

## BEFORE THE KHYBER PAKHTUNKHWA, SERVICE TRIBUNAL PESHAWAR

SERVICE APPEAL NO. 1326/2022

Mrs. Shahida Parveen , Lady Health Worker (BPS-05) THQ BD Shah, District Karak

APPELLANT

VS

Govt: of Khyber Pakhtunkhwa &amp; Others ..... RESPONDENTS

INDEX

S. No	Description of Documents	Annexures	Pages
1	Para-wise comments	A	1-3
2	Affidavit	B	4
3	The Khyber Pakhtunkhwa Regulation of Lady Health Worker Program employees Service Rules, 2015	C	5-10
4	The Khyber Pakhtunkhwa Regulation of Lady Health Worker Program and Employees (Regularization and Standardization) ACT, 2014	D	11-15
5	Definition of Conveyance Allowance	E	16
6	Letter of District Health Officer Karak regarding Guide line of Conveyance Allowance dated 03-07.2017	F	17
7	Guide line of DGHS KPK regarding Conveyance Allowance of LHW	G	18
8	Authority	H	19

  
Deponent

**BEFORE THE HONORABLE KHYBER PAKHTUNKHWA SERVICE TRIBUNAL PESHAWAR**

**SERVICE APPEAL NO. 1326 OF 2022**

Mrs: Shahida Parveen, Lady Health Worker (BPS-05) THQ BD Shah, District Karak  
..... **APPELLANT**

**VS**

The Secretary to Govt. of Khyber Pakhtunkhwa and others

**RESPONDENTS**

**JOINT PARAWISE COMMENTS ON BEHALF OF RESPONDENT NO. 01 TO 04**

**RESPECTFULLY SHEWETH:**

**PRELIMINARY OBJECTIONS:-**

1. That the appellant has got no cause of action or locus standi, to file the instant appeal.
2. That the appellant has not approached this Hon'able Tribunal with clean hands.
3. That the instant appeal is bad due to non-joinder of necessary and mis joinder of unnecessary party.
4. That the appellant is not a civil servant but a public servant within the meaning of section 9 of the Khyber Pakhtunkhwa, Regularization of Lady Health Worker Program and Employees (Regularization and Standardization Act, 2014) hence the honorable Tribunal has no jurisdiction to adjudicate the matter.
5. That there is no original or appellate order which is pre requisites of section 4 of the Khyber Pakhtunkhwa Service Tribunal Act 1974 hence under 2006 SCMR 1630 the honorable Tribunal has no jurisdiction to adjudicate the matter

**FACTS:-**

1. Correct to the extent of appointment on contract basis in the program and subsequent regularization vide Khyber Pakhtunkhwa, Regularization of Lady Health Worker Program and employees (Regularization and Standardization Act, 2014). It is worth to mention that the regularized employees of the program have been declared as public servant under section 9 of Khyber Pakhtunkhwa, regularization of Lady Health Worker Program and employees (Regularization and Standardization act, 2014). It is further to clarify that the terms and conditions their services are governed by the provisions of the Regularization Act 2014 as well as Rules made their under, hence they are not civil servant.

2. Incorrect. Firstly the conveyance allowance as evident from the Notifications dated 14-07-2011 and 20-12-2012, that the allowance is admissible only to the civil servants whereas the appellant is not a civil servant. Secondly, according to the definition of conveyance allowance, the allowance that is paid to an employee to compensate for the travel they have to undertake from their residence to the work place. Whereas according to the Service Rules of Lady Health Worker program, Lady Health Worker providing primary health care services to the community at their doorstep in their catchment area as evident from the guide lines of the Director General Health Services Khyber Pakhtunkhwa, Peshawar which is self-explanatory that conveyance allowance is not admissible in limit of a street, village or even with the LHW local jurisdiction as they are covering their area by foot and their office or health post is their own home, so conveyance allowance is not permissible.
3. Incorrect. Already explained in Para 2 above
4. Pertains to record. However, the appellant was to assist the honorable PHC with respect to their status as per section 9 of the Regularization Act 2014 however, malafidely the appellant concealed their status even otherwise they may knock the door of Apex Court against the judgment dated 24-03-2022 in WP No. 346/2019 instead of filling the instant appeal.
5. Pertains to record, moreover para 2 of the fact is self-explanatory.

**Grounds:**

- A. Incorrect. According to the definition of conveyance allowance, the allowance that is paid to an employee to compensate for the travel they have to undertake from their residence to the work place. While as per service Rules of Lady Health Worker program, Lady Health Worker providing primary health care services to the community at their doorstep in their catchment area as evident from the guide line of the Director General Health Services Khyber Pakhtunkhwa, Peshawar is self-explanatory that conveyance allowance is not admissible in limit of a street, village or even with the LHW local jurisdiction as they are covering their area by foot and their office or health post is their own home, so conveyance allowance should be allowed.
- B. Incorrect. Para 2 of the facts and para A of the grounds are self-explanatory.
- C. Incorrect. Para 2 of the facts and para A of the grounds are self-explanatory.
- D. Incorrect. Para 2 of the facts and para A of the grounds are self-explanatory.

