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Update-2

# Role of Local Governments in COVID-19 Prevention and Quarantine Management

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Democracy Resource Center Nepal

# Role of Local Governments in COVID-19 Prevention and Quarantine Management

The Constitution of Nepal assigns rights related to basic healthcare services to local governments. The health section under them has been managing and monitoring activities related to the delivery of basic healthcare services and preventing the spread of the COVID-19 virus. The federal and provincial governments have provided local governments with additional standards, directives and procedures for the prevention and management of COVID-19 infections. Additionally, local governments have been initiating and conducting various activities on their own for the prevention and control of COVID-19. Local governments have carried out awareness-raising programs, operated health desks at entry points into their units, and run fever clinics. Elected representatives, officials and health workers have been active in establishing and managing quarantine facilities and health check-ups. They also played an important role in initiating contact-tracing in neighborhoods where infections were identified, and in facilitating Rapid Diagnostic Tests (RDT) and Polymerase Chain Reaction (PCR) tests.

Several complications have surfaced as local governments continue to work towards preventing and controlling the spread of COVID-19. These complications are related to the lack of priority given to the health sector by the three tiers of government, the lack of coordination in the decisions taken by the federal and provincial governments to cure those infected and to prevent and control the spread of COVID-19, and problems related to employee adjustment in the health sector.

This update discusses the initiatives taken and challenges faced by local governments in the process of managing healthcare services and quarantine facilities as a part of their COVID-19 prevention efforts.

## 1. Operation of health desks and fever clinics at local unit entry points

Local governments established health desks at the main entry points into their units and conducted preliminary health screening on citizens arriving from other locations to determine whether they exhibited COVID-19 symptoms like fever, cough and cold, sore throat and muscle aches. Local governments along the Nepal-India border have been conducting health screening on everyone entering from India. In February, Birgunj Metropolitan City of Parsa district in Province 2 started a health desk at the important customs checkpoint of Raxaul and initially carried out health screening on around 200 individuals arriving from nations other than India. The head of the health department at the Metropolitan City said that nearly 60,000 Nepali and Indian citizens had been administered health screenings by mid-April after cases of COVID-19 infections were found in India. Birgunj Metropolitan City continues to carry out daily health screening for around 1,500 drivers of freight vehicles and their helpers who enter through the joint check post and dry port at Birgunj customs. Nepalgunj Sub-Metropolitan City of Banke district in Province 5 had conducted health screenings on upwards of 100,000 individuals entering Nepal from India through the Jamunha border check post. Similarly, local governments in Darchula, Kanchanpur and Kailali of Sudurpashchim Province and Banke, Kapilvastu and Rupandehi of Province 5, etc., have been operating health desks at entry points along the Nepal-India border. Such health desks and screenings have put a lot of strain on the limited human resources and infrastructure at the disposal of the local governments and its health centers. Therefore, although local governments have mobilized a lot of their resources towards health desks and fever clinics, their efficacy has remained questionable. Since the health condition of most individuals found to be infected in Nepal has remained 'normal,' without visible COVID-19 symptoms, it should not be assumed that there have not been infections.[1]

[1] More than 80 per cent of COVID-19 cases in Nepal are asymptomatic according to reports. https://ekantipur.com/

## 2. Management and procurement of Personal Protection Equipment (PPE) and essential medicine

Local governments have tried their best to procure necessary medicines, PPE, masks, gloves, etc., as part of their preventative effort to combat the spread of COVID-19. As a result of the proactive initiatives taken by elected representatives and health section employees, some local governments took preemptive measures to manage materials and purchase medicines even before the lockdown was announced by leveraging their access to healthcare material suppliers. But many other local governments failed to arrange and procure necessary materials and medicines for a long time even after the lockdown. Nepalgunj Sub-Metropolitan City spent up to NPR 2.5 million on healthcare material. Mahakali Municipality of Darchula district in Sudurpaschim Province purchased essential medicines to suffice for another six months. Kwholasothar Rural Municipality of Lamjung district in Gandaki Province and Halesi Tuwachung Municipality of Khotang district in Province 1 had already bought essential health supplies by mid-March. Health workers at these local units reported that the purchase of healthcare materials on time had contributed to raising the confidence of their healthcare workers.

