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RESEARCH ARTICLE

Health Service Spillover in City-Centered Local Governments in Nepal

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Abstract
Every citizen has the right to receive basic health services from their local government without any discrimination. However, city-centered local governments in Nepal face challenges in managing (spillover) health services. In this context, this study explored the presence of spillover in the health service, using a qualitative case study approach. We conducted in-depth interviews with representatives from three local governments: Mahalaxmi, Gokarneshwor, and Bhaktapur to gain a comprehensive understanding. The findings reveal that the studied local governments are aware of their constitutional responsibilities to provide basic health services to citizens. Nevertheless, challenges arise in effectively managing health services due to the unpredictable demand, making it difficult to manage resources efficiently. Similarly, maintaining accurate records of people's residency is problematic, as they often provide incorrect information or are unwilling to disclose it. The influx of temporary and seasonal migrants from other local governments poses risks to the provision of basic health services. However, these local governments have demonstrated effective handling of emergency health situations, particularly amidst the Nepal Covid-19 epidemic. To manage the spillover of health services and ensure that all citizens have access to their constitutional right to health services, it is crucial for local, federal, and provincial government entities to collaborate. This research sheds light on an important yet underexplored aspect of public health management, offering valuable insights for policymakers and practitioners alike.

Keywords
Inter-local government, spillover, health service, Nepal

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Introduction

Nepal experienced a significant transformation in its governance structure following the adoption of the Constitution of Nepal in 2015. This Constitution established Nepal as a federal democratic republic. It distributed state authority among three levels of government: federation, provinces, and local levels. Article 232 of the Constitution explicitly states that the federation, provinces, and local levels should maintain their relations based on the principles of cooperation, coexistence, and coordination (Government of Nepal [GoN], 2015). The federation, as outlined in Article 58 of the Constitution, possesses a range of exclusive and concurrent powers. Similarly, both the province and the local levels have their respective jurisdictions, with a combination of exclusive and concurrent powers. The effective exercise of these powers necessitates the enactment of laws and the formulation of policies by all federal units.

The Constitution of Nepal guarantees health as a fundamental right of its citizens. In the section on '*fundamental rights and duties'*, the Constitution outlines specific health-related rights for both citizens and specific population segments. These constitutional provisions cover a wide range of rights, mainly focused on healthcare service provision and accessibility (GoN, 2015). Notably, citizens have the right to receive essential healthcare services from the state without any charges. They also have the right to emergency healthcare services without deprivation, access to treatment information, and equitable access to healthcare. The Constitution addresses the healthcare needs of specific population groups. For example, women have rights to safe motherhood and reproductive health, while every child is entitled to healthcare. Moreover, there are additional provisions tailored to other population segments, such as Dalit communities and families of martyrs. The Constitution also ensures special opportunities in healthcare as a means of promoting fairness (GoN, 2015). These fundamental constitutional rights are generally reflected in the responsibilities of each level of government, although basic health services are not explicitly mentioned as part of provincial functions.

Similarly, the state's health sector policies, as outlined in the constitution, are integrated into the responsibilities of each level of government. These policies focus on increasing investments in public health, ensuring access to quality healthcare, regulating private sector involvement, promoting traditional medicinal systems, and providing provisions for health insurance, reproductive health, and population management. The government of Nepal, through these policies, is dedicated to ensuring healthcare access for all Nepali citizens. Local governments

are tasked with the responsibility of providing essential basic quality health services, as stipulated in Schedule 7 of the Constitution.

Administrative jurisdictions of local government in Nepal are directly linked to geographical territories associated with diverse rights and duties. By contrast, education and health services, governed by exclusive and shared rights and authorities as defined in the Constitution of Nepal, are challenging to confine solely to the citizens residing in that specific territory. Hence, expenditures made by a local government on health services can have both direct and indirect beneficial effects on adjoining local governments or sometimes even across a broader geographical area. This effect is considered a health service spillover, encompassing unintended or indirect effects that a healthcare intervention, program, or service can have on individuals or communities beyond its intended target population. Spillover effects can be positive or negative, depending on the nature and magnitude of the changes and the interactions between different sectors, and may vary across different settings, populations, and periods. A growing body of literature now uses the terms 'spillover effects' or 'spillovers' to describe wider impacts (Galizzi & Whitmarsh, 2019).

