

DEMOCRACY RESOURCE CENTER

Update - 1

Measures taken by Federal, Provincial and Local Governments To Prevent and Control Transmission of COVID-19¹

Democracy Resource Center Nepal

24 April, 2020

Measures taken by the federal government

- **COVID-19 Infection:** The first COVID -19 infection in Nepal was reported just over three months ago. The first was verified on 23 January, and the second was on 22 March, 2020. As of 23 April, 2020, a total of 9,200 Polymerase Chain Reaction (PCR) tests had been conducted, from which 48 cases of COVID-19 infections had been verified. Nine individuals had recovered and been discharged from health facilities and 86 suspected patients were being kept in isolation according to government data.²
- **Formation of High-level Committee and creation of framework for Intergovernmental Cooperation:** On 1 March, 2020, the Government of Nepal formed the ‘COVID-19 (Novel Corona Virus) Prevention and Control High-level Coordination Committee’ under the leadership of the Deputy Prime Minister. Further subcommittees were formed within the Council of Ministers and various line ministries. The COVID-19 Crisis Management Center (CCMC) was formed at the federal level to implement the federal government’s decisions relating to COVID-19, and similar mechanisms were operationalized at the provincial and district levels.³
- **Declaration of lockdown to prevent transmission of COVID-19:** Upon the confirmation of the second infection, the Government of Nepal, following recommendations of the High-level Committee, announced a nationwide lockdown commencing on 24 March, 2020, excluding essential services. The lockdown, which has been extended repeatedly, currently lasts until 27 April, 2020. Borders with China and India have also been shut down until the same date, while

¹ In the course of writing this update, DRCN conducted media monitoring and studied directives, working procedures and circulars issued, and decisions taken, by Government of Nepal to prevent and control the spread of COVID-19, and conducted telephone calls with various stakeholders at the federal, provincial and a few local levels. The Asia Foundation provided financial and technical support to produce this update. The details presented in this update are based on DRCN’s study and observations and may not necessarily reflect the views and opinions of The Asia Foundation.

² Rapid Diagnostic Test (RDT) has been conducted for 34,523 individuals and 10,573 individuals have been kept under quarantine. <https://covid19.mohp.gov.np/#/> Data updated by the Ministry of Health and Population on 23 April, 2020.

³ <https://ekantipur.com/news/2020/04/01/158575020805219051.html> Accessed on 21 April, 2020.

all international flights have been suspended until 30 April, 2020. However, before international borders were shut down and international flights suspended, travelers from China, France, Italy, the Gulf countries, South Korea and other nations with known COVID-19 infections had continued to arrive into Nepal. A large number of Nepali migrant workers from India were also entering the country. The failure to ensure timely tests for such returnees, or establish quarantine facilities, or verify whether or not such individuals followed strict self-quarantine rules at their homes had already increased the risk of COVID-19 transmission in Nepal.

- **Expansion of laboratory and testing centers:** Initially, the PCR tests for COVID-19 were being conducted only in Kathmandu. Laboratories and testing centers have been expanded to 13 locations. Lately, Rapid Diagnostic Tests (RDT) are being done in nearly every district of the country.⁴
- **Quarantine facilities and standards:** A meeting of the High-level Committee on 12 March, 2020, decided that foreigners arriving from abroad would have to observe self-quarantine and non-resident Nepalis and Nepali citizens arriving from abroad would have to observe home-quarantine. The same Committee passed the Quarantine Management Standards on 23 March, 2020, and on 25 March, 2020, decided that the provincial and local units would be responsible for managing quarantine facilities. On 29 March, 2020, the Committee also decided that each province and local unit would establish quarantine facilities in accordance with the Standards; that such facilities may be established in private medical colleges, hospitals, schools and hostels; and that local police would implement quarantine practices with utmost strictness.
- **Classification of health institutions:** The Government of Nepal classified health institutions and hospitals to identify and treat COVID-19 infections. All health posts, primary health centers and primary hospitals are tasked with providing basic consultation services; provincial hospitals at the district level or government and non-government hospitals operating COVID-19 clinics are tasked with providing isolation services and collecting and referring samples; Level-1 COVID-19 hospitals are tasked with managing basic cases; Level-2 COVID-19 hospitals are tasked with managing moderate and severe cases; and Level-3 COVID-19 hospitals are tasked with managing COVID-19 positive patients who require multispecialty services.
- **Procurement and supply of medical equipment:** The Health Services Department of the Ministry of Health and Population is regularly reporting that it has been distributing the limited amount of medical supplies at its disposal to various hospitals and health institutions across provinces. However, even health workers at Sukraraj Tropical and Infectious Disease Hospital in Kathmandu, where COVID-19 tests and treatment were taking place, had increased the length of their shifts of their health workers as a measure to conserve limited availability of personal protective equipment (PPE).⁵ The first medical equipment procurement process initiated by the Government of Nepal was canceled amid allegations of a lack of transparency and a new procurement process had to be initiated. Latter, the Ministry of Defence, in coordination with the Ministry of Health and Population, had passed a decision to purchase the required medical

⁴ Confusion has arisen due to variance between results of the RDT and the PCR tests. The reliability of the RDT has been questioned.

