

Update-4

Challenges Faced by Local Governments in Controlling COVID-19 Spread

June 30, 2020

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Introduction

The Government of Nepal announced a nationwide lockdown on March 24, 2020, to control the spread of COVID-19. At that time, only two COVID-19 cases had been identified in the country. As the number of Nepalis returning from abroad—especially from India—increased, the number of infections also increased. COVID-19 infections have been identified in all 77 districts. According to data from the Ministry of Health and Population released on June 28, a total of 215,839 Polymerase Chain Reaction (PCR) tests confirmed infections in 12,779 individuals. Of that number, 9,731 individuals are in isolation facilities; 3,013 have recovered; and 28 have died.¹ The decision to ease the three-month long lockdown restrictions on June 12 has increased the possibility of the infection spreading through the population.

Since the beginning of the pandemic, physicians and infectious diseases experts have been stressing the need to expand testing for the virus in order to identify the true extent that COVID-19 has spread. Yet, testing has not been expanded to the extent expected. About three months ago, Kathmandu was the only location where PCR tests were being carried out, but at present 22 laboratories across all seven provinces are carrying out approximately 7,000 tests each day.² However, reported data also indicates that more than 30,000 swabs have not been tested and are languishing in laboratories across the country.³ Many local governments have discontinued the use

of the Rapid Diagnostic Test (RDT), asserting that the tests are not trustworthy and that it produced too many false results. But, due to the limited coverage of PCR tests, RDT is still being used as an alternative of last resort. A lack of necessary equipment, the limited number of tests being carried out, lack of access to laboratories, lack of technical expertise, problems in quarantine management and difficulties in coordination and communication between the three levels of governments have created additional challenges in the prevention and control of COVID-19. This update focuses on local governments' efforts to prevent COVID-19 spread, along with challenges in quarantine management, testing, isolation treatment of patients and coordination.

Challenges in the management of quarantine and holding centers

In its preceding update, DRCN pointed out that quarantine facilities managed by local governments did not meet safety standards provided by the federal government and highlighted that there was a possibility of the infection spreading from quarantine facilities.⁴ The risk of spreading infection from quarantine and isolation facilities still remains.

According to statistics from Ministry of Health and Population published on June 12, 2020, a total of 158,050 individuals were in quarantine facilities across the country. Sudurpashchim Province had the biggest number of them, at 63,921. Province 5 had more than 34,000 individuals in quarantine facilities while Karnali Province had more than 27,000. In Province 2, more than 18,000 people were in quarantine facilities.⁵ Local governments faced enormous challenges in managing the quarantine stay for large numbers of citizens returning home from India.⁶

¹ <https://covid19.mohp.gov.np/#/>

² Intermittent lack of test kits and equipment have meant that testing is not happening at full-capacity. <https://www.bbc.com/nepali/news-52544636>

