

प्रदेश निजामती सेवा तथा स्थानीय सरकार सेवाका प्रशासकीय तर्फका स्वास्थ्य सेवा, हे.ई. समूह, सहायकस्तर **अ.न.मि.**

चौथो तह, स्थायी नियुक्तिका लागि लिएको खुला प्रतिस्पर्धात्मक लिखित परीक्षा

मिति: २०८२/०३/०३ गते

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सबै प्रश्न अनिवार्य छन्। प्रश्नहरूको उत्तर खण्ड (Section) अनुसार क्रमसङ्ख्यामा उल्लेखबमोजिम क्रमबद्ध रूपमा लेख्नुहोस्। परीक्षामा मोबाइल लगायतका विद्युतीय उपकरणहरूको प्रयोग गर्नु पाइँदैन।

Section – A

1. How does the pulmonary circulation differ from systemic circulation? Explain. [5]

Pulmonary and systemic circulations are the two primary circuits of the cardiovascular system. They work together to transport blood throughout the body but differ significantly in their function, path, and pressure.

Key Differences between Pulmonary and Systemic Circulation:

Feature	Pulmonary Circulation	Systemic Circulation
Function	To carry deoxygenated blood from the heart to the lungs for gas exchange (oxygenation) and return oxygenated blood to the heart.	To deliver oxygenated blood, nutrients, and hormones to all body tissues and organs, and to carry deoxygenated blood and waste products back to the heart.
Path of Blood Flow	Right Ventricle → Pulmonary Artery → Lungs → Pulmonary Veins → Left Atrium.	Left Ventricle → Aorta → Arteries → Arterioles → Capillaries (in body tissues) → Venules → Veins → Superior/Inferior Vena Cava → Right Atrium.
Type of Blood	The pulmonary artery carries deoxygenated blood. The pulmonary veins carry oxygenated blood.	Arteries carry oxygenated blood. Veins carry deoxygenated blood.
Pressure	It is a low-pressure system. The pressure in the pulmonary artery is about 25/10 mmHg.	It is a high-pressure system. The pressure in the aorta is about 120/80 mmHg.
Circuit Length	It is a short circuit, confined to the heart and lungs.	It is a long and extensive circuit, supplying the entire body from head to toe.

2. What public health measures are effective in controlling malaria outbreaks? [5]

Effective control of malaria outbreaks requires an integrated approach targeting the parasite, the vector (mosquito), and the human host. Key public health measures include:

1. **Vector Control:** This is the most effective way to prevent transmission.
 - **Insecticide-Treated Nets (ITNs) / Long-Lasting Insecticidal Nets (LLINs):** Distributing and ensuring the consistent use of LLINs creates a protective barrier against night-biting Anopheles mosquitoes.
 - **Indoor Residual Spraying (IRS):** Spraying the inside walls of houses with a long-lasting insecticide to kill mosquitoes that rest on these surfaces.
 - **Larval Source Management:** Eliminating mosquito breeding sites by draining stagnant water, filling in puddles, and using larvicides in water bodies that cannot be drained.
2. **Case Management (Early Diagnosis and Prompt Treatment):**
 - **Rapid Diagnostic Tests (RDTs):** Using RDTs for quick diagnosis, especially in remote areas.
 - **Prompt and Effective Treatment:** Administering Artemisinin-based Combination Therapies (ACTs) as per national guidelines to cure the infection, prevent complications, and reduce the parasite reservoir in the community.
3. **Surveillance and Response:**
 - **Active and Passive Case Detection:** Actively searching for cases in the community and maintaining a robust reporting system from health facilities.
 - **Outbreak Investigation and Response:** Quickly investigating any surge in cases to implement targeted control measures.
4. **Information, Education, and Communication (IEC) / Behavior Change Communication (BCC):**
 - Educating the community about the causes, symptoms, and prevention of malaria.
 - Promoting health-seeking behaviors, such as sleeping under a net every night and seeking immediate treatment for fever.

