# Intergovernmental Spillover in Health Service:

# How Local Governments are Managing?

A Research Report

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## Abstract

As per the constitution, the federation in Nepal is based on the principles of cooperation, co-existence, and coordination and in the 'fundamental rights and duties' section of the Constitution, the rights of the citizens or targeted segments of the population are defined under different themes including those related to health. The major challenge during the transition phase of federalism is to ensure that there are uninterrupted supplies of medical commodities and services. Hence, the study tried to explore the intergovernmental spillover in the health service by answering two questions: How do intergovernmental spillovers exist in the health service? and How do local governments are managing intergovernmental spillover exist in the health service? This study is based on the qualitative approach of the study for the analysis of the health-related provisions in the constitution of Nepal and the other policy and legal documents and analysis of the practice of implementing such by the local governments. Managing intergovernmental spillover in health service along with the emergency management is extremely difficult without the proper support and coordination with the province and federal governments. Hence, federal, provincial and local governments should work together to frame policy and necessary management of infrastructures, equipment, manpower, medicines and technology in order to manage the health sector effectively.



**Kew words:** Intergovernmental Spillover, Intergovernmental relation, Federal relation, Health Sector

# Abbreviations

| | |
|---|---|
| AHW | Auxiliary Health Worker |
| ANM | Auxiliary Nurse Midwife |
| COVID-19 | Coronavirus Disease 2019 |
| IGR | Intergovernmental relations |
| KI | Key Informants |
| MBBS | Bachelor of Medicine and Bachelor of Surgery |
| USA | United States of America |

# Contents

# Chapter 1
# Introduction

## 1.1 Background of the Study

Nepal has become a federal democratic republic state with three levels of government: federal, provincial and local after the promulgation of the Constitution of Nepal in 2015. The existing constitution has distributed state power among federal units. Along with residual power, the federation has some exclusive powers and some concurrent powers too. Like federation, the province and the local level have also some exclusive powers and some concurrent powers in their jurisdiction. To exercise these powers, all federal units need to make some laws and policies.

As all the federal units are dedicated to the development and prosperity of overall states, it requires collaborative relations and cooperation among all the federal units. Part 20 of the constitution of Nepal has interpreted the interrelationship between federation, state and local levels. In article 232 of the constitution, it has been mentioned that the Federation, Provinces and the local level shall enjoy relations based on the principles of cooperative, coexistence and coordination. It embraces the philosophy of cooperative federalism. However, in the same article of the constitution, it has been mentioned that the government of Nepal may issue necessary directives, pursuant to the constitution and prevalent laws, to all the provinces on matters of national importance and on matters to be coordinated among the provinces and it shall be the duty of the respective Province to abide by such directives. Paudel and Sapkota (2018) states, among the governments of the Federal Democratic Republic of Nepal, the local autonomous government is the one closest to the people. As per the constitution, the federation in Nepal is based on the principles of cooperation, co-existence, and coordination, and the relations between the federation, states, and local levels will be based on these principles.

In the 'fundamental rights and duties' section of the Constitution, the rights of the citizens or targeted segments of the population are defined under different themes including those related to health. The constitutional provisions concerning health services include a variety of rights mostly related to service provision and access to health care. Crucial constitutional provisions applicable for citizens include provision of basic health services free of charge from the state, no deprivation of emergency health services, receiving information about an individual's treatment, and equal access to health services. Similarly,

specific needs of different population groups are targeted. Safe motherhood and reproductive health rights, for example, are provided for every woman, and the right to health care is provided for every child. Besides these, there are additional provisions for other specific categories of the population such as for Dalit communities and families of the martyrs, while the provision of positive discrimination is also made in the form of the 'right to special opportunities' in health.

Major healthcare-related constitutional rights which are mainly concerned with the provision of basic health services, access to emergency services, equal access to health services and access to reproductive health services are well captured in each of the policies reviewed. These major constitutional rights are also generally captured in the functions defined for the respective level with the exception that basic health services do not appear in the functions of the provinces. Similarly, the major thrust of the health sector-related state policies, as defined in the constitution, have been included in the functions of each level as well as in each of the health policies reviewed. Such state policies center around the increasing investment in public health, ensuring access to quality health care, regulating the private sector investment in the health sector, promoting the traditional medicinal system, and ensuring health insurance, reproductive health and population management.

