



Centre for Social Change  
Building a Better Nepal

# Public Service Delivery

Challenges and Opportunities  
In Federal Nepal

*Focusing on Local Level Education and Health Facilities*

May 2022

Centre for Social Change

# Abstract

This study assesses the status of local government units' public service delivery in Nepal following the introduction of the federal governance framework, as evidenced by primary data collected from six local units in Sunsari and Rupandehi districts in the sectors of health and education. It focuses on the services provided by the local government units from the perspective of service delivering and seeking individuals and groups. Overall, it finds that substantial improvements have been made in the efficiency, inclusivity, accessibility, and participation levels in public services in both sectors since 2015. However, in comparison to the education services, key health service indicators are found to be lagging, which could be informed by the ongoing Covid-19 pandemic. Further analysis reveals the most pertinent challenges currently being faced by governments. In the health sector, the main challenges include the management of medicines and equipments, inclusion of marginalized groups, and improved intergovernmental coordination. In the education sector, the main challenges include the urgent need for strategic rebound from participation loss caused by Covid-19 disruptions, improved gender inclusivity, and maintenance of public education outcomes competitive with private sector actors under resource constraints.

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# Introduction

The promulgation of the current governing Constitution of Nepal introduced a federal governance framework. Prior to it, Nepal's government was historically based on a centralized, unitary model with varying levels of core influence from a constitutional monarchy and parliamentary system. The federalism introduced in 2015 consisted of a three-tier model of decentralized government with a federal tier located in the capital city of Kathmandu, seven provincial tier governments, and 753 local government units with their own functioning executive bodies. The local government tier consists of six metropolises, 11 sub-metropolises, 276 municipalities and 460 rural municipalities.

Among the constitutionally outlined duties, responsibilities, and jurisdictional delineations of the local governments are the administration of public services in the sectors of health and education. The most commonly cited public health duties of local governments include running local health posts, procuring necessary medications and equipment, providing key treatments and medicines for free to seeking citizens, upholding key prevention and sanitation responsibilities, and providing basic emergency and first-aid treatments. On the other hand, the most commonly cited public education duties of local governments include running primary and secondary educational institutions, administering curricula and lesson plans, recruiting and training teachers and staff, supporting marginalized communities through financial scholarship opportunities, and upholding a formal education system to include the teaching of local history, languages, and cultures along with the national syllabi.

District	Local Unit	Population
Sunsari	Ramdhuni Municipality	62,816
	Koshi Rural municipality	43,626
	Bhokraha-Narsing Rural Municipality	45,238
Rupandehi	Butwal Sub-Metropolitan City	138,742
	Tilottama municipality	34,638
	Suddhodhan rural municipality	123,836
Cumulative Population		414,258

*Table 1: LGUs Studied*

This study focuses on public services delivered by six local government bodies across two districts – Sunsari and Rupandehi – in the sectors of public health and public education.

Table One summarizes the names and relative sizes of each local unit with respect to their populations based on the most recent census counts.

The quality of the constitutionally outlined services provided by the local governments across the country are a key measure by which the overall success of Nepal's young federalism can be gauged. Given that this study is conducted between February and May of 2022, just ahead of the 2022 local elections that will determine the second-ever local government administrations also qualifies its findings as useful to analyze the effectiveness of the de facto first endline phase of federalism in the country.

This study relies on deducing its findings using qualitative and quantitative data obtained from focus group discussions, interviews, and questionnaire-based surveys administered in the above mentioned project areas. It can be thus considered a subjective analysis of the contextual perceptions of local government service delivery activities in health and education, and so, might not be representative of the entire citizen-base of the area. Similarly, the findings of this study may not be representative of the state of local public service delivery in the entire country as its scope is limited to the above outlined project areas.

Despite this study's active efforts to make respondents aware about several key, commonly observed inherent biases prevalent in social sciences research that may impact their reported views, the data used to deduce its findings may yet be biased as the findings rely on subjective data gathered from individual respondents.

Additionally, the fact that this study was conducted in the midst of the ongoing Covid-19 pandemic may yet also have influenced the perceptions of participating respondents. Both public health and education sectors were severely impacted by the health-related, economic, and governance disruptions caused by the pandemic. This study's findings may thus also unintentionally reflect perceptions of each local government unit's crisis management capabilities along with their service delivery in health and education.