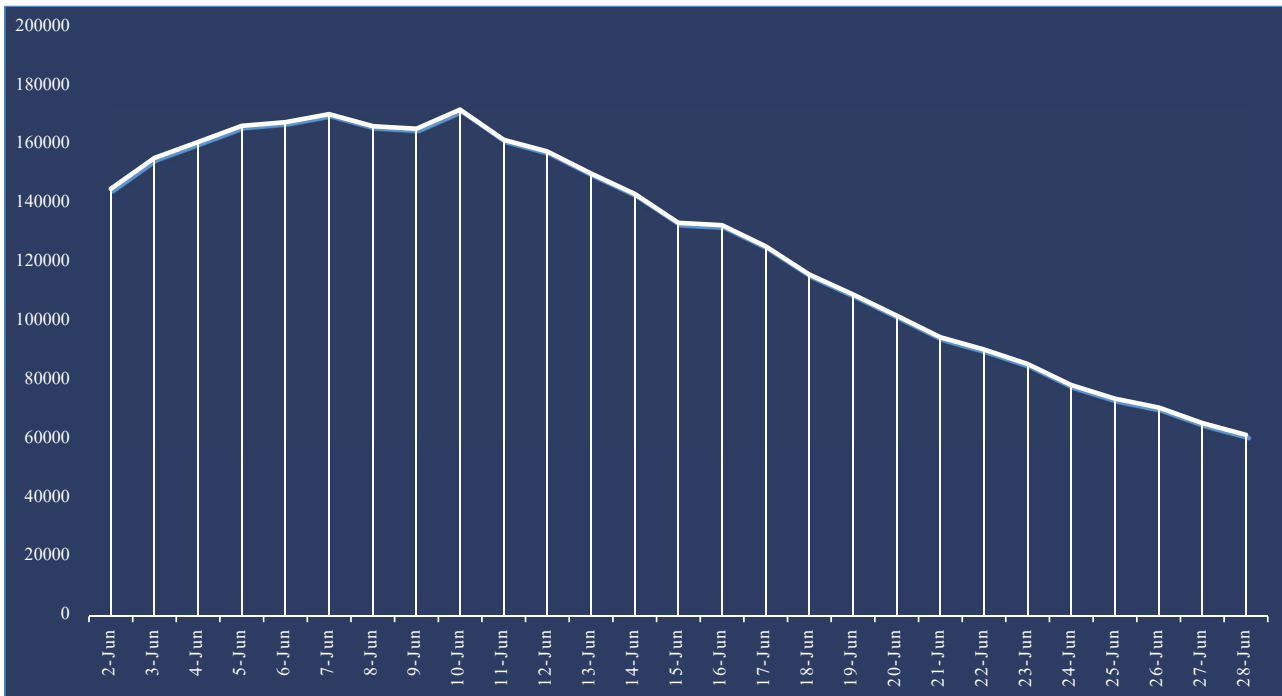
³ <https://myrepublica.nagariknetwork.com/news/26-000-plus-swab-samples-have-piled-up-across-nepal-more-than-10-days-to-get-results/>

⁴ <https://www.democracyresource.org/reports/measures-taken-by-local-government-to-prevent-transmission-of-covid-19-and-quarantine-management-may-2020/>

⁵ Government of Nepal, Situation Report # 124

⁶ https://www.democracyresource.org/wp-content/uploads/2020/06/COVID-19_Update-3_3062020-1.pdf

Figure 1: Number of people in quarantine facilities across the country.



Source: Ministry of Health and Population

Recently, as the number of Nepali citizens returning from India decreased, the pressure on quarantine facilities has decreased. By 28 June, 2020, the total number of individuals in quarantine facilities across the country had decreased to 61,731.⁷ Local units in Kanchanpur had been managing quarantine stays for 14,000 people at its peak, this number had decreased to about 4,000 by mid-June.⁸ Yet, challenges associated with quarantine management persist. Officials and elected representatives at the district and local levels reported difficulties in managing waste and maintaining hygienic sanitary facilities after operating long-term quarantines out of local schools and other public buildings. The federal government has distributed a total of NPR 130 million to nearly 176 local

governments across various provinces to solve issues in quarantine management, carry out necessary repair and upgrading of quarantine facilities, and ensure that quarantine facilities meet the standards set by the federal government.⁹

Around the second week of June, between 3,000 and 4,000 individuals were entering Nepal through the Gaddachauki Check Post in Kanchanpur and the Gauriphanta Check Post of Dhangadi, which are the two main entry-points into Nepal in Sudurpashchim Province. That daily number has now decreased to between 400 and 500 only, according to an employee at the District Administration Office of Kanchanpur. Similarly, nearly 2,000 Nepalis were entering the country daily through the Kakarbhatta Check Post in Mechi Municipality of Jhapa in Province 1, by the last week of June this has declined to about 200.¹⁰

⁷ Until June 12, the Ministry of Health and Population used to publish data on the number of all individuals under quarantine in each province. Updates after that indicate only the total number. There is no province-level statistics.

⁸ Conversation with Chief District Officer of Kanchanpur on 23 June, 2020.

⁹ <https://mofaga.gov.np/news-notice/1897>

¹⁰ 23 June, 2020, conversation with Mechi Municipality COVID-19 contact person.

Along with the decline in the number of Nepalis returning from India, another factor that has decreased the pressure upon quarantine facilities is the federal government's decision to send home those who do not show any visible symptoms after they have spent 14 days in a quarantine facility.¹¹ Before this, some people had spent more than 14 days in quarantine facilities because their PCR test results took longer. At present, some local governments are sending individuals home without tests if they have already spent 14 days under quarantine, while other local governments are sending them home only after ascertaining that they do not carry the infection. KI Singh Rural Municipality in Doti had kept some individuals under quarantine for as long as 30 days, until their test results were made available.¹² The decision by the federal government to send individuals home from quarantine facilities even if they have not been tested has made elected representatives at the local level very uncomfortable, and the decision has also increased the chance of the infection spreading widely.

