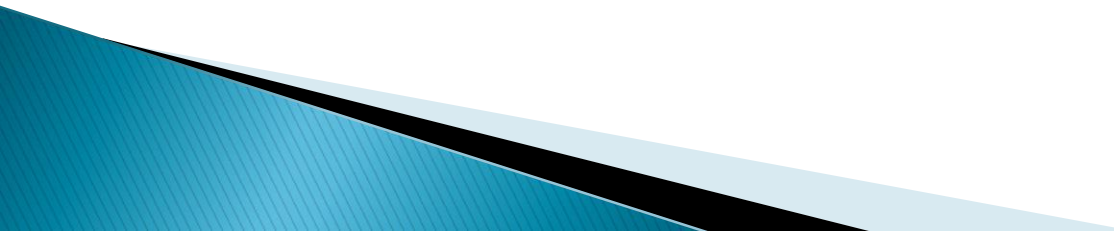
Nepal Health Service Act, 2053 Amendments

- ▶ Nepal Health Service (First Amendment) Act, 2055 (10 Feb. 1999)
 - ▶ Health Related Some Nepal Acts Amendment Act, 2058 (22 Aug. 2001)
 - ▶ Nepal Health Service (Second Amendment) Act, 2058 (7 Nov. 2001)
 - ▶ Nepal Health Service (Third Amendment) Act, 2063 (8 Dec. 2006)
 - ▶ Republic Strengthening and some Nepal Laws Amendment Act, 2066 (21 Jan 2010)
- 

Class and class adjustment

- ▶ There are following classes in the health service:
- ▶ Officer: Twelfth, Eleventh, Tenth, Ninth, Eighth, Seventh and Sixth(12th,11th,10th,9th,8th,7th and 6th)
- ▶ Assistant: Fifth, Fourth, Third(5th,4th and 3rd)

Fulfillment of vacancy in health service

- ▶ **The required post of the health service shall be fulfilled through:**
 - ▶ By open competition
 - ▶ By internal competitive examination
 - ▶ By promotion
 - ▶ By evaluation of competency
- 


Restriction on fulfillment of vacancy

- ▶ No post of the health service shall be fulfilled in any manner other than that mentioned in this Act.
- ▶ If any post in the health service becomes vacant in any manner, the concerned body shall give information to the Public Service Commission within one month of the post being vacant.
- ▶ The official who doesn't give information within that period shall be liable to departmental action.
- ▶ No salary shall be provided without having a salary report passed by the Civil Employee Records Office(Nijamati Kitabkhana).

Upgrade

- ▶ The freshly appointed and posted officer sixth level employee and officer seventh level Medical Officer, Dental Officer, Officer Kabiraj, Integrated Medical Officer or other Medical Officer equivalent to who has served for at least one year in the most remote area or for two years in a remote area and gain at least excellent marks in the work performance evaluation for three years after the date of fresh appointment and posting shall be upgraded to the Seventh Level Post and Eighth Level Post respectively.


Upgrade not to be made

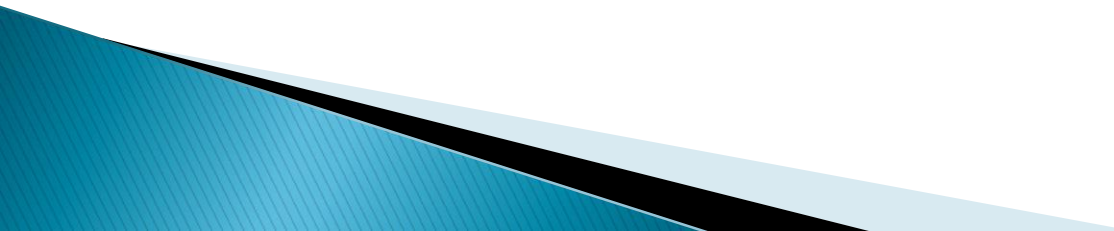
- ▶ In the event of suspension, during the period of suspension.
 - ▶ In the event of withholding of salary increment or promotion, during the period of such withholding.
 - ▶ In the event of suspension of name registration by the health related council established pursuant to the prevailing law, during the period of such suspension.
- 

Appointment on recommendation of Public Service Commission

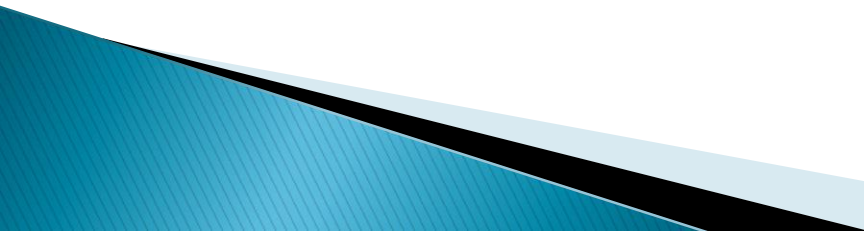
- ▶ Appointment to the post required to be fulfilled by open competition or internal competition shall be made on recommendation of public service commission.
- ▶ **Appointment to the post of health service:**
The government of Nepal shall make appointment to the officer level post of the health service and a notification of such appointment shall be published in the Nepal Gazette. , the Head of Department may make appointment to the assistant level post of the health service.