- E. Incorrect, Para-2 of the facts & Para-A of the grounds are self-explanatory
- F. Incorrect, Para-2 of the facts & Para-A of the grounds are self-explanatory.
- G. Incorrect, Para-2 of the facts & Para-A of the grounds are self-explanatory.
- H. Incorrect, Para-2 of the facts & Para-A of the grounds are self-explanatory.

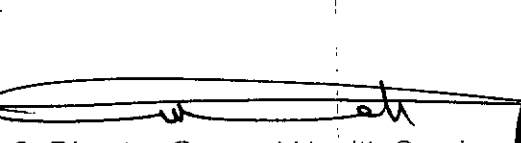
The respondents may be allowed to raise additional grounds at the time of arguments.

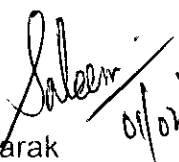
**PRAYER:-**

In light of the above submission, it is humbly prayed that according to the definition of Conveyance Allowance, the allowance that is paid to an employee to compensate for the travel they have to undertake from their residence to the work place. While as per service Rules of Lady Health Worker Program, Lady Health Worker providing Primary Health Care Services to the community at their doorstep in their catchment area as evident from the guide line of the Director General Health services Khyber Pakhtunkhwa, Peshawar is self-explanatory that Conveyance allowance is not admissible in limit of a street, village or even with the LHW local jurisdiction as they are covering their area by foot and their office or Health post is their own home, so no conveyance allowance should be allowed & the appeal of the appellant is devoid of merits and has no legal value, therefore, may graciously be dismissed.

  
1. Secretary Health,  
Khyber Pakhtunkhwa

  
3. Provincial Coordinator LHW Program,  
Khyber Pakhtunkhwa

  
2. Director General Health Services  
Khyber Pakhtunkhwa

  
4. District Health Officer Karak

**BEFORE THE KHYBER PAKHTUNKHWA, SERVICE TRIBUNAL PESHAWAR**

**SERVICE APPEAL NO. 1326/2022**

Mrs. Shahida Parveen , Lady Health Worker (BPS-05) THQ BD Shah, District Karak

**APPELLANT**

**VS**

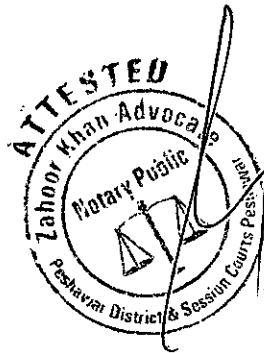
Govt: of Khyber Pakhtunkhwa & Others ..... **RESPONDENTS**

**AFFIDAVIT**

I Dr. Qudrat Ullah Khan SMO (BS-18)/DMU In-charge office of the District Health Karak, do hereby solemnly affirm and declare that the contents of the para-wise comments at page 1 to 3 submitted on behalf of Respondents No. 1-4 is true and correct to the best of my knowledge, belief and that nothing has been concealed from this Hon'ble Court.



(Dr. Qudrat Ullah Khan)  
SMO (BS-18)/DMU In-charge  
District Health Office Karak



P-5

**GOVERNMENT OF THE KHYBER PAKHTUNKHWA**  
**HEALTH DEPARTMENT**

**NOTIFICATION**

*Peshawar, dated the 29<sup>TH</sup> January, 2015*

No. SO (H&E)/2-65/2014.-In exercise of the powers conferred by section 10 of the Khyber Pakhtunkhwa Regulation of Lady Health Workers Program and Employees (Regularization and Standardization) Act, 2014 (Khyber Pakhtunkhwa Act No. XXVI of 2014), the Government of Khyber Pakhtunkhwa is pleased to make the following rules, namely:

**THE KHYBER PAKHTUNKHWA REGULATION OF LADY HEALTH**  
**WORKERS PROGRAM EMPLOYEES SERVICE RULES, 2015**

**CHAPTER-1**

1. **Short title, application and commencement.**—(1) These rules may be called the Khyber Pakhtunkhwa Regulation of Lady Health Workers Program Employees Service Rules, 2014.

(2) It shall apply to all the Program employees of the Program.

(3) They shall come into force at once.

2. **Definitions.**—In these rules, unless the context otherwise requires, the following expressions shall have the meanings hereby respectively assigned to them, that is to say,--

(a) “Act” means the Khyber Pakhtunkhwa Regulation of Lady Health Workers Program and Employees (Regularization and Standardization) Act, 2014 (Khyber Pakhtunkhwa Act No. XXVI of 2014);

(b) “Provincial Coordinator” means Head of the Program appointed by government from amongst member of service, Health Department.

(c) “Appointing Authority” means an authority specified in Rule.3.

(d) “Provincial Program Implementation Unit” means the

Management Unit of the Program at Provincial level.