Several factors contribute to the spillover effect, including migration, policy imitation, and forced expenditures. There has been a noticeable increase in migration from rural to urban areas. As the Kathmandu Valley serves as the capital city of Nepal, it is inevitable that local governments in the three districts within this valley—Kathmandu, Bhaktapur, and Lalitpur—face greater pressure from migration (permanent, temporary, seasonal, etc.). In light of this context, this paper reports on a study to explore the existence of spillover effects in health services, with a specific focus on city-centered local governments, namely Mahalaxmi, Gokarneshwor, and Bhaktapur of Kathmandu Valley. The study aimed to answer the question: How do city-centered local governments, specifically Mahalaxmi, Gokarneshwor, and Bhaktapur, within the Kathmandu Valley of Nepal, experience spillover effects in health services?.

The answer from this research will offer valuable insights for ensuring the provision of high-quality health services, as outlined in the Constitution of Nepal 2015. Furthermore, it will help local governments identify areas that require improved coordination and cooperation among them, aiming to enhance the quality of basic health services for citizens. Additionally, the federal and provincial governments can use the findings to identify gaps and limitations in the management of intergovernmental spillover in health services by local governments. This research

contributes to the theoretical literature on spillover in health services in federal countries like Nepal by providing evidence-based insights.

This paper is organized as follows: The next section discusses the relevant literature. We then delve into the research methodology and present the results and discussion. The final section provides the conclusion, practical implications, and suggestions.

Literature Review

Intergovernmental Relation

Intergovernmental relations play a crucial role in contemporary political systems, gaining importance in the complexities of modern governance (Phillimore, 2013). These relations involve the complex interactions among government entities at different levels within a single country, whether structured vertically or horizontally (Van der Waldt & Du Toit, 1997). Intergovernmental relations can manifest in various forms, encompassing both vertical and horizontal dimensions. Vertical relations pertain to interactions among governments at distinct hierarchical levels, such as federal-state or state-local relationships. By contrast, horizontal relations involve interactions among governments operating at the same hierarchical level within the same jurisdiction. These interactions are frequently essential for addressing shared challenges, making policy decisions, allocating resources, and effectively implementing programs.

In 2015, Nepal adopted a new Constitution, signalling the shift from a centralized governance system to the Federal Democratic Republic of Nepal. This shift established a federal structure – federal, provincial, and local levels. Article 57 of the Constitution distributes state power at the federal, provincial, and local levels. The federation (schedule-5), province (schedule-6), and local levels (schedule-8) have self-rule powers, while powers are shared between the federation and province (schedule-7), and among the federation, province, and local levels (schedule-9) (GoN, 2015). It is the responsibility of each unit to exercise these powers in accordance with the Constitution and their respective laws. Laws conflicting with the Constitution or higher-level governments are invalid. Article 59 enables them to develop budgets, make decisions, formulate and implement policies, and plan in their respective jurisdictions. Article 60 describes revenue sources, allowing them to impose taxes and collect revenue within their areas. The Constitution also addresses intergovernmental relations in various articles, including Articles 51, 62, 75, 76, 86, 127, 137, 220, 232, 244, and 285. Of particular note, Article 232 stresses cooperation, coexistence, and coordination among the federation, province and local levels (GoN, 2015). The

success of federalism hinges on these principles among the three levels of government.

Health: Constitutional Provisions

The Constitution of Nepal (2015) ensures health is a fundamental right. It guarantees that every citizen is entitled to receive basic health services free of charge from the state, and emergency health services are accessible to all without any discrimination. Citizens have the right to access information about their medical treatment. Moreover, it ensures equal access to health services for all citizens. Additionally, the constitution emphasizes the right to clean drinking water and sanitation. In addition to these health rights, the constitution of Nepal (2015) includes other provisions related to health. The right to a clean environment asserts that every citizen has the right to live in a clean and healthy environment. Similarly, the right of women specifies that every woman is entitled to safe motherhood and reproductive health. The rights of Dalits recognize the need for special legal measures to provide health and social security to the Dalit community. Moreover, the right to social justice guarantees that indigent citizens and communities have the right to receive special opportunities and benefits in the field of health (GoN, 2015).