## Literature Review

The term 'local government' can be used loosely to describe different governance structures clustered around one specific pre-outlined geographical area within a nation-state. In most cases around the world, local governments have the authority to determine and execute key policies and administrative activities within their delineated areas. This generic definition can be used to describe several types of local governments found across the globe.

The modern-historic prominence of local governments can be attributed to a trend of rapid decentralization and "layered" governments formation observed internationally following the conclusion of World War II. (Shah, 1997) In the decades that followed the war, which were also marked by the introduction of the growing influence of super-government bodies such as the United Nations and the World Bank, political scholars and practitioners moved away from centralized models. Instead, localized subdivisions were introduced in governments as a means to spread power across countries and improve citizens' democratic participation levels.

The most commonly used formal classification of local governments is coined by Muttalib et al (1982), which defines them as institutions principally in a decentralized or federal state which are granted the powers and responsibilities associated with direct, area-specific provision of public services to the citizens of the defined geographical delineation. In other words, a local government is essentially the standalone government, operating in conjunction with other active governing bodies within a country, that heads the institutions and mechanisms designed for planning, implementing, evaluating, and monitoring local citizen affairs. Today, local governments are conceptually and practically an integral part of modern political systems across the world in both developing and developed countries. In a majority of decentralized governance models, localized service delivery responsibilities fall squarely in the jurisdiction of local governments.

Aijaz (2007) further adds to the definition of local governments by outlining the provision that government does must have administrative, legislative, and executive functions within the territories under their jurisdiction. Other definitions, such as ones by Lockard (1963) and Stones (1968) are less specific about outlined responsibilities and instead, focus on the general delegation of the subdivision of governments to be tasked with highly localized "housekeeping" duties such as maintaining cleanliness in public spaces, administering local public services as guided by higher tiers of governments, and mediating between local interests/demands and centralized government bodies.

In the present day, several different countries have adopted decentralized models of governance that feature local governments in different capacities. Many young federal nations are still struggling with implementation issues, whereas others are continuing to enhance their individualized government customizations as needed. In the Nepali context, the concept of localized governance can be traced back several centuries to pre-historic times.

Adhikari (2021) recounts loosely governed localized authoritative bodies self-managing irrigation systems, agricultural practices, and conflict resolution mechanisms long before Nepal adopted federalism. In the 1960s, localized participation was further mechanized into the national governance model with the highly centralized Panchayat system. Over the decades, newer enhancements saw more informal decentralization with the introduction of multiparty systems at the capital, although the country officially retained a unitary system.

The 2015 promulgation of the currently governing Constitution officially introduced federalism into Nepal, and the results of the 2017 local elections gave the country its first cohort of nationwide elected local leaders. Article 50 (1) of the Constitution outlines the main provisions associated with the decentralized model, and acknowledges the autonomy, independence, and sovereignty of the country and its inter-governmental bodies including local government units. Further practical clarification is brought upon by the Local Government Operation Act of 2017, which outlines specific responsibilities to the local tier. Public service delivery lies at the heart of its duties.

The wide array of services and provisions that fall under the jurisdiction of the local government tier include, but are not limited to, basic health services, sanitation, primary and secondary education, agriculture and irrigation, local infrastructure management, community food administration, community water supply, social protection programs, local funding management, and vital recordkeeping registrations (such as birth, death, migration, marriage).

With the successful completion of the 2017 local elections, it was reported that there was a palpable optimism in the country regarding improvements in service delivery. The increased access to elected local leaders was also projected to bring substantial positive change in the efficiency, inclusiveness, and accessibility of government services. However, Bhattarai et al (2020) argue that the existing wide gap between expectation and available resources makes such improvements vulnerable to political and economic forces that may undermine them. An empirical evaluation is needed to identify key changes, existing challenges, and opportunities in effective service delivery. This study is one attempt to fill that gap.