Disqualification for being candidate

- ▶ In the case of assistant level post, those who have not completed the age of 18 years.
 - ▶ In the case of officer level post, those who have not completed the age of 20 years.
 - ▶ Those who have already completed the age of 45 years.
 - ▶ Those who have not been registered in the Health Professional Council established pursuant to prevailing law and who have not got such registration renewed.
- 


- ▶ Those who are not Nepalese Citizen.
 - ▶ Those who have been convicted by the court of a criminal offence involving moral turpitude.
- 

Probation period

- ▶ While making fresh appointment to any permanent post of the health service, such appointment shall be made on probation for a period of six months in the case of a female employee and that of one year in case of male employee.
 - ▶ If his/her performance is not satisfactory during the probation period, his/her appointment may be cancelled.
- 

Transfer and deputation

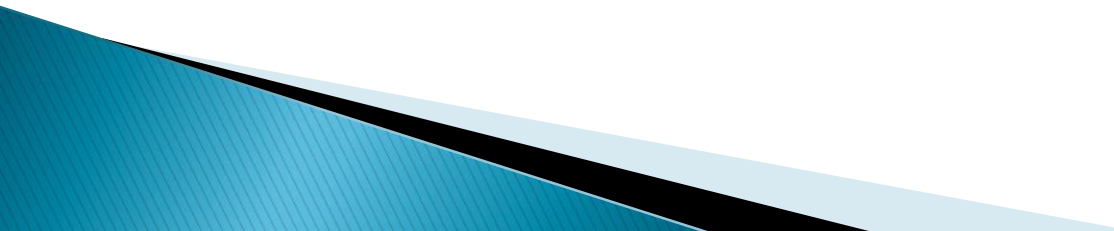
- ▶ The employees shall be transferred to the most remote, remote and non-remote areas in order to provide them with experience of different geographical regions of the country.
- ▶ No employee shall generally be transferred until the employee completes at least one year in the most remote area or at least two years in a remote area. “One year” means a period of continuous attendance of at least Two Hundred Thirty Three Days in a year.

- ▶ No employee shall be deputed to any office for more than Thirty days in a year.
 - ▶ In cases where an employee is deputed for a period more than that, the salary and allowances, if any payable for the deputation so made in excess shall be recovered by deducting the same from the salary and allowances receivable by the authority making such deputation.
- 

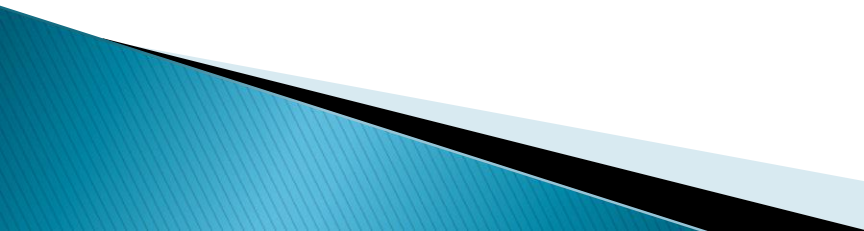
Promotion

- ▶ Promotion to the ‘officer level post’ shall be made on recommendation by promotion committee.
- ▶ *Promotion committee include:*
 - Chairperson/member of the Public Service Commission designated by him or her-chairperson
 - Chief secretary-member
 - Expert in the concerned subject nominated by the Public Service Commission-Member
 - Secretary at the Ministry of Health

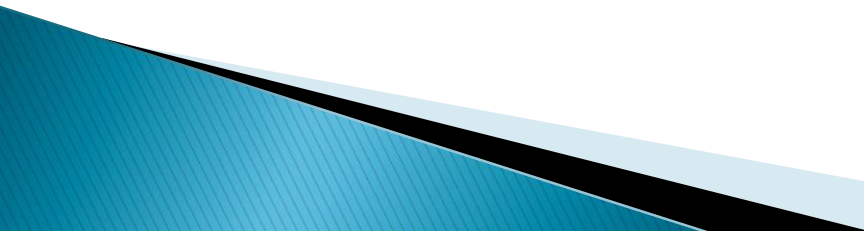
Minimum qualification and service period for promotion

- ▶ To be candidate for promotion, an employee must have completed the service period of 3 years in the post that is one class below the class of the post to which promotion is made and possessed the educational qualifications as prescribed.
 - ▶ An employee who has completed ten years in the 5th level may be a candidate for promotion despite that the employee does have the educational qualification prescribed for the 5th level.
- 