Similarly, the constitution of Nepal outlines various provisions concerning public health in Part 4, directive principles, policies, and obligations of the state. These policies prioritize increasing state investments in the public health sector to ensure the well-being of the population. It emphasizes the importance of providing easy and equitable access to high-quality health services for all individuals (GoN, 2015). Additionally, the policies support the preservation and promotion of traditional Nepali medical practices such as Ayurveda, as well as natural therapy and homoeopathy. It also encourages a service-oriented approach to private sector investments in healthcare, ensuring effective regulation and management while also increasing state investments in the sector. Furthermore, the policies highlight the significance of promoting health research, expanding the number of health institutions, and increasing the healthcare workforce to improve the availability and quality of healthcare services (GoN, 2015). Lastly, the policies advocate for the establishment of mechanisms that provide citizens access to medical treatment and ensure health insurance coverage.

The Constitution of Nepal assigns health-related powers to different schedules. Schedule 5, dealing with federal power, comprehensively addresses health policies, services, standards, quality control, and monitoring. It includes provisions for

national or specialized hospitals, traditional treatment services, and controlling communicable diseases. Similarly, Schedule 6 focuses on provincial power and highlights the importance of health services. Schedule 8, which pertains to local power, emphasizes basic health and sanitation. Additionally, schedule 9, covering concurrent powers of the federal, provincial, and local levels, broadly encompasses health-related provisions (GoN, 2015). It indicates that the health sector is a shared responsibility among the three levels of government. The federal government's role in this context is to enact appropriate laws, rules, and guidelines to ensure the quality of healthcare services. The provincial government's responsibility is to develop provincial-level policies, standards, and guidelines to ensure the quality of healthcare services in accordance with provincial requirements and federal policies, acts, and laws. Local governments have the responsibility to establish and oversee adherence to federal and provincial-level laws, rules, and standards to ensure the delivery of top-notch primary healthcare services that meet local needs. In this way, the government of Nepal aims to ensure the provision of high-quality health services for Nepali citizens.

National Health Policy 2014

The National Health Policy of 2014 (B.S. 2071), a revised edition of the previous national health policy (2048 B.S.), aims to promote the good health of citizens through strategic collaboration among service providers, beneficiaries, and stakeholders. Its objective is to promote, preserve, improve, and rehabilitate the health of the people while safeguarding previous achievements. The policy is centered on enabling all Nepali citizens to lead productive and high-quality lives, addressing their physical, mental, social, and emotional well-being. It emphasizes fair and equal access to quality health services as a basic human right, achieved through the establishment of a just and accountable health system. The policy also emphasizes providing free basic health services, managing sufficient medical resources and qualified professionals, promoting community engagement, and ensuring universal health coverage with free access to basic health services (GoN, 2014).

Furthermore, the policy focuses on developing human resources, promoting and preserving traditional medicine systems, achieving self-sufficiency in quality medicine and medical equipment, adopting evidence-based practices in policy and program planning, and implementing public health initiatives such as education and communication programs. It also addresses the reduction of malnutrition, making accessible and high-quality health services through efficient coordination and

regulation, establishing professional standards through competent health-related professional councils, integrating health considerations into all state policies, controlling environmental pollution to create a healthy living environment, ensuring effective governance within the health sector, and fostering partnerships between the public and private sectors (GoN, 2014). Finally, the policy highlights the need for increased state investment in the health sector to ensure the provision of quality and accessible health services, financial security for citizens' medical expenses, and effective management of resources obtained from the private and non-government sectors.

Public Health Service Act, 2018

The government of Nepal enacted the Public Health Service Act of 2018, which includes several provisions concerning health services. This act establishes a legal framework for implementing the constitutional rights of Nepali citizens to receive free basic health services and emergency healthcare. It aims to ensure regular, effective, and high-quality health services that are easily accessible to the population. The act guarantees every citizen the right to convenient and equitable access to quality health services, prohibiting any form of discrimination based on factors such as origin, religion, race, caste, ethnicity, gender, occupation, sexual and gender identity, physical or health condition, disability, marital status, pregnancy, ideology, or similar grounds. It mandates that health institutions only provide services through qualified professionals. Health workers are obligated to treat all service users equally and respectfully. This act also requires the establishment of rapid response teams and emergency physician groups to deliver prompt health services during emergencies (GoN, 2018). Additionally, it addresses public health considerations in residential areas, public transportation, road infrastructure and safety, protection of workers in hazardous zones, prevention, information, and treatment of infectious diseases, as well as the responsibilities of service recipients, among other matters.