**CHAPTER-2**  
**RECRUITMENT AND OTHER TERMS AND CONDITIONS OF SERVICE**  
**OF EMPLOYEES**

3. **Method of appointment.**---(1) There shall be Selection Committees for the purpose of making selection for initial appointment on contract basis to the posts of the Program, on the recommendations of which the appointing authority shall make appointment.

(2) The candidates applying for the various posts in the Program shall possess same qualification and age limit, as provided in the original Program.

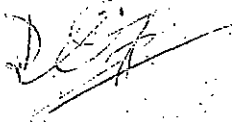
4. **Selection criteria for appointment of Lady Health Supervisor.**---(1) There shall be a Selection Committee for the appointment of Lady Health Supervisors comprising of the following:


- |  |                          |
|--|--------------------------|
| (a) District Coordinator,<br>Lady Health Worker Program;   | Chairman                 |
| (b) a representative of District Health<br>Officer;  | Member                   |
| (c) a representative of the Provincial<br>Program Implementation Unit not<br>below the rank of BPS-17; and | Member                   |
| (d) Field Program Officer of<br>the concerned area.  | Member-cum-<br>Secretary |

(2) The posts shall be advertised in two News papers or electronic media.

(3) Test and interview of the short listed candidates at District level shall be conducted.

(4) The Selection Committee shall place the list of recommended candidates, alongwith record of written test, before the District Health Officer.



*Affected*  


D-6

(5) The District Health Officer shall nominate an officer who shall not be a member of the selection committee to re-verify the documents, residential status of the candidates and to ensure that the recommendations have been made in accordance with the laid down criteria.

(6) On receipt of verification, the District Health Officer will accord final approval and will issue appointment orders of the selected/approved candidates and record of written test of the selected candidate be kept in her personal.

(7) Female, who shall apply for the post of Lady Health Supervisor should preferably married and must be permanent resident of the area for which she is to be appointed.

5. Selection criteria for appointment of Lady Health Workers.---(1) Female preferably married and must be permanent resident of the area for which she is to be appointed.

(2) There shall be a Selection Committee comprising of the following:

(a) Medical Officer/Incharge, Chairman  
First Level Care Facility;

(b) a female representative to be Member  
nominated by the District Health Officer from amongst Women Medical Officer or Lady Health Visitor or Female Medical Technician or Medical Technician or Dispenser posted at the same Facility;

(c) Lady Health Supervisor. Member-cum-Sectary

(5) Married females/women with past experience in community development, having the required qualification, will be given preference.

(6) Candidate should be willing to carry out the services from her home which will be designated a "Health House" ensuring effective linkage between the community and the public health care delivery system.

(7) In specific/difficult/uncovered areas, the District Health Officer in consultation with District Program Implementation unit, may substitute the members of the Selection Committees to meet the desired objective.



6. Selection Criteria for Driver for the vehicle of Lady Health Supervisor.---The candidate must be permanent resident of the area for which he is to be appointed. He shall have written consent of the Lady Health Supervisor with whom he has to perform duty.

7. Selection criteria for the post of provincial program implementation unit in bps-1 to bps-16.---(1) There shall be a Selection Committee comprising of the following:

(a)	Deputy Provincial Coordinator;	Chairman
(b)	Training Coordinator;	Member
(c)	A representative nominated by the Director General Health Services not below the rank of BPS-17;	Member

(2) The Provincial Coordinator shall be the appointing authority for the post of Provincial Program Implementation Unit.

(3) The posts shall be advertised in two News papers/electronic media by the Provincial Coordinator.

(4) Test and interview of the short listed candidates at provincial level shall be conducted.

(8) The Selection Committee shall place the list of recommended candidates alongwith record of written test, before the Provincial Coordinator.

(9) The Provincial Coordinator shall nominate an officer, who shall not be a member of the selection committee to re-verify the documents, residential status of the candidates and to ensure that the recommendations have been made in accordance with the laid down criteria.

(10) On receipt of verification, the Provincial Coordinator shall accord final approval and will issue appointment orders of the selected candidates and record of written test of the selected candidates be kept in her/their personal files.

8. Selection criteria for the post of BPS-17 in the Provincial Program Implementation Unit.---(1) There shall be a Selection Committee comprising of the following:

(a) Director Public Health; Chairman

*[Handwritten signatures and initials are present below the text, including a signature that appears to be 'R. K. Singh' and another that appears to be 'D. E. A.']*

P-7

- (b) Provincial Coordinator; and Member
- (c) Section Officer Health Department. Member

(2) The Secretary Health shall be the appointing authority for the post of Provincial Program Implementation Unit in Basic Pay Scale 17.

(3) The posts shall be advertised in two News papers/electronic media by the Health Department.

(4) Test and interview of the short listed candidates at provincial level shall be conducted.

(5) The Selection Committee shall place the list of recommended candidates alongwith record of written test, before the Secretary Health.

(6) The Secretary Health shall nominate an officer, who shall not be a member of the selection committee to re-verify the documents, residential status of the candidates and to ensure that the recommendations have been made in accordance with the laid down criteria.

