

## Public Service Delivery and Its Challenges at the Local Government in Nepal

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### Abstract

This study aims to assess the effectiveness and challenges of the delivery of public services, such as administrative and health services, at the local governments in Nepal. Accessibility, timeliness, employee behavior, competency, and fairness are the key aspects of public service delivery. The public services are related to the concept of public service, in which citizens' participation and opinions are important. The primary responsibility of the local government is to provide public services to the local community. Local government is a lower-level governmental agency in Nepal that delivers public services and local development to local people. The Constitution ensures the power and authority of the local level based on the sharing of power under federalism to provide services to the local people. This study adopts both quantitative and qualitative approaches. A survey with 411 household respondents was conducted to assess the delivery of services. Besides, In-depth interviews with elected leaders and Officers of local governments were conducted to examine the service delivery process and its challenges. The finding was that service delivery was satisfactory (85.25%); however, there were still some challenges, as the strongly disagree rate was 9.25%. People's participation in planning and strategy was average. Pragmatic policies and planning, inadequate budgets, organizational capacity, good governance, and information and communication technology were crucial for the effectiveness of the service delivery system.

**Keywords:** Administrative Service, Effectiveness, Health Service, Local Government, Public Services.

### Introduction

The study aims to assess the delivery of public services like health and administrative services at the local government levels in Nepal. Globally, service delivery is an important indicator of good governance, which is linked to trustworthiness (1). Governance itself has multiple dimensions and contested paradigms, among which the nexus of service delivery and local government is widely recognized in different studies, including political science and development studies (2-4). Governments are obliged to deliver public services to the local community, and hence, their effectiveness is important. Timeliness, work competency, employee behavior, fairness, and ease of access to services are some aspects for assessing the delivery of services. Delivery of public services is primarily tied to the public administration of the government. Public administration and governance are related ideas that are essential to a lawful and successful governance system. Governance refers to the overall structure of laws, processes, and institutions that guide a society, whereas public administration encompasses the

practical implementation of government programs and service delivery. Several public administration models have been connected to the provision of public services. Amongst the "old" public administration view was a strong influence by Max Weber's idea of bureaucracy, which emphasizes hierarchy and meritocracy (5). After the 1970s, the issue of social justice was added to public administration. Later, the "new public service" model appeared, which focused on citizen interests (6), viewing public service as a process involving various actors, from politicians to bureaucrats. According to this perspective, citizens have the right to participate in public service and policymaking since they are both their own clients and agents (7). Therefore, the satisfaction of citizens with service delivery is important. High-quality and affordable service can shape the image of the government (8). More people visit local governments for public services in Nepal (9). Therefore, researchers and policymakers have been increasingly interested in studying Nepal's local government and public administration.

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Easy access to communities at their doorstep is the main concern for local administrations. The delivery of public services depends on the provision of power and authority given by the Constitution and laws. The local government in Nepal has executive, financial, and judicial powers to prioritize local public service and development. Schedule 8 of the Constitution mentions twenty-two types of power and authority of local government, ranging from local tax collection to local planning to development to administrative documents to primary health and education services. However, the focus of the study is to examine administrative and health services, particularly in terms of timeliness, work competency, fairness, employee behavior, and ease of access. Administrative services include a record of individual events, a recommendation letter, and other supporting documents for business and social allowances provided by local governments. Similarly, health services include basic health checkups, general medicine, and health and hygiene awareness programs. Service receivers (people) are key stakeholders, and their views on satisfaction or dissatisfaction can only determine the effectiveness of service delivery. Likewise, ensuring convenient access to public services for the poor and vulnerable is crucial. However, local governments in Nepal have been faced with several problems.

Capacity is a major issue for local governments; in addition to institutional memory, citizen engagement, skilled technical manpower, and financial capacities are crucial (10). Corruption in the political and bureaucratic spheres has also impaired the ability of local governments to provide services. Corruption is a pervasive and detrimental issue in Nepal, affecting both the public and private sectors (11). In a similar vein, services are crucial for the poor and vulnerable, who make up 20.2% of the population and are primarily employed in the informal sector (agricultural) (12), and their easy access to services is crucial.