3. What are the steps involved in the CB-IMNCI approach? List them. [5]

The Community-Based Integrated Management of Neonatal and Childhood Illnesses (CB-IMNCI) program empowers community-level health workers (like FCHVs) to manage common childhood illnesses. The key steps are:

1. **Assess the Child/Infant:** Systematically check the child for danger signs and major symptoms.
 - **For young infants (birth to 2 months):** Check for very severe disease, local bacterial infection, jaundice, and feeding problems.
 - **For older children (2 months to 5 years):** Check for general danger signs (e.g., unable to drink, convulsions, lethargy), and then assess main symptoms like cough/difficulty breathing, diarrhea, fever, and ear problems. Also, assess nutritional and immunization status.
2. **Classify the Illness:** Based on the assessment, classify the child's condition using a color-coded triage system:
 - **PINK (Urgent Referral):** Indicates a severe illness requiring immediate referral to a hospital.

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- **YELLOW (Specific Treatment):** Indicates a moderate illness that can be treated at the health post or with specific oral medication at home.
 - **GREEN (Simple Home Management):** Indicates a mild illness that can be managed at home with counseling and supportive care.
3. **Identify Treatment:** Determine the appropriate action based on the classification. This could be pre-referral treatment, prescribing oral antibiotics or ORS, or providing advice for home care.
 4. **Treat the Child/Infant:** Administer the first dose of any required medication (e.g., antibiotics, antimalarials) at the health facility/outreach clinic. Demonstrate to the caregiver how to administer subsequent doses and other treatments (like ORS) at home.
 5. **Counsel the Caregiver:** Provide counseling on feeding, fluids, medication administration, and recognizing signs that indicate the need to return immediately. Advise on the mother's own health as well.
 6. **Follow-up:** Schedule and conduct follow-up visits for children who received treatment for specific conditions to ensure they are recovering and to address any new problems.

4. State the principle, and function of health management. [2.5+2.5=5]

Principles of Health Management (2.5 marks):

The principles of health management guide the effective administration of health services. Key principles include:

1. **Planning:** Defining goals, objectives, and the actions needed to achieve them.
2. **Organizing:** Structuring and arranging resources (human, financial, material) to implement plans efficiently.
3. **Staffing:** Recruiting, training, and retaining competent health personnel.
4. **Directing/Leading:** Motivating, guiding, and supervising staff to achieve organizational goals.
5. **Coordinating:** Ensuring all parts of the health system work together harmoniously towards a common goal.
6. **Equity:** Striving for fair and just distribution of health services and resources to all segments of the population.
7. **Effectiveness and Efficiency:** Achieving desired health outcomes (effectiveness) with the minimum use of resources (efficiency).

Functions of Health Management (2.5 marks):

The functions are the core activities performed by health managers:

1. **Service Delivery:** Ensuring the provision of comprehensive health services (preventive, curative, promotive, rehabilitative).
2. **Resource Management:** Managing finances (budgeting), human resources, medicines, equipment, and infrastructure.
3. **Health Information Management:** Overseeing the collection, analysis, and use of health data for evidence-based decision-making and program monitoring.
4. **Quality Assurance:** Implementing systems to monitor and improve the quality of patient care and safety.
5. **Supervision and Monitoring:** Regularly overseeing the performance of health workers and the progress of health programs.
6. **Community Partnership:** Engaging with the community to identify needs and involve them in planning and implementing health activities.

5. Describe the pre-operative, and post-operative nursing care of a client undergoing abdominal surgery.
[5+5=10]

Pre-operative Nursing Care (5 marks):

The goal of pre-operative care is to prepare the patient physically and psychologically for surgery to ensure the best possible outcome.

1. Psychological Support:

- Explain the procedure in simple terms to reduce anxiety.
- Address the patient's and family's questions and concerns.
- Provide emotional support and reassurance.

2. Informed Consent:

- Ensure that the surgeon has explained the procedure, risks, benefits, and alternatives, and that a valid, signed consent form is in the patient's chart.