# Conceptual Framework and Methodology

This study approaches the analysis of the current state, pertinent challenges, and relevant opportunities associated with the local government’s public service delivery performance in the sectors of public health and public education through the following conceptual model:

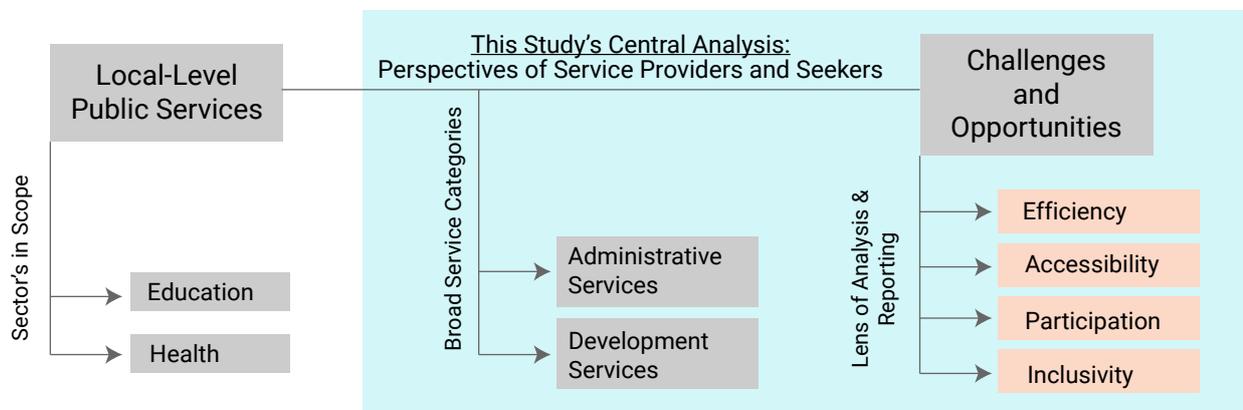


Figure 1: Conceptual Framework of Analysis, Developed by CSC

The framework outlined in Figure 1 was developed as a model of local government public service delivery analysis by and for this study. Through its data gathering methods, the study engaged in two distinct perspectives:

1. **Service Deliverers**  
Such as key government actors, service institutions, school personnel, health post workers, influential individuals in service design, etc.
2. **Service Seekers and/or Beneficiaries**  
Such as individual citizens, beneficiary groups, adjacent beneficiaries (such as parents of public-school students), need-based service seekers, etc.

Additionally, this study also included the integration of third-party perspectives when possible, through the data gathering phase to supplement its learnings from the aforementioned primary perspectives. Examples include CSOs, workers’ union organizations, project donors, etc.

Methodologically, this study relies on both primary and secondary sources of data. Primary data was collected through a series of information gathering meetings in all six local government units’ areas engaging both local service deliverers as well as service seekers. A total of 20 different meetings were conducted. The interactions were based on a custom analytical research design to gauge the perspectives of the participating respondents.

Methods such as focus group discussions, in-depth key informant interviews, and questionnaire-based surveys were used to obtain primary data. Both qualitative and quantitative data were gathered and used for analysis. On the other hand, a thorough desk review of existing relevant literature and of the socio-political context of the project areas and country within the federal context was conducted to obtain secondary data, which has been used both to supplement the findings and for context review.

For analysis of public service delivery outcomes, challenges, and opportunities, this study relied on a four-point lens of analysis as outlined in Figure 1 above. While in-depth, qualitative data was gathered through descriptive research methods, the quantitative data was gathered through an indexed scoring scale between 1-5. As per the scale, a score of 1 represented “very disappointing” state of affairs within the given dimension of analysis whereas a score of 5 represented “very satisfactory.” The four, mutually nonexclusive lenses of analysis used are:

1. Efficiency – How smooth is the operation?
2. **Accessibility** – Can all members of society access the service?
3. **Participation** – How popular is the service?
4. **Inclusivity** – Does the service make efforts to include marginalized groups?

Additionally, two categorical delineations were also created in the research design of this study to outline the types of public services relevant to the analysis. However, while all participating respondents were briefed regarding the difference between the two kinds of services within the scope of the study, data was not gathered separately because many of the respondents were not able to provide separate accounts. The two categories were:

1. Administrative Services – registration processes, bureaucratic services, etc.
1. Developmental Services – quality of service, comparison with private sector, etc.

With this overall framework of analysis, data gathering model, and methodology, this study attempts to answer the following key research question as its central problem statement:

What is the current state, challenges, and opportunities associated with local-level governments’ public service delivery works in Nepal in the health and education sectors?