By identifying obstacles, this study fills the gaps in service delivery effectiveness through a new public administration perspective in Nepal. As per the current federal provision of Nepal, municipalities and rural municipalities are defined as local governments, and their numbers are 753. Policy implications, researchers, leaders, and individuals

would all benefit from this study, which would also help to better understand the problems and difficulties local service delivery faces in the local government. This research is expected to lead to a better understanding of the service delivery in the 'new public service' perspective under public administration.

## Methodology

This study assesses the delivery of public services, such as administrative and health services, primarily in terms of accessibility, timeliness, work competence, fairness, and employee behavior. Based on purposive sampling, only two local governments (such as Dhanpaltan and Bethanchok rural municipalities) were chosen as study locations due to time constraints, and only two services administrative and health were evaluated. The survey was compared to observational data, records, or qualitative data in order to minimize social desirability bias; leading questions or questions that suggest a particular response were avoided, and responses were guaranteed to be anonymous.

The delivery of services is directly related to people, and their judgment is crucial. A household survey with 411 sample respondents was conducted using a structured questionnaire in 2021. Over the course of three months, the questionnaire was filled out. A household head who was older than 20 was interviewed. Every one of the 411 sample respondents took part in the survey. Key informants, such as elected local politicians and officers, were also interviewed in-depth using semi-structured questionnaires and checklists. Dhanpalthan rural municipality in Koshi province and Bethanchok rural municipality in Bagmati province were selected as research areas. Bethanchok is hilly terrain, while Dhanpalthan is plain terrain.

Qualitative data were collected first, followed by quantitative data. An exploratory review of the literature was conducted, and information from secondary data, such as the Constitution, laws, policies, published reports, academic articles, newspapers, and other official documents, was rigorously reviewed. The questionnaire on the Likert scale was based on client satisfaction survey tools such as the Common Measurements Tool (CMT). CMT has generally been used to measure perceptions of service delivery and has been used

in Canada in the public administration field for more than two decades. Similarly, the Leader-Member Exchange (LMX) questionnaire (5X-short Rater) was also used to assess the relationship between leadership and employees, which implies a competency and office environment to some extent. A higher mean score indicated a good relationship between leaders and employees. The reliability of the data was also checked using Cronbach's alpha, which was found to be greater than 0.80. These results indicate high reliability and consistency. Explanatory data analysis was used to assess data distribution. The frequency distributions depict the number and %age of respondents. An independent t-test was performed to compare the mean score of service delivery between the two rural municipalities. The p-value was set at 0.05 with 95% significance. The relationship between the services as a dependent variable and the planning strategy as an independent variable was also examined.

## Results

### Profile of Respondents

Of the 411 respondents, 72.99% were male. In terms of education, Dhanpalthan had a higher illiteracy rate (13.19%), while in Bethanchok Rural Municipality, only 4.35 % of the population was

illiterate (Table 1). It was found that the number of respondents who could only read/write was higher in Dhanpalthan (37.73%) than in Bethanchok (16.67%). In comparison, the improvement in educational levels in Bethanchok was more pronounced in the non-agricultural sector. Career-wise, more than two-thirds (77.54%) of the respondents in Bethanchok took up agriculture, followed by government jobs (9.42%), corporate jobs (7.25%), and private jobs (4.35%). Only 55.68 % of the respondents in Dhanpalthan were engaged in agriculture, and 32.6 % were employed in wage-earning jobs. There are a few non-agricultural jobs that are hard to find in Dhanpalthan. However, there was a significant difference in the occupation of the study area. At both community levels, the majority of respondents were between 20 and 40 years old; This age group is a positive symbol for further economic activities as it represents the working age group. Age only makes up 10% of all respondents among those over 60. At the school level, there were more responders. Interestingly, Dhanpalthan had a higher illiteracy rate (13%) than Bethanchok Rural Municipality (4.35%). The population of Dhanpalthan (45348) is three times that of Bethanchok (14959) (13).