3. Physical Preparation:

- **NPO (Nil Per Os/Nothing by Mouth):** Instruct the patient to abstain from food and drink for 6-8 hours before surgery to prevent aspiration pneumonia.
- **Bowel Preparation:** Administer enema or laxatives as prescribed by the surgeon to clean the bowel.
- **Skin Preparation:** Clean the abdominal area. Shaving, if required, should be done carefully to avoid nicks that can become infected.
- **Baseline Data:** Record vital signs (T, P, R, BP, SpO₂), height, and weight.
- **Investigations:** Ensure all pre-operative tests (blood tests, ECG, X-ray) are completed and reports are available.
- **Pre-medication:** Administer prescribed medications (e.g., sedatives, antibiotics) on time.

Post-operative Nursing Care (5 marks):

The goal of post-operative care is to promote recovery, prevent complications, and restore the patient to optimal health.

1. Immediate Post-operative Care (In Recovery):

- **Maintain Airway, Breathing, Circulation (ABC):** Ensure a patent airway, monitor respiratory rate and oxygen saturation, and check blood pressure and pulse frequently.
- **Assess Consciousness:** Monitor the patient's level of consciousness as they recover from anesthesia.
- **Monitor Surgical Site:** Check the dressing for any signs of excessive bleeding or drainage.
- **Manage IV lines and Drains:** Ensure IV fluids are infusing correctly. Monitor output from any drains (e.g., nasogastric tube, surgical drains).

2. Ongoing Care (In the Ward):

- **Pain Management:** Assess pain levels using a pain scale and administer prescribed analgesics to keep the patient comfortable.

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- **Wound Care:** Inspect the incision site for signs of infection (redness, swelling, warmth, pus). Perform dressing changes using aseptic technique as ordered.
- **Early Ambulation:** Encourage the patient to move in bed and ambulate as soon as possible to prevent complications like deep vein thrombosis (DVT), pneumonia, and paralytic ileus.
- **Respiratory Care:** Instruct the patient to perform deep breathing and coughing exercises to prevent lung collapse (atelectasis).
- **Nutrition and Hydration:** Monitor for the return of bowel sounds. Start with clear liquids and gradually advance the diet as tolerated.
- **Discharge Planning:** Provide health education on wound care, diet, activity restrictions, medications, and when to seek follow-up care.

6. Define community diagnosis. List out the importance of community diagnosis, and explain the process of community diagnosis. [1+3+6=10]

Definition (1 mark):

Community diagnosis is a systematic process of identifying the health status, health problems, and needs of a defined population (community). It also involves identifying the resources available and the factors (social, economic, environmental) that influence the community's health.

Importance of Community Diagnosis (3 marks):

1. **Identifies Health Problems:** It provides a clear picture of the major health issues and their magnitude in a community.
2. **Guides Planning and Priority Setting:** It provides the evidence base needed to set priorities, develop targeted health programs, and plan interventions that address the most pressing needs.
3. **Facilitates Resource Allocation:** It helps in the rational and efficient allocation of limited resources (manpower, money, materials) to areas of greatest need.
4. **Provides a Baseline for Evaluation:** It establishes baseline data against which the success and impact of health programs can be measured over time.

Process of Community Diagnosis (6 marks):

1. **Defining the Community:** Clearly define the target community in terms of its geography, demographics, and social structure.
2. **Data Collection:** Gather relevant information about the community's health.
 - **Primary Data:** Collect new data directly from the community using methods like household surveys, key informant interviews, focus group discussions, and direct observation.
 - **Secondary Data:** Review existing data from sources like health facility records, census reports, and vital statistics (births, deaths).
3. **Data Analysis and Interpretation:** Organize, tabulate, and analyze the collected data. Calculate key health indicators like morbidity rates, mortality rates, prevalence, incidence, and immunization coverage.
4. **Problem Identification:** Based on the data analysis, identify and list the community's health problems (e.g., high prevalence of malnutrition, low ANC coverage, outbreak of diarrheal disease).