## 1.2 Statement of the Problem

It has been nearly 6 years of the constitution of Nepal came into implication and 4 years of local level election. Through the period, the interrelationship between all the federal units has been strengthened in more cooperative approach. However, in the absence of federal law, the provincial government and local government have been facing problems in making policies and laws for their jurisdictions. The same problem is being faced by the local government in the absence of provincial law. It has made the entire federal system to go through the pain of effective law and policy implications. The citizens living at particular local level roam to another local level to seek public services like health, education and so on because of the qualities of the services provided by that local level. So, as the people are opting for better quality service provider federal units, it tends to have a better intergovernmental relationship. If the intergovernmental relationship is not managed as per the soul of the constitution of Nepal, then it will bring a tussle between the federal units in the coming days. Here the intergovernmental relationship must incorporate all the pillars of cooperative federalism.

Nepal moved from the unitary system with a three-level federal system of government. As federalism accelerates, the national health system can also speed up its own decentralization process, reduce disparities in access, and improve health outcomes. The turn towards federalism creates several potential opportunities for the national healthcare system. This is because decision making has been devolved to the federal, provincial and local governments, and so they can make decisions that are more representative of their localised health needs. The major challenge during the transition phase is to ensure that there are uninterrupted supplies of medical commodities and services. This requires scaling up the ability of local bodies to manage drug procurement and general logistics and adequate human resource in local healthcare centers.

## 1.3 Purpose and Research Question of the study

The main purpose of this study was to explore the intergovernmental spillover exist in the health service. In order to achieve this purpose, following research questions have been formulated:

1. How do intergovernmental spillovers exist in the health service?
2. How do local governments are managing intergovernmental spillover exist in the health service?

## 1.4 Rationale of the Study

As Nepal has been now a federal state and the same people are being governed by the different federal units, it has created chaos among the citizens. Not only among citizens, it has also made the governance system more complex in nature. Mostly because of the absence of federal law, the federation is blamed for having a centralized mentality and it is not letting function the other two federal units effectively and efficiently. On the other hand, the local government is being criticized for poor functioning. In this connection, this study find local government practices in managing intergovernmental spillover exist in the health service , which would be very helpful for ensuring the quality of health service as envisioned in the constitution of Nepal 2015. It also assists local governments in identifying gaps in intergovernmental coordination and cooperation for the ensuing quality of health service for citizens. Also, the federal and provincial governments would benefit from identifying the gaps and limitations of local governments in managing intergovernmental spillover in health services. This research generates evidence, which contributes to the theoretical literature on intergovernmental spillover and health services in federal countries like Nepal. This research

product will be a reference material for training on intergovernmental relations and public services.

## 1.5 Limitation of the Study

The local government provides various public service to citizens, but this study was only focused on the intergovernmental spillover that exists in the health service and its sustainability. It only unfolds the major areas of intergovernmental relationships, i.e., the health sector.

## 1.6. Structure of the Study

The report is organized into five chapters. The first chapter is about the introduction including background, purpose and research question, rationale, limitation and organization of the study. Similarly, the second chapter contains a literature review, which is focused on intergovernmental relations, constitutional provisions for health service, national health policy 2071, public health service act, 2018, and the research gap. Chapter three covers the study methods consisting of approaches of the study, research design, selection of case, research participant's selection, data collection tools, data management, analysis, and interpretation and ethical and quality concerns. Chapter four contains the results, and discussion, and finally chapter five covers conclusion and suggestions of the study.

# Chapter 2
# Literature Review

## 2.1 Intergovernmental Relation

Intergovernmental relations (IGR) are an integral and pervasive part of modern political systems, of growing importance as the complexities of modern governance increase. They have become a notable feature of federal political systems; however, they are an important component of any political system with more than one level of government (Phillimore, 2013).

