Health Service Delivery of Local Government
(A Study of Bardagoriya Rural Municipality, Kailali District)

A Thesis

Submitted to

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In Partial Fulfillment of Requirement for the
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In
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Submitted By
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DECLARATION

I hereby declare that the thesis entitled **"Health Service Delivery of Local Government: A Study of Bardagoriya Rural Municipality, Kailali District"** Submitted to the Central Department of Rural Development, Tribhuwan University, is entirely my original work prepared under the guidance and supervision of my supervisor. I have made due acknowledgement to all ideas and information borrowed from different sources in the course of writing this thesis. The result of this thesis have not been presented or submitted anywhere else for the award of any degree or for any other purpose. I assure that no part of the content of this thesis has been published in any form before.

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Date: 2079/05/02

2022, Aug- 18

RECOMMENDATION

This is to certify that Mr. Tikaram Devkota's thesis **"Health Service Delivery of Local Government: A Study of Bardagoriya Rural Municipality, Kailali District,"** was completed independently under my guidance and supervision for the partial fulfillment of requirements for a Masters of Arts in Rural Development.

To the best my knowledge, this study is unique and contains useful information about the health service delivery of local government. As a result, I am forwarding this report for final review.

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APPROVAL LETTER

We certify that this thesis entitled **"Health Service Delivery of Local Government: A Study of Bardagoriya Rural Municipality, Kailali District"** submitted by Mr. **Tikaram Devkota** has been accepted as partial fulfillment for the requirement of the Degree of Masters of Arts in Rural Development.

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I must appreciate the kind help of all my friends during the preparation of this thesis.

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ABSTRACT

Effective health service delivery plays significant role in the prosperity and holistic development of Nepal. Nepal has made several significant efforts on health protection and promotion over the past several years. The Government Operation Act 2074 also play has been playing significant role in decentralization of health service delivery. This study entitled Health Service Delivery of Local Government: A Study of Bardagoria Rural Municipality, Kailali thus tried to examine status of health service delivery. Methodologically, this study applied quantitative and qualitative (Mixed) approach. Required data/information were collected by applying Survey, Key Informant Interview and Observation techniques in which survey questionnaire, observation checklist and Key Informant Interview guideline were used as tools of study. More specially, survey questionnaire were filled up by 135 client belonging to two health institutions: Dododhara Hospital and Kotatulsipur Health Post selected randomly. More specially, of the total 135 respondents, 81 respondents were selected from Dododhara hospital and 54 were selected from Kotatulsipur Health Post. The theoretical ideas such as devolution, service delivery and decentralization system have been applied while interpreting data.

The results indicates that local government able to increased numbers of basic health institutions without complete facilities. Even emergency services are not available in the only hospital of Bardagoriya Rural Municipality. The study found that 45.2 percent of the client belong from 15-29 years age group and 61.5 percent were females. The education level among the client was 60 percent for both primary and secondary level. Below 12 percent respondents were good health condition, around 11 percent health people were visit health institutions for health related preventive services such as family planning, vaccination services. 57 percent of the client's family occupation were agriculture. 55.6 percent client were satisfied the convenience of location of health institute. Both the hospital and the health post are very far from ward no. 3 and there is a lack of a bridge over the river, so it is difficult for the people to get regular vaccinations during the rainy season. Overall, this study concluded that decentralization can help improve the quality of health service delivery if local representatives have managerial skills and if there is good coordination between local government and health institutions.

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ABBREVIATIONS/ACRONYMS

ADDCN	:	Association of District Development Committee of Nepal
ADB	:	Asian Development Bank
AIDS	:	Acquired Immunodeficiency Syndrome
APM	:	All Party Mechanism
BCG	:	Bacillus Calmette - Guerin
BHCS	:	Basic Health Care Services
BS	:	Bikram Sambat
CA	:	Constituent Assembly
CBOs	:	Community Based Organizations
CBS	:	Central Bureau of Statistics
DOTs	:	Directly-Observed therapy, Short-course
FCHVs	:	Female Community Health Volunteers
HIV/AIDS	:	Human Immunodeficiency Virus
INGO	:	International Non-Governmental Organization
KII	:	Key Informant Interview
LDO	:	Local Development Order
LGA	:	Local Government Act
MCH	:	Maternal and Child Health
MuAN	:	Municipal Association of Nepal
NAVIN	:	National Associations of VDCs in Nepal
NGO	:	Non-Governmental Organization
OPD	:	Out Patient Department
PHC	:	Primary Health Care
SDGs	:	Sustainable Development Goals
SHS	:	Health Security System
SPSS	:	Statistical Package for the Social Science
TB	:	Tuberculosis
UHC	:	Universal Health Coverage
UNICEFF	:	United Nations Children's Fund
VDCs	:	Village Development Committees
WB	:	World Bank
WHO	:	World Health Organization

CHAPTER I
INTRODUCTION

1.1 Background of the Study

Local government is defined as rural municipalities, municipalities, and district assemblies, according to Nepal's 2015 Constitution (Article 56). Local government refers to government bodies that are elected by the people and have administrative, legislative, and executive powers over the areas that they rule's aspirations for a better living, such as better health facilities, better educational institutions, and luxury, as well as prospects for higher income, the government's involvement has grown(Aurora, 2016). In other words, local government is the government of a specific local area constituting a subdivision of a major political unit where as local governance is the set of institutions and mechanism regarding the process of planning, implementing, maintaining, evaluating and monitoring the affairs that have an impact on local population(H. P. Adhikari, 2021).

In the twenty-first century, in the setting of developing countries such as Nepal, the government's role has grown and become increasingly important in working for the people's welfare. As a result, local governance in all nations, developed and developing, is being reinforced. Economically, all human actions can be divided into two categories: consumption and output. These consumption and production activities represent progress. The local government is better suited to deal with such operations.

Public Service Delivery is the mechanism through which public services are delivered to the public by local, municipal, or federal governments. Public education, health services, sanitation Service and Safe drinking water are some of the examples of public services. Health is an indispensable requirement of human life. The capability, contributions, and motivation of local frontline service providers have a significant impact on the efficiency of public service delivery. In Nepal, a combination of de-concentrated line agencies and local entities at the district, municipal, and village level give inputs that are then translated into the delivery of service outputs and outcomes(World Bank, 2014).

Local service delivery, which is a separate area of public policy, is the provision of public services at the local level. Local service delivery has several difficulties, such as expertise issues, direction issues, and the presence of economies of scale. Local governments have the potential to be more reflective of local needs and interests and a major source of innovation in government processes(“Local Service Delivery,”

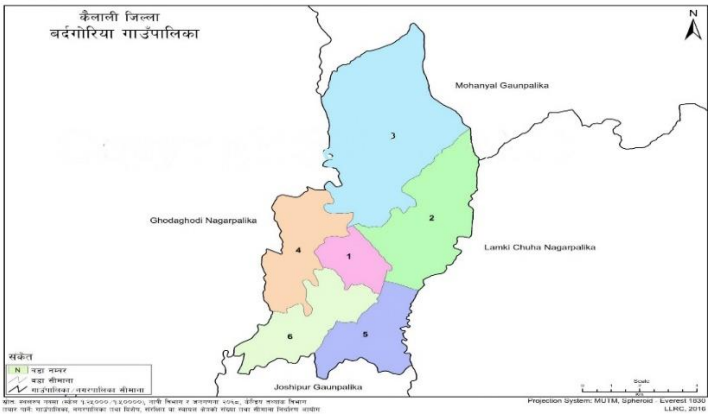
2021).Innovative government can be sparked by local government. Local service delivery is particularly diverse because there is constant competition between local governments and because of their sheer size. Innovative ideas can proliferate and eventually find their way into other levels of government due to networks that enable limited policy learning between local governments.

With the adoption of a new Constitution in 2015, Nepal formally adopted federalism, rebuilding the country into a federal government, seven province governments, and 753 local governments, including 293 urban municipalities and 460 rural municipalities. Health is a fundamental right, according to the Constitution, and public health is a concurrent function of all three levels of government. The Constitution also gives each level of government certain public health obligations and power. If there area's minimum yearly income is two million dollars and the settlement's total population is 20,000 people, the government can declare it Municipality. Villages are diverted into municipalities in this manner.

Health Service Delivery is a major factor of public service delivery at the local level. So, there is a saying that health is wealth. Rural Local Health Services - A focal point and concerted effort to identify challenges specific to rural areas where solutions bring about adjustments and reforms to improve and enhance rural residents' access to healthcare. As marginalized people live in rural areas or remote areas, all the people can access health service delivery equally when local health services are provided by local government through decentralized system.

This study focuses only on the local health services delivery by local government in Nepal. The study areas were chosen on the basis of researcher's convenience. The perception analysis done on these areas might not represent the entire national state. Despite the efforts to make the respondents aware about the local services delivery by local government and local governance, due to the difference in level of the respondents there might have been some biasness in the response which is not considered in this study.

Figure 1. Map of Bardagoriya Rural Municipality



1.2 Rationale of the Study

The local government has brought about many public service delivery changes, especially in the field of health service delivery. These changes has played an important role in improving the health status of local poor, disabled and other backward people by giving them easy access to health care. Thus, these study will deal on three rational such as health structural change by local government, client's convenience by health institution, and Constraints and challenges of Local Government during for health service delivery.

1.3 Statement of the Problem

Despite the local government expanding structural and administrative services to make health care accessible and affordable, there are still widespread health problems. In Nepal, generally rural municipalities are taken as rural areas. Due to low growth rate of population and other circumstances many of villages are agro-based activities(*K.C., 2016*). The Nepalese government, in collaboration with development partners in the health sector, has recognized the need to improve the health of the country's majority poor people. Prior to 2015, post-independence health services were controlled centrally by the Ministry of Health(Immaculate, n.d.). The transfer of authorities and responsibilities to lower levels has resulted in a shift in work mindset and culture, management, and organizational setup (Azfar et al, 2012). The Interim Constitution of Nepal, adopted in 2007, recognizes health as a fundamental right, declaring that every individual has the right to free basic health services. However, the truth is rather different. Only 61.8 percent of Nepalese families have access to health

facilities within 30 minutes, with considerable differences between urban (85.9%) and rural (59%) areas(Mishra et al., 2015). Although there have been some structural and administrative changes in the health sector in Nepal since the formation of local government, some issues still remain which are as follows child hood disease, water and sanitation, maternal and perinatal health problems, sexual transmitted disease and other pandemic disease, epidemic/pandemic and zoonotic disease, non- communicable diseases, natural disaster, substance use disorder, disparity in health system and mental health problems etc. (Ghimire.,2019).

There is a large backlog on public health services, including as personal cleanliness, health education, medical and dental care, tuberculosis (TB) and related opportunistic diseases, and the rearrangement of family roles and duties, as a result of many years of civil strife and neglect. These health problems in many areas raise a slew of demands and expectations in a decentralized health-care system in terms of quality and scope of services supplied by existing health-care institutions (Barringston, 2015).The expansion of the Social Health Security system (SHS) should coincide with the strengthening of the health-care system. Improving hospital efficiency, engaging health staff, and using proper technology can all help to improve the quality of health care Also, because a constitution is presently being drafted, considerable preparation and consideration regarding what insurance system would best suit Nepal's projected future federal structure is require

1.4 Objectives of the Study

1.4.1 General Objective

The general objectives of the study was to examine the status of Health Service Delivery of Bardagoria Rural Municipality, Kailali, Nepal.

1.4.2 Specific Objectives

- To identify the existing health service delivery infrastructure in the Bardagoriya Rural Municipality.
- To assess the health service delivery practices and impact in local people of Bardagoriya Rural Municipality.
- To analyze the constraint and challenges of local government to health service delivery in Bardagoriya Rural Municipality.

1.5 Significance of the Study

Researchers and students performing academic research in the areas of local government and health service delivery may find the study to be sufficient. It may also provide information to residents of Bardagoriya Rural Municipality who are either clients/beneficiaries of services, or employees of the Local Governments, regarding the degree of Health Service Delivery they get.

On a national level, research findings could be used to support policy formulation and the development of an institutional regulatory framework for effective health service delivery in local governments. A number of local governments may implement the recommendations made and use the findings to address challenges related to Local Government and Health Service Delivery at the local level.

Furthermore, the findings may be used by the central government to regulate the activities of local governments in order to ensure that they are carried out effectively, and the public may use the study to determine how well their local governments are performing the required health service delivery.