**Table 1:** General Characteristics of Respondents

S.N.	Characters	Dhanpalthan(n1)		Bethanchok(n2)		Both RM <sub>s</sub> (n1+n2=n)		p-value
		Number	%	Number	%	Number	%	
1	<b>Number of HHs</b>	273	66.42	138	33.58	411	100.00	
2	<b>Average H.H.s size</b>	5.30		6.06		5.68		
3	<b>Gender</b>							
	i. Male	188	68.40	112	62.14	300	72.99	
4	ii. Female	85	31.60	26	37.86	111	27.01	
	<b>Education of H.H.s</b>							
5	i. Literate(only read/write)	103	37.73	23	16.67	126	30.66	0.001
	ii. Illiterate	36	13.19	6	4.35	42	10.22	
	iii. School-Level	98	35.90	70	50.72	168	40.88	
	iv. Plus Two	29	10.62	24	17.39	53	12.90	
	v. Bachelor	6	2.20	14	10.14	20	4.87	
	vi. Master or above	1	0.37	1	0.72	2	0.49	
5	<b>Age (years)</b>							0.00
	i. 20-30	81	29.67	30	21.74	111	27.01	
	ii. 31-40	69	25.27	49	35.51	118	28.71	
	iii. 41-50	67	24.54	26	18.84	93	22.63	
	iv. 51-60	35	12.82	24	17.39	59	14.36	

	v. Above 60	21	7.69	9	6.52	30	7.30
<b>6</b>	<b>Occupation</b>						0.00
i. Agriculture	152	55.68	107	77.54	259	63.02	0.001
ii. Government Job	13	4.76	13	9.42	26	6.33	
iii. Private Job	6	2.20	6	4.35	12	2.92	
iv. Business	5	1.83	10	7.25	15	3.65	
v. Wages	89	32.60	1	0.72	90	21.90	
vi. Households	2	0.73	0	0.00	2	0.49	
vii. Others	6	2.20	1	0.72	7	1.61	

Significance level at 5% N = 411

## Administrative and Health Services

The Constitution of Nepal (Article 51) contains provisions to ensure good governance based on equality and simple access for everyone, making public administration capable, accountable, transparent, and participatory. The 16th Plan of Nepal emphasizes efficient service delivery and good administration, with a focus on technology-based service delivery. The Good Governance Act 2064 has provisions for the effective and efficient delivery of services. Similarly, the Local Government Operation Act 2017 provides a legal framework for efficient and effective service delivery.

The tasks of local governments can be categorized into two types: absolute and concurrent. The absolute tasks are assigned as per Schedule 8 of the Constitution, such as administrative services, town policy-making, revenue generation/collection, basic health, education, local roads, and irrigation. Administrative services include all personal and family-related events that are registered for records, such as birth, marriage, and death certificates, as well as recommendation letters for citizenship, passports, and business documents issued at the local levels. Likewise, social allowances for aged and vulnerable people are also given at the local level. Civil servants (employees) under the elected chief are on the frontline in the local government's offices and are responsible for providing public services. Local taxes were also paid at the local level. The majority of respondents used to go to the local level for administrative purposes, including paying various types of taxes such as house, land, and services; recommendation letters for citizenship and passport; and personal certificates such as birth, marriage, and death certificates.

In general, the local levels are involved in basic health examinations, distribution of general medicines, and health awareness, and can be

viewed as curative (primary examination) and preventive measures for health services. Therefore, basic health and administrative services are major variables. Fever, diarrhea, pregnancy, headaches, injuries, skin diseases, malnutrition, and other illnesses were found in both rural communities. Non-communicable diseases such as hypertension and diabetes are also diagnosed using blood pressure and glucose monitors, and local authorities provide ordinary medication tablets. Malnutrition was also measured monthly between the ages of 2 and 6 years. At each local level, there is a general pathology laboratory to assess blood, urine, stool, etc. A mobile health campaign is carried out monthly or quarterly for video x-rays and other diseases that go undiagnosed in the healthcare system, especially for pregnant women and people suffering from malnutrition. There is an "Ama Samuh" (volunteer group) that promotes education and general health check-ups for women. However, the majority of health workers were not completely satisfied with the current health services due to a lack of trained staff, equipment, and medicines. In Dhanpalthan, the construction of health centers is not well managed. With the exception of health worker salaries, all budgets for medicines, equipment, and maintenance come from local-level offices. More than 80 % of the health budget goes towards staff salaries. Primary treatments were referred to the nearest hospital and health center.

There are seven health units in Bethanchok RM, and one small health center with ten beds is under construction. However, there are no provisions for MBBS doctors. People mostly used to go to Biratnagar (provincial capital, about 2 km away) for treatment. There are six health centers in Dhanpalthan. Health centers are provided with funds and staff from the federal government. At each health center, there were five health workers.