(7) On receipt of verification, the Secretary Health shall accord final approval and will issue appointment orders of the selected candidates and record of written test of the selected candidates be kept in her/their personal files.

9. **Recommendation of the Selection Committee.**--- When an appointing authority does not accept the recommendation of Selection Committee, it shall record its reasons and obtain order of the next higher authority.

10. **Functions of the Lady Health Supervisor.**---(1) To carryout extensive supervision and monitoring of the field activities of Lady Health Workers. Lady Health Supervisor shall visit the Health House of every Lady Health Worker under her supervision at-least twice a month.

(2) Lady Health Supervisor shall provide supportive supervision, on job training, verbal and written feedback to her Lady Health Workers.

(3) Lady Health Supervisor may act as trainer in the refresher training as and when required by the District Program Implementation Unit.

(4) Lady Health Supervisor shall attend the Continued Education Sessions in all the relevant health facilities.

*Attest.*

(5) Lady Health Supervisor shall carryout verbal autopsy of infant deaths reported by her Lady Health Worker.

(6) Lady Health Supervisor shall assist the District Program Implementation Unit in the preliminary scanning/verification of candidates for the positions of Lady Health Workers.

(7) Lady Health Supervisor shall liaise between District and First Level Care Facility (FLCF) for the effective coordination of activities of the program.

(8) Lady Health Supervisor shall attend the District Program Monthly Review (DPMR).

(9) Lady Health Supervisor shall ensure regular maintenance of vehicle and its movement registers, if allotted.

**11. Functions of the Lady Health Workers—**(1) The Lady Health Worker shall provide Primary Health Care services to the community at their doorstep in her catchment area.

(2) The Lady Health Worker shall register all family members in the catchment area especially the eligible couples (married women age 15-49 years) in her respective area and maintain upto date information about her catchment area's population.

(3) The Lady Health Worker shall organize community by developing women groups in health committees in her area.

(4) The Lady Health Worker will arrange meetings of these groups in order to effectively involve them in primary health care, family planning and related community activities.

(5) The Lady Health Worker shall keep close liaison with influential women of her area including lady teachers, community midwives, traditional birth attendants and clients.

(6) The Lady Health Worker shall pay visit 6 to 8 household every day to ensure that all registered households are visited once every month.

(7) The Lady Health Worker shall discuss with the community, issues related to better health, hygiene, nutrition, sanitation and family planning emphasizing their benefits towards quality of life.

*Witnessed*

*[Signature]*

*[Signature]*

(8) The Lady Health Worker shall coordinate with local community midwives or other skilled birth attendants and local health facilities for appropriate antenatal, natal and postnatal services. She will also conduct antenatal, natal and postnatal care as described in her training.

(9) The Lady Health Worker shall act as liaison between formal health system and her community as well as ensure coordinated support from Non Governmental Organizations (NGOs) and other departments.

(10) As part of their tasks, the Lady Health Worker shall undertake nutritional interventions such as anemia control, growth monitoring, assessing common risk factors causing malnutrition and nutritional counseling. They shall be able to treat iron deficiency anemia among all women specially pregnant and lactating mothers as well as anemic young children.

(11) The Lady Health Worker shall promote nutritional education with emphasis on early initiation and exclusive breast feeding for six months and weaning practices, maternal nutrition and macronutrient malnutrition.

(12) The Lady Health Worker shall coordinate with Expanded Program on Immunization (EPI) of mothers against Tetanus and children against communicable diseases. The Lady Health Workers trained in routine EPI, will ensure timely vaccinations (in her catchment area only) with support from the local health facility/EPI staff. The Lady Health Workers (LHWs) will also participate in various campaigns for immunization against EPI target diseases e.g. Polio, MNT, Measles etc in her catchment area only. The Lady Health Workers will be involved in the surveillance activities in her catchment area only.

(13) The Lady Health Worker shall motivate and counsel clients for adoption and continuation of family planning methods. She will provide condoms, oral pills and administer injectable contraceptives, as per define protocols to eligible couples in the community inform them about proper use and possible side effects.

(14) The Lady Health Worker shall carry out prevention and treatment of common ailments e.g. diarrheal diseases, acute respiratory infections, tuberculosis, intestinal parasites, malaria, primary eye care, scabies, first aid for injuries and other minor diseases using basic essential drugs. She will refer cases to nearest centers as per given guidelines. For this purpose a kit of certain inexpensive basic drugs will be provided to Lady Health Worker/Senior Lady Health Worker. The Lady Health Worker/Senior Lady Health Worker will also be involved in T.B, AIDs, Hepatitis and Malaria prevention/control.

*Approved*

*M. Hestool*

*[Signature]*

*[Signature]*  
Karab

(15) The Lady Health Worker shall disseminate health education messages on individual and community hygiene and sanitation as well as information regarding preventive measures against spread of AIDs, Hepatitis etc.