5. **Setting Priorities:** Prioritize the identified problems using criteria such as the magnitude and severity of the problem, community concern, and the feasibility of intervention.
6. **Developing an Action Plan and Sharing Findings:** Develop a plan of action with clear objectives and strategies to address the priority problems. Share the findings and the proposed plan with the community and stakeholders to ensure their participation and support.

Section - B

7. Briefly describe the physiological changes during pregnancy. [5]

Pregnancy induces significant physiological changes in nearly every system of the mother's body to support the developing fetus.

- **Reproductive System:** The uterus increases dramatically in size and weight. The cervix softens (Goodell's sign) and develops a bluish discoloration (Chadwick's sign). The breasts enlarge, become tender, and the areola darkens in preparation for lactation.
- **Cardiovascular System:** Blood volume increases by 30-50% to meet the metabolic needs of the fetus and compensate for blood loss at delivery. Cardiac output and heart rate increase. Blood pressure may decrease slightly in the second trimester.
- **Respiratory System:** Oxygen consumption increases by about 20%. The mother breathes more deeply (increased tidal volume), which can sometimes lead to a feeling of shortness of breath as the enlarging uterus puts pressure on the diaphragm.
- **Gastrointestinal System:** Increased levels of progesterone relax smooth muscles, leading to decreased GI motility. This can cause common discomforts like nausea and vomiting ("morning sickness"), heartburn, and constipation.
- **Urinary System:** The kidneys work harder, and the glomerular filtration rate (GFR) increases. Increased pressure on the bladder from the uterus causes frequent urination, especially in the first and third trimesters.
- **Metabolic and Endocrine Changes:** The basal metabolic rate (BMR) increases. Hormones like hCG, progesterone, estrogen, and hPL play crucial roles in maintaining the pregnancy and preparing the body for birth.

8. Explain birth preparedness and complication readiness. [5]

Birth Preparedness and Complication Readiness (BP/CR) is a comprehensive strategy to help pregnant women, their families, and communities plan for a safe childbirth and respond effectively to obstetric emergencies. It aims to reduce the three delays that contribute to maternal and neonatal deaths: delay in deciding to seek care, delay in reaching a health facility, and delay in receiving quality care at the facility.

The five key components of BP/CR are:

1. **Knowledge of Danger Signs:** The woman and her family are educated to recognize danger signs during pregnancy, labor, and the postpartum period (e.g., severe bleeding, convulsions, prolonged labor, fever).
2. **Plan for Birth Location and Provider:** Deciding in advance to deliver at a health facility with a Skilled Birth Attendant (SBA).

3. **Arrangement for Transportation:** Having a plan for reliable and affordable transportation to reach the health facility, especially for emergencies.
4. **Saving Money:** Setting aside funds for expenses related to childbirth and potential complications.
5. **Identifying a Blood Donor:** Identifying a compatible blood donor in the community who can donate blood in case of an emergency like postpartum hemorrhage.

9. What is Kangaroo Mother Care (KMC), and why is it considered an essential practice for newborns, especially preterm infants? [1+4=5]

Definition (1 mark):

Kangaroo Mother Care (KMC) is a special method of care for newborn infants, particularly for low-birth-weight (LBW) and preterm babies. It consists of three main components:

1. Continuous skin-to-skin contact between the infant and the mother (or another caregiver).
2. Exclusive breastfeeding.
3. Early discharge from the hospital with regular follow-up.

Why KMC is an Essential Practice (4 marks):

KMC is a simple, low-cost, and highly effective intervention with numerous benefits:

1. **Thermoregulation:** The mother's chest acts as a natural, stable heat source, preventing hypothermia, which is a major cause of death in preterm infants.
2. **Improved Breastfeeding:** The constant proximity facilitates frequent and exclusive breastfeeding, which promotes better weight gain and provides vital antibodies.
3. **Reduced Infections:** Skin-to-skin contact helps colonize the baby with the mother's normal, protective bacteria, reducing the risk of severe hospital-acquired infections.
4. **Physiological Stability:** KMC helps stabilize the baby's heart rate and breathing patterns, leading to fewer episodes of apnea (cessation of breathing).
5. **Enhanced Bonding:** It promotes a strong emotional bond between the mother and her baby, reducing maternal stress and empowering her in the care of her fragile infant.