In addition, there is a primary healthcare unit in Dhanpalthan. However, five health centers were established in Bethanchok. In addition, Infrastructure and human resources at both municipal levels can be seen as lacking.

### Assessment of Administrative and Health Services

Respondents were asked whether they were satisfied or dissatisfied with the administrative and health services provided at the local level.

Responses were based on a four-point Likert scale: 1-4; 1 = not satisfied, 2 = little satisfaction, 3 = satisfaction and 4 = fully satisfied. Table 2 showed that the majority of respondents found an 'agree' statement with administrative and health services. Despite a higher percentage of 'agree' responses, 'very good' responses were found to be 8.3 % (administrative) and 2.4 % (health services) only (Table 2). A poor rank in the 'very good' statement indicates further improvement in the quality of service.

**Table 2:** People's Perception towards Service Items ( ) stands for %

Service Items	Strongly Disagree	Disagree	Agree	Strongly Agree
1      Administrative		25(6.1)	352(85.6)	34(8.3)
2      Health	1(0.2)	51(12.4)	349(84.9)	10(2.4)
				411(100)
				411(100)

In addition, the services are evaluated on several dimensions such as accessibility, timeliness; staff behavior, competence, and fairness (Table 3). Regarding the service aspects, administrative services were found to be "better" than health services in five performance aspects. In comparison, the statement "disagree" is found more frequently in the healthcare sector than in administrative services:

The ease of access to administrative and health services was 7.30 % and 13.38 %, respectively. This implies that there is a lack of easy access for all people. Easy access to health services requires attention and needs to be improved. Poor and low-income households have less access because they do not know how to access services. Punctuality is also an issue, as 14.11% of respondents "disagree" with the timeliness of health services. There is a tendency not to work on time. This helps to reduce the trust of common people in an organization.

Customers' views on employee needs are reflected in positive vibrations and allow service satisfaction to be felt (14). How employees behave as customers: Employee behavior is important because discriminatory behavior can weaken trust in the organization. There are still some comments about the behavior of the employees, as 12.90 % and 6.33% of those surveyed "did not agree" with the statements in the health and administrative services.

Competence encompasses a range of skills and knowledge that a service provider needs. Personal Healthcare has a higher "dislike" rate compared to administrative services, reaching 10.95%, which highlights the need for further improvement. There are also some comments on fairness, as this is 12.17 % in the health sector and 6.81 % in the administrative services sector. The fairness in service increases customer satisfaction, which is also related to trust in the institution (15).

**Table 3:** Assessment of the Aspect of Services

Services	Aspect of Service	Statements, %										Total (N)	
		Strongly Agree		Agree		Disagree		Strongly Disagree					
		N.	Yes	N.	Yes	N.	Yes	N.	Yes				
Administrative	Accessibility	38	9.25	343	83.45	30	7.30	0	0.00	411			
	Timeliness	41	9.98	341	82.97	29	7.06	0	0.00	411			
	Employee Behavior	37	9.00	348	84.67	26	6.33	0	0.00	411			
	Service competency	41	9.98	344	83.70	26	6.33	0	0.00	411			
	Service fairness	39	9.49	344	83.70	28	6.81	0	0.00	411			
Health	Accessibility	14	3.41	340	82.73	55	13.38	2	0.49	411			

Timeliness	14	3.41	336	81.75	58	14.11	3	0.73	411
Employee Behavior	15	3.65	339	82.48	53	12.90	4	0.97	411
Service competency	18	4.38	345	83.94	45	10.95	3	0.73	411
Service fairness	15	3.65	343	83.45	50	12.17	3	0.73	411

Note. N. indicates number

In Dhanpalthan RM, out of 273, 82.4 % of respondents were satisfied with the behavior of their employees. Of these, 65.2 % were satisfied with the services provided at the local level. In Bethanchok RM, 82.6% of the 138 respondents were also satisfied with the behavior of employees. Of these, 95 (68.8%) respondents were satisfied with service delivery at the local level. In both R.M.s (n=411), 85.25 % of respondents were satisfied with the service provision. In comparison, the satisfaction rate in Bethanchok was higher

than in Dhanpalthan. The role of employee behavior in performance delivery is critical. From a gender perspective, 81.1 % of women were satisfied with health services, while 87.7 % of men were satisfied. It was found that men were more satisfied than women. Similarly, 82.9 % of women were satisfied with the administrative services, while 90 % of men were satisfied. Both services had higher dissatisfaction rates among women. Likewise, 82.5 % of those surveyed were satisfied with the behavior of the employees.