According to the health coordinator of Kwholasothar Rural Municipality, 13 infrared thermometers were purchased before the lockdown, of which 12 were distributed to various healthcare institutions while one was kept with the Health Section. The health coordinator said, "On March 20, 2020, five PPEs and 13 infrared thermometers were purchased. Later, on the 26th, an additional 10 PPEs were purchased. All health institutions have a stock of medicines for cold, cough and fever to combat the pandemic. There is a sufficient amount of sanitizer. Gloves and masks are also available in sufficient numbers."

Similarly, Halesi Tuwachung Municipality of Khotang had purchased healthcare material and NPR 500,000 worth of essential medicines by mid-March. Two PPE sets each, N-95 masks, and a set of apron, gown and rubber boots had been supplied to each of the 12 health posts in the municipality. The health coordinator of Halesi Tuwachung Municipality said, "Although we could not supply everyone, the municipality has managed to provide the minimum required amount of healthcare material to health workers. We went through a lot of trouble to procure the infrared thermometer needed for the health workers. By mid-March, we had already purchased the PPE and thermometers required for the health desk. Anticipating that the pandemic would spread and create difficulties, we purchased NPR 500,000 worth of medicines. Corona patients get high fevers – at the least, we had to be able to provide them Paracetamol tablets. We made an estimate and create a stockpile of Paracetamol tablets worth NPR 72,000. It is said that COVID-19 results in chest infections. We do not have ventilators or ICU facilities. We bought Azithromycin to control chest infections. We have five cartons of surgical masks and gloves."

Anticipating that the lockdown would create difficulties for chronic patients in purchasing necessary medicines, Besishahar Municipality and Kwholasothar Rural Municipality in Lamjung had provided a month's worth of free medicines to patients suffering from diabetes, abnormal blood pressure, asthma and uric acid, while Diprung Chuichumma Rural Municipality of Khotang had provided two weeks' worth of similar medicines for free. Diprung Chuichumma Rural Municipality was forced to purchase PPEs at higher than market prices. According to the deputy chairperson of Diprung Chuichumma Rural Municipality, the rural municipality decided that it was untenable to purchase PPEs at an inflated price, and therefore purchased the necessary cloth to sew 49 sets of PPEs locally. However, it appears difficult to determine safety or effectiveness of PPEs sewn locally. But, the initiative shown by local governments to forgo dependence upon the federal and provincial governments to rely upon locally available resources can be taken as a positive aspect of federalism.

Local governments which had failed to make necessary preparations in time were obligated to be

news/2020/04/21/158743425213817868.html

dependent upon the federal and provincial governments. But nearly every local government complained about the federal and provincial governments' inability to supply PPEs like masks and gloves in adequate numbers. They also stated that the PPEs received were not of optimal quality. The coordinator of the health department at a local unit told DRCN, "We did not receive health equipment from the federal and provincial governments. The role of the federal and provincial governments appears to be very weak. Belatedly, we received three sets of PPEs from the provincial government, but the sets lacked masks and safety goggles – we have stored away the PPEs received from the provincial government due to its lack of quality." Officials at the district-level Public Health Office also accepted the fact that local governments had not been supplied with enough PPEs to meet their demands, and the equipment that had been supplied were lacking in quality.

There is a general shortage of healthcare materials in the market. The limited quantity of available healthcare materials had been priced at a much higher rate than usual. Local governments were hesitating to purchase available materials out of a fear of being accused of corruption. This problem had resulted from the failure of the federal and provincial governments to supply healthcare materials to local units in a timely manner.[2] A few local governments had resorted to using traditional thermometers due to a lack of infrared thermometers. A ward chairperson at Besishahar Municipality told DRCN that healthcare workers were afraid of patients who arrived with fevers because of the lack of infrared thermometers. He mentioned that there was an absence of motivation among healthcare workers at the local level due to the absence of adequate and necessary equipment in the midst of an atmosphere of fear.