Analysis of IGR has traditionally focused on the formal structures and institutions of IGR, in particular those connected with the financial arrangements between the levels of government (Painter 2012: 731). However, IGR also involves extensive informal processes of exchange and interaction. The older Anglo federations of the USA, Canada and Australia did not make significant provisions for IGR in their constitutions, assuming instead that the two principal levels of government (the central government and the governments of the constituent units) would operate virtually autonomously in the policy spheres allocated to them by the roles and responsibilities designated in the constitution (Fenna 2012: 753). However, over time, and sooner rather than later, it became clear that this separation of activities through a coordinated form of government was unrealistic and unlikely to last.

As governments increased in size and scope during the twentieth century, new issues arose that the original constitutions had not anticipated. Policy areas that had formerly been seen as local matters became matters of national social, economic or environmental significance or at least matters of political and policy interest to national governments. Positive and negative spillovers in areas like transport, water, the environment and business regulation meant that roles and responsibilities between levels of government were no longer clear cut and that IGR of some sort was required to establish policy positions and accountabilities as well as administrative protocols between governments. Crucially, with the rise in national income tax as a tool of macroeconomic policy and welfare state redistribution, national governments invariably raised more revenue than they could spend and fiscal transfers to sub-national units became much more important. This dictated that IGR of some sort were necessary (Fenna 2012: 754).

## 2.2 Health Service: Constitutional Provisions

Nepal's constitution has ensured the following health rights:

(1) Every citizen shall have the right to free basic health services from the State, and no one shall be deprived of emergency health services.
(2) Every person shall have the right to get information about his or her medical treatment.
(3) Every citizen shall have equal access to health services.
(4) Every citizen shall have the right of access to clean drinking water and sanitation.

The relationship between the health of the general population and the overall development of a country is intertwined. Progress made in the health sector is considered the main indicator of development. Despite poverty and conflict in past decades, Nepal has achieved remarkable success in the health sector. In the context of health as a fundamental right of the people established by Nepal's constitution, it is the responsibility of the nation to maintain the achievement made in controlling communicable diseases, reducing infant and maternal mortality rates to the desired level, to control the ever-increasing prevalence of non-communicable diseases and timely management of unpredictable health disasters, and to provide quality health services to senior citizens, physically and mentally impaired people, single women, especially poor and marginalized and vulnerable communities. The national health policy 2071, a complete revision of the national health policy 2048, has been introduced to promote, preserve, improve and rehabilitate the health of the people by preserving the earlier achievement, appropriately addressing the existing and newly emerging challenges and by optimally mobilizing all necessary resources through a publicly accountable efficient management.

## 2.3 Health Service: National Health Policy 2071

All Nepalese citizens would be able to live productive and quality life; being physically, mentally, socially, and emotionally healthy is the vision of National Health Policy 2071. This policy tries to ensure the fundamental right of citizens to remain healthy through strategic collaboration among service providers, beneficiaries, and stakeholders and optimum utilization of available resources. It focuses on health for all citizens as a fundamental human right by increasing access to quality health services through the provision of a just and accountable health system. This policy set up the following objectives:

- To make available the free basic health services that existed as citizens' fundamental right.
- To establish an effective and accountable health system with required medicines, equipment, technologies and qualified health professionals for easy access to acquire quality health services by each citizen.
- To promote people's participation in extending health services. For this, promote ownership of the private and cooperative sector by augmenting and managing their involvement.
- To make available in an effective manner the quality health services, established as a fundamental right, ensuring easy access within the reach of all citizens (universal health coverage) and provision of basic health services at free of cost.
- To plan produce, acquire, develop, and utilize necessary human resources to make health services affordable and effective.
- To develop the ayurvedic medicine system through the systematic management and utilization of available herbs in the country as well as safeguarding and systematic development of other existing complementary medicine systems.
- To aim at becoming self-sufficient in quality medicine and medical equipment through effortless and effective importation and utilization with emphasis on internal production.
- To utilize in policy formulation, program planning, and medical and treatment system, the proven behaviours or practices obtained from researchers by enhancing the quality of research to international standards.
- To promote public health by giving high priority to education, information, and communication programs for transforming into practice the access to information and messages about health as a right to information.
- To reduce the prevalence of malnutrition through the promotion and usage of quality healthy foods.
- To ensure the availability of quality health services through the competent and accountable mechanism and system for coordination, monitoring and regulation.
- To ensure professional and quality service standards by making health-related professional councils capable, professional, and accountable.
- To mainstream health in every policy of state by reinforcing collaboration with health-related various stakeholders.