## Findings: Current State of Service Delivery

The following table shows averages obtained from the scaled index-scores obtained from all participants in local government units from both Sunsari and Rupandehi. The three columns represent national average scores obtained within the entire study, respondents reporting for only the health sector, and respondents reporting for only the education sector.

Service Dimension / Lens of Analysis	Total Average	Health Average	Education Average
Efficiency of Service	2.975	2.8	3.15
Accessibility of Service	3.16	2.55	3.72
Inclusivity of Service	3.235	2.92	3.65
Observed Service Participation Level	3.185	2.65	3.72

Table 2: Quantitative Findings, National Averages

It can be deduced from the results shown in Table 2, and further corroborated from the qualitative findings, that participating respondents scored all four lenses of analysis for both the health and education sector above the hypothetical average of 2.50. In each data collection meeting, participants were briefed that a hypothetical score of 2.50 would represent a “neither satisfied nor unsatisfied” answer. The results shown in the table thus reflect a general positive response with which federalism has been embraced by citizens.

When comparing between the two sectors, it is observed that the average scores are higher in all four lenses of analysis in the education sector compared to the health sector. This finding was also further supported by the qualitative data gathered regarding the relative improvements seen since 2015. It can be deduced here that this estimation effect reflects a much more favorable perception of service work being carried out in the education sector in comparison to the health sector. As mentioned in the Introduction section above, it is also worth noting that the effects of the ongoing Covid-19 pandemic may have affected perceptions on the differences between sectoral service delivery outcomes. Overall, these findings do suggest that there is a perception of healthy post-2015 improvements in the efficiency, accessibility, inclusivity, and participation levels of public services, with public opinion being significantly more favorable towards the education sector.

Service Dimension / Lens of Analysis	Sunsari			Rupandehi		
	Health	Education	Total Avg	Health	Education	Total Avg
Efficiency of Service	2.7	3.4	3.05	2.9	2.9	2.9
Accessibility of Service	2.2	3.6	2.95	2.9	3.84	3.37
Inclusivity of Service	2.4	3.6	2.9	3.44	3.7	3.57
Observed Service Participation Level	2.6	3.9	3.25	2.7	3.54	3.12

Table 3: Quantitative Findings, District Specific

Table 3 shows the same quantitative results further broken down into averages obtained by only analyzing data from local units belonging to each respective district. Observing the total averages of either district, we see that the respondents from Rupandehi scored their public services higher in accessibility and inclusivity, whereas the respondents from Sunsari scored their public services higher in efficiency and observed level of participation.

Consistent with the findings from the national averages shown in Table 2, we can see clearly that the index scores based on all four lenses of analysis are higher in the education sector as compared to the health sector. This finding holds true when viewing the data from only either one of the two districts as well as from a national average point of view. Thus, the first major finding of this study is that, while significant improvements are made in both sectors, the current state of public service delivery is much stronger in education than it is in public health from both the service seeker’s as well as deliverer’s perspectives. The second finding of this study is that while individual scores are different in analyses reflecting different government units, the overall trend is suitably comparable in Sunsari and Rupandehi. This conclusion may support the notion that service delivery improvements have been relatively uniform across the country since 2015, although proving such a statement would warrant an empirical analysis of a much higher scale than the scope of this study.

## Findings: Pertinent Challenges and Opportunities

Through 20 different data gathering and analysis interactions, including focus group discussions with public service seekers and informant interviews with influential individuals active in the capacity of public service deliverers, several trends were noticed which repeated throughout interactions in local units belonging to both Sunsari and Rupandehi districts. Below are the most pertinent service delivery challenges and opportunities reported by this study's participants in the health and education sectors respectively.

In the health sector, the most urgently observed current challenge in service delivery was found to be the procurement, management, and distribution of key medications and equipment needed for basic treatments in health posts. These medications include Covid-19 vaccinations and preventative material such as PCR-tests and PPE kits. One of the main arguments used for decentralizing the health sector was the expectation that there would be greater community participation in local services. However, it was observed that health service centers at the local level such as hospitals, health centers, health posts, etc. are suffering from a lack of coordination between other horizontal and vertical government bodies, which has contributed to cause this issue. The set of freely available medicines as mandated constitutionally and by information disseminated locally by the health centers themselves were also similarly found to be lacking in organization, regular restocking, and recordkeeping.