## 3. Healthcare workers mobilization and incentivization

Local governments have mobilized healthcare workers under them for COVID-19 prevention and healthcare services delivery. But, there are widespread complaints that there are fewer healthcare workers available than the allocated positions. Complications that arose during the employee integration process in the health sector have resulted in the absence of adequate healthcare workers in many local units. The lack of healthcare workers in remote local units is even more severe. In many local units, regular healthcare services have been suspended because all available healthcare workers have been mobilized to combat the threat of COVID-19. For instance, there is not even a single assistant nurse midwife at the Diprung Chuichumma Rural Municipality of Khotang. Another rural municipality in Khotang, Halesi Tuwachung, has 11 fewer healthcare workers than the designated positions. According to the mayor of Birgunj Metropolitan City, the local unit has 135 designated positions for healthcare workers. Of that number, 40 have been assigned to COVID-19 related tasks. After the healthcare workers assigned to the Tuberculosis Test Center in Ward 31 of the Metropolitan City were assigned to COVID-19 related tasks, tuberculosis tests have stopped. Patients arriving at the Test Center are being referred to hospitals in Bara. After the federal government designated the Narayani Hospital in Birgunj as a COVID-19 hospital, the number of patients suffering from various diseases at health posts in Birgunj Metropolitan City has increased. In Khajura Rural Municipality of Banke, after available healthcare workers were assigned to COVID-19 related duties, the OPD and maternity ward of the Rural Municipality's health institutions have been shut down. Although Mahakali Municipality of Darchula district has an inadequate number of healthcare workers, it was sending nurses to the homes of chronic patients and expecting mothers to provide necessary services during the lockdown.

2 The Federal Government took decision to purchase medical equipments for COVID-19 to Omni Business Corporate International Pvt. Ltd. (OBCI) which landed over controversy over the lack of transparency, required standards and high costs. OBCI imported first lot of medical equipments on March 29, 2020. The Federal Government canceled the contract on April 1, 2020 due to the controversy regarding the quality and price of the medical supplies brought by OBCI.

Healthcare workers reported that they are required to work excessively long hours and are under a lot of pressure due to the need to provide services at many different locations amid a lack of workers. Local governments have also passed decisions on providing additional stipends as incentive to healthcare workers assigned to the frontlines in the effort to control the spread of COVID-19. Kwholasothar Rural Municipality and Besishahar Municipality in Lamjung, and Halesi Tuwachung Municipality in Khotang, have passed a decision to provide NPR one million in relief to families of healthcare workers if they lose their life while assigned to COVID-19 duties.

## 4. Testing and facilitation

Individuals staying under quarantine and those suspected of COVID-19 infection are being tested using the RDT and PCR tests. However, according to a senior physician with the federal government's Ministry of Health and Population, the Government of Nepal had 100,000 test kits available of which 50,000 were distributed to local units during the first phase. Only a minimal number of necessary test kits were made available at the district or local levels. In Birgunj Metropolitan City and Nepalgunj Sub-Metropolitan City, where the rate of COVID-19 infection is high, testing had to be halted due to a lack of Viral Transport Medium (VTM) kits needed to carry out the tests. When the federal government failed to make VTM kits available on time, three local units in Kapilvastu of Province 5 purchased their own VTM.[3]

A representative of Mahakali Municipality said that specific protocol that needs to be observed for testing were not followed and ad-hoc instructions are sent by the federal government depending upon the number of available test kits in the municipality. According to the representative, a total of 115 RDT kits arrived at the local units over three phases via the district-level health office. In the first instance, it was decided that individuals who had entered the municipality since March 18 would be tested. When a few kits remained after the tests, it was decided that the tests would be expanded to include individuals who had entered the municipality since March 14. In the third instance, a directive was received to test security personnel and healthcare workers.

In Khotang district, RDT tests were conducted for all individuals who had arrived from India and other countries, and in accordance with the testing protocol, 10 percent of those who tested negative were selected for the PCR test. An official at a district health office said, "We had received 170 RDT kits in the first phase, from which we tested 129 individuals. Everybody tested negative. We received an additional 360 kits from the provincial government. But the demand for test kits in the district is higher than the amount available with us. Whom do we test, and whom do we leave out?"

The provincial government had sent 20 VTMs to Dhankuta district, of which eight were used, and the remaining 12 were sent to Morang district when the latter requested for them after experiencing an urgent need. An official at a health section said, "If we ask the provincial government, they tell us that they do not have any. If we suddenly need some, from where will we procure them?"