- To ensure the right of citizens to live in a healthy environment through effective control of environmental pollution for the protection and promotion of health.
- To maintain good governance in the health sector through necessary policy, structure and management for the delivery of quality health services.
- To promote public and private sectors partnership for systematic and quality development of the health sector.

To increase the investment in the health sector by the state to ensure quality and accessible health services and provide financial security to citizens for medical costs and as well as effectively utilize and manage financial resources obtained from the private and non-government sectors.

## 2.3 Public Health Service Act, 2018

This act expedients to make necessary legal provisions for implementing the right to get free basic health services and emergency health services guaranteed by the Constitution of Nepal and establishing access of the citizens to health services by making it regular, effective, qualitative and easily available. The Government of Nepal shall arrange providing every citizen with quality health service from a health institution. The Government of Nepal shall, to provide the citizen with health services based on available resources and means perform the following functions:

(a) To determine policy for the protection and promotion of the health of citizens,
(b) To provide service in an egalitarian manner by determining the priority of health service.

The Federation, Province and Local Level shall, to implement this Act, arrange human resources, technology and equipment in such institution based on necessity after establishing health institutions that have fulfilled the prescribed standards.

## 2.4 Research Gap

Many studies on intergovernmental relations and health care have been conducted around the world over the last two decades, and these have made significant contributions in this area. After the adaptation of the federal governance system in Nepal in 2015 with the promulgation of the constitution of Nepal, extensive research has been conducted in the fields of intergovernmental relations, local government, and service delivery; however, there has not been a study on the topic of intergovernmental spillover in health service. Hence, this study

sought to extract some potential opportunities as well as possible challenges that are contingent on intergovernmental spillover existed in health service.

# Chapter 3
# Research Methods

## 3.1 Approaches of the Study

Intergovernmental spillover in health services can be studied through a qualitative study. However, local governments' dynamics, interests, motives and beliefs are hard to understand through quantitative approaches. In this regard, this study applied a qualitative approach to explore local government practices for managing intergovernmental spillover existed in health services. Similarly, this study analysis of the health-related provisions in the constitution of Nepal and the other policy and legal documents and analysis of the practice of implementing such by the local governments, qualitative approaches are best suited.

## 3.2 Research Design

considering the purpose, research question and theoretical framework, this study adopted a case study research design. This design helped to explore intergovernmental spillover that existed in health services in detail in contextual conditions by focusing on how and why questions as suggested by Yin (2003) and Myers (2009). Similarly, this study disclosed the behavior, interest, and actions of politicians and bureaucrats in a natural setting as suggested by Stake (2005) and Creswell (2009). Hence, a case study was a suitable method for this study.

## 3.3. Selection of case

The municipalities of Kathmandu valley were selected by due to consultation with key informants from MuAN. Among the existing list of Municipalities, three municipalities, one from each district have been selected randomly keeping in mind that it can cover the geography of the whole Kathmandu valley.

## 3.4 Research Participants selection

Five key informants were selected as per requirement considering their responsibility in the overall planning, implementation and monitoring and evaluation of the health sector.

## 3.5 Data Collection

In this study, both secondary and primary data collection methods were used to gather data. Secondary data were collected from various sources such as annual reports, newspapers/media reporting, publications etc. Primary data was collected by using semi-

structured interview with the local governments. The interview schedule of the KI of the respective local governments selected purposively is presented in Table 1.