**Table 4:** Performance of Service Items by Two Rural Municipalities

Service Items	Rural Municipalities	N	Mean	Std. Deviation
Administrative	Dhanpalthan	273	14.4469	1.67538
	Bethanchok	138	15.6739	1.76405
Health Services	Dhanpalthan	273	14.4432	1.63078
	Bethanchok	138	14.5435	2.53478

Note. SD= Standard Deviation

It was found that service delivery in Bethanchok Rural Municipality was better than in Dhanpalthan Rural Municipality. The mean (S.D.) of the performance items (Table 4) shows that the administrative service in Bethanchok is slightly better, while the two local units do not differ much in health care. The literacy rate in Bethanchok is higher than in Dhanpalthan, which may also be a reason for the improvement in the situation. There was no significant difference between rural municipalities ( $p=0.612$ ).

## Discussion

Overall, 85.25 percent of respondents expressed "satisfaction" with the administration and health care services they received. The "strong satisfaction" score, however, was only 5.35 percent, indicating that there is still room for improvement. In Nepal, 80% of Nepalese were satisfied with government public services (16). Similarly, another study of local level service delivery in 2020, 68.9% of respondents were happy with local service delivery (17). Likewise, the 'satisfaction' rate was higher in rural

municipality (rural), as it was 86.4% than in municipality (urban), as it was 73.5%; urban respondents, being more educated and aware, demand better service quality (18). Public service delivery in Nepal varies depending on social, economic, and political circumstances.

Poor and vulnerable people also live in the study areas, and easy access to service delivery is crucial. Many of these people do not have easy access to healthcare services, as 13.38% of respondents expressed dissatisfaction with accessibility. Likewise, 7.3% of respondents did not have easy access to administrative services, which should be taken into account. Similarly, 31.25 % of respondents said that basic healthcare services were inadequate in Nepal (19). Similarly, the low rating of the statement "strongly agree" also implies that planning and implementation need to be improved to facilitate access for all.

Poor and low-income people have less access to public services such as administrative, health, and education services due to poverty, ignorance, and backwardness. According to the WHO, there are major gaps in service availability in South Asia.

Poor and illiterate people are less aware of information systems. Despite the availability of basic health services such as family planning and childhood vaccinations, poor people are unable to access them due to a lack of financial security, as they are unable to afford them. Nepal is no exception. Women and those with lower levels of education present barriers to accessing healthcare in Nepal (20). Poor people can only have easy access if there is an affordable situation in services; awareness campaigns for healthy living in rural areas of Nepal remain crucial. In fact, ease of access and quality of service delivery can help eradicate poverty to some extent. Despite the doubt on the quality of public services, the majority of people were "satisfied" with services (21).

In comparison, service delivery for Bethanchok was better. It has been found that the literacy rate, awareness, and socio-economic situation in Bethanchok are slightly better than those in Dhanpalthan, which may be the reason for this. Notably, only preventative and curative approaches to health services are offered at the local level in Nepal.

Effective mobilization of resources is the main problem hindering competence. However, local governments are faced with a shortage of skilled workers, and frequent transfers of staff without consultation at the local level also hamper service delivery. In order to create competencies in the institution, improvement programs for both managers and employees are urgently needed. The effectiveness of public service delivery at the local level largely depends on the skills, contributions, and motivation of frontline service providers (22). There is a gap between civil servants' commitment to delivering innovative services and their reality. Above all, traditional thinking and decision-making practices were influenced (23). Empowerment to train frontline staff is critical to enable them to meaningfully manage service delivery. Local governments should also promote competence, as there is a positive relationship between competence and performance (24).