In some districts, RDT tests have been discouraged, as they have been deemed to be unreliable. The deputy chief district officer of Parsa district said that only the PCR method was being used to conduct tests in the district after RDTs were shown to be unreliable. According to a physician, RDTs have a sensitivity range of between 34 and 80 percent. Or, an RDT may return a false positive or a false negative test report between 20 and 66 percent of the time. In Rapti Municipality of Chitwan district, the RDT on a 65 year old woman who was staying in quarantine after returning from abroad showed a positive result. RDT on three other members of her family returned negative results. However, when PCR tests were administered for added certainty, one of the family members returned a positive result even though the RDT had shown a negative result.

[3] https://ekantipur.com/pradesh-5/2020/05/21/159005018875351117.html

Although the machine installed at the Narayani Hospital in Birgunj with the assistance of the provincial government is capable of carrying out 70 swab tests per day, it has not been able to operate to its maximum capacity owing to a lack of test kits. Similarly, although Province 5 decided to install a PCR machine in Nepalgunj, it has not been operational. The deputy mayor of Nepalgunj Sub-Metropolitan City said, "We should be carrying out rapid tests, as many as we can manage. However, the federal government has only sent us 250 test kits. How is it possible to carry out tests under such conditions?" However, the deputy mayor also said that the minister for Social Development in Province 5 had committed to reassigning unused test kits from districts without known infections to Nepalgunj. The mayor of Birgunj Metropolitan City claimed that the actual spread of infection can be assertained only if about 10,000 tests are administered within the Metropolitan City area. He said, "We have been carrying out random tests owing to the lack of test kits. It is not possible to stop the spread of infections through such limited testing. It is necessary to seal off an entire area and carry out comprehensive testing. But, because of a shortage of test kits, we have been carrying out only sporadic tests. Because of this, the moment the lockdown is eased even a little, infections spread. We sealed the wards where infections were seen. We conducted contact tracing for cases of infection, but because we could not carry out timely tests, infections spread a lot."

There were also examples of people having to stay under quarantine for long and uncomfortable periods because of the limited number of tests being administered and because of the long time it took to obtain the test results. A total of 1,296 Nepali citizens who had been kept under quarantine in India, just across the border from Darchula district, were allowed to enter Nepal after 35 days. Although they had stayed under quarantine in India for 35 days, they lacked any document to prove that they did not carry the infection. They could not be administered tests immediately upon entering Nepal. Therefore, they had to spend an additional 14 days under quarantine in Nepal. Similarly, two individuals in Rapti Municipality of Chitwan showed COVID-19 infection. Individuals who had come in contact with them were kept under quarantine. Swabs were collected from them and sent to Kathmandu for PCR tests. But they had to stay under quarantine for nearly 20 days because the test results did not reach them in time.

Muslim communities in various wards in Birgunj and in Nepalgunj complained that tests during the first phase were primarily centered on the Muslim community only. Religious leaders, the members of Muslim Commission and elected representatives played reconciliatory roles to diffuse tensions. A healthcare worker in Parsa said, "The Muslim community was suspicious that perhaps the tests were being targeted only towards a particular community. They were also observing the holy month of Ramadan. There were also opinions that tests should not be carried out while people were keeping the Roza fasts."

A Muslim-rights activist explained the dissatisfaction among the Muslim community thus; "When an infection was observed among the *Jamatis* [Muslim religious leaders] in Bhulke in Udayapur district, various news media and some on social media said negative views about the Muslim community. Then there were tests targeted at the Muslim community. Because testing was limited, it was only natural that infections showed up in the communities being targeted for the testing. When testing was made wider, infection was seen in other communities as well."

## 5. Contact tracing

Elected representatives and local residents appear to have played an important role in identifying individuals who have come into contact with individuals with a confirmed COVID-19 infection. In Rapti Municipality of Chitwan, when two individuals in the same family tested positive for COVID-19, a committee comprising healthcare workers and the ward chairperson was formed to carry out contact tracing. "We traced all the locations visited by the infected persons and all the individuals who had come in contact with them," an official at the health section of the municipality

said. The municipality had identified some 20 individuals who had come in contact with the infected individuals and placed them under quarantine. Birgunj Metropolitan City and Nepalgunj Sub-Metropolitan City also carried out contact tracing with the assistance of elected representatives, healthcare workers, representatives of security institutions, and religious leaders. Local governments have been maintaining details regarding contact tracing and have transmitted such data to institutions like the district administrative offices, etc.