Table 1: List of local governments

| S.N | Local Governments | Research Participants | Discussion Date |
|---|---|---|---|
| 1 | Mahalaxmi Municipality | Mayor, Chief Administrative Officer, Public Health Officer | 2078 Chaitra 14 |
| 2 | Gokarneshwor Municipality | Mayor, Chief Administrative Officer, Public Health Officer | 2078 Chaitra 15 |
| 3 | Bhaktapur Municipality | Mayor, Chief Administrative Officer, Public Health Officer | 2078 Chaitra 28 |

## 3.6 Data Management, Analysis, and Interpretation

Field data were analyzed and interpreted as soon as collected to generate meaningful interpretation. The interview with the local government was conducted in the Nepali Language for simplicity which was then translated into English later during data coding. Data management, analysis and interpretation have been carried out immediately after the collection of data to make it more sensible, and valid and to avoid the probable data impurity.

## 3.7 Ethical and Quality Concerns

According to Creswell (2009), researchers have a responsibility of protecting research participants and the promotion of integrity of the research. So, prior permission with participants to carry out the interview was taken and also explained that the information obtained is used only for the research purpose. They were well informed that their involvement in the study is voluntary and that they are free to withdraw at any stage of the interviews if they do not feel comfortable. They were also well informed about their voluntary participation and their information will not be manipulated. Similarly, their privacy is not disclosed in this report. All the steps and consideration has been made to preserve quality concern on the study report.

# Chapter 4
# Result and Discussion

## 4.1 Intergovernmental spillovers in the health service

Local governments are aware of the constitutional right of every citizen to free basic health services from the state. Local government cannot deny to provide the basic health whether the citizen is the permanent resident of the same local government or from a different. Citizens also have the right to get information about medical treatment with equal access to health services.

Mahalaxmi Municipality, Gokarneshwor Municipality and Bhaktapur Municipality all cover both urban, peri-urban and rural areas of Kathmandu valley. Hence, these municipalities have both public and private institutions for the management of health services. They have to manage a large number (3 to 6) of health centres/hospitals having direct access and control over the management of such services. In contrary to this, they have considerably mega hospitals run by the private sector which they do not have access and control in the management team.

Local governments are managing the required budget, manpower, and equipment required for health service management through internal sources and support from the province and federal government. They allocate a certain budget in the health sector which is truly insufficient for managing the health sector. Hence, they receive an additional budget from provincial government and federal government as well as conditional grants. However, the major complication is that the actual number of service receivers is unpredictable in any situation, making it difficult to manage the resource. This is because they do not have access to the private hospitals, clinics etc to get how and what types of services the citizens are getting the service from these sectors. On the other hand, On the other hand, they are unable to keep track of either citizens of their own municipality or outsiders while providing services.. This is because the service receiver either does not provide the accurate information about their residency or is unwilling to inquire about it. Furthermore, they have no scientific system to compel citizens to provide proof of residency during service delivery. Local governments, on the other hand, cannot deny the service to non-resident citizens as it violates the fundamental rights guaranteed by the Constitution of Nepal.

## 4.2 Managing intergovernmental spillover in the health service

Every year, the budget allocated (by themselves and transferred by the province and federal governments as conditional grants) becoming insufficient for local governments. Hence, local governments continue to raise the budget ceiling for the health sector, which is still deemed insufficient. They need to be completely dependent on the province and federal governments for managing the required health manpower (doctors, nurses, ANM, AHW etc.). If large investments are required for equipment and infrastructure development, they must be completely reliant on the province and federal governments..

Local government officials namely Mayors and public health officers revealed that neither the public sector nor private sector can manage the basic health service effectively because of the intergovernmental spillover. The temporary migration and seasonal migration from other local governments for employment, education, tourism, trade, business, and so on is posing a threat to the local government for managing the basic health services. All three municipalities have projected their service increment, according to them, based on their existing population. However, the population is dynamic, making projection more difficult due to volatile migration patterns. According to them, the serving population is declining in rural areas, while it is rapidly increasing in peri-urban areas and is approaching saturation in urban areas.

Hence, for managing the intergovernmental spillover in the health sector, these local governments are increasing the number of health centres in their municipalities more focused on the urban and peri-urban areas. Within the last five years of the formation of local governments, each municipality has established a hospital and 5-7 health centres.