1.6 Limitation and Delimitation of the Study

Due to various constraints, the researcher delimited this study in the following ways:

The following are the construct limitation of this study:

- The study is based on trend study survey design under quantitative approach.
- Focus will be given to analyze role of local government in health service delivery of Bardagoriya Rural Municipality, kailali.
- This study tested the significance between tested variables.
- All descriptive hypothesis have been explained without any statistical testing by using descriptive and illustrative methods.

The construct delimitation a associated with this study are as follows:

- This study will be concerned with only Bardagoriya Rural Municipality of Kailali.
- This study may be not applicable at macro level because it does not cover the situation of whole nation.
- This study will be dealt with effective and efficient service delivery function as well as health service, satisfaction and integration of the goals of the institution.
- This study is bound by limited period of time and cost.

1.7 Organization of the Study

On the basis of its content, information and material, this study is reported into six chapters. The ultimate aim is making report reader friendly, convenience and more systemic. The first chapter introductory part of the study deals background of the study, statement of the problem, objectives of the study, significance of the study, limitation and delimitation of the study and organization of the study. The second chapter deals with literature review. It deals with concept of local government and health service delivery, empirical review and conceptual framework of the study. Similarly, third chapter deals with research methodology. More specially, this chapter presents: research design, nature and source of data, rational for the selection of the study area and rapport build up, universe and sampling procedure, data collection procedure, tools and techniques of data collection, reliability and validity, ethical consideration and method of data processing, analyzing and presentation.

The fourth chapter includes presentation, interpretation, and analysis of the collected data.

CHAPTER II
LITERATURE REVIEW

2.1 Historical Aspect

2.1.1 Global history

Local governance in the United Kingdom and Germany has traditionally been referred to as "local self-government." "Municipalities shall be allowed the power to regulate all local issues on their own responsibility, within the limits provided by the legislation," according to the Basic Law (Germany's constitution)(Britannica, 2017) .Local government's importance has been recognized throughout history in Western Europe, the United Kingdom, the United States, and Russia. This understanding is the result of a long-term evolution of parish and town life that began even before the modern state developed between the 15th and 17th centuries. Although Americans frequently refer to three "levels" of government, the US Constitution only acknowledges two: the federal government and state governments.

The Primary Health Care Approach (PHC) was introduced by the World Health Organization (WHO) in 1978 as a strategy of reaching health for all by the year 2000. As a result, a number of developing-country governments have taken unprecedented moves to restructure their whole administrative systems, laying the legal and administrative groundwork for the transfer of primary health-care delivery to local governments and other decentralization(WHO, 1997)

2.1.2 Internal history

Starting with ayurvedic medicine and progressing to modern allopathic treatment, Nepal's health system has evolved from ancient times to modern times. The first National Health Policy was authorized and implemented in 1991, with the goal of establishing one modern health-care facility (primary health centers and sub-health posts) in each of the 4000 municipalities or village development committee(Marasini, 2020). Over the last several decades, Nepal has made substantial progress on health indicators [1]. Globalization in health, including economic development via-a-viz strengthening of primary (mainly peripheral) health care (PHC) system, particularly through investments to construct health care infrastructure, was responsible for the spectacular success in health indicators. PHC services have been available in Nepal since 1978, via a district and distal network that reaches out to the communities served by health posts and sub-health posts. Nearly 50,000 Female Community Health Volunteers have been mobilized at the community level across the country. In Nepal, a

broad network of PHCs has made significant progress, much of which is reflected in millennium and sustainable development target indicators(B. Adhikari et al., 2022). The Nepalese government has achieved great success in lowering maternal, under-five, and infant mortality rates over the last few decades. With the eradication of polio, maternal and neonatal tetanus, and leprosy, Nepal was able to arrest and reverse the trends of tuberculosis, HIV, and malaria throughout the same time period. In 2016, for example, newborn and child mortality rates fell from 46 to 32 and 54 to 39 per 1000 live births, respectively, over the previous five years. Despite this improvement, ensuring equitable healthcare access remains a serious concern. Nepal intends to achieve universal health coverage as soon as possible (UHC). Nepal's National Health Policy (2014)6 intends to increase access to high-quality, equitable health care by making basic healthcare services (BHCS) free of charge and covering non-BHCS through social health insurance. This goal is represented in policy documents such as the Nepal Health Sector Strategy 2015-20205, which specifies four strategic directions: health system reform, equal access, enhanced service quality, and multi-sectoral approaches..(Thapa et al., 2018).

Local elections were held in three parts for 753 local units across Nepal's 77 districts — 283 in the first phase, 334 in the second phase, and 136 in the third phase. Elections for the first phase were held on May 14 in Provinces 3, 4, and 6, covering 34 hill and mountain districts; the second phase was held on June 28 in Provinces 1, 5, and 7, covering 35 districts; and the third and final phase was held on September 18 in Province 2, covering 8 Tarai districts. Six metropolitan cities, 11 sub-metropolitan cities, 276 municipalities, and 460 rural municipalities were among the 753 newly constituted local units. According to ECN, a total of 148,981 candidates ran for the 35,221 positions that were up for election.

To better the delivery of health services to Nepalese citizens, the country's governance structure was modified from centralized to decentralize. To increase efficiency, accessibility, effectiveness, quality, and equity, Nepal has established a new decentralized municipal-based health service delivery system. Nepal's health infrastructure and development guidelines 2074 divide health service providers into five categories: Primary hospitals; Secondary hospitals; Tertiary hospitals; Academic or Super speciality hospitals; Community level (Health post or Community health units); Primary hospitals; Secondary hospitals; Tertiary hospitals; Academic or Super specialty hospitals(Khanal et al., 2021).

The constitution of Nepal 2072 merged the two previous VDCs, Kotatulsipur and Dododhara VDCs into one Bardagoria Rural Municipality. The Local Government Operation Act, 2074, which has been in effect since October 15, 2017, has laid a solid legal foundation for the newly created local government's legislative, executive, and quasi-judicial practices(*SJVN Arun-3 Power Development Company Pvt.Ltd*, n.d.). Bardgoriya is a Rural Municipality in Nepal's Sudurpashchim Province, located in the Kailali district. Bardgoriya is divided into 6 wards that cover a total area of 77 square kilometers. According to the Central Bureau of Statistics (CBS) census of 2021, Bardgoriya Rural Municipality has a total population of 37,714 people with 17882 Males and 19832 Females. According to the 2011 census, the population of Bardgoriya Rural Municipality was 32,683, with 15,653 males and 17,030 females. Ward number 5 had the highest population of 6,025, while ward number 6 had the lowest population of 6,025.(*Bardgoriya Rural Municipality Profile | Facts & Statistics – Nepal Archives*, n.d.). Significance improvement has taken place in Bardagoriya rural municipality after the formation of local government. Therefore, the study has been started by choosing the tittle of **Health Service Delivery of Local Government** in this research.

2.2 Theoretical Aspect

2.2.1 Decentralization and Public Service Delivery

The concept of local governance encompasses institutional networks, interactions, collaborations and collective action in enhancing democratic practices at the local level are inevitable(Kharel, 2018). Local government is defined as government bodies that are elected by the people and have administrative, legislative, and executive powers over the territory they rule. According to Aijaz (2007), local government is a branch of a country's government that deals primarily with problems or difficulties affecting a specific population inside a certain territory. This is done mostly in accordance with the obligations of a country that parliament decides to assign to local governance through laws.

While (Lockard, 1963) considers the local government to be a public entity with the authority to develop and implement public policies within a defined territory, the latter is a division of the federal government. In truth, municipal government is a public organization, as opposed to a private one, and it is focused on the general welfare of citizens. According to Stones (1968), local government is an aspect of a country's governance that deals with population concerns or challenges within a certain territory or location. According to him, this type of government takes care of the "housework"

so that inhabitants can afford to live in these locations. It accomplishes this by maintaining clean roads, providing education for children, and constructing residential homes, among other things.

During the postwar period, both developed and developing countries, particularly during the 1960s and 1970s, there was a strong centralization of government policies and functions in both developed and developing countries. The concept of people's participation played an essential role in the development of decentralization and local governance, as development theorists and practitioners began to explore for alternatives to a centralized state. In the late 1970s and early 1980s, local government became a popular topic of discussion. As a result, as seen in Asia, Latin America, and Africa in the 1970s, attention shifted away from the central authority and toward the local authority (Shah, 1999).

Decentralization: The logic of decentralization is founded on a compelling concept. Simply put, properly formed and managed smaller firms are intrinsically more nimble and accountable than larger organizations. The potential of developing more locally controlled, locally responsible institutions has considerable appeal in a world where giant corporations control vast swaths of both public and private sector activities. Even Max Weber, the German sociologist at the turn of the twentieth century who originally articulated the key characteristics of the bureaucratic model and who regretfully decided that bureaucracy was unavoidable inhuman organization, yearned for the benefits of decentralization. He said that "the only alternative to bureaucracy is a return to small-scale organization" (Weber 1947).

De-concentration: This is the transfer of authority and responsibility from central agencies to field offices of those agencies at a variety of levels regional, provincial, state, and or local. This is a limited form of Decentralization that only marginally may increase local responsiveness of health services and also still retain health staff within the overall central civil service (Mushemeza, P. D., 2003).

Delegation: This is the transfer of authority and responsibility from central agencies to organizations not directly under the control of those agencies. (Naidoo, J. P., 2002) In the health sector this typically include semi-autonomous entities such as health boards, hospitals as well as arrangements whereby non-governmental organizations undertake certain service provisions on behalf of the central government (such as implementation of primary health care campaigns).

Devolution: This is whereby authority, responsibility and resources are transferred from central government agencies to Local Governments. Local Governments will have multiple functions, legislative and revenue raising powers and be responsible to a locally elected council. (Nishimura, M., Y. Takashi, and S. Yuichi. March, 2008). Devolution is therefore a form of Decentralization that holds the greatest potential benefits in terms of increasing local responsiveness of health planning and cross sectoral integration.

Local Government: an administrative body for a small geographic area, such as a city, town, county, or state. A local government will typically only have control over their specific geographical region, and cannot pass or enforce laws that will affect a wider area. Local Governments can elect officials, enact taxes, and do many other things that a national government would do, just on a smaller scale (Cooke & Kothari, 2014).

2.2.2 Decentralization in Health

Health Service Delivery: Moving towards universal health coverage requires health service delivery systems that are safe, accessible, high quality, people-centered, and integrated. Patients, persons, families, communities, and populations in general are served through service delivery systems, which are responsible for providing health services such as pharmaceuticals to patients, persons, families, communities, and populations in general (Conning &Kevane, 2015).

To deliver continuous and coordinated people-centered care, health care today operates in a fragmented environment that must adapt to rapid change. Public demand for access to and usage of new technology, drugs, and care models is growing, as are public expectations for quality and safety(*Health Services Delivery*, n.d.).

Decentralization, according to Banting K and Corbett S (2002), also fosters the development of managerial personnel. This gives personnel or administrators a lot of exposure, which allows them to grow and develop themselves. As a result, the more talented and capable people learn, improve, and qualify for higher managerial positions within the district, which improves performance and contributes to Health Service Delivery. This is because a decentralized administration structure allows employees to experiment with new ideas, methods, or approaches, resulting in higher levels of employment and, as a result, improved Health Service Delivery(Leite et al., 2011).

P. Khaleghian (2003) emphasizes that local government service delivery facilitates faster and better decision-making. Because decisions do not need to be

referred up the hierarchy, lower-level decisions can be made faster and more effectively. Because divisional leaders are held accountable for the impact of their actions on earnings, they are incentivized to make decisions that maximize profit. As a result, decentralization allows concerned individuals to make swift, result-oriented decisions, and it also aids administrators in raising literacy levels in their communities by implementing progressive educational programs.

Decentralized administration, according to Dolores Jimdnez 1, (2005), boosts motivation. Social scientists have discovered that the organizational structure has an effect on the motivation of those who work inside it. An organizational structure that allows delegation, collaboration, and involvement also motivates managers to work more efficiently, resulting in improved Health Service Delivery

Objectives, Rational and Controversies of Health Decentralization

To improve technical efficiency through fewer levels of bureaucracy and greater cost consciousness at the local level and through separation of purchasers and provider functions in market-type relations. May require certain contextual conditions to achieve it Incentives are needed for managers Market-type relations may lead to some negative outcomes.