## 6. Treatment and management of infected individuals

The federal and provincial governments have the primary responsibility in the treatment and management of individuals with infections. As the number of known infections increases, designated COVID-19 hospitals are facing an increase in caseloads. After some hospitals were designated as dedicated COVID-19 hospitals, services being offered for patients with other serious conditions have suffered. This has disproportionately affected patients from poorer economic classes. Patients in Nepalgunj Sub-Metropolitan City, where the number of infections is increasing, have been kept at the BP Koirala Cancer Hospital in Khajura. The hospital has a total capacity of 25-beds. The deputy mayor of Nepalgunj Sub-Metropolitan City said that an additional 25-beds had been prepared at the Lions Club Dental Hospital, anticipating that the initially allocated beds would prove insufficient. The district coordination committees in Lamjung and Nuwakot have collected and utilized a certain amount of the funds available for local units to create a few isolation beds at district hospitals.

In Province 2, after the federal government designated the Narayani Hospital as a COVID-19 hospital, infected individuals from Bara, Parsa and Rautahat are being treated there. Although the provincial government designated the Kalaiya Hospital in Bara and the Jaleshwor Hospital in Mahottari as Covid-19 hospitals, these facilities have not been brought into operation owing to a lack of necessary infrastructure. After other treatment services were halted upon declaring Narayani Hospital a COVID-19 facility, representatives of political parties and the civil society in Parsa district have been carrying out daily protests outside their own homes demanding a resumption of the interrupted services.

A representative from civil society who is engaged in the protest said, “Patients from Sarlahi, Bara, Rautahat and Parsa had been receiving treatment for various diseases at an accessible and inexpensive rate. Narayani Hospital has always been famous in these districts for dialysis and maternity services. Designating this hospital as a COVID-19 facility has deprived poor people from these districts of health services.” Although a private hospital has been designated as the alternative, healthcare workers said that the cost of receiving the same services there was much higher. The mayor of Birgunj Metropolitan City and citizens engaged in the protest told DRCN that three individuals had died after being deprived of dialysis services since Narayani Hospital had begun operating as a COVID-19 hospital. Although an agreement exists between Birgunj Metropolitan City and the local Gandak Hospital for the use of the hospital’s physical infrastructure as a COVID-19 hospital, the mayor of Birgunj Metropolitan City said that the agreement had not been implemented due to a lack of interest shown by federal and provincial governments. If the number of infections continues to rise at the present rate, it will not be possible to treat everybody at Narayani Hospital alone. The physicians at Narayani Hospital were of the opinion that there should be no delay in preparing alternative hospitals in Province 2.

The management of Narayani Hospital has become challenging with the increase in the number of infections. Assistance from the Province 2 government, Birgunj Metropolitan City and a few local organizations have provided some relief to the limited infrastructure and resources available at the hospital. The provincial government had provided the hospital with a cash grant of NPR 2.5 million. Birgunj Metropolitan City is providing the entire medical staff deployed for treatment with free accommodation

and board at local hotels. According to the medical superintendent of Narayani Hospital, a total of between 20 and 25 workers, including administration and store workers, physicians, nurses and custodial staff are deployed at the hospital during weekly shift. The medical superintendent accepts that although provisions have been made for food, entertainment, communication and religious services for the treatment and facility of patients, working with limited resources and materials results in mistakes. Patients and other stakeholders especially complained about the lack of quality food being provided to patients, and the lack of hygiene in the hospital.[4] Since May 19, 2020, a non-government organization has been feeding 91 individuals at Narayani Hospital and at the isolation ward in Siddhartha Secondary School.

## 7. Quarantine management and challenges

The federal, provincial and local governments have created provisions for quarantine facilities in order to safely isolate citizens with known COVID-19 infections and those suspected of carrying the virus. Most local governments have mobilized internal resources to construct quarantine facilities. Although most quarantine facilities utilize public buildings, government offices, health offices and schools, a few local governments have also been using hotels as quarantine facilities. However, most of these quarantine facilities, created in a rush and without adequate resources, do not meet the standards issued by the Government of Nepal, and these facilities have created an additional risk in spreading COVID-19 infections instead of containing them. A young man in Narainapur Rural Municipality of Banke, who had returned to Nepal from Mumbai in India, died on May 17, 2020, of COVID-19 infection while still in quarantine. Although his health had deteriorated a day before that, there were no healthcare workers available to examine him. Ambulance drivers refused to transport him to the hospital because of a lack of PPEs. Therefore, deprived of treatment, the young man passed away.[5] DRCN had mentioned in its first update that quarantine facilities did not meet the minimum standards required.[6] After the young man passed away while under quarantine, serious questions have arisen regarding the physical infrastructure, hygiene, security arrangements, availability of healthcare workers, etc., at quarantine facilities established by local governments.