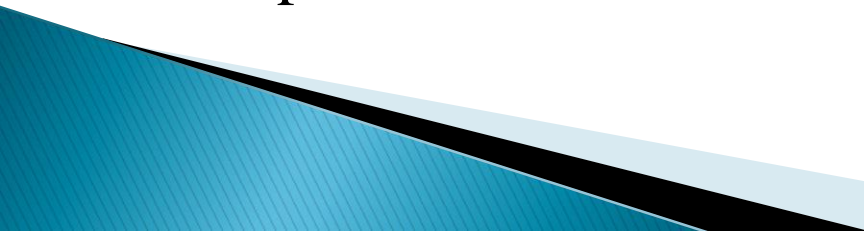
Ineligibility for being potential candidate for promotion

- ▶ In the event of suspension, during the period of suspension.
 - ▶ In the event of withholding of promotion, during the period of withholding.
 - ▶ During the period of withholding of increment in salary.
 - ▶ During the period of suspension of registration of an employee by a health related professional council formed pursuant to the prevailing law.
- 

Criteria for promotion

- ▶ The promotion committee shall recommend an employee for promotion based on his/her work efficiency.
 - ▶ In evaluating the work efficiency of the employee, a maximum of 100 marks shall be granted as follows:
 - For work performance evaluation-40 marks
 - For seniority- 20 marks
 - For service in geographical region- 5marks
 - For educational qualification and training- 15marks
- 

Salary and allowance

- ▶ The salary and allowances receivable by the employees for their service in the health service shall be as prescribed by the Government of Nepal from time to time.
 - ▶ If any employee is suspended in connection with any governmental business or as a result of an action taken on behalf of the Government of Nepal, such employee shall receive only half of his salary during the period of such suspension.
- 

Deposit of contribution to Employee Provident Fund

- ▶ An amount at the rate of 10% of the monthly salary of the employee shall be deducted and the Government of Nepal shall adding the same 10% amount then, deposit the total 20% amount in the Employee Provident Fund.

Festival Expenses and other facilities

- ▶ An employee of the health service shall, each year, receive an amount equivalent to the salary of One Month being earned by him or her as the festival expenses, for a festival which he or she observes according to his/her religion, culture and traditions. For example, Dashain allowance

Retirement gratuity and pension

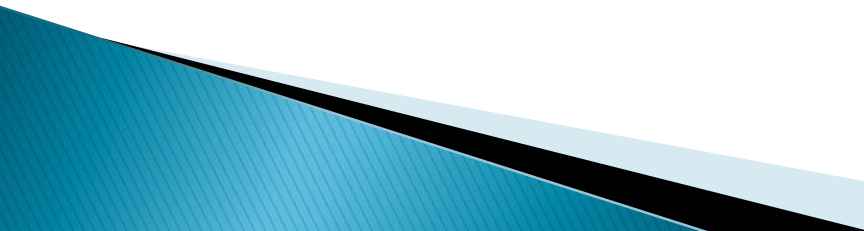
▶ *Compulsory retirement:*

- Any employee who has completed the age of Sixty years retires from the service.
- If the Government of Nepal needs the expert service, it may add the service period of an employee who retires on completion of the age of 60 years, for maximum period of 3 years.

Voluntary retirement

- ▶ Any employee who is eligible to receive pension and has completed the age limit of 50 years may voluntarily retire from the service on such terms and within such period as set forth and specified in a Notification published by the Government of Nepal in the Nepal Gazette.

Gratuity

- ▶ In the case of the employee who has served in the health service from five years to ten years, half the month's salary for each year of his/her service.
 - ▶ In the case of employee who has served in the health service for more than ten years up to fifteen years, the last one month's salary for each year of his/her service.
 - ▶ In the case of employee who has served in the health service for more than fifteen years but less than twenty years, the last one and half months' salary for each year of his/her service
- 

Pension

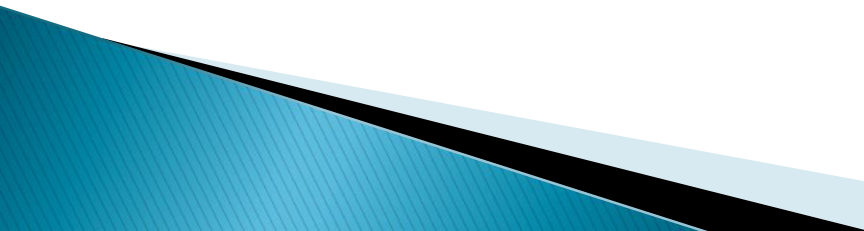
- ▶ An employee who has been in the health service for a period of 20 years or more shall be entitled to a monthly pension at the following rate:
 - Total year of service multiply by amount of last salary.
 - The minimum amount of pension shall not be less than half the amount of basic salary of the current employee of the same post and more than the basic scale of the current employee of the same post.
 - If any employee who has completed a service period of 15 years but not 20 years dies, a maximum period of 5 years shall be added to his/her service period, and his or her family shall be allowed to receive either pension or gratuity whichever that family chooses.