(16) The Lady Health Worker shall attend monthly continuing education sessions at her base facility to share progress regarding all activities carried out by her including the home visits, number of family planning acceptors by methods and stock position of contraceptives with Incharge of Facility. She will also attend education sessions, submit her monthly report and collect one month supplies from Health Facility.

(17) The Lady Health Workers will not be involved in any other activity without the prior permission/guidelines from the Provincial Program Implementation Unit.

12. Training of the Lady Health Supervisor.—Total duration of training for the Lady Health Supervisor will be one year. The Lady Health Supervisor will start field activities after the initial three months training. The training will be carried out in two phases:

- (a) Three months (Initial training)
- (b) Nine months (Field/on job training)

13. Training of Lady Health Workers.—(1) The training of Lady Health Workers will be conducted in two main phases for a total of twelve months (03 months basic training at classroom and 09 months task based training in the field) using program training manuals and curriculum. This will be followed by continued training at the health facility alongwith refresher trainings.

(2) In health facilities where 10 or more Lady Health Workers or under basic training, there shall be three trainers.

(3) In health facilities where less than ten Lady Health Workers are under basic training, there should be two trainers.

(4) One of the trainers shall be a female to facilitate training in areas such as family planning, maternal health.

(5) The number of trainees per session may not be less than five and more than fifteen.

(6) In case where less than five candidates for training are selected in one First Level Care Facility and they cannot be attached with other facility, approval for training of less than five trainees shall be sought from Provincial Program Implementation Unit.

*Witness*  
*Dr. CA*  
*M. S. S. S.*  
*Dr. CA*

D-9

14. **Catchment area for Lady Health Worker.**—(1) One Lady Health Worker will be selected to serve on average a catchment area with a population of 1,000 to 1,500 residents depending on the density of and accessibility to the population. In urban/densely populated areas the minimum catchment population will be 1200/LHW and in areas where population per Lady Health Worker is less, in case of dropouts/termination, the catchment population will be readjusted to ensure the above mentioned population coverage instead of new recruitments.

(2) In hard hilly terrain where the population tends to be scattered, the population in the catchment area of the Lady Health Worker can be low up to 1,000. The catchment area of Lady Health Workers will be such that it takes approximately an hour to walk to the farthest house in the catchment area. There should be only one Lady Health Worker in a cluster of 150 to 200 households.

15. **Seniority.**—The appointing authority shall cause a inter-se-seniority list of the following cadres on yearly basis.

- (a) Community Embedded Employees;
- (b) Logistics Officer of the Provincial Program Implementation Unit;
- (c) Field Program Officers of the Provincial Program Implementation Unit;
- (d) Management Information System Coordinator, of the Provincial Program Implementation Unit; and
- (e) Ministerial Staff of the Provincial Program Implementation Unit.

16. **Posting/ Transfer.**—Every Program employee, other than Community Embedded Employee, shall be liable to serve anywhere in the Province against the cadre post in the Program.

17. **Pension, General Provident Fund, Benevolent Fund and Group Insurance.**—

(1) Rules made by Government, regulating Pension, General Provident Fund, Benevolent Fund and Group Insurance shall apply for regulating the matters of Pension, General Provident Fund, Benevolent Fund and Group Insurance for those employees of Program whose services have been regularized under this Act.

18. **Shuhada package.**—Shuhada package as admissible to civil servants of the Government shall be applicable mutatis mutandis to the program employees other than the clause of appointment of the package.

*[Handwritten signature]*

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19. **Retirement from Service.**— (1) A program employee working on regular basis, shall retire from service-

- (a) On such date after he/she has completed twenty years of service qualifying for pension or other retirement benefits as the competent authority may in public interest, direct; or
- (b) Where no direction is given under sub-rule (a), on the completion of sixtieth year of his age.

(2) No direction under sub-rule (1)(a) shall be made until the program employee has been informed in writing of the grounds on which it is proposed to make the direction, and has been given a reasonable opportunity of showing cause against the said direction.

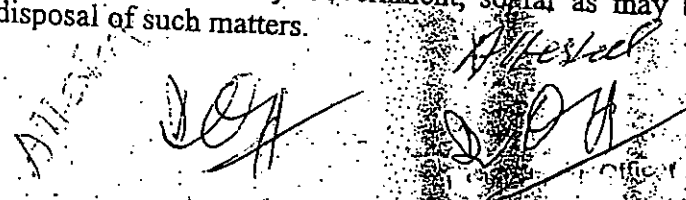
**CHAPTER-3**  
**MISCELLANEOUS**

20. **Performance Evaluation Report.**—The Performance Evaluation Reports of the Community Embedded Employees will be initiated by in the following manner:

S.No.	Designation.	Reporting Officer.	Countersigning Officer.
1.	Lady Health Supervisor	District Coordinator, LHW Program.	District Health Officer.
2.	Lady Health Worker.	Lady Health Supervisor, as the case may be.	District Coordinator, LHW Program.

21. **Conduct.**—The Khyber Pakhtunkhwa Government Servant (Conduct) Rules, 1987 and auxiliary instructions issued from time to times shall be applicable mutatis mutandis to the program employees.