To increase allocative efficiency through better matching of public services to local preferences and through improved patient responsiveness. Increased inequalities among administrative units and tensions between central and local governments and between different local governments.

To empower local governments through more active local participation and through improved capacities of local administration. Concept of local participation is not completely clear and the needs of local governments may still be perceived as local needs.

To increase the innovation of service delivery through experimentation and adaptation to local conditions and through increased autonomy of local governments and institutions. Increased inequalities shown as controversy.

To increase accountability through public participation and transformation of the role of the central government. Controversy- concept of public participation is not completely clear Accountability needs to be clearly defined in terms of who is accountable for what and to whom.

To increase equity through allocating resources according to local needs Through enabling local organizations to better meet the needs of particular groups and through distribution of resources towards marginalized regions and groups. Reduces local autonomy Decentralization may improve some equity measures but may worsen others is raise as controversy.

(Source: Richard et Al, 2007)

2.3 Policy Review

2.3.1 International Policy on Public Health Service

Internationally, there has been an increase in interest in and dedication to basic health care, which got its start at the WHO/UNICEF International Conference on Primary Health Care in Alma-Ata in 1978.

A significant advancement in global health policy during the past 20 years has been the establishment and expansion of the field of global health law. Although the area of global health law is active and expanding, it still focuses mostly on domestic and national public health issues(Taylor, 2017).The international community pledged to end extreme poverty and enhance the health and wellbeing of the world's poorest people within 15 years in 2000. The Millennium Development Goals, which are eight time-bound objectives, are a result of the promise made in the Millennium Declaration (WHO, 2005).

Table 1. Health in the Millennium Development Goals

Goals	Health Target	Health Indicators
Goal-4 (**Reduce Child Mortality**)	**Target 5:** Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of one-year-old children immunized against measles
Goal-5 **(Improve Maternal Health)**	**Target 6:** Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel.
Goal-6 **(Combat HIV/AIDS, malaria and other diseases)**	**Target 7:** Have halted by 2015 and begun to reverse the spread of HIV/AIDS **Target 8:** Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	18. HIV prevalence among pregnant women aged 15-24 years 19. Condom use rate of the contraceptive prevalence rate 20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years 21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures 23. Prevalence and death rates associated with tuberculosis 24. Proportion of tuberculosis cases detected and cured under DOTS (Directly Observed Treatment Short-course)

In order to address Europe's major social and health challenges, all Member States of the WHO European Region have adopted the Health 2020 policy framework, which calls on the health sector to collaborate with all other sectors and parties in the ongoing effort to improve people's health and well-being (WHO, 2015).

All Member States of the WHO European Region have agreed to monitor progress against six common targets:

1. Reduce premature mortality in the European Region by 2020.
2. Increase life expectancy in the European Region.
3. Reduce health inequalities in the European Region.
4. Enhance the wellbeing of the European Region population.
5. Ensure universal health coverage and right to the highest attainable level of health.
6. Set national goals and targets related to health in Member States.

The Roadmap to implement the 2030 Agenda for Sustainable Development was endorsed by Member States in September 2017 at the 67th session of the WHO Regional Committee for Europe, building on Health 2020, the European policy for health and wellbeing (hereafter referred to as the Roadmap). The 2030 Agenda for Sustainable Development (2030 Agenda) and its Sustainable Development Goals were formulated, and the Roadmap was created to aid Member States in their implementation (SDGs). For the WHO European Region to achieve better, more equitable, and sustainable health and well-being for all people of all ages, the Roadmap suggested five key directions and four enabling measures (WHO, 2021).

Five strategic directions:

- Advancing governance and leadership;
- Leaving no one behind;
- Preventing disease and addressing health determinants by promoting multi- and inter-sectoral policies throughout the life-course;
- Establishing healthy places, settings and resilient communities; and
- Strengthening health systems towards universal health coverage (UHC).

Four enabling measures:

- Financing and investment for health
- Multi-partner cooperation
- Health literacy research and innovation
- Monitoring and evaluation.

2.3.2 Health Service Delivery related Policy in Nepalese Aspect

Since 1990, different social and political organizations in Nepal have pushed for state restructuring in order to address diversity and development at the lowest levels of administration. Among them are the Maoist insurgency (1996-2006), the Second People's Movement (2006), and the Madhesh movement (2007). As a result, the Constituent Assembly (CA) was established to oversee the restructuring of the state. CA promulgated the Constitution in 2015 after a long deliberation. It declared Nepal a "federal democratic republican nation," and the country adopted a federal political system with three levels of government: the Federation, Provinces, and Local Government(Chaudhary, 2019). According to Baral (2004), Nepal's democratic leadership have failed to meet the demands and expectations of the people since 1990. However, the current political structure is new to Nepal, and while it is quick to blame local levels for the slow pace, its initial voyage is not satisfying the general public.

The constitution of kingdom of Nepal 1990 has recognized decentralization as a means to ensure optimum involvement of the local people in local governance for well-functioning (Sharma, 2017). Decentralization was recognized in the Kingdom of Nepal's constitution of 1990 as a strategy of ensuring maximum participation of local people in local administration for the country's well-being (Sharma, 2017, cited in kharel, 2019).

The Nepalese Constitution of 2015 delegated some powers and authorities to the federation, provinces, and local governments. It establishes local 'government.' The current Constitution's schedule-8 contains 22 different types of authorities (see table-1) for local governments, ranging from local taxation to local development plans and projects.

Role & Responsibility of Rural assembly, Municipal assembly & Ward-Health:-

Duties and Rights related to health work of village assembly/ municipal assembly

(9) Basic Health and Sanitation

- Policies, laws, standards, Planning, implementation and regulation related to basic health and sanitation,
- Operation and promotion of basic health care,
- Establishment and operation of hospitals and other health institutions,
- Development and operation of physical infrastructure related to health,

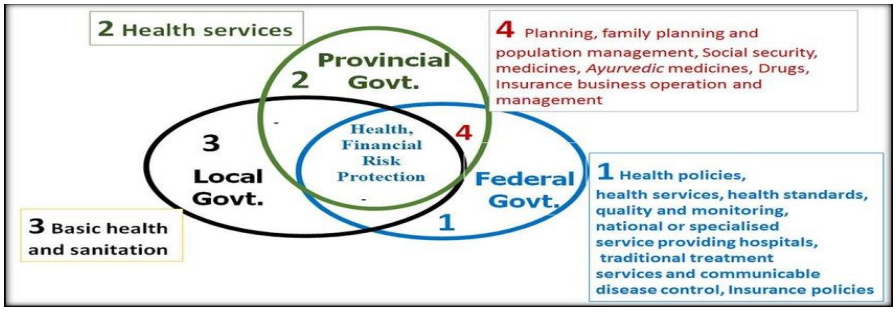
- High Drinking water and food quality and air pollution control and regulation,
- Sanitation Awareness enhancement,
- Determination and regulation of service charges for collection, reuse and disposal of sanitary waste'
- To operate blood transfusion service and local and urban health service,
- Coordination, cooperation and partnership with private and non-governmental sector in sanitation and health waste management,
- Regulation of chemical and hazardous waste management,
- Reproductive health, family planning and maternal and child welfare,
- Pharmacy operation and regulation

Health related work, duties and rights of ward

- To operate and manage ward level health centers and sub-centers,
- To manage and coordinate the operation of programs including BCG, Polio, Vitamin A for children,
- To operate and coordinate the nutrition programs,
- To conduct public health awareness development and health information program at ward level,
- To operate and conduct urban and rural health clinics,
- To carry out promotional activities such as organic agriculture, safe motherhood, student admission, vaccination, open defecation free sanitation, environment,
- Recommendation free of paid health care,

(Constitution of Nepal, 2015; Source; public health update, 2017)

Figure 2. Health related function of three level government of Nepal



(Public Health Update, 2017)

National Health Policies in Nepal:

In the seventeenth century, the sighadarbarvaidyakhana established the ayurvedic treatment system in Nepal. With the foundation of Bir Hospital in 1989, Nepal began the institutional development of a modern medical system. At the start of periodic planning in 1956, the planned development in the health sector in 1975, the first 15-year long-term health plan was launched, followed by the second 20-year long-term health plan in 1997.

- First long term health plan – 1975
- National health policy – 1991
- National drug policy – 1995
- Second long term health plan – 1997-2017
- Local - self Governance Act – 1999(2055)
- National safe abortion policy – 2003
- Tenth plan poverty reduction strategy paper – 2002 – 2007
- Vital registration act – 2033
- Free health care policy – 2007
- National ayurbeda health policy – 2052(1996)
- National health policy – 2019(2076)

Health institutional Status of Local Government

There are 3808 health posts, 11974 PHC-ORC, 15835 EPI-ORCs and 52420 FCHVs in Nepal and many more CBO/Pharmacies/Local NGOS/clubs **(**Adhikari B, 2021).

National Health Policy, 2019 (2076)

The Government of Nepal disclosed its intentions, policies, and strategies for improving health services in the country by releasing its ambitious National Health Policy 2076 BS (2019 AD). To strengthen the health sector, the national health policy comprises six goals, 25 policies, and 146 strategies. The National Health Policy, 2019, was developed based on the constitution's list of exclusive and concurrent powers and functions at the federal, state, and local levels; the government of Nepal's policies and programs; Nepal's international commitments made at various times; and the health sector's problem challenges, available resources, and evidence(publichealthupdate, 2020).

2.4.1 Empirical Review: International Context

Agrawal (1999) found out that the majority of poor people are quick to demand involvement, but when it comes to finance, they still expect a donor or the government to cover the entire cost. People's taxes are how the central government is funded. However effective and efficient a tax system may be, it will not be able to generate sufficient income if it is levied on an impoverished population. A hungry person can only milk a hungry cow so much before they get too ravenous. The primary issue with most African societies is that they are doubly weak. Additionally, their private and civil society sectors are weak (vertical and horizontal weakness), which is reflected in their weak central and municipal administrations. In addition to 22 resources (human, material, and financial), this twofold deficit also affects institutions, systems, information, networking, skills, knowledge, and other factors (Agrawal 1999).

2.4.2Empirical Review in the context of Nepal

Adhikari (2006) researched "Towards Local Democracy in Nepal," focusing mostly on the topic of district planning decentralization. He has grasped the decentralization and planning process theoretical framework. It has only touched on the revenue and expenditure responsibilities of local governments in general, as well as district development committees in particular. Local government groups such as ADDCN, NAVIN, and MUAN have played an important part in Nepal's decentralization movement, according to the report. In addition, the research looked into and studied the elements that influence successful district-level planning, participation, decentralization, and development management.

Kharel (2018) has analyzed public service delivery of local government, In terms of service delivery, the current state of local government is illegal, incomplete, and dysfunctional. Political instability and reluctance to hold municipal elections are the biggest obstacles. The general public's perception of government service is unsatisfactory. The dominance of the All Party Mechanism (APM) and the absence of elected representatives, low representation of women and Dalits in decision-making bodies, overburdened office bearers: VDC secretary and LDO meaningless devolution, conflicts in the formation of user's committees, and elite domination are the major issues that must be addressed as soon as possible at the execution level.Contractors are used, there is a scarcity of technical experts, there is no oversight or monitoring, projects are incomplete and of poor quality, there is no repair and maintenance, the grant amount

is increased without institutional capability, and there is a reliance on central grants. A Local Election is extremely important from a policy standpoint.

Bhattarai, (2013) found out that many nations are currently reforming their health care systems to increase efficacy and efficiency. Through an operational strategy and a program-implementation plan (2004–2009), Nepal started the reform of its health sector. The main goal was to create a health system that was effective and equitable while also achieving the millennium development goals. Although the government is now working on Nepal Health Sector Program II (2010-2015), the questions of equity and efficiency have not yet been resolved. The goal of the current study was to compare the maternal health program's efficiency and equity before and after the health sector reform. Effective decentralization, personnel fulfillment by include members of marginalized and racialized populations, and improved equipment and medication procurement in healthcare facilities. The study urges additional investigation into the widening disparity in service access between the poorest and wealthiest populations, despite free services and financial incentives. The report also suggests that efficiency studies be conducted at various levels of health institutions and that efficiency-affecting aspects be looked at.