Most local governments have established quarantine facilities at the municipal center, and some have done so at the ward level as well. Most local governments in Dhankuta district of Province 1 have established 10-bed quarantine facilities in each municipal center, mindful of the limited resources available. Khajura Rural Municipality in Banke district of Province 5 has established a combined quarantine facility for all wards. Bidur Municipality of Nuwakot district in Bagmati Province has established a 35-bed quarantine facility at the municipal level and kept healthcare workers, police, sanitary facilities and three ambulances at the ready specifically for patients suspected of carrying COVID-19 infection. DRCN was told that this had been done since it would have been difficult to provide adequate facilities if quarantine wards had been established in every ward in the Municipality. Nepalgunj Sub-Metropolitan City has created a 100-bed quarantine facility at Mahendra Multiple Campus. Local units along the international border have created additional quarantine facilities in order to accommodate any potential increase in the number of individuals requiring quarantine due to a sudden influx of citizens returning from across the border. When the number of people entering Nepalgunj through the check posts on the border in India increased, a local hotel, Samarthya Inn, was rented to operate a 25-bed quarantine for some time. Similarly, when the number of people arriving from India into Khajura Rural Municipality of Banke district increased, the local Agriculture Training Center was used as a quarantine

[4] https://www.onlinekhabar.com/2020/05/864524

[5] https://ekantipur.com/news/2020/05/17/158973086101 12698.html

[6] https://www.democracyresource.org/wp-content/uploads/2020/04/DRCN_Covid-Update-English_24_April20_Final.pdf

facility. A 45-bed quarantine facility exists in Halesi Tuwachung Municipality. The municipality also has an agreement with a local resort to utilize it as a 45-bed quarantine facility if the need arises.

Local governments have taken the help of local clubs, various organizations and security units to establish quarantine facilities. In Marma Rural Municipality of Darchula district, security personnel deployed there had assisted in creating the quarantine facility. In Kwholasothar Rural Municipality, a quarantine facility has been created by putting mattresses in a school hostel and classroom, with the assistance of the local mothers' group and a club. In Nepalgunj Sub-Metropolitan City of Banke district and Mahakali Municipality of Darchula district, the district chapters of Nepal Red Cross had provided assistance in the form of benches, mosquito nets and blankets for the quarantine facilities. In Birgunj Metropolitan City, the mayor had personally provided 300 mattresses and 100 blankets.

The pressure of people staying in quarantine facilities setup by local governments in the hill and mountain districts is comparatively lower than in the Tarai districts. Initially, many local governments had not made it mandatory for all individuals traveling from outside to stay under quarantine. Local governments were selective initially and asked people returning from neighboring local units and other districts to stay under home quarantine and made mandatory for individuals returning from India and third countries. After the spread of infections reported in Jhapa, Bhojpur and Udayapur districts Dhankuta Municipality and others asked people arriving from those districts to compulsorily observe quarantine.

The District Coordination Committee in Khotang has issued directives against bring people back during the lockdown period from elsewhere. But Halesi Tuwachung Municipality defied the directive to bring back 1,369 of its people from Kathmandu. Albeit, municipality representatives assured that every possible caution was practiced during the transportation and every individual was administered a health screening upon arriving. The municipality asked every transported person to sign a 14-point home quarantine code of conduct, and enforced and monitored the observation of the code of conduct. Health volunteers, security personnel and teachers were mobilized to ensure the monitoring of home quarantine. The municipality coordinated with the telecommunications company NCell to procure 500 SIM cards to coordinate the monitoring of people staying under quarantine. But, when infections were found during the lockdown period among individuals transported from Kathmandu, elected representatives and members of the all-party mechanism in the municipality were criticized on social media.

