

Step-by-step answer-writing technique (exactly what to write, and how much time)

Assume **10 marks** → **10 minutes**.

- 1. Read & frame (30 sec)** — note the command word *critically analyse* → you **must give positives + negatives + short judgement**.
- 2. Intro (1–1.5 min, ~2 sentences, 1–2 marks)**
 - ❖ Define the policy and state its main aim (one line).
 - ❖ Add one line linking to Nepal's context (federalism / UHC emphasis).
 - ❖ *Cite the policy once in the intro if you can (name + year).*
- 3. Body — Analytical framework (6–7 min, ~6 marks)**

Use **3 short headings**: *Strengths* → *Weaknesses* → *Recommendations (brief)*.

For each strength/weakness write 1 line title + 1–2 short lines explanation and (where possible) a short example from Nepal/policy. Use bullets for clarity.

Useful analytical lenses (use these in your lines): **Relevance, Equity, Feasibility, Institutional clarity, Finance, M&E**. When you cite evidence from the policy (e.g., free basic services, air ambulance, HMIS), add a short reference.
- 4. Conclusion (1–1.5 min, ~1–2 marks)**
 - ❖ One crisp sentence: balanced judgement (policy is progressive but gaps remain).
 - ❖ One-line priority action (e.g., specify financing & clear implementation roles).
- 5. Presentation tips**
 - ❖ Use headings & bullets.
 - ❖ Keep handwriting neat; leave margins.
 - ❖ Underline keywords (UHC, equity, HMIS, emergency services).
 - ❖ Time: don't spend >7–8 minutes on body.

What to write — ***Key points to include*** (short bullets you can memorize)

Intro (2 lines)

“National Health Policy, 2019 aims to achieve universal health coverage by developing integrated promotive, preventive, curative, rehabilitative and palliative services aligned with Nepal’s federal structure. The policy prioritizes free basic health services, equity, digital HMIS and emergency access for remote areas.”

Strengths / Best features (say 4–5 points; 1–2 lines each)

1. **Clear commitment to UHC & integrated services** — policy explicitly links services across lifecycle (promotion → palliation).
2. **Free basic health services + health insurance pathway** — aims to guarantee basic services and expand specialized care through insurance.
3. **Access to emergency services (including air ambulance for ultra-remote areas)** — progressive, context-specific for Nepal’s geography.
4. **Modernisation of HMIS / digital health** — policy pushes integrated, tech-friendly HMIS for better data and planning.
5. **Multi-sectoral approach, private sector regulation & research emphasis** — encourages public-private partnerships, domestic drug production and evidence-based policy.

Weaknesses / Weak features (4–5 points — be concise, critical & evidence-based)

1. **Vague financing & resource plan** — policy calls for special funds and resources but lacks concrete, time-bound financing mechanisms and targets. (See Financial Resources section).
2. **Implementation clarity under federalism** — good institutional intent but potential overlap/role ambiguity between federal, provincial and local levels; operational lines are not fully specified. (Problems & institutional arrangement sections).
3. **Limited operational targets / measurable indicators** — many ambitions (UHC, quality, AMR control) but few quantified milestones or timelines in the policy text.
4. **Human resources & supply chain detail insufficient** — policy asks to expand HR and domestic production, but lacks clear staffing norms, deployment strategy and procurement/logistics roadmaps.
5. **M&E & accountability mechanisms need strengthening** — monitoring, evaluation and risk mitigation are mentioned but concrete indicator framework and enforcement tools are weak.

Short Recommendations (1–2 lines)

- Define **time-bound financing plan** (costed roadmap + special fund rules).
- Issue **clear role-matrix** between federal/province/local (functions & accountability).
- Add **SMART indicators** for each major objective (e.g., target MMR, % population covered by insurance by year X).

Model answer (compact – write this in exam; ~220–260 words — fits 10 marks)

Introduction: National Health Policy (2019) sets Nepal's roadmap towards universal health coverage by developing integrated promotive, preventive, curative, rehabilitative and palliative services and by aligning service delivery with the federal structure. The policy emphasises free basic services, emergency access and modern HMIS.

Strengths:

The policy's major strengths are:

- ✓ explicit commitment to UHC and integrated lifecycle services;
- ✓ guarantee of free basic health services with a plan to expand specialised care via health insurance;
- ✓ context-specific measures such as ensuring basic emergency services and air ambulance for ultra-remote areas; and
- ✓ push for a modern, integrated HMIS to improve planning and monitoring. These features make the policy relevant and responsive to Nepal's topography and demographic needs.

Weaknesses:

However, the policy has weaknesses:

- ✓ financing arrangements are not fully specified—special funds are proposed but without clear costed plans;
- ✓ role ambiguity across federal, provincial and local levels risks implementation gaps; (3) many ambitions lack SMART targets and timelines; and
- ✓ operational details for HR deployment, supply-chain and regulatory enforcement are limited. These gaps may delay translation of policy into outcomes.

Conclusion & recommendation: The National Health Policy 2019 is progressive and well-aligned with UHC goals, but to be effective it must be complemented with a costed

implementation plan, clarified inter-governmental roles and a strong M&E framework with measurable targets.

Quick exam checklist (tick before you finish)

- Intro: policy name + aim + Nepal context.
- 3–5 strengths (policy examples).
- 3–5 weaknesses (implementation/finance/indicators).
- One realistic recommendation.
- Short concluding judgement.
- Neat headings, bullets and underlined keywords.