There has been a variety of research about healthcare but must studies have focused either on impact of different types of health problems such as mental health, and service delivery system of health institute. Most of the studies have focused on other aspect of Public Service Delivery System of Local Government but give less priority on health service delivery. The study overlooked the connection between local government and health institutions regarding infrastructural status and service delivery system. Research focusing on health service delivery of local government in relations to the infrastructural condition and service delivery system context of health institute is less studied. Therefore, more comprehensive research is required to explore the status of health service delivery system of local government.

This study in tittle “Health Service Delivery of Local Government” try to explore the infrastructure condition of health sector, health service delivery practices and impact on service receiver and constraints and challenges of local government on service delivery. I hope this study helps to the knowledge level, practices level and policy level.

2.5 Conceptual Framework of the Study

On the basis of literature reviews, researcher developed mind map of this study. This mind map prepared to address researching issues. On the top of the framework, researcher presented philosophical and methodological frame. The conceptual framework depicts the relationships between the study's many variables in a diagrammatic manner. Decentralization was considered the independent variable, whereas Health Service Delivery was considered the dependent variable (Figure 3).

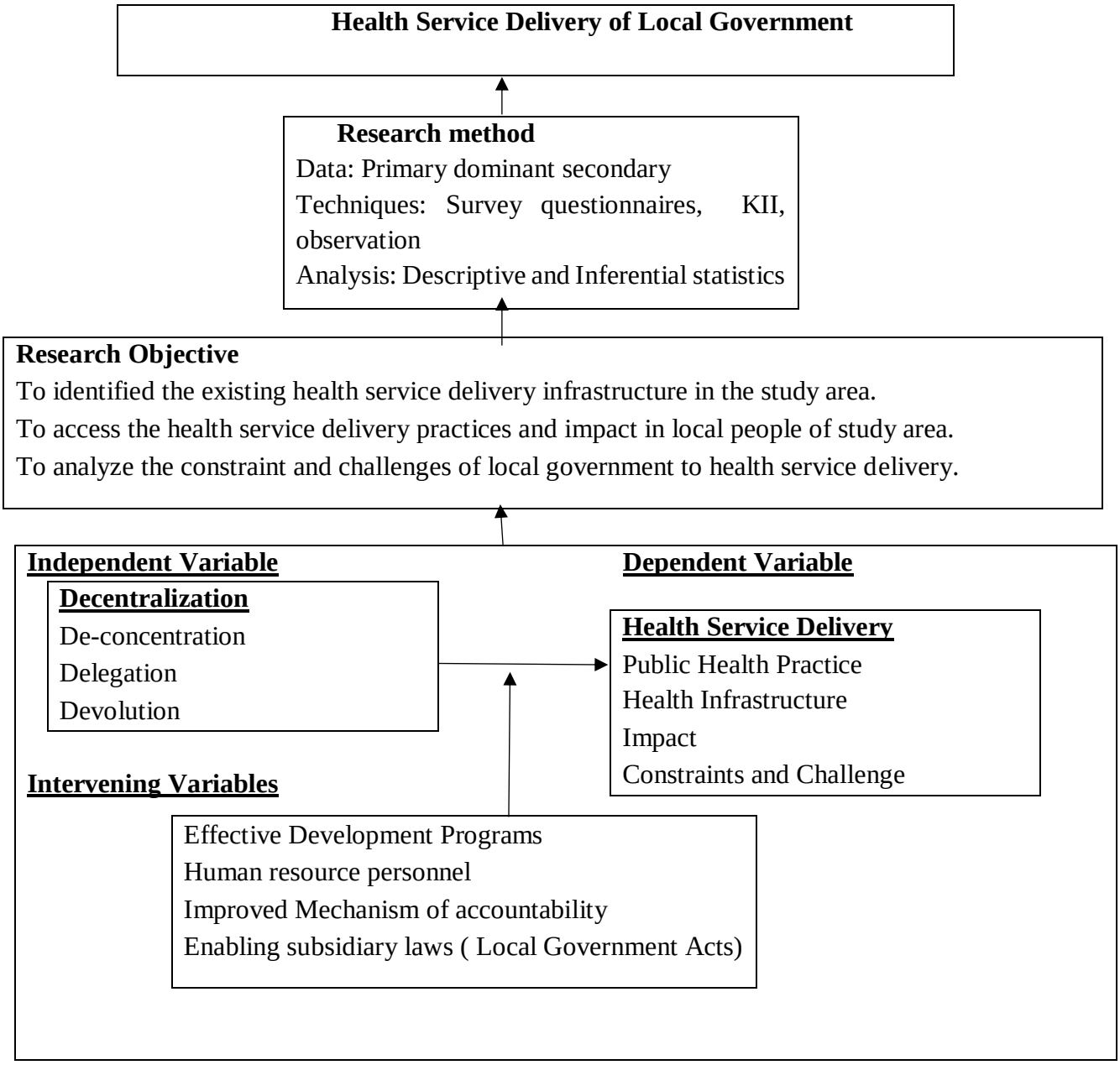


Figure 3. Conceptual Framework of the Study *Source: Field Survey, 2022*

Decentralization was considered the independent variable, whereas Health Service Delivery was the dependent variable. De-concentration, delegation, and devolution are the independent variables, whereas vaccination, public health and sanitation, communicable disease testing, and antenatal and postnatal care are the dependent variables. Effective developmental programs, human resource personnel, enhanced accountability systems, enabling subsidiary legislation (Local Government Acts), as well as peace and stability, were among the intervening variables. The better and well-improved decentralized system, the better the Health Service Delivery

CHAPTER III
RESEARCH METHODOLOGY

3.1 Study Area

This study selected Bardagoria Rural Municipality as a field of the study. Bardgoriya is a Rural Municipality in Kailali District of Nepal. Bardahoriya Rural municipality is 65 kilometers east of dhangadhi and 605 kilometers west of Kathmandu, Nepal's capital. Ghodaghodi Municipality, LamkiChuha Municipality, Joshipur Rural Municipality and Mohanyal Rural Municipality surround it on all sides. The largest market is Bauniya Bazar.

Before 2074 BS, there were only two health posts, one in kotatulsipur VDCs and other in Dododhara VDCs. At present, there are Dododhara health post has been turned into a hospital with a medical officer. The health post of kotatulsipur has been upgraded but the still functioning as a health post. There are 3 community health units, 11 vaccination centers and 10 village clinics in Bardagoriya Rural Municipality.

3.2 Research design

Research design not only explain the methodology being applied in the study but also helps to construct appropriate methods in order to address research questions that are established to examine social phenomena (Scotland, 2012). Researcher knew that one of the goal of quantitative research approach is investigate objectives knowledge. Therefore, based on my research philosophy and paradigm, researcher has been planning to follow quantitative approach and survey methodology to address researching issues.

This is a study of Bardagoriya Rural Municipality of Kailali, District. Since, this study described about the service delivery of local government on health sector of study area. This study describes about the real status of health service delivery system of local government with the help of data generated from field and presented in descriptive way so it is descriptive research design.

3.3 Source and Nature of Data

Both primary and secondary data collection methods were used to collect relevant data to the study. Data collection methods were considered in such a way so that relevant information was collected as much as possible with little inconvenience to respondents (Farah, 2013). Primary data was collected from the respondents through Key Informant Interviews (KII), and self-administered survey questionnaire. Primary data are important in. answering questions about the study variables. Secondary data

was obtained from recorded documents, earlier studies and some publications on decentralization or local government and Health Service Delivery (Farah, 2016). Other information was obtained from the internet. In this study the researcher will apply specifically, this study will apply quantitative approach even though some qualitative or narrative information also will be triangulated during data interpretations.

3.4 Population Universe and Sample Size

As it is not always possible to reach the entire research population, samples are a proportionate subset of the total population. A sample is a tiny fraction of the population chosen for observation and data processing (Best & Khan, 2004). According to Master register, there are 5186 beneficiaries who take health services in a month from both Kota Tulsipur health post of ward no 6 (2333) and Dododhara Hospital of ward no 1 (2853). So population universe 200, determined by mean value of the total number of monthly service receivers, which is considered as sample population in this study. 135 sample number is chosen using simple random sampling procedures purposed by Best & Khan, (2004), which are obtained with a 95% confidence level and a 5% marginal error using the sample size determination formula (Krejcie& Morgan, 1970). Only 6 staff are chosen using purposive sampling for KII. Out of them 1 Chief of Dododhara Hospital, 1 Chief of Kota Tulsipur heath post and 3 elected representative (chairman of both ward 1 and 6, and mayor or deputy mayor of municipality of study area) and health inspector of Bardagoria Rural Municipality .

Table 2. ***Sample size Determination***

	Ward 1		**Ward 6**				
Respondent	**Population Universe**	**Sample Number**	**Population Universe**	**Sample number**	**Total Population Population**	**Total Sample**	**Selection Techniques**
Beneficiaries	110	81	90	54	**200**	135	Random Sampling
Total	110	**81**	90	**54**	**200**	**135**	

Source: Field Survey, 2022

$$\text{Sample size (n)} = \frac{X^2 * N * (1-P)^2}{ME^2 (N-1) + (X^2 * P * (1-P)}$$

Where

n = required sample size

χ 2 = Chi square (Value* 3.841 for 5percent confidence level with 1 degree of freedom)

N = Population size

ME = Desired Marginal error (expressed as a proportion)

P = Probability of success (0.5 value for unknown population)

Q= (1-P, i.e. 0.5 value for unknown population)

3.5 Data collection Techniques and Tools

Survey Questionnaires: Survey is a method of collecting data in which a specially defined group of individuals are asked to answer a number of questions (Baker, 1994, p.172). In all types of research, the questionnaire survey is the most often used method. This is used to collect primary data from people who answer questions about themselves, their knowledge of certain issue and their opinions. The questionnaire questions will be structured in such a way that each respondent's answer the same way. This allows researcher to compare amounts in different ways. This approach is used to collect data from 135 respondents who are beneficiaries (patients) take health services from dododhara hospital and kotatulsipur health post.

Observation: Participant observation helps researchers to experience and observe first hand dimensions of the natural setting (Mason, 2002). Observation is used but the result can be record both quantitatively and qualitatively. Observation is carried out number of times during field visit. Observation was made about present condition of health institution and its interrelationship with clients. Important information were observed through questionnaire and check list method during field work.

Key Informant Interview (KII): interview is an effective method for capturing the view of interviewees that can ultimately produce some parcel of knowledge. Key informant interview were applied to obtain information form the Local Government Representative (Deputy mayor, Ward president of both 1 and 6 ward) and Health institute in-charge (Dododhara hospital and Kotatulsipur health post) health chief of bardagoriya Rural Municipality who known the aspect of the health service delivery of Rural Municipality and provides the information in details about their knowledgeable

and experience in Role of local health service delivery and resources mobilization. For the KII will using KII guideline.

3.6 Data Analysis and Interpretations: Data analysis is the process of arranging data so that researcher can accumulate to increase his or her understanding and enabling them to present generalized knowledge to the others (Creswell, 2012). However, analysis and interpretation of data can be generated by triangulating. During triangulation, researchers will draw insights from description, analysis and interpretation of the data (Yin, 2004). Similarly researcher also use SPSS software for managing and statistical interpretation of collected data. Further, the data categorized and presented according to the objective to the study by applying descriptive and inferential statistics.

3.7 Reliability and Validity

Reliability refers to precision and accuracy in measurement during study. For Achieving consistency in measurement, researcher will develop reliable data collection tools such as; questionnaire sheet, interview guideline and representative sampling procedures (Cohen et al., 2007). The researcher will apply internal consistency measure or cronbach alpha measurement that provides a coefficient of inter-item correlations that measures the internal consistency among the items (Cohen et al., 2007, p.148). In this attempt, researcher used given formula (Cohen, et al., 2007, p.506).

Alpha= nrii /1+ (n−1) rii

n=the number of items in the test or survey (e.g. questionnaires)

rii =the average of all the inter-item correlations.

Let us imagine that the number of items in the survey is ten, and that the average correlation is 0.738. Therefore, researcher will use cronbach alpha test through pilot testing8before collecting data from the field just for confirming the value. When researcher found alpha value as weaker internal consistency or less than 0.8, then researcher will revisit the tools.