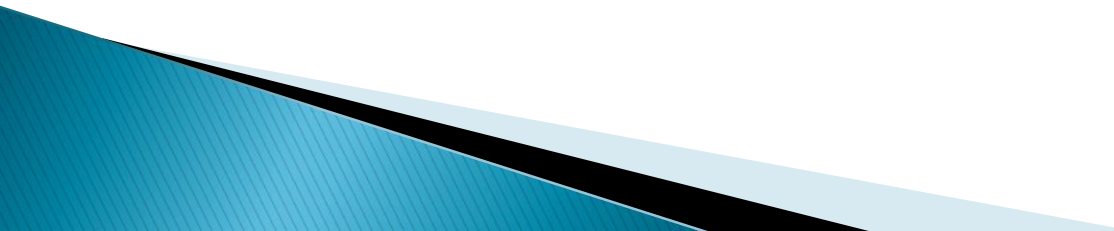
▶ ***Increment in pension:***

- Where the salary of the incumbent employee is increased, two-third amount of the increment in the basic figure of salary shall also be added to the amount of pension of the retired employee of the same post.

Conduct Punctuality and regularity

- ▶ Each employee must attend his/her office regularly during the time appointed by the Government of Nepal and must not remain absent from the duty without having prior sanction of leave as far as possible.
- ▶ *Discipline and obedience:*
 - An employee must remain in discipline and perform his/her duties with honesty and promptness.

- An employee must show due respect to all the employees superior to him/her and treat his/her subordinate employees properly.
 - ***Restriction on using political or undue influence:***
 - Restriction on taking part in politics.
 - Restriction on criticizing government.
 - Restriction on receiving gift, present, donation etc and borrowing.
 - Restriction on taking part in election
- 


- Restriction on doing act recklessly or with ulterior motive.
 - **Membership of association:** No employee shall without prior approval of the Government of Nepal, become a member of any kind of organization, other than a professional organization registered pursuant to the prevailing law.
- 

Service security of employee

- ▶ **No employee other than following employee, shall be removed or dismissed from the service:**
 - Who has been convicted by a court of a criminal offence involving moral turpitude
 - Who is holding a temporary post.
 - Whose name registration has been cancelled by the health related professional council established pursuant to the prevailing law.

Punishment and appeal

▶ *Ordinary punishment:*

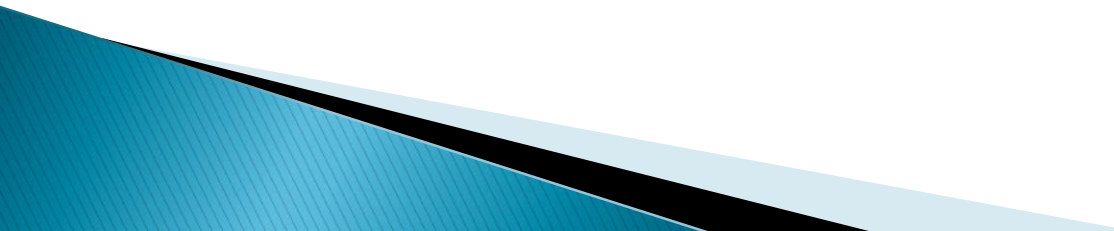
- Criticize/blame
 - Withholding of promotion for up to 2 years,
 - Withholding of a maximum of 2 salary increments,
 - Withholding of promotion for up to 5 years,
 - Withholding of a maximum of 5 salary increments,
 - Demoting to the basic scale of post.
- 

▶ *Special punishment:*

- Removal from service, without being disqualified for government service in future.
- Dismissal from service, with being disqualified for government service in future.

Leave to which employee is entitled

- ▶ ***Casual leave and festival leave:*** Each employee can get 12 days in each year consisting of a casual 6 days and festival 6 days.
- ▶ ***Home leave:*** Every employee can get home leave at the rate of 1 day for every 12 days of the period of work performed by him/her.
- ▶ ***Sick leave:*** every employee shall be entitled to get sick leave of 12 days in each year.(The employees paid full salary while going on the sick leave)

- ▶ ***Maternity leave:*** in cases where a female employee becomes pregnant, she will get maternity leave of 60 days before or after delivery. A female employee going on the maternity leave will get full salary. The maternity leave shall be given only for 2 times during the service period.
- 