Under this act, the federal government is responsible for ensuring the provision of high-quality health services to every citizen through health institutions. It is tasked with formulating and implementing policies and standards for the development, distribution, and use of human resources in the health sector. The federal government has the authority to regulate, inspect, monitor, investigate, and evaluate compliance with the prescribed standards for maintaining quality by health institutions and service providers. The provincial government is obligated to deliver specialized services in accordance with the standards set by federal laws. Emergency health plans must be developed and enforced at the federal, provincial, and local

levels. Furthermore, the act empowers provincial and local governments to enhance the basic health services determined by the government of Nepal. They are also responsible for making necessary arrangements to implement programs that ensure special social health security for women, children, adolescents, Dalits, martyrs' families, and other targeted groups (GoN, 2018). The local level, in collaboration with health institutions operating under the provincial and federal government, may provide basic health services. To effectively implement this act, the federal, provincial, and local levels must organize human resources, technology, and equipment based on the requirements after establishing health institutions that comply with the prescribed standards.

Study Method

This study employed a qualitative approach to investigate the presence of spillover in health services, with a specific focus on city-centered local governments. Qualitative research involves exploring feelings, perceptions, and experiences through naturalistic inquiry in real-world settings, closely examining human interactions (Limb & Dwyer, 2001). The qualitative approach allowed us to gain a comprehensive understanding of the dynamics, interests, motives, beliefs, and practices (Gupta et al., 2019) of local governments regarding spillover in health services. Within the qualitative approach, we adopted a case study method as a mode of inquiry (Creswell, 2009), which is suitable for exploring multifaceted phenomena within specific contexts to achieve a deeper understanding of the underlying processes (Eisenhardt & Graebner, 2007; Stake, 1995; Yin, 1994). The case study method allowed us to explore issues in detail, focusing on the 'how' and 'why' questions (Yin, 2003; Myers, 2009). Case studies provide the benefit of offering more in-depth information about real cases and their context (De Graaf, 2007). This allows us to explore and analyze a greater amount of information about the processes and practices under study (Innes, 2001).

Determining the number of cases in case study research can be challenging (Baxter & Jack, 2008), as it is neither feasible nor practical to study everyone and everything as a case (Gupta et al., 2019). In this study, we chose the cases based on research research questions (objectives), rather than pursuing broad representativeness (Carson et al., 2001). We did not aim to make broad claims about how widely our findings generalize but rather view the case study as part of understanding spillover in health services. We purposively selected three local governments—Mahalaxmi, Gokarneshwor, and Bhaktapur—in the Kathmandu Valley

as our cases, taking into consideration factors such as the ease of obtaining relevant data, and their willingness to participate in the study. These three local governments are considered city-centered local governments possessing the characters of urban, peri-urban and rural areas and are located in the Kathmandu Valley, the capital city of Nepal. People from different parts of the country come to the Kathmandu Valley for various reasons such as education, employment, and business, and they also live in these three local governments. So, choosing these three local governments as cases makes sense for the study.

After selecting the local governments, we informed them about the purpose of the study and requested their participation in the interview. We also assured them that the information they provided would be used solely for research purposes. Once they confirmed their participation, we proceeded to conduct the interviews with them. Before conducting the interviews, we developed an interview guide to explore various aspects of health service spillover in city-centered local governments. The guide included open-ended and probing questions that aligned with our research objectives. It covered the local government's role and responsibilities in delivering health services, instances of spillover within the local government, the impact of spillover on the overall healthcare system, challenges and issues associated with spillover, barriers encountered in managing spillover, and strategies used to mitigate spillover in health services. We conducted in-depth interviews in the Nepali language with the mayor, chief administrative officer, and chief of the health section of each of the three local governments. These individuals are responsible for the planning, implementation, monitoring, and evaluation of the health sector. The details of the research participants are presented in Table 1.

Table 1: Research Participants

S.N	Name of Local Governments	Research Participants	Number
1	Mahalaxmi	Mayor (1), Chief Administrative Officer (1), Chief of Health Section(1)	3
2	Gokarneshwor	Mayor (1), Chief Administrative Officer (1), Chief of Health Section(1)	3
3	Bhaktapur	Mayor (1), Chief Administrative Officer (1), Chief of Health Section(1)	3
	Total		9

The information, we gathered during the fieldwork was transcribed and analyzed using coding and categorization techniques to identify themes and subthemes for the analysis and interpretation of information (Gupta, 2019; Gupta et al., 2020). Additionally, we also carefully analysed documents such as the Constitution of Nepal, policy papers, and legal documents related to health services. Throughout our research, we strictly adhered to ethical standards to ensure the integrity and reliability of the study.