⁵ <https://www.nayapatrikadaily.com/news-details/41319/2020-04-16>

supplies through a government-to-government process involving the Nepal Army. The procurement process initiated by the Nepal Army has reached its final stages and the medical supplies are expected to arrive within a week.⁶ Some non-governmental organizations and foreign countries have also provided certain essential medical supplies.

- **Daily updates by the Ministry of Health and Population:** The Ministry of Health and Population has been providing daily updates. Each day, a representative from the Ministry gives televised updates on new cases of infections, locations and numbers tested along with key initiatives from the Ministry. The same updates have also been made available [online](#). Likewise, to ensure an effective flow of information, the Ministry also disseminates information through a Viber group.
- **Relief distribution and standards:** In order to mitigate the effects of the lockdown in the lives of the people and the economy of the country, the federal Ministry of Finance published on 29 March, 2020, a plan to provide relief to various sectors. It has also published the Relief Distribution Standard, 2020. The Standards are to be followed by the local governments in administering the distribution of relief.
- **Supply of food and essential goods:** According to the Ministry of Industry, Commerce and Supplies, the import of foodstuff and all other goods except medicines increased during the first and second weeks of the lockdown in comparison to previous weeks. However, by the third week of the lockdown, there was a slight decrease in imports of pulses, vegetables, fruits and raw material for drug manufacture. According to the Ministry, although goods are entering through border checkpoints, they are not being transported to the interiors of the country in the same ratio. The movement of goods across the Kakarbhitta customs has been interrupted because the West Bengal Government in India has completely shut down its borders.⁷
- **Establishment and operation of COVID-19 emergency funds:** All three tiers of government have established and mobilized emergency COVID-19 funds towards procuring medicines, equipment and treatment material for the prevention, control and treatment of COVID-19, and towards managing individuals with infection, mobilizing human resources, and distributing relief.

Measures taken by the provincial and local governments

- **Establishment and operation of emergency funds:** Each province and local level has established an emergency fund. Provinces have disbursed emergency cash from the fund to District Coordination Committees (DDC), public hospitals, and to local governments. Some provinces have also provided funds to each local government. Most local units have established emergency funds through reallocation of budgets from different headings received through fiscal transfers as per the instructions by the federal government. Additional funds are being generated from internal revenue sources, funds received from provinces, and monetary contributions received from elected representatives and local government employees. Local levels have been

⁶ <https://www.nayapatrikadaily.com/news-details/41825/2020-04-22>

⁷ <https://moics.gov.np/newsdetail/268/>

utilizing such funds on distributing relief material, managing quarantine facilities and purchasing necessary medical items.

- **Laboratory expansion:** Provincial governments, with assistance from the federal government, are attempting to expand laboratories and increase testing coverage. Province 1 government provided trainings to collect swab samples and testing to health professionals at district hospitals. Bagmati Province too had provided trainings to selected health officials of all 13 district hospitals, ayurvedic hospitals and individuals from health centers. In Gandaki Province, technicians deployed from Kathmandu had trained local technicians on PCR testing techniques. However, laboratories outside Kathmandu have been sending samples to Kathmandu because of the limited capacity for testing and for cross verification of some cases with positive diagnoses.⁸ Physicians at local hospitals and elected representatives at border cities like Birgunj of Province 2 and Kanchanpur of Sudurpaschim Province, through which large number of citizens return, mentioned that they require labs with larger testing capacities.
- **Management of hospitals for the treatment of persons with infection:** All provincial governments felt the need to increase the number of hospital beds – generally and in ICUs. Province level stakeholders mentioned that although nearly every province had established quarantine and isolation wards, the limited numbers of ICU beds and ventilators available will create difficulties if there is an upsurge in the rate of infection. Some provinces decided to purchase a few ventilators for provincial and district hospitals. Province 1 established a 50-bed hospital with 10 ventilators. Given the possibility of increased rate of infections in Sudurpaschim Province, the provincial representative there claimed that they had managed additional isolation beds. Interviewed before the infection cases were verified in Birgunj, a doctor at the Narayani Hospital, Birgunj said, “The biggest challenge we face is that we do not have a dedicated hospital to treat COVID-19 patients. We do not have any case so far, but even if we receive any case in the future we cannot stop other services. We have been providing essential health services like dialysis, birthing services, ICUs. We will not be able to handle these services and also treat COVID-19 patients. We need a dedicated hospital COVID-19.”
- **Data collection:** All local governments have collected data at the ward and municipal levels and have forwarded them to the province. Local units have collected records of outsiders who have entered the municipality, along with details about daily wage laborers in the informal sector and poor families. In order to collect data, most municipalities have provided orientation and training on health safety to Female Community Health Volunteers as per the decision of the Government of Nepal. Committees at the ward and municipal levels have also collected data with the assistance of local stakeholders. In some local units, fewer than actual numbers of outside entrants have been recorded where families and local inhabitants had hidden details about citizens who had returned from outside. In a municipality of Province 2, Female Health Volunteers had not been deployed to collect such data. However, local representatives had acted expeditiously with the assistance of local police to collect details whenever they learned of