10. What are the clinical signs and symptoms of Hirschsprung's disease in Newborn? [5]

Hirschsprung's disease is a congenital disorder characterized by the absence of nerve cells (ganglion cells) in a segment of the bowel, leading to a functional obstruction. The key clinical signs and symptoms in a newborn are:

1. **Failure to Pass Meconium:** This is the most classic and common sign. The newborn fails to pass their first stool (meconium) within the first 24 to 48 hours of life.
2. **Abdominal Distension:** The abdomen becomes swollen, tight, and filled with gas and stool that cannot be passed.
3. **Bilious (Green) Vomiting:** Vomiting of green-colored bile is a sign of intestinal obstruction below the duodenum.
4. **Refusal to Feed:** The infant may be irritable, fussy, and unwilling to eat due to abdominal discomfort.

5. **Constipation and Enterocolitis:** After the initial period, the infant may experience severe constipation or alternate with explosive, foul-smelling diarrhea, which is a symptom of Hirschsprung-associated enterocolitis—a life-threatening inflammation of the intestines.

11. Explain the role of midwives in the early detection, management and prevention of Post-Partum Hemorrhage (PPH). [10]

Midwives are at the forefront of maternity care and play a pivotal role in preventing, detecting, and managing Post-Partum Hemorrhage (PPH), a leading cause of maternal mortality.

Role in Prevention:

- **Antenatal Period:** Identifying and managing risk factors for PPH, such as anemia, previous PPH, multiple pregnancy, or a large baby. They ensure women receive iron and folic acid supplements.
- **Intrapartum Period (During Labor):** The single most important preventive measure is the **Active Management of the Third Stage of Labor (AMTSL)**. The midwife performs all three steps of AMTSL:
 1. Administering a uterotonic drug (e.g., Oxytocin 10 IU) within one minute of delivery.
 2. Performing controlled cord traction (CCT) to deliver the placenta.
 3. Massaging the uterus immediately after the placenta is delivered.

Role in Early Detection:

- **Vigilant Monitoring:** A midwife must closely monitor the mother for at least two hours after delivery.
- **Checking Uterine Tone:** Regularly palpating the uterine fundus to ensure it remains firm and contracted. A soft, "boggy" uterus is the first sign of uterine atony, the most common cause of PPH.
- **Assessing Blood Loss:** Continuously observing and estimating the amount of vaginal bleeding. Any abnormal or heavy bleeding is an immediate red flag.
- **Monitoring Vital Signs:** Regularly checking the mother's pulse and blood pressure. A rising pulse (tachycardia) can be an early sign of excessive blood loss.

Role in Management:

When PPH is detected, a midwife must act quickly and systematically:

1. **Call for Help:** Immediately alert other staff members for assistance.
2. **First Response:**
 - **Uterine Massage:** Begin vigorous fundal massage to stimulate uterine contraction.
 - **Administer Uterotonics:** Give a second dose of oxytocin or other drugs like ergometrine or misoprostol as per protocol.
 - **Secure IV Access:** Establish intravenous access with a large-bore cannula and start fluids to prevent shock.
 - **Empty the Bladder:** Insert a urinary catheter, as a full bladder can inhibit uterine contraction.
3. **Identify the Cause (The "4 Ts"):** Systematically check for the cause:
 - **Tone (Atony):** Continue uterine massage and uterotonics.

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- **Trauma (Lacerations):** Inspect the perineum, vagina, and cervix for tears and arrange for repair.
 - **Tissue (Retained Placenta):** Examine the delivered placenta for completeness. If incomplete, prepare for manual removal.
 - **Thrombin (Coagulopathy):** While less common, consider a clotting problem if bleeding persists despite a firm uterus.
4. **Referral:** If bleeding cannot be controlled, the midwife must stabilize the patient and arrange for urgent transfer to a higher-level facility with surgical and blood transfusion capabilities.