The local governments can thus substantially enhance their service delivery by improving intergovernmental communication and coordination mechanisms, and by implementing thorough recordkeeping and information dissemination processes for better monitoring. Concurrently, intergovernmental coordination gaps are further compounded by hierarchical confusions and ongoing ad-hoc power sharing measures adopted within the federal framework. An example illustrated by one of the service deliverers, a health post attendant and first-aid specialist, shared that several local units relied on other local units for guidance during the peak of the Covid-19 pandemic as they were at different levels of capacity. Thus, a hierarchical confusion emerged not only between vertical intergovernmental actors, but also within horizontal counterparts, further causing bureaucratic chaos amidst the emergency lockdown periods.

Interactions regarding health sector challenges with both service deliverers and seekers also consistently produced concerns regarding the inclusivity and accessibility of the local health posts and emergency provisions. One seeker shared, "We have a free ambulance in the village, but it is always late to answer the call, so nobody uses that service. Instead, we use a private ambulance service in emergency cases." Such examples of private sector preference are prevalent across rural municipalities as well as sub-metropolitan areas as it is considered that private pharmacies and medical actors are timelier and more efficient in their services. Similar concerns were also raised with regards to the geographical distance required to be covered to reach health posts in comparison to local pharmacies.

Although service delivery in the education sector was overwhelmingly reported to be in much better shape than the health sector, which is also reflected in the quantitative findings presented in the previous section, it is not without its own challenges and opportunities for improvement.

Given the timing of this study's data gathering processes, it is perhaps not unexpected that the most frequently reported complaint was the public schools' mismanagement and poor adaptation to the disruptions caused by the Covid-19 pandemic. Almost all service seekers and deliverers interviewed for this study admitted that the education sector was effectively blindsided by the pandemic, and thus had to adapt to new teaching models with no prior preparation. The success with which the transition was made to online teaching models were seemingly proportional to the school's prior educational outcomes, which reflects on the role played by well trained staff and resources in crisis situations. Moving forward, a critical challenge of the local education sector will be to fill the gaps created by the large reduction in participation levels during the Covid-19 lockdown periods as the country emerges out of the pandemic. Similarly, the large gap between necessity and reality with respect to the integration of technology in teaching methods was also exposed by the pandemic, and thus needs to be addressed with urgency in the education sector.

Aside from the participation drops and growing digital divide brought by the pandemic, it was also observed that it widened separated the gender gap in educational outcomes. Many of the dropouts from the lockdown periods were observed to be girls. One service seeker shared, "During the lockdowns, it was difficult to maintain household and farm duties while the whole family was at home. So majority of parents chose to halt their daughter's education to help in the house. Now, it is unlikely that these daughters will be readmitted." Thus, while female educational outcomes were seeing improvements since 2015, further research is needed to determine its status since the pandemic.

The role played by the language of instruction – schools instruct in either English or Nepali languages – was also found to play a major role in the determination of several key aspects of the quality of public service delivery in the education sector. All participants interviewed for this study expressed their observations that English medium schools were socially perceived as more high-quality in education, exclusive in admitting new students, and associated with higher overall educational and career outcomes for students in contrast with Nepali medium schools. Thus, education outcomes become skewed over time as students with stronger grades are sent to English medium schools. One participant, a teacher in a Nepali medium school, also expressed that the same phenomenon can be observed in the resources allocated for teacher trainings, as training programs for English medium schools are prioritized.

Further analysis revealed differences in resource allocation, administrative prioritization, and social perceptions between English and Nepali medium sections within the same schools which offer instruction in both languages. In one such case, it was observed that students with stronger grades were automatically transferred into the English medium sections while students with weaker grades were transferred to the Nepali medium sections, creating language-based tiers of educational outcomes even within the same schools. In such cases, all subject teachers expect English language and Nepali language teachers are generally different, and operate on opposite schedules, shared one participant. While further probing into the distinct differences in administration, service delivery efforts, and outcomes between students of different media of instruction was out of the scope of this study, these anecdotal observations do present the basis for further research that could not only ultimately help to improve service delivery but also might help to combat the existing social stigmas attached to languages in the education sector.