22. **General provisions.**—In all other matters not expressly provided for in these rules, the rules, if any, made by Government, so far as may be practicable, shall be applied for disposal of such matters.


  
 [Signature] [Signature] [Signature]

P-10

**SECRETARY TO GOVT. OF KHYBER PAKHTUNKHWA  
HEALTH DEPARTMENT**

**Endst: No & date even.**

**Copy of above is forwarded to:**

1. The Registrar, Supreme Court of Pakistan. Islamabad.
2. All Administrative Secretaries, to Govt. of Khyber Pakhtunkhwa.
3. The Accountant General Khyber Pakhtunkhwa.
4. The Principal Secretary to Governor, Khyber Pakhtunkhwa.
5. The Principal Secretary to Chief Minister, Khyber Pakhtunkhwa.
6. The Advocate General, Khyber Pakhtunkhwa.
7. The Director General, Health Services Khyber Pakhtunkhwa
8. PSO to Chief Secretary Khyber Pakhtunkhwa.
9. The Manager, Government Printing Press & Stationary Department Peshawar for publication in the Government t Official Gazette after publication 10 copies may be forwarded to this Department.
10. The Director Information Khyber Pakhtunkhwa Peshawar
11. The Deputy Director (IT) Health Department for uploading in the official website.
12. PS to Secretary Health Department.

(Kashif Iqbal Jilani)  
Section Officer (E.II)

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- A signature that appears to be "Kashif Iqbal Jilani".  
- A signature that appears to be "D. J. A." with a horizontal line through it.  
- Another signature that appears to be "D. J. A." with a horizontal line through it.



P-11

THE KHYBER PAKHTUNKHWA  
PROVINCIAL ASSEMBLY SECRETARIAT  
KHYBER PAKHTUNKHWA

NOTIFICATION

Dated Peshawar, the 2/07/2014.

No. PA/Khyber Pakhtunkhwa/Bills/2014/ 351 The Khyber Pakhtunkhwa Regulation of Lady Health Workers Program and Employees (Regularization and Standardization) Bill, 2014 having been passed by the Provincial Assembly of Khyber Pakhtunkhwa on 24<sup>th</sup> June, 2014 and assented to by the Governor of the Khyber Pakhtunkhwa on 29<sup>th</sup> June, 2014 is hereby published as an Act of the Provincial Legislature of the Khyber Pakhtunkhwa.

**THE KHYBER PAKHTUNKHWA REGULATION OF LADY HEALTH  
WORKERS PROGRAM AND EMPLOYEES (REGULARIZATION  
AND STANDARDIZATION) ACT, 2014**

(KHYBER PAKHTUNKHWA ACT NO. XXVI OF 2014)

(First published after having received the assent of the Governor of the  
Khyber Pakhtunkhwa in the Gazette of the Khyber Pakhtunkhwa.  
(Extraordinary), dated the 02/07/2014).

(Here print as in the accompaniment).

*Muneeb*

SECRETARY,  
Provincial Assembly of Khyber Pakhtunkhwa.

No. and date (as per notification above).

A copy of the above notification with the accompaniment is forwarded to the Manager, Government Stationery and Printing Department, Peshawar, with the request to publish the same in the extraordinary issue of the Khyber Pakhtunkhwa Government Gazette of today's date and distribute copies thereof immediately in accordance with the list given overleaf.

Proof should be sent to this Secretariat before publication.

*Muneeb*

SECRETARY,

Provincial Assembly of Khyber Pakhtunkhwa

Dated 2/07/2014

E.No. PA/Khyber Pakhtunkhwa/Bills/2014/ 352-56

A copy of the above is forwarded to :-

1. The Principal Secretary to Governor, Khyber Pakhtunkhwa.
2. The Secretary to Government of Khyber Pakhtunkhwa, Health Department.
3. The Secretary to Government of Khyber Pakhtunkhwa, Law Department.
4. The Director Information, Khyber Pakhtunkhwa.
5. The Director I.T/ Special Secretary Provincial Assembly of Khyber Pakhtunkhwa.

*Muneeb*

SECRETARY,

Provincial Assembly of Khyber Pakhtunkhwa

P-12

...  
ACT

*to regulate the status of Lady Health Workers Program in the Province of the Khyber Pakhtunkhwa and to regularize and standardize the services of employees of the said program*

WHEREAS in pursuance of the Constitution (Eighteenth Amendment) Act, 2010, the subject of Health has been devolved to the Provinces and as such Lady Health Workers Program run by Federal Government for supporting the family planning and primary health care was devolved to the Provinces accordingly;

AND WHEREAS in the Lady Health Workers Program, the community based workers have a special nature of job, for the execution of which they have to remain continuously embedded with their local catchment population;

AND WHEREAS it is obligatory to maintain the original concept and design of the Lady Health Workers Program, to ensure the presence of community embedded employees for effective service delivery to the people of the area;

AND WHEREAS it is expedient to regulate the status of Lady Health Workers Program in the Province of the Khyber Pakhtunkhwa and to regularize and standardize the services of the employees of the said program.