12. What is fetal distress? What are the causes of fetal distress? Write the management of fetal distress. [2+3+5=10]

Definition (2 marks):

Fetal distress is a term used to describe a situation where the fetus is compromised and shows signs of hypoxia (insufficient oxygen) and acidosis during pregnancy or labor. It indicates that the fetus is not tolerating the intrauterine environment and is at risk of injury or death if intervention is not done promptly.

Causes of Fetal Distress (3 marks):

The underlying cause is usually a disruption in oxygen supply to the fetus.

- **Utero-placental Insufficiency:** Inadequate blood flow from the mother to the placenta, caused by conditions like pre-eclampsia, maternal hypertension, placental abruption, or post-term pregnancy.
- **Umbilical Cord Compression:** The cord can become compressed, cutting off blood flow. This can happen in cases of cord prolapse, a nuchal cord (cord around the neck), or low amniotic fluid (oligohydramnios).
- **Uterine Hyperstimulation:** Excessively strong or frequent uterine contractions, often caused by labor-inducing drugs like oxytocin, can reduce blood flow to the placenta.
- **Maternal Factors:** Maternal hypotension (e.g., after an epidural), severe anemia, or cardiac disease.
- **Fetal Factors:** Fetal anemia, infection, or congenital anomalies.

Management of Fetal Distress (5 marks):

Management is aimed at improving fetal oxygenation through intrauterine resuscitation and preparing for a prompt delivery if the distress persists.

1. Intrauterine Resuscitation Measures:

- **Change Maternal Position:** Immediately turn the mother to her **left lateral position**. This moves the uterus off the major blood vessels (vena cava and aorta), improving blood flow to the placenta.
- **Administer Oxygen:** Give the mother high-flow oxygen (8-10 L/min) via a non-rebreather face mask.
- **Stop Oxytocin:** If an oxytocin infusion is being used to augment labor, it must be stopped immediately.
- **Administer IV Fluids:** Give an IV fluid bolus to increase maternal blood volume and improve placental perfusion.
- **Perform Vaginal Examination:** To rule out a prolapsed cord and assess the progress of labor.

2. Plan for Delivery:

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- **Continuous Monitoring:** Closely monitor the fetal heart rate to see if the resuscitation measures are effective.
- **Expedite Delivery:** If signs of fetal distress do not resolve quickly, an emergency delivery is necessary.
 - If the cervix is fully dilated, an **assisted vaginal delivery** (using forceps or vacuum) may be performed.
 - If the cervix is not fully dilated, an **emergency Cesarean section** is the required intervention.

Section - C

13. कोशी प्रदेशको दोस्रो आवधिक योजनाले कृषि क्षेत्रको विकासका लागि के कस्ता नीतिहरू तय गरेको छ? उल्लेख गर्नुहोस्। [5]

कोशी प्रदेशको दोस्रो आवधिक योजनाले कृषि क्षेत्रलाई प्रदेशको आर्थिक समृद्धिको मुख्य आधार मान्दै यसको विकास र आधुनिकीकरणका लागि निम्न नीतिहरू तय गरेको छ:

1. उत्पादन र उत्पादकत्व वृद्धि: उन्नत बीउ, मल, सिँचाइ र आधुनिक प्रविधिको प्रयोगलाई प्रोत्साहन गरी मुख्य बालीनाली, तरकारी, फलफूल र पशुपालनको उत्पादन बढाउने नीति।
2. कृषिको व्यवसायीकरण र औद्योगीकरण: परम्परागत खेती प्रणालीलाई व्यावसायिक र औद्योगिक खेतीमा रूपान्तरण गर्न युवाहरूलाई आकर्षित गर्ने, कृषिमा आधारित उद्योगहरू स्थापना गर्न प्रोत्साहन दिने।
3. बजार व्यवस्थापन र मूल्य श्रृंखला विकास: किसानले उत्पादन गरेको वस्तुको उचित मूल्य सुनिश्चित गर्न कृषि उपज संकलन केन्द्र, शीत भण्डार (कोल्ड स्टोर) र कृषि बजारहरूको पूर्वाधार निर्माण गर्ने।
4. भूमि व्यवस्थापन र चक्लाबन्दी: खेतीयोग्य जमिनको खण्डीकरण रोक्न र व्यावसायिक खेतीलाई प्रोत्साहन गर्न चक्लाबन्दी कार्यक्रमलाई प्राथमिकता दिने।
5. अनुदान र वित्तीय पहुँच: किसानहरूलाई मल, बीउ, कृषि औजार र बिमामा अनुदान उपलब्ध गराउने तथा कृषि कर्जामा सहज पहुँच सुनिश्चित गर्ने नीति।
6. कृषि अनुसन्धान र प्रसार: स्थानीय हावापानी सुहाउँदो प्रविधि र बालीको विकास गर्न कृषि अनुसन्धानलाई जोड दिने र त्यसलाई किसानसम्म पुऱ्याउन कृषि प्रसार सेवालाई प्रभावकारी बनाउने।