Results and Discussion

The analysis and discussion of findings have resulted in four different themes, namely spillover in the health service, managing spillover in the health service, emergency health service management, and challenges faced. These themes originated from discussions with local government representatives, namely the mayor, chief administrative officer, and chief of health section, as presented below:

Spillover in the Health Service

Every citizen has the right to receive high-quality healthcare services from state institutions, and it is the state's responsibility to provide these services to citizens without discrimination or bias. The Constitution of Nepal (2015) outlines health-related rights in schedule-5, 6, 8, and 9, assigning the responsibility of healthcare provision to the three tiers of government. Local governments, under their exclusive right (Schedule 8) and concurrent right (Schedule-9), are constitutionally obligated to ensure the delivery of quality healthcare services to their citizens (GoN, 2015). Regardless of whether a citizen resides permanently in the same local government or a different one, local governments must provide quality healthcare services. The studied local governments—Mahalaxmi, Gokarneshwor, and Bhaktapur—are fully aware of citizen's constitutional right to access free basic health services provided by the state. These local governments manage 3 to 6 public and private health centers and hospitals. They have direct access to and control over the management of services provided by public health institutions, as per the constitutional jurisdictions. However, it is important to note that these local governments do not have access to or control over significantly large private hospitals.

The responsibility for managing the necessary budget, manpower, and equipment for healthcare services lies with these local governments. While these local governments rely on their internal sources of funding, these funds are often

insufficient for efficient and effective health service management. Therefore, they heavily depend on financial assistance from the federal and provincial governments, which comes in the form of either conditional grants or special grants. Similarly, some social and community organizations also provide support to local governments, although this support is negligible compared to the grants received from federal and provincial governments.

Despite this support, these local governments face challenges in managing health services due to the unpredictable number of citizens seeking health services, making it difficult to manage resources efficiently. Additionally, they lack access to and control over private hospitals, clinics, and similar facilities, which hinders their ability to obtain updated information about the types of services citizens receive from these sectors. Furthermore, they encounter difficulties in accurately tracking the residency status of their local government residents and people from other local governments seeking health services. This occurs because health service users either do not provide accurate residency information or are unwilling to disclose it. Moreover, there is currently no systematic process in place to provide proof of residency during service delivery. Health services can't be denied to non-resident citizens, as doing so would violate the fundamental rights guaranteed by the Constitution of Nepal.

Managing Spillover in Health Service

The local government heavily relies on the province and federal governments for essential health personnel, including doctors, nurses, auxiliary nurses and midwives, auxiliary health workers, and others. They depend entirely on the province and federal governments for funding equipment and developing infrastructure. Mayors and chiefs of health sections from the local government have expressed that neither the public sector nor the private sector can effectively manage basic health services due to inter-local governmental spillover. The influx of temporary and seasonal migrants from other local governments, whether for employment, education, tourism, trade, or business, poses a challenge for local governments in providing basic health services. The studied local governments have made projections for service expansion based on their current population. However, population dynamics, especially volatile migration patterns, make these projections difficult. They note that the population in rural areas is declining, peri-urban areas are experiencing rapid growth, and urban areas are reaching saturation.

To address the inter-local governmental spillover in the health service, these local governments are increasing the number of health centers with a specific focus on urban and peri-urban areas. Over the past five years, local governments have established a hospital, and five to seven health centers, allowing them to manage the spillover in the health sector. Furthermore, these local governments do not have a formal system for sharing their health service facilities. However, people use the ambulance service irrespective of their local government territories. Similarly, health centers, dispensaries, and health personnel are used by people regardless of the territorial jurisdiction of the local government. Additionally, there has been no mechanism to check and verify the origin of the people and deny citizens access to basic health services.

Emergency Health Service Management

While the federal government bears the primary responsibility for managing an epidemic, local governments have played a significant role beyond their constitutional and legal limits in effectively addressing the situation (Kharel, 2021). Local governments have been at the forefront of dealing with the challenging circumstances brought about by the Nepal Covid-19 epidemic (Shahi & Devkota, 2022). Surprisingly, these local governments have demonstrated remarkable efficiency in handling emergency health situations, especially during the Covid-19 epidemic. They have actively and effectively managed various critical aspects, such as setting up and operating quarantine and isolation centers, conducting contact tracing, performing rapid diagnostic testing using antigen detection and polymerase chain reaction methods, distributing relief supplies and medical kits, conducting hygiene awareness campaigns, mobilizing healthcare workers, and providing treatment and care for infected individuals.