The day-to-day management of people being kept under quarantine is challenging. In a few local units, managing everyday administration and food for people under quarantine has become difficult because all employees except healthcare workers are staying at home during the lockdown. A local government chairperson said, "People staying under quarantine with us have been pestering us with demands for meat and alcohol. They are also demanding daily stipends for staying under quarantine. A man ran away from quarantine one day. He ran away in the evening, but we caught him by the next morning and brought him back. He said he could not live without drinking alcohol. Of course, we could not supply him with alcohol. Then he vandalized the pan and window panes in the toilet, resulting in about NPR 50,000 in damages."

Some informants reported that there have been difficulties in strictly enforcing quarantine as individuals openly defy instructions and try to leave or try to put pressure through elected representatives. According to the head of Lamjung District Coordination Committee, the district was keeping people at its own 50-bed quarantine facility since local elected representatives were incapable of enforcing the rules strictly. According to him, a quarantine facility that meets the government's standards has been established at the Sundar Bazar Agriculture Campus, and every person entering through the check post there is immediately taken to the quarantine facility by the Nepal Army deployed there. The mayor of Besishahar Municipality also informed DRCN that a new district-

level quarantine operated by the Nepal Army had to be established because citizens were not receptive to instructions from elected representatives.

Representatives of local government said that it was not possible to establish quarantine facilities to meet those standards with the limited resources and materials available to them. The head of the health division at Rapti Municipality said, "Somebody else has drawn up the standards for quarantine while we have to operate under a different set of ground realities. I would not claim that we precisely meet the standards, but we do have the minimum facilities needed. For instance, the standards require a place for security personnel – that just is not possible everywhere. We have had to do the cooking and cleaning ourselves. Each setting has its own unique requirements. Therefore, there are always differences in the implementation of the standards."

The mayor of Halesi Tuwachung echoed the sentiment. He said, "There must be very few quarantines in the municipality that meet the standards. But we ensure that physical distancing is observed. However, we do not have the capacity to immediately supply water taps and toilets that meet the requirements set by the standards. Our water tap and toilet are in the same place – how can we meet the standards when this is the case? These are all mere formalities."

A civil society representative mentioned that it was difficult to stay in a quarantine facility where the beds had been made by arranging benches together. Citizens returning from Kathmandu to Darchula during the lockdown period had been placed under quarantine. They had complained that the local quarantine facility was not well managed. According to the chief district officer of Darchula district, the occupants of the quarantine facility had demanded that the quarantine should have provisions for hygiene and food, with security personnel deployed around the clock, to match the quarantine facility in Kharipati of Bhaktapur district – which was the first quarantine in the country made for returnees from Wuhan, China. But, according to the chief district officer, since even the Darchula District Hospital lacked physicians in the number allocated to the hospital, it simply was not possible to supply healthcare workers to every quarantine facility.

In the days to come, the number of Nepalis returning from India and other countries is bound to increase. Therefore, there is a dire need for quarantine facilities with adequate sanitary and food resources, along with healthcare and other workers with the knowledge of how to interact with individuals kept under quarantine. The federal government should neither delay nor be tight-fisted about procuring the safety equipment necessary for healthcare workers. Unless governments at all three tiers pay attention to these issues immediately, quarantine facilities across the country may become infection hotspots and lead to a greater number of deaths from COVID-19.

## 8. Coordination between local governments and other entities

Although the federal and provincial governments have passed many decisions, the failure to immediately implement those decisions has increased dissatisfaction among local governments. Representatives of local governments complained that the federal and provincial governments have done very little beside collecting data from and sending repeated directives to them. Although Province 2 government has designated a COVID-19 hospital, its failure to manage necessary physical infrastructure has meant that the hospital has not become operational. Similarly, although a decision was passed to establish a PCR testing facility in Nepalgunj, the decision has not been implemented. A mayor said that there was difficulty in functioning because of a lack of clarity regarding the division of functions between different entities, or because such entities were evading responsibilities.

Officials at district-level health offices, specifically established as province-level offices to coordinate with local governments on matters related to healthcare, said that it is difficult to coordinate with the local governments. The lack of coordination has also resulted in difficulties in the management of information and data. A district-level health office head said, "Since

all the healthcare workers and health offices at the local levels are under the local government, it is not formally possible for the [district-level] health office to coordinate with them or give them directive." The head of a health office in another district shared his difficulty in coordinating with the local governments thus; "At present, local governments expect to receive healthcare material from us. But we have not been able to make that available in adequate amounts. Therefore, they tell us not to contact us if it is only to collect data. They are fed up of being approached by different offices seeking data. Therefore, it is also important to implement a one-door policy regarding data management."