Similarly, validity refers to apply valid process during whole research process. Validity can be improved through content, construct and criterion validity (Cohen, et al., 2007). In this study, researcher will employ both types of validity during researching process. More so, content validity help researcher to attempt careful sampling and measure significance test between variables. Similarly, construct validity help researcher to triangulate my literature review, field data information and statistical tools

like factor analysis. And finally criterion validity help researcher to use reliable tools for data collection.

3.8 Ethical consideration

The researcher Hearty maintained all types of ethical conduct, including sharing the research proposal upfront, respecting respondents' privacy, obtaining informed consent for data collecting, and developing rapport with respondents. There have been no pressure on respondents to react if they wish not to. To avoid bias in the study, the researcher considered the problem of privacy and consent (Creswell, 2012). As a result, respondents' privacy and attitudes on income, employment, work environment, and company perks will be protected. Finally, when considering Kvale's views, the researcher primarily directed by two ethical considerations: (i) scientific responsibility; that help me to commit with my academic and professional career in order to yield body of knowledge and, (ii) independence of research that encourage and motivate me to conduct study independently (Kvale, 1996).

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter describes the analysis results generated from the process of data collection. It deals with the analysis and interpretation of the primary information gathered from 135 respondents using a questionnaire. The research's goals, as stated in the earlier chapter, were taken into consideration when analyzing the data. This chapter's primary purpose is to evaluate and interpret the data gathered, as well as to provide the questionnaire survey's findings. The findings resulting from the data analysis will allow this research project to achieve its major goal. This study section includes information about the respondents' profiles, a descriptive analysis of their comments regarding the delivery of health services, and a comparison of the correlations between the dependent and independent variables.

The primary purpose of this section is to test the relationship between the attributes of beneficiary's conceptions and the delivery of healthcare services, as well as the presence of beneficiary's conceptions as a dependent variable and independent variables like infrastructure condition, service delivery system, staff behavior, accessibility, trust, and reliability. This section is divided further into various sections. The profile and demographic details of the respondents are included in the first section. The second step is descriptive analysis, which analyses the collected information using measurements of central tendency and frequency analysis.

4.1 Demographic Profile of Respondents

The socio demographic assessment and interpretation of primary data gathered through surveys are discussed in this section. It provides information about the characteristics of the study's respondents. For the purpose of convenience, the respondents of this study have been categorized into the following: Age-wise, Gender-wise, Marital Status-wise, Cast/Ethnicity-wise, Religion-wise, Educational Level-wise and Family Occupation-wise. Male and female respondents separately received a questionnaire. The aim was to determine the gender distribution of respondents as a percentage. Table 4 shows the frequency and percentage of respondents. Age group, gender, marital status, cast/ethnicity, religion, educational status and family occupation are indicators of demographic characteristics of respondent. The study result are shown in the Table 4.1 below.

Table 3, Demographic Profile of Respondent

Indicators	Variables	Frequency	Percent
Age	<15	13	9.6
	15-29	61	45.2
	30-44	31	23.0
	45-59	19	14.1
	60>	11	8.1
	Total	**135**	**100.0**
Gender	Male	52	38.5
	Female	83	61.5
	Total	135	100.0
Marital Status	Married	89	65.9
	Unmarried	45	33.3
	Widowed	1	0.7s
	Total	**135**	**100.0**
Cast and Ethnicity	Brahmin	18	13.3
	Chhetri	22	16.3
	Janajati	66	48.9
	Dalit	29	21.5
	Total	**135**	**100.0**
Religion	Hindu	132	97.8
	Christian	3	2.2
	Total	**135**	**100.0**
Educational Status	Illiterate	46	34.1
	Literate	3	2.2
	Primary	65	48.1
	Secondary	16	11.9
	Bachelor Level	4	3.0
	Masters Level	1	0.7
	Total	**135**	**100.0**
Family Occupation	Agriculture	77	57.0
	Enterprises	2	1.5
	Business	6	4.4
	Government Job	1	0.7
	Private Job	30	22.2
	Remittance	19	14.1
	Total	**135**	**100.0**

Source: *Field Survey, 2022*

The respondents' gender composition is seen in table 4. It is clear from the above table that, of the total respondents, out of 135 respondents 52 were male and 83 were female. Thus, there were 61.5 percent female and 38.5 percent male among the respondents. This resulted in more female respondents than male respondents. The respondent's age groups from the geographical area were divided into five categories under 15, 15 to 29, 30-44, 45 to 60, and up to 60. The age group of respondents with the highest percentage (45.2%) is 15–29 years old. 23 percent of all respondents were between the ages of 30- 44, and 14.1 percent were between the ages of 45-59. 9.6% of all respondents were younger than 15 years old. Finally, 8.1 percent of all responders are aged up to 60 years. About the marital status of the respondents, 65.9 percent (89) were married, 33.3 percent (45) were unmarried and 0.7 percent (1) were windowed.

This study displays in the Bardagoriya rural municipality dominant by Janajati people 48.9 percent (66) were Janajati, 21.5 percent (29) were Dalit, 16.3 percent (22) were Chhetri and only 13.3 percent (18) were Brahmin. Majority of respondent follow Hindusm in the study area. On average, very large majority 97.8 percent (132) of the respondent were Hindu and minority 2.2 percent (3) of the respondent were Christian. Education is crucial to a person's life. The nation's educational system has improved in recent years. The majority of the respondent are educated in the study area. But higher educated respondent are minimal from the study area, more than one third respondent were illiterate. The education level among the respondent was 48.1 percent (65) for primary level. 34.1 percent of the respondent were illiterate, 11.9 percent of the respondent were in secondary level, 3 percent of the respondent were in bachelor level, 2.2 percent of the respondent were only normal literature and only 0.7 percent of the respondent were in master’s level.

The family's primary occupation is agriculture, with additional occupations for the family members include business, government employment, private employment, entrepreneurship, and remittance. More than half (57%) of the respondent were farmer them main family occupation were agriculture, 22.2 percent of the respondent were private job 14.1 percent of the respondent depend on remittance which is mainly gain from India. 4.4 percent of the respondent were own business, 1.5 percent of the respondent were entrepreneurship and only 0.7 percent of the respondent were government job. Head of public health (Bardagoriya Rural Municipality) shared that, *there are mixed community and middle class people here. Many people from*

disadvantaged families who are below the poverty line come for the service (K. Joshi, August, 2022 [KII).

4.1.1 Family System

A family is a fundamental and universal basic unit of society composed of two or more members who are connected to one another either by blood or by marriage and who have a common place to live. Typically, they shared a single roof while conducting their business activity. Families are groups of people who are connected through marriage, blood, or adaptation, according to this concept. The nuclear family is defined as a couple and their children living within the same home boundary, whereas the joint family is defined as a couple of grandparents and their children, such as uncles and aunties, living within the same residential boundary. Family structure also has significance impact on human health.

Table 4, Family Structure of Respondents

S.N.	Family Types	No. of Family (Population base)	Percent
1	Joint Family	39	28.9
2	Nuclear	96	71.1
	Total	**135**	**100.0**

(Source: *Field Survey, 2022*)

Table No. 5, show that 71.9 percent of people live in nuclear families, compared to 28.9 percent who live in joint families. Due to the condition of the economy, there are a lot of nuclear families. Similar to this, 12 families on average live in 10 houses, according to statistics of Nepal. (CBS-2021) According on this data, it seems that Nepal uses the nuclear family system commonly. Which the table above shows.

4.1.2 Land Holding Status

Land determines the income of the farmers. More respondents of the study area are engaged in agriculture so that land holding status is major indicators of this study. Agriculture benefits the economy and if the economy is strong, supports proper health care.

Table 5, Land Holding Status of Respondents

Land Holding Status	Frequency	Percentage
<5 Kathha	54	40
6-10 Kaththa	52	38.5
11-15 Kaththa	18	13.3
15> Kathha	11	8.1
Total	**135**	**100**

Source: *Field Survey, 2022*

The above table 6 shows 40 percent of the respondent were holding less than 5 kaththa land. And 38.5 percent respondent were holding 6-10 kaththa land. Similarly, only few 13.3 percent respondent were holding 11-15 kaththa land. And 8.1 percent respondent were holding were holding more than 15 kaththa land.

4.1.3 Family Monthly Income

Usually income in poor household of respondent is contributed by several of its members. Per capita household and family income is an important economic variable. To extract economic characteristics, it is important. When the total family income is divided by the total number of family members, per capita family income is obtained. A person's family income is very important for accessing health service. A person with a strong family income can get quality health service. Those respondents monthly family income is given in following table. Due to the non-availability of appropriate health services in Nepal's government health institutions, low-income patient die prematurely because they cannot afford treatment in expensive hospital.

Table 6, Family Monthly Income of Respondents

Income in Household (Rs.)	No. of Respondents (Frequency)	Percent
Less than 25,000	58	43.0
25,000-50,000	59	43.7
51,000-75,000	14	10.4
Above 75,000	4	3.0
Total	**135**	**100.0**

Source: *Field Survey, 2022*

The table 7 shows the monthly income of the respondents or patient. The table shows that out of 135 respondents, there are 43 percent (58) household of respondent

have less than 25,000, at the same time 43.7 percent household of respondent have 25,000 to 50,000 monthly family income. The monthly income of 10.4 percent respondent have 51,000 to 75,000 monthly family income. In the last only 3.0 percent respondent have more than 75,000 monthly family income.

4.1.4 Health Condition

Most of the clients who come to the health institution to take service for health problem of sickness but not all the clients come only because they are sick. They also come to the health institution for other reasons, such as family planning services, vaccination services, and to get health related information. Among the unhealthy people, the health status has been viewed in two ways: Very Poor and Poor and among the healthy people, the health status also viewed in two ways: Very Good and Good.

Table 7, Health Condition of Respondents

	Are You Unhealthy			**Health Condition**			
	Yes	No	Total	Very Poor	Poor	Good	Total
Frequency	120	15	135	10	109	16	135
Percent	88.9	11.1	100	7.4	80.7	11.9	100

Source: *Field Survey, 2022*

The table 8 show that out of 135 respondent 88.9 percent (120) respondent were unhealthy who came to the health institute for the treatment. 11.1 percent respondents were healthy who, despite being healthy, visited the health institution for other services such as family planning services, immunization services and for other health related information.

Out of 135 respondent 7.4 percent (10) respondents were in very poor health condition. 80.7 percent (109) respondent were poor health condition. 11.9 percent (16) respondent were good health condition.

4.2Infrastructural Condition of Health institutions

The first objectives of the study was on to Identified the existing health service delivery infrastructural condition in the Bardagoriya Rural Municipality. The study results are presented in the table of below.

Table 8, Infrastructural Condition of Health Institutions

S.N.	Infrastructure	Frequency				Percent			
		Yes	No	Not Sure	Total	Yes	No	Not Sure	Total
1.	Adequate Health Institutions	63	69	3	**135**	46.7	51.1	2.2	**100**
2.	Emergency Ward	1	131	3	**135**	0.7	97	2.2	**100**
3.	Adequate Number of Bed	28	99	8	**135**	20.7	73.3	5.9	**100**
4.	Pharmacy	85	45	5	**135**	63	33.3	3.7	**100**
5.	MCH Ward	100	18	27	**135**	74.1	5.9	20.0	**100**
6.	Effective Laboratory Room	96	29	10	**135**	71.1	21.5	7.4	**100**
7.	Ambulance Service	1	131	3	**135**	0.7	97	2.2	**100**
8.	Separate DOTs Ward	64	38	33	**135**	47.4	28.1	24.4	**100**
9.	Separate Vaccination Room	99	32	4	**135**	73.3	23.7	3	**100**
10.	Modern Operating Rooms	5	81	49	**135**	3.7	60.0	36.3	**100**
11.	Modern diagnosis and treatment	6	82	47	**135**	4.4	60.7	34.8	**100**
12.	Toilets For Male and Female	125	7	3	**135**	92.6	5.2	2.2	**100**

Source: *Field Survey, 2022*

Table No. 9 shows that out of 135 respondents 46.7 percent of the respondents agreed that there are adequate number of health institutions, 51.1 percent of the

respondents disagreed that there are adequate number of health institutions and only 2.2 percent were not sure whether they are adequate or not. Head of public health of bardagoriya Rural Municipality shared that "*there were only two health posts five years ago but now six health centers have been added. Six basic health centers, one hospital and one health post in six wards"* (K. Joshi, August, 2022[KII]). Only 0.7 percent (1) respondent agreed that there is emergency ward, 131 respondents were disagreed that there is emergency ward and 2.2 percent (3) respondent were not sure there is emergency ward or not in the health institution where the service is taken. Health In-charge of Dododhara Hospital shared that *due to not being able to provide emergency services, the client have to face a lot of difficulties, so now we have made provisions to provide emergency with pharmacy, indoor and effective lab service in Dododhara Hospital* (N. Bist, August 2022 [KII]).