⁸ <https://ekantipur.com/news/2020/04/17/158709651474497283.html>

people arriving from outside. It had been especially difficult to collect data on people surreptitiously entering municipal units along the border with India.

- **Setting up, management and monitoring of quarantine facilities:** Nearly every local and provincial government made provisions for isolating individuals with suspected COVID-19 infection and quarantining them for 14 days in community halls, schools, or in tent-houses set up on open grounds. However, the quality of quarantine facilities and standards being followed varied between each province and municipal unit depending on their ability to manage resources. Many local units reported that it was difficult to build quarantine facilities according to the federal government's standards. Many local government quarantines had inadequate number of available doctors and sanitary facilities, the required distance between patient beds and the provisions for food. Some places had 'adequate' living conditions – '*basna milne*' – while other places had quarantine facilities with additional resources, with sufficient distancing between beds, internet and televisions. Some places had set up CCTV to monitor the quarantine wards. Dhangadhi Sub-metropolitan City of Sudurpaschim Province has established women-friendly quarantine facilities with separate sections for women and is providing sanitary menstrual pads. Local units have formed a separate committee for quarantine management who accompanied health workers on their daily check-ups of people under quarantine.
- **Difficulty in controlling travel of citizens across international borders:** Difficulty was reported in controlling the travel of citizens across international borders, especially because they were entering Nepal from India unhindered through canals, rivers, jungles, etc. Both the provincial governments and district administrations were deploying additional security personnel with additional funds to control such movement. Since most security personnel deployed on the frontline have been working without adequate safety equipment and masks, there is a risk of their becoming easily infected.⁹ Sudurpaschim Province government, in coordination with the federal government, deployed additional security personnel at the border areas. According to the Law minister from Sudurpaschim Province, more than 2,000 migrant Nepalis are stuck across the border in India. Similarly over 70 Indian citizens have been kept under quarantine in Kailali and Kanchanpur of Sudurpaschim Province.
- **Relief distribution:** The federal government and provincial governments have specified the Standards for relief distribution for the local governments. Local governments have adapted the provisions of the Standards to meet local needs. In some municipal units, the large proportion of families demanding relief made it difficult to select families to award the relief. Some local levels had seen conflicts arising due to disagreement regarding the relief distribution list. One rural municipality in the Tarai area of Province 5 had distributed relief equally between all households without identifying the population as poor, vulnerable or daily wage laborers. Because of the lockdown, people from other places have been stuck in many municipalities. Some of them also lacked citizenship certificates or other identification documents. Many stakeholders held the opinion that since local governments and elected representatives gave priority to citizens from

⁹ When an individual taken into control while crossing the Kanchanpur border tested positive for COVID-19 infection, the police personnel involved in taking the individual into control also had to be put in quarantine to be tested for infection.

their municipalities and require such documents, it was difficult to provide relief to workers from elsewhere. Some local governments had not started relief distribution even after two weeks of lockdown.