Good infrastructure in terms of building infrastructures, health laboratories, and drug warehouses is also an important factor for the effectiveness of service delivery, which has so far been lacking in the health sector. For major treatments, the average person used to go to the nearest large hospital or private clinic. The rich do

not prefer local health centers for health services. Post-COVID-19, the need for adequate healthcare facilities has been felt more keenly than ever, as health indicators during COVID-19 have highlighted the dire situation. The main challenges in the health sector are the lack of medicines and equipment, the inclusion of marginalized groups, and the lack of coordination between intergovernmental governments (25). According to Upendra Gachhadar, a head of the planning department at Dhanpalthan Rural Municipality, "The local level is faced with inadequate staff and budgets. Due to budget constraints, health workers are not receiving their monthly salary, which can pose motivational problems for frontline staff. The frequent change of personnel also affects work skills."

Another problem is that the information system is poor because online services are not effective. The information management system and the creation of capacity to transport goods and services to the local community play a crucial role in the success of the government. However, there is no innovative service delivery system at the local level. The level of innovation in service provision is not optimal. Public service delivery at the local level in Nepal needs to be an integrated form of service delivery for effectiveness (26). The lack of innovative thinking and the lack of technology use are also factors that affect the effectiveness of public service delivery. E-governance is considered the backbone of good governance that helps maintain the quality of services (27). Further development of technologies such as e-governance can increase the efficiency of public service delivery. The population's use of knowledge and technology contributes significantly to an excellent public delivery system (28). Innovative policies with strategies and technological adaptations are crucial for the effectiveness of public services.

The role of information and communications technology (ICT) in operational efficiency is critical. The client, who knew how to use ICT, found that public services were improved and quality-oriented; Service delivery effectiveness was positively correlated with age, as younger individuals see more effective service delivery, and their relationship could be strengthened by their ability to use and access ICT. The effectiveness of the public service delivery system was emphasized through increased local government involvement,

the use of information and communication technology (ICT), and policy and governance reform (participation), notwithstanding the good public service delivery in ASEAN countries (29). The use of technology can save time, as many respondents complained that they had to enter more than two doors to receive services. Access to public services, governance management, budgeting, and technology are prerequisites for balancing the three dimensions of sustainable development (30). While discussing e-governance and online services, there should be easy access to electricity and the Internet, and a campaign is needed to make people aware of online services so that common people can use them easily. Bhutan has experienced success with its online public service delivery system, demonstrating both effectiveness and efficiency. In Bhutan, public services are provided through a Government-to-Citizen (G2C) online portal providing one-window services across all 20 districts, aligning with citizens' happiness; the population has a high level of trust in public services (31). This can serve as a lesson for Nepal's public service delivery. In Nepal, the Nagarik app under IT policy 2015, also known as the Citizen app, was released. It is a mobile application that offers government-related services on a single internet platform. The app currently offers 25 services, ranging from Voters Card to a Police Clearance Report. Despite certain technical difficulties, this app provides online services access from home. Even if online services are being emphasized, they are not operating at full capacity because of a lack of political will, a lack of funding, and a shortage of qualified personnel. Likewise, an office environment is more important when it comes to effective service delivery. An above-average rating (mean = 26.54, SD = 5.38 in Dhanpalth and mean = 26.13, SD = 4.98 in Bethanchok Rural Municipality) of the manager-employee relationship indicates that there is still a need to create a more favorable office environment. Leadership skills can improve employee behavior, which plays an important role in improving the performance of public sector organizations (32). Another important thing is "trust". "People's trust in local governments can only ensure the effectiveness of service delivery, although there is an 'average' ranking in trust. Transparency and responsiveness are also

important components of service competence; they can create trust among people at a local level. Other issues are corruption and irregularities that are jeopardizing the efficiency of service delivery. In Sri Lanka, a lack of leadership's dedication to upholding laws and regulations impeded the provision of quality and effective services; corruption, resource wastage, and poor implementation of budgeted projects have intensified service delivery bottlenecks for residents (33). Transparency and the ability to respond quickly are essential components of efficient service delivery, and the role of leadership in this area is crucial. Service-related challenges can be addressed by promoting transparency and responsiveness in administration to promote the well-being of the Kirtipur community (34). Online and e-governance systems can significantly improve transparency on a large scale. Some important issues, such as coordination between multiple levels of government and limited financial transfers/subsidies, are critical to the efficiency of local government (35). Good planning with participation is linked to the smooth delivery of services. The Local Levels prepare their own plans and policies towards services and development, and they should be approved by the rural municipality councils based on a majority. It was found that people's participation in planning and strategy was average. Only half of the respondents agreed that they had been involved in the planning phase, while 35.8% had never participated in the planning.  $P<0.05$  of the coefficient value indicates that there is statistical significance between service delivery as the dependent variable and planning with participation (independent variable). For efficiency reasons, planning involving people would help in identifying the problems faced by the beneficiaries (people). Participation in planning and strategy formation can further increase transparency and effectiveness. Planning and strategy refer to motivational plans for frontliners, pragmatic budget and human resources management, and the technological use environment that can improve effective service delivery. The engagement of local government with more citizens and stakeholders can foster trust and reduce service delivery gaps, which ultimately contribute to effective service delivery.