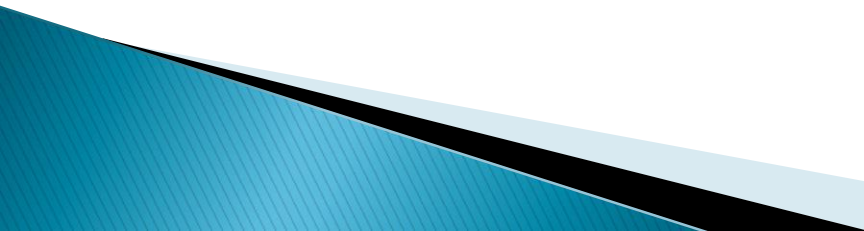
**Nepal Health Service
Rule/Regulation,
2055**



Amendments

- ▶ Nepal Health Service Rules(First Amendment):
2060(April-2003)
- ▶ Nepal Health Service Rules(Second Amendment):
2061(Jan 2005)
- ▶ In exercise of the powers conferred by the Nepal Health Service Act, 2053, the Government of Nepal has framed the following Rules/Regulations

1. Interpretation of this Rule

- ▶ If any employee is aggrieved from an interpretation made by any official while exercising any rule of this Rule, such employee may submit an application to the Ministry of General Administration.
 - ▶ The interpretation made by the Ministry of General Administration in regard to the application submitted pursuant to sub-rule shall be circulated to the Ministry and subordinate departments and offices for their information and guidance.
- 

2. Provision on Organizational Structure and Posts

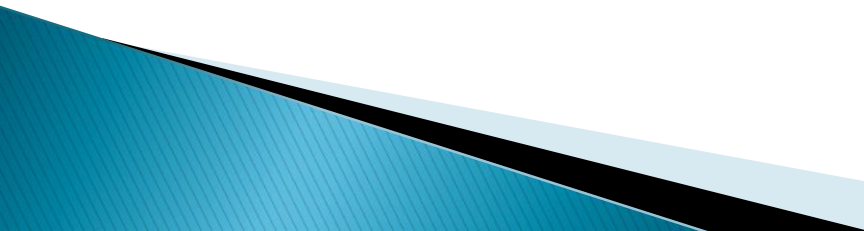
- ▶ *Organizational structure and provision of permanent post:*
- While preparing the organizational structure of the Ministry and departments and offices under the Ministry or changing the organizational structure or creating or canceling permanent posts, advice of the Ministry of General Administration and the Ministry of Finance have to be sought and on receipt of advice, it has to be submitted to the Government of Nepal for decision there on.

▶ ***Job description:***

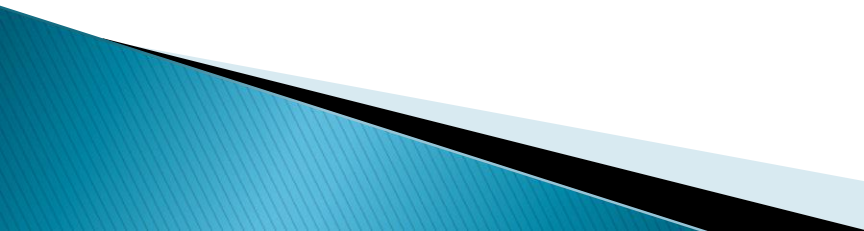
- ▶ The job description of a post in the service shall be prepared and enforced by the Ministry. One copy of such job description shall be sent to the Ministry of General Administration.

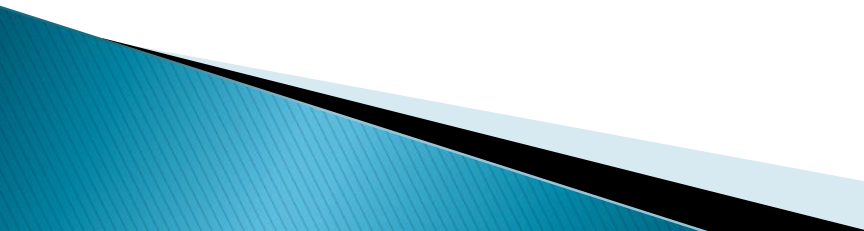
▶ ***Records of employee:***

- ▶ The personal details and other records of the employee shall be maintained in the Civil Employees Record Office, Departments and Office.

- ▶ ***Prohibition on appointment without existence of post:***
 - ▶ No employee shall be appointed without vacancy of post or creation of a post in any office. Salary is paid to him/her by the appointing office.
 - ▶ ***Cancellation of post:***
 - ▶ If a post falling vacant cannot be fulfilled permanently until 2 years from the date of creation of post, ipso facto be cancelled. But if requisition is sent to the Public Service Commission for permanent fulfillment, such post shall not be canceled until recommendation is made by the Public Service Commission.
- 

3. Recruitment and Lien

- ▶ *Permanent employee to be demanded:*
 - ▶ In cases where any new post of officer level has been created or fallen vacant in any manner, the concerned office shall send all the details related with such post to the Ministry within Seven days after the post has fallen vacant and details should be given to the Ministry of General Administration and the Civil Employees Record Office.
- 