14. प्रदेश सूचना (व्यवस्थापन तथा सञ्चालन) ऐन, २०७६ (कोशी प्रदेश) अनुसार प्रदेशका सूचनाको कामकाज गर्न चाहने व्यक्तिलाई सहयोग गर्न त्यसको काम सम्पन्न गर्न अधिकारित के कस्ता प्रशासनिक आधारहरू अवलम्बन गरिएको छ? [5]

प्रदेश सूचना (व्यवस्थापन तथा सञ्चालन) ऐन, २०७६ (कोशी प्रदेश) ले सूचनाको हकलाई कार्यान्वयन गर्न र नागरिकलाई सूचनामा सहज पहुँच पुऱ्याउन निम्न प्रशासनिक आधारहरू अवलम्बन गरेको छ:

1. सूचना अधिकारीको व्यवस्था: प्रत्येक सार्वजनिक निकायले सूचना प्रदान गर्ने प्रयोजनका लागि एक जना सूचना अधिकारी तोक्नुपर्ने व्यवस्था छ। सूचना मागकर्ताले सोही अधिकारी समक्ष निवेदन दिनुपर्दछ।
2. सरल निवेदन प्रक्रिया: कुनै पनि व्यक्तिले सामान्य निवेदनमार्फत आफूलाई चाहिएको सूचना माग गर्न सक्ने व्यवस्था छ।
3. समय-सीमा निर्धारण: सूचना अधिकारीले निवेदन प्राप्त भएको मितिले सामान्यतया १५ दिनभित्र सूचना उपलब्ध गराउनुपर्नेछ। यदि सूचना व्यक्तिको जिउ-ज्यानको सुरक्षासँग सम्बन्धित छ भने ४८ घण्टाभित्र उपलब्ध गराउनुपर्नेछ।

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4. सूचनाको स्वतः प्रकाशन (Proactive Disclosure): सार्वजनिक निकायले आफ्ना महत्त्वपूर्ण निर्णय, कामकारबाही र प्रतिवेदनहरू नियमित रूपमा आफैँ प्रकाशन गरी सार्वजनिक गर्नुपर्ने व्यवस्था छ।
5. पुनरावेदनको व्यवस्था: सूचना अधिकारीले सूचना दिन इन्कार गरेमा वा दिएको सूचनामा चित्त नबुझेमा सम्बन्धित निकायको प्रमुख समक्ष र त्यहाँबाट पनि न्याय नपाएमा प्रदेश सूचना आयोगमा पुनरावेदन दिन सकिने व्यवस्था छ।

15. स्थानीय अवस्थाको प्रदेश निगरानी कर्मचारीको पालिकामा काम गर्न के-के व्यवस्था छ? उल्लेख गर्नुहोस्। [5]

स्थानीय तहमा प्रदेश सरकारका योजना तथा कार्यक्रमहरूको प्रभावकारी कार्यान्वयन र अनुगमन गर्न खटिने प्रदेश निगरानी कर्मचारीका लागि निम्न व्यवस्थाहरू गरिएका हुन्छन्:

1. कानुनी अधिकार र कार्यक्षेत्र: प्रदेश सरकारका ऐन, नियम र कार्यविधिहरूले निगरानी कर्मचारीको भूमिका, जिम्मेवारी र अधिकार स्पष्ट पारेको हुन्छ।
2. समन्वय संयन्त्र: प्रदेश कर्मचारीले स्थानीय तह (पालिका) का प्रमुख, उपप्रमुख, प्रमुख प्रशासकीय अधिकृत र अन्य सम्बन्धित अधिकारीहरूसँग समन्वय गरी काम गर्नुपर्ने व्यवस्था मिलाइएको हुन्छ।
3. प्रतिवेदन प्रणाली: निगरानी कर्मचारीले आफ्नो अनुगमनको क्रममा देखेका प्रगति, समस्या र चुनौतीहरू समेटेर नियमित रूपमा आफ्नो प्रदेशस्थित निकायमा प्रतिवेदन बुझाउनु पर्दछ।
4. सूचना र स्रोतमा पहुँच: अनुगमनको कार्यलाई सहज बनाउन कर्मचारीलाई सम्बन्धित योजनाका कागजात, अभिलेख र निर्माण स्थलहरूमा पहुँचको अधिकार दिइएको हुन्छ।
5. सेवा सुविधा र सहजीकरण: प्रदेश सरकारले कर्मचारीको तलब, भत्ता र अन्य logistical सहयोगको व्यवस्था गर्दछ भने स्थानीय तहले पनि आवश्यक कार्य वातावरण र सहयोग उपलब्ध गराउनुपर्ने व्यवस्था हुन सक्छ।

16. प्रदेशको संविधान अनुसार क-कसु अनुसार प्रदेश सभामा सदस्यहरूको नियुक्ति गरिने व्यवस्था छ? उल्लेख गर्नुहोस्। [5]

नेपालको संविधान (२०७२) अनुसार प्रदेश सभाका सदस्यहरूको गठन हुन्छ, प्रदेशको छुट्टै संविधान हुँदैन। प्रश्नको आशय नेपालको संविधान अनुसार प्रदेश सभा सदस्य कसरी चयन हुन्छन् भन्ने हो।

नेपालको संविधान अनुसार प्रदेश सभाका सदस्यहरू निम्न दुई तरिकाले निर्वाचित हुने व्यवस्था छ, नियुक्ति गरिने होइन:

1. पहिलो हुने निर्वाचित हुने निर्वाचन प्रणाली (प्रत्यक्ष निर्वाचन - First-Past-The-Post, FPTP):
 - यस प्रणालीबाट प्रदेश सभाका कुल सदस्य संख्याको ६० प्रतिशत सदस्यहरू निर्वाचित हुन्छन्।
 - प्रदेशलाई जनसंख्या र भूगोलको आधारमा निर्वाचन क्षेत्रमा विभाजन गरिन्छ र प्रत्येक निर्वाचन क्षेत्रबाट एक जना सदस्य प्रत्यक्ष मतदानद्वारा निर्वाचित हुन्छन्।
2. समानुपातिक निर्वाचन प्रणाली (Proportional Representation, PR):
 - बाँकी ४० प्रतिशत सदस्यहरू समानुपातिक निर्वाचन प्रणालीबाट निर्वाचित हुन्छन्।
 - यस प्रणालीमा मतदाताले व्यक्तिलाई नभई राजनीतिक दललाई मत दिन्छन्।
 - सम्पूर्ण प्रदेशलाई एक निर्वाचन क्षेत्र मानी प्रत्येक दलले प्राप्त गरेको कुल सदर मतको अनुपातमा सिट निर्धारण गरिन्छ।
 - दलहरूले निर्वाचनअघि बुझाएको बन्दसूचीबाट महिला, दलित, आदिवासी जनजाति, खस आर्य, मधेशी, थारू, मुस्लिम लगायतका क्लस्टरहरूको प्रतिनिधित्व सुनिश्चित हुने गरी सदस्यहरू चयन गर्दछन्।

समाप्त