Finally, another major challenge faced by public schools is the perception that private schools deliver better education. Several schools in Rupandehi have attempted to combat this by introducing attractive new scholarships and extra-curricular activities. They have also strengthened their teacher recruitment and training efforts. However, this practice was found to have had the unintended outcome of the best teachers being pursued by private sector schools for higher salaries after their public-sponsored training concludes successfully. A few schools reported to have thus begun charging an optional contribution fee to keep their teacher staff while also juggling all resources constraints based on local government budgets.

# Conclusion

All in all, this study finds that the local service delivery landscape has seen substantial improvements since the introduction of federalism in Nepal. Interactions with key individuals who are service seekers, service deliverers, and relevant third-party groups found that the efficiency, inclusivity, accessibility, and participation levels observed in both sectors has significantly improved since the 2017 local elections. However, the perceived improvements observed in the education sector strongly outweigh the recent performance of the health sector as observed by both service seekers and deliverers.

## **Key recommendations for improved public service delivery in the health sector are:**

1. Strong political representation of local marginalized groups should be ensured in decision making positions so that the unique health needs of marginalized groups can be brought to the attention of service deliverers and
2. The availability of free medicines as mandated by the constitution needs to be made more transparent and accountable through effective information dissemination.
3. In the evolving state of Nepal's federalism implementation, some adaptations are necessary. Governments from all three tiers should prioritize mechanisms to ensure intergovernmental coordination. A strong civil society sphere can play an important part in boosting citizens' watchdog capacity through civic engagement.

## **Key recommendations for improved public service delivery in the education sector are:**

1. The strongest and most all-encompassing current challenge is the perception that private education is better than public education. The manifestation of this perception can be observed in career preparation, social status, and teacher recruitment lenses. This phenomenon needs to be addressed through strategic awareness campaigns as well as the mobilization of strategic public-private partnership opportunities.
2. The role played by language needs to be further investigated. Some experts within the field of early childhood development believe that mother-tongue based education is beneficial for early, formative years of a student's life, and the introduction of other languages can aid in cognitive development at later stages. Such findings can be tested and incorporated into service delivery in the education sector.
3. The education sector should work with civil society actors to boost civic engagement to ensure guardian engagement and to boost accountability within the public sector.

# References

- Adhikari, R. (2020). The State of Constitution Implementation and Federalism in Nepal. National Forum of Parliamentarians on Population and Development.
- Adhikari, H. P. (2016). Decentralization for Effective Local Governance in Nepal (PhD). Tribhuvan University, Nepal.
- Adhikari, H. P. (2021). Status of Local Service Delivery by the Local Government in Nepal. Nepalese Journal of Management Research. Tribhuvan University, Nepal.
- Aijaz, R. (2007). Challenges for Urban Local Governments in India. Asia Research Centre Working Paper 19.
- Bhattarai, P. (2019). The New Federal Structure in Nepal: Challenges and Opportunities for Quality Governance. 2019. <https://www.external-democracy-promotion.eu/the-new-federal-structure-in-nepal-challenges-and-opportunities-for-quality-governance/>
- Brand, M. (2011). Federalism and decentralized governance: Preparing for the transition to federalism and implementation of Nepal's new constitution. Retrieved online [http://www.academia.edu/4382168/Federalism\\_and\\_Decentralized\\_Governance\\_Preparing\\_for\\_the\\_Transition\\_to\\_Federalism\\_and\\_Implementation\\_of\\_Nepal\\_s\\_new\\_Constitution](http://www.academia.edu/4382168/Federalism_and_Decentralized_Governance_Preparing_for_the_Transition_to_Federalism_and_Implementation_of_Nepal_s_new_Constitution)
- Constitution of Nepal. (2015).
- Local Government Operation Act. (2017).
- Lockard, D. (1963). "The politics of state and local government", Macmillian 1st edition.
- Muttalib, M. & Khan, A. (1982). Theory of local government. New Delhi: Sterling Publishers Private limited.
- Nembang, S. (2020). From Constitution Writing to Implementing Federalism. National Forum of Parliamentarians on Population and Development. 2020. Retrieved online [https://asiafoundation.org/wp-content/uploads/2020/10/Nepals-Constitution-and-Federalism\\_Vision-and-Implementation\\_English.pdf](https://asiafoundation.org/wp-content/uploads/2020/10/Nepals-Constitution-and-Federalism_Vision-and-Implementation_English.pdf) 30
- Shah, A. (1997). Balance, accountability and responsiveness: Lessons about decentralization. Washington DC: The World Bank.
- Stones, P. (1968). Local Government for Students. Macdonald and Evans. 3rd edition.
- Wolff, H.K. & Pant, P.R. (2005). Social science research and thesis writing. Kathmandu: Buddha Academic Publishers and Distributors Pvt. Ltd.