- ▶ ***Determination of number of posts to be made on the basis of percentage of recruitment:***
 - ▶ Public Service Commission shall determine the number of posts on the basis of percentage of posts through open competition and internal promotion.
 - ▶ ***Minimum qualification:***
 - ▶ For internally fulfillment of the post, the candidate has to possess certificate level or educational qualification equivalent to the concerned subject granted by a recognized educational institute or has taken at least one years' training.
- 

- ▶ For the officer eight and tenth level posts to be fulfilled by open competition and the candidates must obtain the minimum qualification including experience as at the officer level of any organization or body: 5 years for the officer 9th level and 7 years for the officer 11th level. If the person has doctorate degree, the period of experience shall be less by 2 years.
- ▶ Only a person who has gained bachelor's degree in the concerned subject and whose name is registered with the concerned council shall be a candidate for the officer 7th level, medical officer, dental officer, officer Kabiraj.

▶ ***Process of appointment:***

- ▶ Any candidate recommended by the Public Service Commission through open competition is appointed by the Authority within 35 days for officer level and within 15 days for the assistant level. A notice of appointment shall be given to the Public Service Commission within 15 days after the date of appointment.

▶ ***Medical certificate to be submitted:***

- ▶ No one shall be permanently appointed to a post of service without submission of a medical certificate.

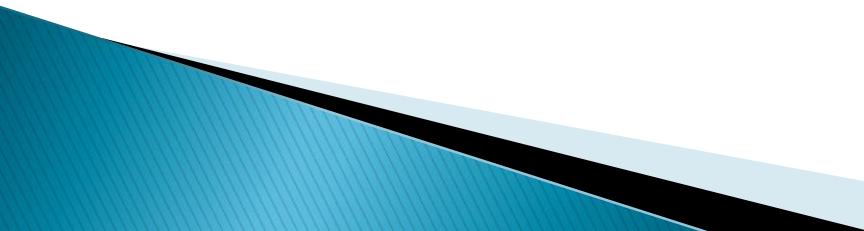
▶ *Oath to be taken:*

▶ Each employee to be appointed in the service shall have to take an oath in the format as mentioned.

▶ *Posting to be made if dismissed employee gets clearance:*

▶ If any employee removed from the service is reinstated in his/her service by a decision of any court, such employee shall have to attend the Ministry within 3 months of receipt of notice of such decision.


4.Provision relating to Expert Post

- ▶ The Government of Nepal may, by publishing a notice in the Nepal gazette, by specifying any specific post of officer level in the service as an expert.
 - ▶ The Government of Nepal may transfer an expert without altering the responsibility and duties of similar nature. Promotion Committee shall make recommendation for promotion of expert on the basis of work efficiency.
- 

5. Posting and Transfer

- ▶ *Grounds for posting:*
- ▶ Initial posting of a doctor shall be made in a zonal hospital or regional hospital for the first 6 months and in a central hospital for the rest 6 months. In the case of Dental Officer, officer Kabiraj shall be posted in a hospital or health center situated elsewhere.

- ▶ *Procedures relating to transfer:*
- ▶ The authority empowered to transfer the employee shall have update the details for the transfer of the employees under him/her. While transferring an employee, the authority empowered to mention the reasons for transfer in writing and transfer shall be made only after having another employee in that place.

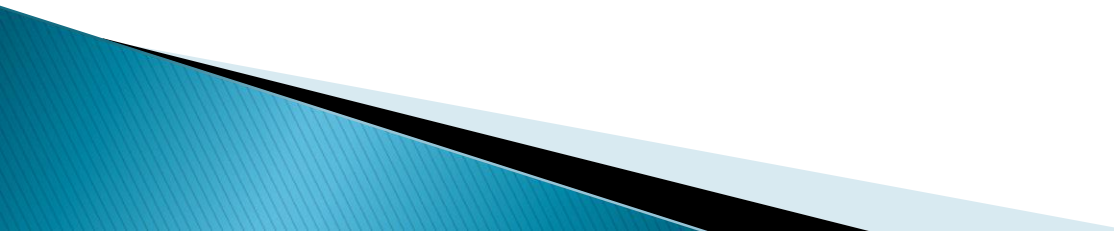
- ▶ *Time limit for assuming charge:*
 - ▶ Employees are required to move from one place to another or transferred and they get a time 21 days to hand over and take over the charge and 7 days for preparation, excluding the time required for journey.
 - ▶ In cases where it makes more than 21 days for handing or taking over the charge, the approval of the concerned Head of Department shall have to be obtained by giving clear reason for the same.
- 