Out of 135 respondents 20.7 percent (28) respondents agreed that there are adequate number of bed, 73.3 percent (99) respondents disagreed that there are adequate number of bed and 5.9 percent (8) respondents were not sure there is adequate number of bed in the health institution where the service is taken. 63 percent (85) respondents agreed that there is dispensary service, 33.3 percent (45) respondents disagreed that there are dispensary service and only 3.7 percent (5) respondents were not sure there is dispensary or not. Hospital In-Charge shared that *In coordination with the rural municipality, we have made provision for the operation of a 15- bed hospital with an additional building soon* (N. Bist, August, 2022[KII]).

Out of 135 respondents 74.1 percent (100) of the respondents agreed that there is effective Maternal and Child Health (MCH) ward, 5.9 percent (8) respondents are not agreed that there is effective MCH service and 20 percent (27) respondents were not aware about MCH service. 71.1 percent (96) of the respondent accept that there is effective laboratory room, 21.5 percent (29) of the respondents did not agree that there is an effective laboratory room and only 7.4 percent (10) of the respondent were not sure about effectiveness of laboratory room. Ward president of ward no. 6 shared that *I am the elected ward president for the second time in row, after being elected in 2074, we have increased the quality of Maternal and Child Health service (MCH) by starting a birthing center* (R. Dagaura Tharu, August, 2022[KII]).

Out of 135 respondents only 0.7 percent (1) of the respondents said that there has an ambulance service in the health institution from which they get health service, 97 percent (131) respondents are was not agreed that there is ambulance service in the health institution from where they get health service and 2.2 percent (3) respondents were not sure about ambulance service of health institutions. 47.4 percent (64) respondents agreed that there is Direct Observation Treatment Short Corse (DOTs) or Tuberculosis and Leprosy treatment Ward, 28.1 percent (38) respondents are not agreed that there effective DOTs service ward and 24.4 percent (33) respondents were not sure about DOTs services of health institution. Ward president of Ward no. 1 shared that *this institution, which has now turned into Dododhara Hospital, has been playing a very significant role in alleviation disease such as TB, Leprosy and Malaria by operating DOTs since it was a health post in the past* (M. Gautam, August, 2022 [KII]).

Out of 135 respondents 73.3 percent (99) respondents agreed that there were separate vaccination room in the health institution where they get health service, 23.3 percent (32) respondent was not agreed that there is separates vaccination room and 3 percent (4) respondent were not sure about separates vaccination room. Only 3.7 percent (5) respondents agreed that health post have modern operating room facilities, 60 percent (81) respondents were no agreed that the health institution have modern operating facilities and 36.3 percent (49) respondents were not sure about modern operating facilities of health institute. Deputy Mayor of Rural Municipality shared that *the main provision of the municipality is to build a 50-bed hospital with modern operating rooms and modern tools like x-ray, USG, ECG, Full equipped ambulance* (G. Giri, August, 2022 [KII]).

Out of 135 respondents only 4.4 percent (6) respondents agreed that there were equipment for modern diagnosis and treatment in the health institute, 60.7 percent (82) respondents were not agreed that there were equipment for modern diagnosis and treatment. And 34.8 percent (47) respondents were not sure about modern diagnosis and treatment post/hospital. 92.6 percent (125) respondents agreed that hospital or health post have separates toilets for male and female, 5.2 percent (7) respondents were not agreed that health institutions have separates toilets for male and female. And only 2.2 percent (3) respondents were not sure about separates toilets for male and female.

4.3 Health Service Delivery Practice and Impact

The second objectives of the study was on to assess the health service delivery practice and impact in local people of Bardagoriya Rural Municipality. The study results are presented in the tables below.

4.3.1 Health Institution Provides Adequate Health Service

The overall purpose of the health institutions is to deliver preventive, promotive and curative health services. The first statement of the objectives two is health service provided by health institution in this area is adequate. The study results are presented in the tables below;

Table 9, Quantity of Health Service

Response	Frequency	Percent
Strongly Agree	2	1.5
Agree	71	52.6
Neutral	2	1.5
Disagree	53	39.3
Strongly Disagree	7	5.2
Total	**135**	**100.0**

Source: *Field Survey, 2022*

It was also indicated in the table 10 above that out of 135 respondents only 1.5 percent (2) of the respondents strongly agreed, 52.6 percent (71) of the respondents also agreed, 1.5 percent (2) respondent were neutral, 39.3 percent respondents disagreed and the remaining 5.2 percent (7) respondents strongly disagreed that health service provided by health institution in this area is adequate. This implies that most of the respondents satisfied in the numbers of health institutions.

4.3.2 Health Institute provide medicine free of cost

Treatment of patients is impossible without medicine and it is important to provide essential medicines free of charge in health institutions. In 2008, Nepal started the Free Essential Drugs Program, with a chosen list of no more than 72 medicines are provided to everyone through sub-health posts, health posts, and primary healthcare facilities(Acharya & Dahal, 2016). The study results are presented in the tables below;

Table 10, Essential medicine free of cost

Response	Frequency	Percent
Strongly Agree	31	23.0
Agree	91	67.4
Neutral	2	1.5
Disagree	10	7.4
Strongly Disagree	1	0.7
Total	**135**	**100.0**

Source: *Field Survey, 2022*

Information presented in the above table 11 indicate that 23 percent (31) respondents strongly agreed, 67.4 percent (91) respondents also agreed, 1.5 percent (2) respondents were neutral, 7.4 percent (10) respondents disagreed and only 0.7 percent (1) respondents were strongly disagreed that health institution provide essential medicine free of cost.

4.3.3 Behavior of the staff is good

The behavior of staff also has a great impact on service delivery. If the behavior of the staff is good then the beneficiaries can get service effectively.

Table 11, Behavior of the staff is good

Response	Frequency	Percent
Strongly Agree	60	44.4
Agree	41	30.4
Neutral	22	16.3
Disagree	12	8.9
Total	**135**	**100.0**

Source: *Field Survey, 2022*

Study finding in table 12 above indicate that 44.4 percent (60) respondents strongly agreed, 30.4 percent (41) respondents agreed, 16.3 percent (22) respondents were neutral about this statement and only 8.9 percent (12) respondents disagreed that behaviors of the staff is good.

4.3.4 Effectiveness of MCH Services

Maternal and Child Health (MCH) service denotes maternal and child health care service. MCH service provide maternal and child health care and treatment service. Effective maternal health services must be available in every health institutions.

Table 12, Effectiveness Maternal and Child Health care Service (MCH)

Response	Frequency	Percent
Strongly Agree	51	37.8
Agree	54	40.0
Neutral	15	11.1
Disagree	12	8.9
Strongly Disagree	3	2.2
Total	**135**	**100.0**

Source: *Field Survey, 2022*

It was revealed in the table 13 that 37.8 percent (51) respondents strongly agreed, 40 percent (54) respondents also agreed, 11.1 percent (15) respondents were neutral in this statement, 8.9 percent (12) respondents disagreed and only 2.2 percent (3) respondents strongly that there is effective Maternal and Child Health service. This indicates that most of the respondents have accepted the effective maternal and child health services in health institutions.

4.3.5 Effectiveness of Family Planning Services

Like other service every health institutions provides family planning services. Health institutions that effectively provide family planning services play a very important role in enriching the community or society. Family planning services mainly focus on sexual and reproductive health of the beneficiaries.

The Government of Nepal aims to ensure that all individuals and couples, particularly the poor, vulnerable, and marginalized populations who are poor, to equal access to voluntary family planning (FP) services based on informed choice(NFP, 2016). The National Family Planning Program's fundamental goal is to ensure that individuals and couples may fulfill their reproductive needs by identifying appropriate family planning methods based with well choice.

Table 13, Effectiveness Family planning Service

Response	Frequency	Percent
Strongly Agree	19	14.1
Agree	80	59.3
Neutral	20	14.8
Disagree	12	8.9
Strongly Disagree	4	3.0
Total	**135**	**100.0**

Source: *Field Survey, 2022*

Table 14 revealed that 14.1 percent (19) respondents strongly agreed, 59.3 percent (83) respondent also agreed, 14.8 percent (20) respondent were neutral about effectiveness of family planning services of health institutions, 8.9 percent (12) respondents disagreed and only 3 percent (4) respondents strongly disagreed that there is effective Family Planning services. Above table shows that most of the respondents that were of the view that there is effective Family Planning services.

4.3.6 Availability of Vaccination Services

Vaccines are medicines given to people who are at risk of disease before they get sick to prevent communicable disease. Vaccination also known as Immunizations. Nepal has noticed a significant improvement in the uptake of childhood immunizations. The national Sustainable Development Goal target for vaccination coverage for children between the ages 12-23 months who received all recommended immunizations on the national immunization schedule by the moment they turned one is 94.8 percent coverage by 2025. Vaccination levels, however, are still below this target(Patel et al., 2021).

Table 14, Availability of Vaccination Services

Response	Frequency	Percent
Strongly Agree	96	71.1
Agree	36	26.7
Neutral	1	.7
Disagree	1	.7
Strongly Disagree	1	.7
Total	**135**	**100.0**

Source: *Field Survey, 2022*

The study finding in the table 15 above also revealed that 71.1 percent (96) respondents strongly agreed, 26.7 percent (36) respondents agreed, only 0.7 percent (1) respondents were neutral about availability of vaccination service in health institutions, only 0.7 percent (1) respondents disagreed, and only 0.7 percent (1) respondents strongly disagreed that regular available of vaccination services in health institutions. Above results shows that most of the respondents were of the view that there is regular available of vaccination services in health institutions.

4.3.7 Availability of Emergency Service

Health institutions with emergency services are given the status of quality and convenient health institutions. Nepal government does not provide emergency services at health posts and primary health centers in Nepal. It is necessary to provide services including emergency services in rural areas as the government health institutions in rural areas are mostly used by people with low economic status.

Table 15, Availability of effective emergency service

Response	Frequency	Percent
Strongly Agree	3	2.2
Agree	2	1.5
Neutral	1	0.7
Disagree	18	13.3
Strongly Disagree	111	82.2
Total	**135**	**100.0**

Source: *Field Survey, 2022*

Table 16 shows that only 2.2 percent (3) respondents strongly agreed, 1.5 percent (2) respondents agreed, only 0.7 percent (1) were neutral about emergency service of health institution. 13.3 percent (18) respondents disagreed and 82.2 percent (111) respondents strongly disagreed that effective emergency services available.

Table 16, Friendliness and courtesy of staff

Response	Frequency	Percent
Strongly agree	25	18.5
Agree	62	45.9
Neutral	44	32.6
Disagree	4	3
Total	**135**	**100**

Source: *Field Survey, 2022*

The table 17 indicates that 18.5 percent (25) respondents strongly agreed, 45.9 percent (62) respondents also agreed, 32.6 percent (44) respondents were neutral and only 3 percent (4) disagreed that friendliness and courtesy of the in the health institutions.

Table 17, Convenience of location of health institutions

Response	Frequency	Percent
Strongly Agree	26	19.3
Agree	49	36.3
Neutral	1	0.7
Disagree	45	33.3
Strongly Disagree	14	10.4
Total	**135**	**100.0**

Source: *Field Survey, 2022*

Above table 18 shows that only 19.3 percent (26) respondents strongly agreed, 36.3 percent (49) respondents agreed, only 0.7 percent (1) respondent were neutral, 33.3 percent (45) respondents disagreed and 10.4 percent (14) respondents strongly disagreed that convenience of location of health institute for you.

Table 18, Cost of Health services

Response	Frequency	Percent
Strongly Agree	51	37.8
Agree	70	51.9
Neutral	10	7.4
Disagree	4	3.0
Total	**135**	**100.0**

Source: *Field Survey, 2022*

Table 19, revealed that 37.8 percent (51) respondents strongly agreed, 51.9 percent (70) respondents agreed, 7.4 percent (10) respondents were neutral and only 3 percent (4) respondents disagreed that costly health service of health institutions.