It is hereby enacted as follows:-

1. Short title, application and commencement.---(1) This Act may be called the Khyber Pakhtunkhwa Regulation of Lady Health Workers Program and Employees (Regularization and Standardization) Act, 2014.

(2) It shall apply to all persons employed or to be employed in Lady Health Workers Program, in the Province of the Khyber Pakhtunkhwa.

(3) It shall come into force at once except section 4, which shall come into force on 1<sup>st</sup> July, 2012.

2. Definitions.---In this Act, unless there is anything repugnant in the subject or context,-

(a) "catchment population" means the local population for which a Community Embedded Employee of the Program is appointed or posted and regularly resides therein;

(b) "Community Embedded Employee" means a Program employee residing and working within his defined catchment population for which he was appointed or posted;

(c) "District Program Implementation Unit" means the Management Unit of the Program at District level;

(d) "Government" means the Government of the Khyber Pakhtunkhwa;

(e) "prescribed" means prescribed by rules;

(f) "Program" means the Lady Health Workers Program devolved to the Province and which was previously run by the Federal Government under the name of the National Program for Family Planning and Primary Health Care;

(g) "Program employee" means an employee of the Program, whose service is regularized under this Act and includes persons to be appointed after the commencement of this Act.

- (h) "Province" means the Province of the Mysore
- (i) "Provincial Program Implementation Unit" means the Management Unit of the Program at Provincial level; and
- (j) "rules" mean rules made under this Act.

3. Status of Program.---(1) On commencement of this Act, the National Program for Family Planning and Primary Health Care, shall be deemed to be a Program of Government to be known as the Lady Health Workers Program.

- (2) The purpose of the Program shall be to provide preventive, curative, rehabilitative and promotive health care services to the catchment population in the Province.
- (3) The Program shall continue for such a period as Government may determine.
- (4) After coming into force of this Act, Government may appoint persons to various posts in the Program on contract basis and there shall be no regular appointment in the Program.
- (5) The appointment under sub-section (4) shall be made in accordance with the criteria and manner as may be prescribed.

4. Regularization.---(1) On commencement of this Act, all the Program employees, who were appointed in the Program on contract or fixed monthly stipend basis before 1<sup>st</sup> July 2012, and holding the said post till the commencement of this Act, shall stand regularized with effect from 1<sup>st</sup> July, 2012:

Provided that the services of such Program employees shall be deemed to have been regularized under this Act only on the publication of their names in the official Gazette:

Provided further, that the posts of the Program fallen vacant on account of death, retirement, resignation, dismissal, termination or otherwise shall be filled in on contract basis.

- (2) The Program employees regularized under this Act shall be placed in the relevant Pay Scales corresponding to the civil servants or as may be determined by Government.
- (3) The seniority of the Program employees regularized under this Act shall be determined in a manner as may be prescribed.
- (4) A Program employee, whose services are regularized under this Act, shall retire from service, on the option of the Program employee and on such date as requested by the Program employee, after completion of twenty five years of qualifying service or on the completion of sixtieth year of age.
- (5) A Program employee, whose service is regularized under this Act, shall be entitled to such pensionary and retirement benefits as may be determined by Government.

5. Mechanism of recruitment for Community Embedded Employees.---(1) For filling a post of Community Embedded Employee, the appointing authority shall cause to verify and ensure in the prescribed manner that person, who is to be appointed against such post, shall be a regular resident of his catchment population:

- (2) The Provincial Program Implementation Unit shall oversee and monitor the process and finding of the verification, carried out by the appointing authority under sub-section (1), before a person is appointed against post of Community Embedded Employee.
- (3) The Community Embedded Employee shall perform his duties within the catchment population of his residence; provided that Government may adjust a Community Embedded Employee in another area in certain circumstances to be prescribed.

(4) Notwithstanding anything contained in other provisions of this Act, the services of the Community Embedded Employees, whose services are regularized under this Act, or other Community Embedded Employees to be appointed after the commencement of this Act, shall be liable to termination, if the employee-

- (a) has unlawfully ceased to be a regular resident within or has become a non-resident for his catchment population; or
- (b) is involved in any other engagement or a practice which is not in accordance with the laid down and approved policy of the Program; or
- (c) has ceased to be efficient in the performance of official duties; or
- (d) has proved guilty of gross misconduct.

(5) A Community Embedded Employee, whose service is terminated under sub-clause (a) or (b) of sub-section (4) of this Act may be reinstated into service in a manner as may be prescribed:

Provided that this opportunity of reinstatement shall not be given more than once throughout the tenure of a Community Embedded Employee's service:

Provided further that-

- (a) no salary or allowances shall be paid to the re-instated employee for the period spent under termination; and
- (b) payment made, if any, to the terminated employee being re-instated, which was not allowed during or for the period spent under termination, is recovered from the employee.