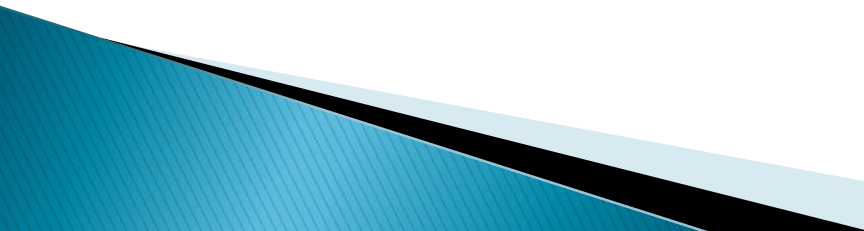
6.Provision Relating to Deputation and Acting

- ▶ *To make deputation only after making provision of alternative provision:*
- ▶ An employee of officer level has to be deputed elsewhere from the Ministry Department or office where he/she is serving; he/she shall be deputed only after making provision of an alternative employee to prevent from hampering his/her job.

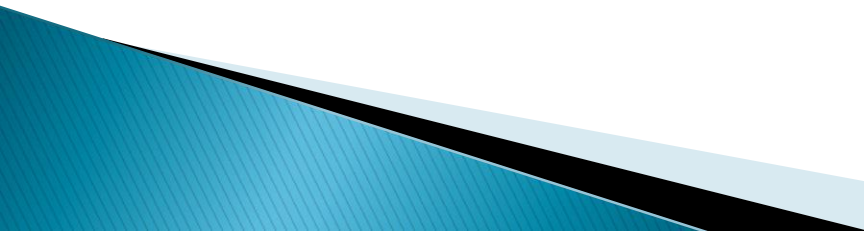
▶ ***Provision relating to appointment as acting:***

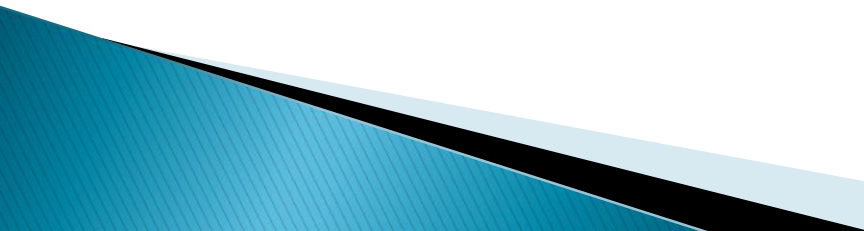
The following official may make appointment as acting to the following posts in the service:


- ▶ The Government of Nepal in respect of the post of Head of the Department.
 - ▶ The concerned Head of Department in respect to the chief of office and the chief of Unit office.
 - ▶ Not more than one employee shall be appointed as acting in any post at one time.
- 

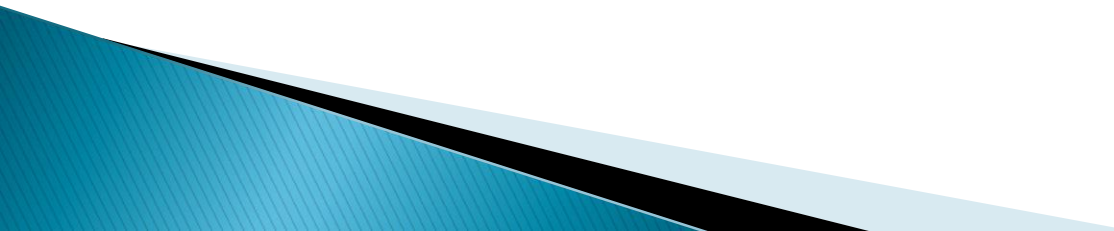
- ▶ *Salary and allowance to be obtainable for work carried out as acting or officiating:*
 - ▶ Work has been carried out as acting or officiating in any post for a period of more than 15 days will obtain salary and allowance of that post from the date of such work.
 - ▶ For acting appointment the salary and allowance will be only one class higher post but not less than salary and allowance being drawn by him/her.
- 

7.Attendance and Leave

- ▶ Each employee shall be entitled to get a leave of 12 days in each year consisting of a casual leave for 6 days and a festival leave for 6 days with full pay and cannot accumulate for next year.
 - ▶ Every employee shall be entitled to the home leave at the rate of one day for every 12 days for the period of work performed by him/her. The employee can accumulate up to 180 days of home leave earned by him and get salary during retirement.
 - ▶ Every employee shall be entitled to get a sick leave of 12 days in each year. It can be accumulated and get salary if not taken during retirement.
- 

- ▶ If female employee becomes pregnant, she shall be entitled to get a maternity leave of 60 days before or after delivery.
 - ▶ Any employee who has to observe obsequies(funeral, mourning leave) him/herself as per the rites and rituals shall be entitled to an obsequies leave of 15 days.
 - ▶ An employee shall be entitled to the study leave for a maximum period of 3 years at one time or various times during the service period. Any employee who has not served in the post held by him/her in a most remote area for one year and in remote area for two years continuously, for up to 3 years shall not be entitled to get the study leave.
- 