Table 19, Technical knowledge of staff member

Response	Frequency	Percent
Strongly Agree	8	5.9
Agree	30	22.2
Neutral	79	58.5
Disagree	18	13.3
Total	**135**	**100.0**

Source: *Field Survey, 2022*

The table 20 indicates that only 5.9 percent (8) respondents strongly agreed, 22.2 percent (30) respondents agreed, 58.5 percent (79) respondents were neutral and only 13.3 percent (18) respondents disagreed that job related technical knowledge of the staff member.

4.3.12 Health Insurance Service

In the fiscal year 2016–17, the Nepali government launched its national health insurance program. In accordance with this program, a household is regarded as a unit and is required to pay an annual payment of $113 USD to receive healthcare consisting of up to $348 USD(Mishra et al., 2015)**.** All 77 of Nepal's districts has embraced the government's Social Health Insurance Scheme, which was implemented in 2015. The program's objective is to guarantee that everyone has access to the highest healthcare coverage(*Social Health protection network, 2021*).

Table 20, Effectiveness of Health Insurance Services

Response	Frequency	Percent
Strongly Agree	32	23.7
Agree	40	29.6
Neutral	41	30.4
Disagree	18	13.3
Strongly Disagree	4	3.0
Total	**135**	**100.0**

Source: *Field Survey, 2022*

Study finding in the table 21 above also revealed that 23.7 percent (32) respondents strongly agreed, 29.6 percent (40) respondents agreed, 30.4 percent (41) respondent were neutral, 13.3 percent (18) respondent disagreed and only 3 percent (4) respondents strongly disagreed that it is easy to get health service from health insurance.

4.4 Constraints and Challenges of Local Government in Health Service Delivery

Local governments face many constraints and challenges while providing health services. Bardagoria Rural Municipality also faced many more constraints and challenges which are shown in the following results.

4.4.1 Allocations of adequate Budgets for Health Service Delivery

Annually, the local government allocates budgets for various areas of development such as education, health, drinking water, transportation, infrastructure etc. out of them, the local government has given specially priority to health service delivery while allocating the budget.

Table 21, Allocation of Budgets by Local Government

Response	Frequency	Percent
Yes	79	58.5
No	45	33.3
Not Sure	11	8.1
Total	**135**	**100.0**

Source: *Field Survey, 2022*

The above table 22 indicates that out of 135 respondents 58.5 percent (79) of the respondents expressed that the local government has allocate adequate budget for health service delivery, 33.3 percent (45) of the respondents expressed that the local government has not allocate adequate budget for health service delivery and only 8.1 percent (11) of the respondents were not sure about budgets allocations of local governments. Health post In-Charge of Kotatulsipur shared that *the local government allocating the budget to strengthen health services by giving special priority to health over other areas of development (S.*K. Kathariya, August, 2022 [KII]).

4.4.2 Local Government provide adequate infrastructure for Health Service

Infrastructure is the fundamental requirements for the all kinds of public service delivery. Infrastructure for health service indicates that building for hospital or health post, ambulance, transportations and different types of ward such as OPD, DOTs, MCH, Vaccinations, Cold chain etc.

Table 22, Health Infrastructure provided by Local Government

Response	Frequency	Percent
Yes	80	59.3
No	50	37.0
Not Sure	5	3.7
Total	**135**	**100.0**

Source: *Field Survey, 2022*

Table 23 revealed that 59.3 percent (80) of the respondents expressed that the local government has provided adequate infrastructure for health service delivery, 37 percent (50) of the respondents expressed that the local government has not provided adequate infrastructure for health service delivery and only 3.7 percent (5) of the respondents were not sure about health infrastructural conditions. Ward president of Ward No. 6 shared that *in the last 5 years we have constructed infrastructure such as building constrictions, get construction, road construction, parking service, hand washing facility, birthing center operation waiting room for patient, information box, store room toilet etc. And more infrastructure is under construction* (R.K. Dagauratharu, August, 2022[KII]).

4.4.3 Health policy for Service Delivery

Local governments have should be different kinds of policy as different public service delivery such as health policy for health service delivery. Health policy also should be preventive, promative and curative.

Table 23, Formulation of Health Policy by Local Government

Response	Frequency	Percent
Yes	27	20.0
No	83	61.5
Not Sure	25	18.5
Total	**135**	**100.0**

Source: *Field Survey, 2022*

Above table 24 shows that out of 135 respondents only 20 percent (27) of the respondents expressed that the local government has formulate proper health policy for health service delivery, 61.5 percent (83) of the respondents expressed that the local government has not formulate proper health policy and 18.5 percent (25) of the respondent were sure about health policy formulation of local government.

4.4.4 Local Government get enough Budget from Central Government

In every fiscal year, the central government allocates budgets to each local government across the country based on the needs, geographical severity etc.

Table 24, Local government get enough budget from central government

Response	Frequency	Percent
Yes	101	74.8
No	19	14.1
Not Sure	15	11.1
Total	**135**	**100**

Source: *Field Survey, 2022*

In the table 25 above also revealed that out of 135 respondents most of the 74.8 percent (101) respondents expressed that the local government get enough budget from central government, only 14.1 percent (19) respondents expressed that the local government were not sure about budget.

4.4.5 Managerial skill of elected representative and bureaucracies

Local representatives are elected by local people temporarily or for the period of five years and bureaucracies are permanently selected by the Public Service Commission. If the elected representatives and bureaucracies have good managerial skills, they can service delivery effectively.

Table 25, elected representative and bureaucracies have proper managerial skills

Response	Frequency	Percent
Yes	25	18.5
No	61	45.2
Not Sure	49	36.3
Total	**135**	**100**

Source: *Field Survey, 2022*

It was revealed in the table 26 that only 18.5 percent (25) of the respondents expressed that the elected representative and bureaucracies have proper managerial skills, 45.2 percent (61) of the respondents expressed that the elected representatives bureaucracies have not proper managerial skills and 36.3 percent (49) of the respondents were not sure.

4.4.6 Coordination of Local Government with Health Institutions and Stakeholder

Table 26, Local Government coordinate with Health Institutions and stakeholder

Response	Frequency	Percent
Yes	12	8.9
No	50	37.0
Not Sure	73	54.1
Total	**135**	**100**

Source: *Field Survey, 2022*

Above table 27 shows that only 8.9 percent (12) of the respondents expressed that the local government coordination with health institution and stakeholder, 37 percent (50) of the respondent expressed that the local government did not coordination with health institutions and stakeholder. Most of the respondents 54.1 percent (73) not sure about this statement. Health In-Charge of Dododhara Hospital shared that *recently, we have coordinated between the rural municipality, dododhara hospital and an organization called suaahara Nepal to make ward 1 a Suposhit ward* (N.B. Bist, August, 2022 [KII]).

4.4.7 Health awareness program conduct by local government

Local government majorly conduct fundamental health and sanitation programs. Local government conduct nutrition, sanitation, waste management, reproductive health, family planning, Maternal and Child Health program etc.

Table 27, Local Government conduct the health awareness program properly

Response	Frequency	Percent
Yes	42	31.1
No	82	60.7
Not Sure	11	8.1
Total	135	100.0

Source: *Field Survey, 2022*

Table 28 above indicates that only 31.1 percent (42) of the respondents expressed that the local government conduct the health awareness program properly, majority of respondents 60.7 percent (82) expressed that local government doesn't conduct the health awareness program and 8.1 percent (11) of the respondent were not sure about health awareness program of local government.

4.4.8 Status of health staff managed by Local Government

Adequate health worker can provide proper health services and quality of health worker increased effectiveness of health institutions. Therefore, the local government should manage sufficient and quality health worker as per the requirement.

Table 28, Quality and Quantity of Health Staff

Response	Frequency	Percent
Yes	32	23.7
No	62	45.9
Not Sure	41	30.4
Total	**135**	**100.0**

Source: *Field Survey, 2022*

Above table 29 shows that only 23.7 percent (32) of the respondent expressed that local government manage the adequate and quality health worker, most of the respondent 45.9 percent (62) expressed that the local government don't manage the adequate and quality health worker and 30.4 percent (41) respondent not sure about management of health worker.

4.4.9 Monitoring of Health facility by Local Government

The local government should monitor the health institutions from time to time and control the negligence in the health institutions and fulfill the requirements.

Table 29, Monitoring of Health Facility by Local Government

Response	Frequency	Percent
Yes	50	37.0
No	64	47.4
Not Sure	21	15.6
Total	**135**	**100.0**

Source: *Field Survey, 2022*

The table 30 indicates that out of 135 respondents 37 percent (50) respondent expressed that the local government monitor the health facility from time to time, 47.4 percent (64) of the respondent expressed that the local government don't monitor the health facility and 15.6 percent of the respondent were not sure about monitoring status of local government.

4.4.10, Status of Good Governance

According to the United Nations, Good Governance is measured by the eight factors of participations, Rule of Law, Transparency, Responsiveness, Consensus Oriented, Equity and Inclusiveness, Effectiveness and Efficiency, and Accountability.

Table 30, Status of Good Governance

Response	Frequency	Percent
Yes	10	7.4
No	25	18.5
Not Sure	100	74.1
Total	**135**	**100.0**

Source: *Field Survey, 2022*

Above table 31 revealed that only 7.4 percent (10) respondent expressed that local government have good governance for health service, similarly only 18.5 percent (25) of the respondents expressed that local government haven't good governance for health service and 74.1 percent (100) of the respondents were not sure about Good Governance.

4.4.11 Local government against COVID-19

The local government had to work very hard to quarantine the people who are at risk of infection of COVID-19 to keep the infected people in Isolation, and to provide COVID Vaccine to all the local people.

Table 31, Local Government against COVID-19

Response	Frequency	Percent
Yes	64	47.4
No	63	46.7
Not Sure	8	5.9
Total	**135**	**100.0**

Source: *Field Survey, 2022*

This table 32 implies that most of the 47.4 percent (64) respondents expressed that the local government able to deal with COVID-19 pandemic, 46.7 percent (63) respondents expressed that local government unable to deal with COVID-19 pandemic and only 5.9 percent (8) respondents were not sure about local government against COVID-19.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

The research process and research findings are summarized in this chapter. In three sections, the entire chapter is summarized. The first section gives a summary of the study and provides a general background on research. The second section make conclusions from the study, and the third section delivers implications.

5.1 Summary

The general objectives of the study were to examine the status of health service delivery of Bardagoria rural municipality, kailali. Moreover, the specific objectives of the study were to identify the existing health service delivery infrastructure, to assess the health service delivery practice and impact in local people and to analyze the constraints and challenges of local government to health service delivery of bardagoriya rural municipality.

The study consisted of 135 respondents and 6 participant belonging to different background. For the purpose of conducting the study, 50 items questionnaire were used for the survey, KII guideline including 5 questions for KII and Observation checklist. This survey was carried out using simple random sampling and KII carried out using Purposive sampling and sample obtained included the respondents with different gender, age and work background of Bardagoriya Rural Municipality.

Out of the total 135 respondents, 81 were belonging to patients of dododhara hospital and 54 were belonging to patients of Kotatulsipur Health Post. The majority of respondents fall on the female groups which is 61.5 percent out of all 135 respondents. About marital status more than 65 percent of total respondents were married and rest are the widow and unmarried. Majority (48.9 percent) respondents were belonging to janajati ethnic groups. About around 97 percent of respondents follow hindu religion. Majority (71.1 percent) respondents have nuclear family. 57 percent household occupation of respondents are involved in agricultural work. Most of the (88.9) respondent expressed that they are unhealthy and only 11.1 percent respondents were healthy they visited health institution for other services such as family planning, immunization and for health related information. About health condition more than 80

percent respondents have poor health condition. Out of 135 respondents 46.7 percent respondents expressed that there are adequate number of health institution. Only 0.7 percent agreed that there is emergency ward. 73.3 percent respondents expressed that there are not adequate number of bed. 74.1 percent respondents agreed that there is effective Maternal and Child Health (MCH) ward.