Representatives at the local level said that the process of procuring material has been delayed by a lack of coordination and a lack of clarity on which materials each tier is to procure. It is their opinion that there must be clarity about which material or equipment will be supplied by the federal and provincial governments, and which will be up to local governments to purchase. Material that are supposed to be supplied by the federal and provincial governments should be received in time. Officials at health offices said that the provincial social development ministries and health supply management centers point to each other to evade their responsibilities.

Local governments expressed confidence that they are capable of fulfilling the responsibilities given to them in the effort to prevent the spread of COVID-19 infections. However, if infections spreads further, they do not have any preparation or plans for effectively managing the ensuing crisis. Officials at the local level share an opinion – if the situation becomes any more serious than it is at the present, it would not be possible to face it without the coordination and cooperation of the federal and provincial governments.

## 9. Conclusion

Local governments, operating within the closest proximity to citizens, are on the frontline for implementing the policies and programs adopted by the federal and provincial governments in their efforts to prevent and control the spread of COVID-19 infections. With their limited resources, they continue the management of essential medicines and PPEs to protect citizens and healthcare workers from infections. Additionally, they are also bearing the responsibility of managing quarantine facilities for citizens who are returning from different parts of the country and the world.

Local governments lack the resources or experience to prevent and control the spread of COVID-19 which descended upon them as an unforeseen situation. Initially, they depended upon the federal and provincial governments for the management of healthcare material and equipment. But, the federal government failed to make adequate quantities of healthcare material available to them in a timely manner. However, quite early on, a few local governments spurred on by the initiatives taken by their leadership forsook their reliance upon the federal and provincial governments to instead utilize the rights granted to them on basic health services delivery. Local governments have also procured the necessary healthcare material. This has helped in increasing the confidence of healthcare workers at the local level.

There is an urgent need to increase the rate of testing in local units where large numbers of infections have been found. However, there is also a dire shortage of testing kits and equipment in those local units. Although contact tracing with the assistance of local governments has led to the identification of individuals who have been exposed to infected individuals, their testing has been sluggish. Difficulties have arisen in controlling the spread of infection because of the absence of regular testing due to a shortage of adequate healthcare material, and because of a failure to expand testing. It is necessary for the federal and provincial governments to increase testing coverage.

As the rate of infection grows, the number of beds available in Parsa and Banke districts for COVID-19 patients has become insufficient. The federal and provincial governments must make immediate arrangements for additional beds and necessary facilities for the treatment of new patients. Also, it is

important to facilitate access to treatment for patients suffering from other ailments.

The rate of Nepalis returning from various cities in India is increasing. Safe quarantine facilities must be established, keeping in mind the certainty that more Nepali citizens will return from other nations in the future. Most of the existing quarantine facilities do not meet the required standards for hygiene, food and available healthcare workers. This raises the possibility of quarantines facilities transforming into infection hotspots. It seems necessary to conduct regular monitoring of quarantine facilities, and for the federal and provincial governments to provide additional assistance and facilities to local governments to meet established standards.

This update was prepared by Democracy Resource Center Nepal (DRCN) on the basis of telephone interviews with various stakeholders at the local level in units mentioned in the table below. This study has received financial and technical support from The Asia Foundation. All conclusions and analyses in this report are based on the DRCN study and may not necessarily represent the opinions of the supporting institution.

| Province | District | Local Unit |
|---|---|---|
| Province 1 | Khotang | Diprung Chuichumma Rural Municipality<br>Halesi Tuwachung Municipality<br>Kepilasgadhi Rural Municipality |
| | Dhankuta | Chhathar Jorpati Rural Municipality |
| Province2 | Parsa | Birgunj Metropolitcn City |
| Bagmati Province | Nuwakot | Bidur Municipality |
| | Chitwan | Rapti Municipality |
| Gandaki Province | Lamjung | Besishahar Municipality<br>Kwholasothar Rural Municipality |
| Province5 | Banke | Nepalgunj Sub-Metropolitcn City<br>Khajura Rural Municipality |
| Sudurpashchim Province | Darchula | Mahakali Municipality<br>Marma Rural Municipality |