## Appendix A: Primary Survey Data

Total National and Sectoral Aggregate Averages

Estimates ranging to determine average of perceived public service delivery state in health and education sectors (together and separately) across geographical delineations:

Aggregate Scores			
Service Dimension	Total Average	Health Average	Education Average
Efficiency of Service	2.975	2.8	3.15
Accessibility of Service	3.16	2.55	3.72
Inclusivity of Service	3.235	2.92	3.65
Observed Service Participation Level	3.185	2.65	3.72

### District Specific Findings

Estimates ranging to determine average of perceived public service delivery state in health and education sectors (together and separately) isolated only in the Rupandehi area, with raw scores included:

Area: Rupandehi District														
Service Dimension	Participant Scores											Health Avg Score	Ed Avg Score	District Average
Efficiency of Service	3.5	3	2	2	3	3.5	2	2.5	4	3.5		2.9	2.9	2.9
Accessibility of Service	3.5	4.5	2	4	3	5	3	2.5	3	3.2		2.9	3.84	3.37
Inclusivity of Service	2.7	4	3	5	5	3.5	2.5	3	4	3		3.44	3.7	3.57
Observed Service Participation Level	2	4.5	4	2	3	4	3.5	4	1	3.2		2.7	3.54	3.12

Similarly, the table that follows estimates suggesting the range through the lens of analyses to determine average of perceived public service delivery state in health and education sectors (together and separately) isolated only in the Sunsari area, with raw scores included:

Area: Sunsari District														
Service Dimension	Participant Scores											Health Avg Score	Ed Avg Score	District Average
Efficiency of Service	4	3	2.5	3.5	4	3	2	3	2.5	3		2.7	3.4	3.05
Accessibility of Service	3	3.5	2.5	5	3.5	4	2.5	1	3.5	1		2.2	3.6	2.95
Inclusivity of Service	4	4	1	3	4	3	3	2	3	2		2.4	3.6	2.9
Observed Service Participation Level	4	4	3	4	3.5	2	3	1	4	4		2.6	3.9	3.25

## Appendix B: Parent Project Information

Organization	Centre for Social Change (CSC)
Address	New Baneswor-32 Janasahayog Marg Kathmandu, Nepal GPO Box – 5714
Parent Project Title	Promoting Civic Engagements for Strengthening the Federal Governance in Nepal
Parent Project Period	January 2021 – June 2022
Parent Project Locations	<ol style="list-style-type: none"> <li>1. Ramdhuni municipality (Population: 62,816)</li> <li>2. Koshi rural municipality (Population: 43, 626)</li> <li>3. Bhokraha-Narsing Rural Municipality (Population: 45,238)</li> <li>4. Butwal Sub-Metropolitan City (Population: 138, 742)</li> <li>5. Suddhodhan Rural Municipality (Population: 34,638)</li> <li>6. Tilottama Municipality (Population:123,836)</li> </ol> <p>Total Project Areas Cumulative Population: 414,258</p>
Research Study Title	Public Service Delivery Challenges and Opportunities In Federal Nepal Focusing on Local Level Education and Health Facilities
Period of Study	February 2022 – May 2022
Affiliation with Parent Project	Corresponding to Project Activity 5.11 titled “Public Service Delivery Challenges and Opportunities in Nepal Federal Governance System”
Terms of Consulting Agreement	Capacity of Independent Contractor Refer to “Agreement for Consulting Services”

## About Centre for Social Change

Centre for Social Change (CSC) is a non-profit making social think-tank based in Kathmandu, Nepal.

Since its establishment in 2015, CSC has been actively working to bring positive transformation in the socio-political dynamics of Nepali society through involvements in the fields of research, development practice, education, advocacy, and community mobilization. CSC's current works are focused on issues surround conflict transformation, peacebuilding, democracy and governance, migration, labor and employment, civic space, civil society development, public policy, climate change, and social development.

*For questions, collaborations, or further information  
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