- **Procurement and management of medical supplies:** Nearly every local unit reported a lack of PPEs, infrared thermometers, N-95 masks and other material in adequate numbers. Some district and local level stakeholders reported receiving a few PPEs from the federal and provincial governments. Health personnel faced difficulties in carrying out their duties without adequate PPEs, and expressed concern for their own safety. Local governments reported reluctance in purchasing necessary material from the market because their costs had increased drastically, which created the possibility for officials to be implicated in corruption. Although provincial governments had initiated the process for procuring health material, challenges persisted due to unavailability of such material nationwide.
- **Provisions of incentives:** The Government of Nepal has decided to provide risk allowances to personnel working for the prevention and control of COVID-19 on the basis of their respective job assignment throughout COVID-19 risk duration. According to it, all health officials directly involved at laboratory and COVID-19 examinations and treatment of patients will receive an additional hundred percent of their basic salaries while others who assist for the same will receive an additional fifty percent of their basic salaries. The federal government has provided life insurance of NPR. 2.5 million for security and health officials. Sudurpaschim Province has decided to provide an additional insurance of NPR. 1.5 million. Province 1 has also decided to provide an incentive allowance without duplicating the federal incentives. Most local units have made provisions of snacks for health officials.
- **Supply and management of food materials:** Efforts were made to discourage crowding at places where citizens purchase essential goods, to enforce physical-distancing, and to organize home delivery of goods by coordinating with local shopkeepers and making their contact numbers available. Municipalities have adopted the strategy of shifting otherwise crowded vegetable and grocery markets from urban centers to the ward and neighborhood areas. Some local governments have punished traders engaged in black-marketing, creating artificial shortage of foodstuff, and selling goods at inflated prices. They also disinfected transportation vehicles and monitored the safety of drivers and their assistants. Elected representatives at some local units were reported to be continuously collecting information regarding the status of food storage with wholesale suppliers and monitoring the availability of provisions in the market. Some local governments were encouraging farmers to engage in farming while maintaining physical distance from each other.
- **Citizens forced to walk home during lockdown:** As the lockdown enforced to prevent the spread of COVID-19 continues, individuals who lost sources of livelihood and were dependent on daily wages, along with laborers and tenants in Kathmandu and elsewhere are forced to go back to their villages. A few local police administrations and local governments provided food and transportation for these citizens. The Chairperson of Sunkoshi Rural Municipality and provincial assembly member from the same district arranged for transportation for 920 persons including laborers, women, children and elders who were rescued from Kathmandu.

- **Lack of employees, and local units without plans:** Many local governments reported difficulties in functioning because they lack adequate employees during this current crisis. In some municipal units, even though the province had released funds, the absence of the chief administrative officer had delayed the process of opening bank accounts necessary to utilize the funds, and ward secretaries had been forced to oversee more than one ward. Some employees felt that the increased workload had made it difficult to hold daily meetings or to write down meeting minutes. Many municipal units lacked plans or the confidence to address the possibility of a more widely-spread epidemic. Many municipal units expressed that if the epidemic spreads at a faster rate than at present it will be very difficult to contain it.
- **Coordination at provincial and local levels:** Committees comprising the minister of the relevant provincial ministry, the health directorate, hospital representatives, district and local level representatives have been coordinating to implement the various decisions of the provincial government. Other committees also had been formed to coordinate with province level hospitals and health institutions. The District Coordination Committee, District Administration Office, representatives of security bodies at the district level, and representatives of political parties had coordinated at the district level and with local units. Local units were sending information over the telephone and email to the Ministry of Federal Affairs and General Administration, the province's Social Development Ministry, and the District Administration Office. Such reporting focused primarily on people who have arrived from outside, quarantine facilities and people staying there, and the status of relief distribution.
- **Coordination between three levels of government:** Elected representatives of the provincial and local levels alleged that the federal government made policy decisions without considering their fiscal and technical capabilities which made their implementation difficult. The lack of timely coordination between various federal and provincial offices made it difficult to expand laboratories and testing outside Kathmandu. Although a few hospitals in Kathmandu and some provinces already possessed COVID-19 testing-capable equipment similar to those at the National Public Health Laboratory, they had not been utilized. Due to this, all collected samples had to be sent to the National Public Health Laboratory in Teku. Later, all such laboratories started testing the samples. Similarly, due to a lack of coordination between government entities, it took hours to transport verified patients to the hospital.
- **Coordination with the community, organizations and local stakeholders:** Local youth clubs, cooperatives, community forest committees, etc., were reported to have assisted in relief distribution in various provincial and local levels, and to have distributed PPEs made by utilizing local resources to health workers. Traditional community leaders – like the *badghar* or *bhalmansa* among the Tharus – and religious leaders have also been mobilized to spread awareness about COVID-19 and to reduce crowding at public areas.

Recommendations

- Extensive preparations must be made now that COVID-19 has transmitted to individuals besides those who came from abroad (Phase 3/Community Transmission Level). If the rate of infections increases, existing local quarantine facilities, health institutions and hospitals will be

overwhelmed. It is necessary for all three levels of governments to immediately focus on increasing the capacity of health institutions and hospitals.

- Since many citizens inside and outside Nepal may want to travel to their villages immediately after the lockdown is lifted, plans for quarantining, identifying persons with infections, testing, isolating and treating must be made immediately.
- As there have been delays in transporting persons with verified infections to hospitals, a transportation team should be kept ready at each municipal unit or health institution, along with an ambulance and medical safety equipment.
- It is important for the federal government to immediately import and supply the health equipment, PPE, ventilators needed at hospitals, ICU beds, etc., required by doctors treating persons with COVID-19 infection. The federal government must also make efforts to supply thermometers, masks and other safety materials needed for quarantine management and screening materials.
- All three levels of government need to motivate and encourage the health workers, doctors and police personnel deployed at the perilous frontlines of the present crisis by paying attention to their safety and providing means for protecting them from COVID-19 infection.