## 4.2 Emergency Health Service Management

Surprisingly, all three municipalities are found to be effective in managing emergency health conditions.Basically, during the COVID-19 pandemic management, these are found to be active and effective in providing the relief, distribution of masks, sanitizers, and so on . With the support of the province and federal governments, these municipalities were found to be effective in providing the COVID-19 vaccination after the first wave. All three municipalities have vaccinated their entire population with the first and second doses (approx. 107 % to 160 % of their population). This is because of the intergovernmental spillover, in which these local governments also provide the vaccination to the non-local residents. In addition, Mahalaxmi municipality is running a mother protection programme, and Bhaktapur municipality has planned for a geriatric care home for the elderly population. All three

municipalities have at least 3 major private hospitals in their territories, making emergency service management easier for them because the citizens go directly to such hospitals.Authorities of all three municipalities claimed to have skilled manpower (MBBS doctor) in each primary health centre, but their own response of lack of enough health workers for service delivery has been criticized. Hence, emergency management can be considered inefficient.

## 4.3 Challenges

Based on the discussion with the authorities of all three municipalities, the challenges are the challenges encountered in managing intergovernmental spillovers in health sectors, as listed below:

a) Coordination of local government with private and public institutions to determine exact situation of service provisions and spillover of health service,
b) Infrastructure development guidelines are the same for rural and urban areas, as well as hills and terai, making it more difficult to develop infrastructure,
c) There is an increase number of elderly people, and they need to provide regular and emergency service too. However , due to lack of service package, medicines and elderly-friendly infrastructure, there has been increased challenges,
d) Lack of clear policy and plans by the province and local governments about the basic health service delivery
e) Lack of budget for purchasing the required equipment and medicines. Due to this neither the required health package cannot be provided to all nor can the required medicines be purchased.

# Chapter 5
# Conclusion and Suggestions

## 5.1 Conclusion

The basic health service is the fundamental right of the citizens that has been guaranteed by the Constitution of Nepal. The number of people receiving health services from the same or other local governments cannot be separated due to a lack of appropriate health data and a profile of service recipients. Due to this, actual spillover of the people receiving the health service cannot be analyzed. Local governments are overburdened for providing health services to people from different local governments while utilizing nearly sufficient resources allocated to respective local governments due to the province and federal governments' lack of appropriate policy, laws, and plans. Managing intergovernmental spillover in health service along with the emergency management, is extremely difficult without the proper support and coordination with the province and federal governments. Also, due to unnecessary privatization of health services, local governments are being ineffective to manage the basic health services as well getting the actual data is also difficult. Hence, federal, provincial and local governments should work together to frame policy and necessary management of infrastructures, equipment, manpower, medicines and technology in order to manage the health sector effectively.

# References


Constitution of Nepal (2015), Nepal Law Commission.

Creswell, J. (2009). Research design: Qualitative, quantitative, and mixed methods approaches. Sage Publications.

Fenna, A. (2012). Federalism and Intergovernmental Coordination. In B. G. Peters and J. Pierre (eds.), The SAGE Handbook of Public Administration. Los Angeles: SAGE: 750–763.

Government of Nepal. 2015. Constitution of Nepal 2015. Government of Nepal Government of Nepal. 2017. Local Government Operation Act 2017. Government of Nepal

International IDEA and Institute for Autonomy and Governance. 2019. Federal Systems, Intergovernmental Relations and Federated Regions. Charter Change Issues Brief No. 5.

Myers, M. D. (2013). Qualitative research in business and management. Sage.

Phillimore, J. (2013). Understanding Intergovernmental Relations: Key Features and Trends. Australian Journal of Public Administration, 72(3), 228-238.

Pierre, B. G. P. J. (2003). Handbook of public administration. Sage.

Stake, R. E. (2005). Qualitative case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), The Sage handbook of qualitative research (3rd ed.) (pp. 443-466). Thousand Oaks, CA: Sage.

Subedi, Somlal. 2009. Federalism in Nepal and Functional Assignments. Kathmandu: Anjana Subedi

Yin, R. K. (2003). Case study research: design and methods. Thousand Oaks (CA).