Another important aspect is the inadequacy of the budget for service delivery. The local levels cannot invest in online services or technological development and incentives (training) for front-line employees without a budget. People's expectations are high, which is obvious, although the limitations of finance and human resources have a more significant impact on services. Local levels spend less on service delivery (36). The leaders of both rural municipalities expressed the same problems and challenges that need to be addressed for service delivery competence. For example, the Chairperson of Bethanchock Rural Municipality expressed his experiences as:

"The current local government faces a lack of budget and staff. Most of the budget goes into employee salaries and office administration. They have to pay the salaries of health and school staff, but the local level is unable to pay them monthly, although other officials receive salaries every month. This is due to a delay in the budget release by the Centre. The local levels also have limited human resources, and frequent transfers of employees without consulting us make it difficult for work to run smoothly." *(Based on personal conversation, 21 May 2021)*

On the other hand, Nepal's service delivery is also shaped by power dynamics and party politics, where entrenched hierarchies and political patronage affect access, efficiency, and inclusivity (37). The success of federal governance is based on the success of local governance. Strengthening leadership development within the broader lens of development studies can empower institutions and communities to navigate these dynamics, fostering more accountable and equitable public services (38, 39). Equally, gender narratives and women's issues of representation and inclusion are central to shaping just and sustainable development outcomes.

## Conclusion

A sustainable social service can strengthen customer loyalty, time consumption, and accessibility for ordinary and vulnerable people. This study shows that service delivery can be more effective and sustainable with good planning involving people, innovative ideas, technology

adaptation, and proper management of financial and human resources. The study concludes that despite easy access to services, local governments are not sufficiently strengthened and institutionalized. Therefore, in addition to sustainable service delivery, the government should adopt a people-centered approach, especially to maintain administrative and health services as per the new public service approach. Some policy implications arise to improve Nepal's public services. The policy should clearly define the division of power and authority among subnational governments, implement e-governance for transparency, strengthen staff capabilities, and emphasize public participation. Regular and transparent monitoring and assessment should be the goals of the policy. It could also inspire researchers to explore the challenges of resource mobilization to make public service delivery sustainable and competent for people's well-being, which can help to provide insights into policy and strategy formation. For future studies, it is recommended to conduct extensive surveys that can encompass diverse geographic, social, and economic contexts. Likewise, future studies might focus on comparative analysis between urban and rural local governments.

## Abbreviations

ASEAN: Association of Southeast Asian Nations, CMT: Common Measurements Tool, ICT: information and communications technology, LMX: Leader-Member Exchange, MBBS: Bachelor of Medicine and Bachelor of Surgery, NDHC: Nepal Demographic and Health Survey, RM: Rural municipality, SD: Standard Deviation, WB: World Bank, WHO: World Health Organization.

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## Author Contributions

Deepak Chaudhary: conceptualization, design, data collection, analysis, interpretation, writing of this research article, Mahendra Sapkota: review, provided valuable suggestions, Sateesh Kumar Ojha: review, provided valuable suggestions.

## Conflict of Interest

Regarding this study project, the authors state that they have no conflicts of interest. The results, analysis, and conclusions offered in this study have not been impacted by any financial, personal, or professional affiliations.

## Declaration of Artificial Intelligence (AI) Assistance

During the writing process, AI and AI-assisted technologies were not used. The author is fully responsible for writing and editing the content.

## Ethics Approval

This study was carried out in accordance with established ethical guidelines. Before data collection, informed consent was taken from the respondent. Anonymity and confidentiality were maintained, and data were securely stored.

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