6. Posting, transfer and adjustment of Program employees.---Notwithstanding anything contained in other provisions of this Act, the Program employees, except the Community Embedded Employees, may be transferred to perform duty anywhere in the Province.

7. Disciplinary action.---Disciplinary cases against the Program employees shall be dealt with in a manner as may be prescribed.

8. Application of Government rules.---The Program employees shall be dealt in accordance with the provisions of this Act and rules; provided that if no specific rules are available on any matter, the Government rules shall be applicable to such Program employees.

9. Public servants.---All Program employees shall be deemed to be public servants within the meaning of section 21 of the Pakistan Penal Code, 1860 (Act No. XLV of 1860).

10. Power to make rules.---Government may, by notification in the official Gazette, make rules for carrying out the purposes of this Act.

11. Saving.--- Any rules, orders or instructions in respect of any terms and conditions of services of Program employees duly made or issued by an authority competent to make them and in force immediately before the commencement of this Act shall, in so far as such rules, orders or instructions are not inconsistent with the provisions of this Act, be deemed to be rules made under this Act.

12. Removal of difficulties.---If any difficulty arises in giving effect to any of the provisions of this Act, Government may make such order, not inconsistent with the provisions of this Act, as may appear to be necessary for the purpose of removing the difficulty:

Provided that no such power shall be exercised after the expiry of one year from the commencement of this Act.

P-15

Repeal.--- The Khyber Pakhtunkhwa Regulation of Lady Health Workers Program and  
es (Regularization and Standardization) Ordinance, 2014 (Khyber Pakhtunkhwa Ord. No. VI o  
hereby repealed.

BY ORDER OF MR. SPEAKER  
PROVINCIAL ASSEMBLY OF KHYBER  
PAKHTUNKHWA

(AMANULLAH)  
Secretary  
Provincial Assembly of Khyber Pakhtunkhwa

*Amna eed*  
SECRETARY,  
Provincial Assembly of Khyber P.



P-16

## Defining Conveyance Allowance

The allowance is paid to an employee to compensate for the travel they have to undertake from their residence to the workplace. The amount payable as an allowance depends on how far an employee has to travel, and the modes of transportation used.

P-17



OFFICE OF THE DISTRICT HEALTH OFFICER

KARAK

Phone & Fax: 0927-290537 Email: [dhokarak@gmail.com](mailto:dhokarak@gmail.com)

No 2968-71

Dated 03/07/2017

To,

The Director General Health Services,  
Khyber Pakhtunkhwa Peshawar.

Subject:- CONVINCE ALLOWANCE TO LHS

Sir,

It for your kind information that the employees of LHWs programme have been regularized w.e.f. 01.07.2012 and they have been included in the district budget book w.e.f. 01.07.2016.

Therefore, it is requested to guide this office whether convince alliance is admissible to LHWs or not, as LHWs are demanding of convince allowance.

It is therefore requested to issue instructions in this regard for the smooth running of the LHWs programme and to avoid complications in future.

District Health Officer  
Karak.

Copy to the:-

1. The Provincial Coordinator LHWs Programme KPK Peshawar for information
2. The Deputy Commissioner Karak for information
3. The District Nazim Karak for information

District Health Officer  
Karak.

D-18

**DIRECTORATE GENERAL HEALTH SERVICES  
- KHYBER PAKHTUNKHWA, PESHAWAR.**



OFFICE PH# 091 - 9210269 EXCHANGE# 091 - 9210187, 091 - 9210195 FAX #091 - 9210230  
ALL COMMUNICATIONS SHOULD BE ADDRESSED TO THE DIRECTOR GENERAL HEALTH SERVICES PESHAWAR AND NOT  
TO ANY OFFICIAL BY NAME

NO. 3041 /BUDGET/SNE

DATED 08/08/2017

To  
The District Health Officer  
Karak.

Subject: - CONVEYANCE ALLOWANCE TO LHWs.

Memo:

I am directed to refer to your letter No.2968/71, dated 03/07/2017 on the subject noted above and to state that.

Conveyance allowance is not admissible in a limit of a street, village or even with the LHW local jurisdiction. They are covering their area by foot and their office or Health post is their own home, so no conveyance allowance should be permitted.

*Co-ordinator  
Uffw*

*[Signature]*  
16/8/2017

Deputy Director (Accounts)  
DGHS, Khyber Pakhtunkhwa, Peshawar

*[Signature]*

09/08


D/No: 4061  
17-08-2017



OFFICE OF THE DISTRICT HEALTH OFFICER, KARAK

AUTHORITY

Certified that Dr. Qudrat Ullah Khan SM (BPS-18)/DMU In-charge Office of the undersigned is hereby authorized to submit the para-wise comments to the Honorable Khyber Pakhtunkhwa Service Tribunal Peshawar in Service Appeals No. 1308 to 1326/2022 (Titled Mrs. Musarrat Shaheen, Lady Health Worker & 18 Others VS District Health Officer-Karak & others) on 16/03/2023 on behalf of the undersigned.

  
District Health Officer Karak  