Only 3.7 percent respondents were agreed that the health institution have operating facilities. 92.6 percent respondents expressed that hospital or health post have separates toilets for male and female. Most of the 52.6 percent respondents agreed that health service provided by health institutions in this area is adequate. 39.3 percent respondents were disagreed. Most of the 44.4 percent respondents strongly agreed and 30.4 percent respondents agreed that behaviors of health staff is good. Majority of respondents agreed that there is effective MCH service (77.8 percent) and effective Family Planning Service (47.3 percent) in health institutions. 58.5 percent of the respondents expressed that the local government has allocated adequate budgets for health service delivery. 59.3 percent expressed that the local government has provided adequate infrastructure for health service delivery. Most of the 60.7 percent respondents indicates that the local government doesn't conduct the health awareness program. Only 23.7 percent of the respondents expressed that local government manage the adequate and quality health workers. Majority of (74.1 Percent) the respondents were not sure about good governance of local government in health service delivery.

5.2 Conclusions

The Local Government Operation Act 2074 is a significance achievement for Nepal to deliver Public Service Delivery at the local level or remote areas of countries. In my study I found that after 2074, there has been a significant change in the health sector in bardagoriya rural municipality. Even when Bardagoria Rural Municipality allocates the budget, it was found that the health sector was given special priority. Some client were healthy but they visit the health institutions for others services such as Family Planning services, vaccination services, health information services etc. Most of the respondent expressed that they are unhealthy and least respondents were healthy they visited health institution for other services such as family planning, immunization and for health related information. According to my research the maximum numbers of client's family occupation is agriculture. A person's family or personal occupation also has a significant impact on his health, as farmer are more prone to skin related and soil-borne diseases. I found that there has been a significant change in the number of health institutions, but there has not been much changes in the services to be provided by the health institutions such as emergency service, ambulance service, effective delivery services, effective laboratory services etc. According to my research there has been more few services such as MCH, DOTs, Vaccination and Family Planning services and more respondents satisfied by behavior of health worker.

Since the dododhara health post was converted into a hospital only few month ago, the hospital has not been able to provide the services it should have. It was found that it is very difficult for the client of all the wards to get the services due to the lack of municipal transport facilities specially, ward no 3. Ward no three is surrounded by river from all sides and there is no bridge over the river, so it is difficult for the people there to receive vaccination services when it floods during the rainy season. Local government has not provided modern operating rooms facilities with enough beds and modern equipment. Over the past few years, Nepal has made a number of notable policies to safeguard and improve public health.

5.3 RECOMMENDATION

- The health institutions should have modern rooms facilities with modern equipment.
- Municipal transport facility need to be more focused.
- Health institutions should function more effective and transformative ways.
- The local government should increase health awareness programs.
- Local government should concern on convenience of location of health institution for all people of RM
- The local government should start emergency services in hospital as soon as possible.

5.4 IMPLICATION

For Knowledge Level

- The results of this study will be helpful for researcher, students and employee to offer and facilitate essential elements for better understanding of condition of health service delivery in research area.
- The study might be useful for knowing general characteristics of the respondents of the researched area.
- The study also highlighted the overall decentralization literature review. Such highlighted decentralization literature review could be useful for others knowledge.
- This research paper might be applicable to the local representatives so, they could make decision related to service delivery based on this paper.
- Moreover, it accounted the health related data reported by WHO, PHU, MoHP etc. such data could be significant for the students who are interest on such field.
- The relationship test calculated on this paper let the people know how one variable described the other variables. Based on it, the researcher and policy maker will help to the local representative to make appropriate actions.

For Practice Level

- This research paper might be applicable to the Ward office and Municipality from the study area, this paper could support on policy making of the municipality and ward to some extent.

- The ward office and municipality have the health section that looks after their respective area. They function to uplift the health service delivery of their area. The data analysis results from the research paper might be helpful to the health officers and local elective bodies to understand in-depth the status of health service of the researched area.
- Based on the paper findings, it might help the expertise from such health institutions to function effectively overcome problems and challenges related to health service delivery.
- There has been a significance change in infrastructural condition but not much change in services therefore, concern governmental and nongovernmental institutions should improve services specially, emergency, ambulance adequate beds etc.
- Based on the paper findings, public participation is lacking in health awareness programs. The awareness and motivation program should operate the public about public health.

For Policy Level

- The local government of the researched area could make plan and policies for increasing the number of health institutions, health service and health awareness. I hoped this paper findings could be helpful for them while making plan and policies.
- The Ministry of Health and Population (MoHP) is the main body of the government to function related to the health. (MoHP) and its sub-bodies make plan and polices at high level. They allocated the budget to the health sector, prepared health report overall of the country. The findings could be helpful to them while they are preparing report, plan and policy related to the health service of the study area.
- The research paper might be applicable to the UNICEF, Safe the Children, Suhara Nepal and others health related organizations. They are doing difference programs, so hopefully, this paper could be helpful for them to extract new finding.
- Based on this, the policy regarding health service delivery should made strong through effective planning.

5.5 Future Direction

This dissertation has answered some of inquiry regarding this research. However, several new questions emerge in light of the discoveries presented here. Few of the most prominent are listed here.

Direction for researcher:

- Researcher can conduct qualitative research approach by doing KII, In-depth Interview, observation etc. to understand concepts, opinions, or experience of local intellectual, political leaders, representatives and local people in depth.
- Researcher can focus on overall every aspect of public service delivery including education, transportation, drinking water etc.

Direction for Local Government:

- Local government should plan for the contingencies plan to improve health services 24 hourly.
- Time and again, there should be program arranged to remind the local elected representatives including intellectual people to improve quality of health infrastructure and other services.

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Appendices

Appendix A: Questionnaire for Survey

Dear Respondents,

My name is Tikaram Devkota I am conducting a survey on "HEALTH SERVICE DELIVERY OF LOCAL GOVERNMENT". This is completely a dissertation work and it does not carry any official record. The important of this study depends on your valuable answer. Please answer the questions honestly. Your privacy will be always be secured, and information you provide does not effect on it. For more details, do not hesitate to consult with the researcher.

Section A: Personal Profile of the Respondents

1. Name: ……..

2. Permanent Address: ……

Socio- Demographic Information		
3. Your age (In years) □ <15 □ 2. 15-29 □ 3. 30-44 □ 4. 45-59 □ 5. 60>	**7. Cast/ethnicity:** □ Brahmin □ 2. Chhetri □ 3. Janajati □ 4. Dalit	**11. Family Monthly Income:** □ Rs. <25000 □ Rs.25,000-50,000 □ 3. Rs.51,000-75,000 □ 4. Rs.≥75,000
4. Your Sex Group: □ Male □ Female □ LGBTI	**8. Family System:** □ Joint Family □ Nuclear Family Total Family Member……	**12. Employment Status:** □ Student □ Part-time Job □ Full-time Job □ Unemployment □ Seeking Job
5. Marital Status: □ Married □ Unmarried □ Divorced □ Separated □ Widowed	**9. Family Occupations:** □ Agriculture □ Enterprises □ Business □ Govt. Job □ Private Job □ Remittance □ Others ……	**13. Educational Status:** □ Literate: ▭ Illiterate □ Primary □ Secondary □ Bachelor Level □ Masters level □ Above Masters Level □ Other Specify…….
6. Religion: □ Hindu □ Buddhist □ Kirat □ Christian □ Others, Specify…….	**10. Land Holding:** □ ≤5 Kaththa □ 6-10 Kaththa □ 11-15 Kaththa □ ≥15 Kaththa	**14. Health condition:** □ Very □ Poor □ Good □ Very Good **15. Are You Unhealthy?** □ Yes □ No □ Not sure

Section B: Objectives 1, Health Service Delivery Infrastructure

S.N.	Infrastructural Condition	Yes	No	Not sure
		1	2	3
16.	Does the adequate number of health institution?			
17.	Does the Hospital/health post have emergency ward?			
18.	Does the hospital/health post have adequate number of bed?			
19.	Does the hospital/health post have pharmacy?			
20.	Does the hospital/health post have MCH Ward?			
21.	Does the hospital/health post have effective laboratory room?			
22.	Does the hospital/health post have ambulance service?			
23.	Does the hospital/health post have separate DOTs ward?			
24.	Does the hospital/health post have separate vaccination room?			
25.	Does the Hospital/health post have modern operating room facilities?			
26.	Does the Hospital/Health Post have equipment for modern diagnosis and treatment?			
27.	Does the hospital/health post have separate toilet for male and female?			

Section C: Objectives 2, Health Service Delivery Practices and Impact

S.N.	Practice and impact	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		1	2	3	4	5
28.	Heath service provided by health institution in this area is adequate.					
29.	Health institution provide essential medicine free of cost.					
30.	Behavior of health staff is good.					
31.	There is effective Maternal and child health care service.					
32.	There is effective Family Planning Service.					
33.	Regular available Vaccination services.					
34.	Effective emergency service is available.					
35.	Friendliness and courtesy of staff.					
36.	Convenience of location of health institute for you.					
37.	Health service cost are satisfactory					
38.	Job related technical knowledge of the staff is good.					
39.	It is easy to get health service from health insurance.					

Section D: Objective 3, Constraints and Challenges of Local Government in health service

S.N.	Constraints and Challenges of Local Government	Yes	No	Not sure
		1	2	3
40.	Did the local government have allocated of adequate budget for health service?			
41.	Did the local government provided adequate infrastructure for health care delivery?			
42.	Does the local government formulate proper health policy for health service?			
43.	Did the local government get enough budget from central government?			
44.	Did the elected representative and bureaucracies have proper managerial skills?			
45.	Does the local government coordination with health institution and stakeholder?			
46.	Does the local government conduct the health awareness program properly?			
47.	Did the local government manage the adequate and quality health worker?			
48.	Does the local government monitor the health facility from time to time?			
49.	Does the local government have good governance for health service?			
50.	Did the Does the local government able to deal with COVID pandemic?			

Appendix B: Key Informant Interview (KII) guidelines

Part One: Introduction

Namaste,

This study is concerned with health service delivery of local government in Bardagoriya Rural Municipality. Here is the list of subjects that the interview is concerned.

1. Please be aware that all responses will be kept anonymous and used solely for academic purposes. Every respondent's viewpoint is appreciated equally.
2. You have the option of answering or not answering the questions during the interview procedure.
3. The response will only be used for academic purposes.
4. If you don't want to answer a question, let me know so I can move on to the next.
5. Please let me know if you do not want to continue the interview so I may halt it.
6. You play a crucial role in this study since the information you provide will be used to determine its outcome.
7. The study is meant to be useful in identifying problems, obstacles, and recommendations for local health service delivery.
8. We kindly ask you to join in this study by taking the interview.

Part Two: Individual Details

1. Name: ……
2. Designation: ……
3. Name of the Organization: ……..

Part Three: Questions Related to Research

1. Will you share your experiences about health services delivery in your area as a public representative or health worker?
2. What is the quality in health service?
3. What are the major infrastructural changes within last 5 years in health service delivery? And political influence in health service delivery.
4. What are the major constraint and challenges for Bardagoriya rural municipality during health service delivery?
5. How are you providing services? Will you state some provisions for service delivery in your office?

Appendix C: Observation Checklist

Health Institute Name: ……..

S.N.	Present condition of health institute and local bodies	Place for tick mark		Remark (No.)
		Yes	No	
1.	Own Building			
2.	Emergency Service			
3.	DOTs Service			
4.	MCH Services			
5.	Laboratory Services			
6.	Adequate Health Staff			
7.	Regular Vaccination Campaign			
8.	Family Planning Service			
9.	Ambulance Service			
10.	Separate OPD Rooms			
11.	Hand Washing Service			
12.	Sanitation			
13.	Sufficient Beds			
14.	Separates Delivery Rooms			
15.	Waiting Rooms for Patient			

Appendix D: Sampling Determination Table

N	*S*	*N*	*S*	*N*	*S*
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

Appendix E: List of selected Participant for KII

S.N.	Name	Designation	Name of Organization	Contact No.
1.	G.R. Giri	Deputy Mayor	Bardagoriya RM	9858424305
2.	N.B. Bist	Health in-charge	Dododhara hospital	9858031400
3.	S. K. Kathariya	Health In-charge	Kotatulsipur health post	9811620009
4.	M. Gautam	Ward chairman	Ward No. 1	9848424102
5.	R. Chaudhary	Ward chairman	Ward No. 6	9847152556
6.	K. D. Joshi	Health Inspector	Bardagoriya RM	9848428494

Source: Field Survey, 2022