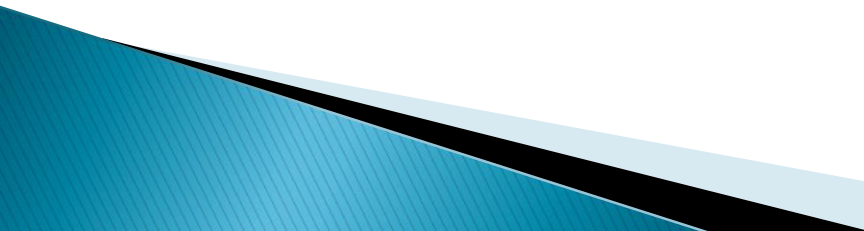
- ▶ An employee shall have to submit an application, along with the reasons for taking the extra-ordinary leave and if the reasons are found reasonable, the Government of Nepal may grant an extra-ordinary leave not exceeding one year at one time and up to 3 years during the service period.
 - ▶ The employees serving in the offices such as health institution, hospitals and health posts where service is to be delivered on public holidays shall be entitled to a substitution leave for their service on public holidays and they have to go on such leave by rotation within the next 3 month. Payment shall be made in a sum equal to the salary of the period for which the substitution leave cannot be taken by rotation.
- 

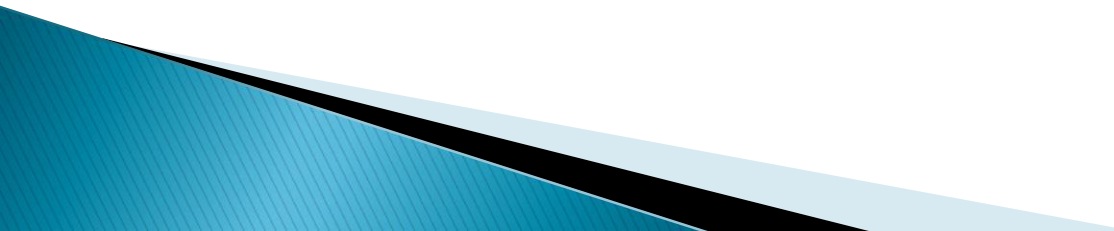
- ▶ Any employee remaining absent from the office without taking leave may be subject to being marked as an absentee and deduction of salary and departmental punishment, as well. No salary and allowance shall be provided for the period of such absence and such period of absence shall not be counted in the period of service.
- 

8.Promotion

- ▶ There shall be separate committees for making promotion to the offices level and to the assistant level posts. The meeting of the promotion committee shall be held in every 6 months for the fulfillment of vacant posts under each group or sub-group in the service by promotion through evaluation of competency.
- ▶ The Public Service Commission shall have to send the submitted applications to the Secretariat of the concerned promotion committee to initiate proceedings on recommendation for promotion by considering work experience(seniority and working place), competency of the work(performance evaluation), educational qualification, training and publications.

9. Salary and allowance


- ▶ Any employee who has been freshly appointed shall get starting salary mentioned in such pay scale and allowance, if any, receivable. Any employee who is promoted to any post of higher salary scale shall get the starting salary prescribed in such salary scale.
 - ▶ An employee shall receive an amount equivalent to the salary of one month being earned by him/her as Dashain expenses each year, prior to 15 days of Gathasthapana. For temporary employee, the Dashain expenses shall be provided if he or she has completed 6 months of service period prior to 15 days of Gathasthapana.
- 

- ▶ If any employee works over time than the time prescribed by the Government of Nepal, the allowance payable in respect of such overtime.
 - ▶ The Government of Nepal may give special facility in consideration of the nature of responsibilities of the employees in the service.
- 

10. Medical Expenses

- ▶ Any employee shall be entitled to the medical expenses in a sum equal to the current salary of 12 months if he/she is an employee of officer level and equal to the current salary of 21 months if he/she is an employee of assistant level during his/her service period. If any employee or any member of his/family falls sick, the Government of Nepal shall give the medical expenses, not exceeding the amount receivable.

11. Pension and other Facilities

- ▶ If any employee is physically or mentally handicapped for the government service as a result of disability or injuries in an accident whilst performing government work, such employee shall be entitled to get pension as the disability allowance(disability pension) for life for maintaining his/her livelihood.
 - ▶ If any employee died while incumbent in the service, a sum of one hundred fifty thousand rupees shall be provided for insurance to the person as referred.
- 

12. Punishment and Appeal

- ▶ In case where any employee has to be suspended, the authority empowered to order punishment shall have to deliver a letter of suspension and a letter asking for making defense.
- ▶ An employee making an appeal shall have to submit along with the appeal all the proofs and evidences available for his/her defense and also duplicate copy of order of punishment against which such appeal is to be filled within 35 days after the receipt of order of punishment.