With the support of the provincial and federal governments, these local governments have successfully vaccinated their entire population after the first wave of Covid-19. It is noteworthy that their vaccination coverage has even exceeded their resident population, ranging from approximately 107% to 160%. This excess is due to the spillover effect between local governments, as they have extended vaccination services to non-local residents as well. Furthermore, local governments such as Mahalaxmi have initiated maternal protection programs, while Bhaktapur has a plan to develop a geriatric care home to cater to the needs of its ageing population. Additionally, each local government has a minimum of three major private hospitals within their jurisdiction, enabling citizens to seek assistance from these hospitals in emergencies. However, the authorities claim that there is a shortage of skilled

medical personnel, including MBBS doctors, in every primary health center for service delivery. The local government, which is close to the people, becomes particularly effective when it prioritizes the well-being of the population (Kharel, 2021).

Challenges

Despite the local government's efforts to deliver quality services to citizens, they encounter challenges in managing inter-local governmental spillovers in the health sector. One of the challenges local governments are facing is to coordinate with private and public institutions to assess the exact state of service users and the overflow of health services. Additionally, the guidelines for infrastructure development are the same across rural and urban areas, as well as hills and terai regions, making it more difficult to establish suitable health infrastructure. Moreover, there is a growing population of elderly individuals who require regular and emergency healthcare services. Unfortunately, the lack of service packages, essential medications, and infrastructure tailored to the needs of the elderly intensifies these challenges. Furthermore, studied local governments have a lack of clear policies and plans for delivering basic health services. Insufficient budget allocation for purchasing the necessary equipment and medicines poses additional problems. These challenges demand immediate attention to ensure the provision of quality health services to the people.

Conclusions

The provision of basic health services in Nepal is constitutionally guaranteed and falls within the responsibilities of the three tiers of government. Local governments acknowledge their duty to offer free basic healthcare to all citizens and strive for effective management. However, they face numerous challenges in fulfilling this obligation due to limited resources and the diverse needs of citizens from different localities. Insufficient funding and the unpredictable influx of people seeking healthcare create additional hurdles. Accurately determining residency status and managing health services for temporary migrants further complicate health service delivery. To overcome these challenges and ensure the provision of high-quality healthcare, close collaboration is essential among federal, provincial, and local governments. This collaboration should involve formulating appropriate health policies, developing health infrastructure, equipping healthcare facilities, recruiting skilled personnel, ensuring medication availability, and leveraging technology. These measures help in effectively managing health services and guaranteeing the constitutional right to healthcare for all Nepali citizens.

Practical Implications and Suggestions

Lastly, this study concludes with a list of potential suggestions that can be valuable for local governments. These suggestions are outlined below:

- Enhancing resource management: Local governments should collaborate with federal and provincial governments to improve the management of healthcare resources. This includes securing adequate funding, manpower, and equipment to ensure the efficient delivery of healthcare services.
- Inter-local government coordination: Establish mechanisms for coordination between local governments, private institutions, and public healthcare providers to accurately assess service provisions and effectively manage health service overflow.
- Intergovernmental cooperation: Promote cooperation and coordination among different levels of government to manage health services efficiently, particularly during emergencies such as epidemics. Encourage the sharing of best practices and resources to enhance overall healthcare capacity.
- Clear health service policies: Develop clear and comprehensive policies and plans for delivering basic health services at the provincial and local government levels. These policies should include budget allocation for essential equipment and medicines to ensure the delivery of required health packages.
- Elderly healthcare services: Address the growing population of elderly individuals by creating specialized service packages, essential medications, and infrastructure tailored to their needs. This will help meet the healthcare demands of the elderly more effectively.
- Capacity building: Invest in training and capacity building for healthcare workers to address shortages and improve service delivery.
- Population data and projections: Continuously update population data and projections to adapt healthcare service expansion plans to changing demographics and migration patterns. This will enable local governments to provide healthcare services more accurately.
- Monitoring and evaluation: Implement a robust monitoring and evaluation system to regularly assess the effectiveness of healthcare service delivery and make necessary adjustments to policies and strategies.

These suggestions are intended to assist local governments in Nepal in addressing the challenges related to health service spillover and improving the overall quality and accessibility of healthcare services for their citizens. Implementing these

measures will contribute to the enhancement of healthcare delivery in city-centered local governments and support the fulfilment of citizens' constitutional rights to high-quality healthcare services.

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