When large numbers of Nepalis returning from India entered Nepal, overwhelming local governments and district administrations along the border, a decision was made to operate temporary holding centers. The federal government has already released funds to relevant local governments along the border to establish holding centers to provide a day's worth of meals, overnight stay and health check-up to individuals entering overland through the designated 20 entry-points along the Nepal-India border.¹³ Since June 5, 2020, the COVID-19 Crisis Management Center (CCMC) has also been operating holding centers at various locations in the Kathmandu Valley, with the capacity to host up to 2,900 individuals per day, in order to manage the Nepalis being brought back through air before they are sent on to their respective provinces. People from Bagmati Province, Gandaki Province and Province 5 are being held in Kathmandu; people from Province 1 and Province 2 are being held in Bhaktapur, and

people from Karnali Province and Sudurpashchim Province are being held in Lalitpur.¹⁴ Individuals are administered a preliminary health check-up before being sent on to their respective province. However, if individuals in these holding centers continue to be sent to their respective districts and local units without first administering PCR tests, there is a possibility that infections will be identified too late and consequently, spread widely. This has increased the challenges already faced by local governments.

Challenges in testing and access to laboratories

Local governments do not have easy access to laboratories that can identify COVID-19 infections. It is necessary for all individuals staying under quarantine to be given PCR tests in order to decrease the risks of transmission. Lately, as laboratories and their testing-abilities have expanded, more and more infections are being identified every day. However, the expansion of laboratories and their testing-abilities varies between provinces. According to current statistics, even though Bagmati Province has identified only a few infections, the number of laboratories and their testing-capacity in this province is comparatively higher. Province 2 and Province 5 have a lot more identified cases of infections, but their laboratories are limited in number and their ability to carry out tests is also limited. An average of 181 tests in Bagmati Province returned one positive result while in Province 2 a mere four tests returned one positive result.¹⁵ If the number of tests carried out remains low, it will be difficult to identify all cases of infection. The World Health Organization believes that a certain number of infections must be identified per hundred laboratory tests for it to indicate whether or not the testing coverage is adequate. It suggests that a positive result rate of between 3 and 12 percent is adequate.¹⁶ However, since Province 2 and

¹¹ <https://ekantipur.com/news/2020/06/23/159287194699591480.html>

¹² <https://www.onlinekhabar.com/2020/06/877207>

¹³ <https://mofaga.gov.np/news-notice/1897>

¹⁴ <https://www.onlinekhabar.com/2020/06/870439>

¹⁵ Laboratories in Bagmati Province also test swabs from other provinces.

¹⁶ <https://ourworldindata.org/coronavirus-testing>

Sudurpashchim Province have carried out very few tests, the actual number of infections in those provinces may be a lot higher. In Sudurpashchim Province, there is only one PCR testing machine in Dhangadi, which is carrying out tests at a very slow pace. Therefore, many people staying under quarantine have been sent home without any tests. In Province 2, however, even though the testing-capacity is low, there seems to have been an effort to ensure that everyone under quarantine is administered a test before being sent home, however long that may take.¹⁷ As seen in Table 1, Province 1 has the highest rate of testing after Bagmati Province.

number of swabs being brought in for testing. Elected representatives from some local units in Kanchanpur, Darchula, Dolpa, Rupandehi and Dhankuta said that it takes between seven and 15 days for the results of swab-tests to be returned. The deputy chairperson of Chhathar Jorpati Rural Municipality in Dhankuta said, “In all of Province 1, laboratory tests are carried out only in Biratnagar and Dharan. After sending in the swab, it takes between 12 and 15 days for the results to arrive. It is very challenging to make people stay under quarantine when the results do not arrive on

Table 1: Province-level distribution of COVID-19 testing laboratories*

Province	Number of laboratories**	Location of laboratories	Average daily tests in laboratories	Average number of infections identified daily	Average number of tests done to identify 1 infection
Province 1	3	Biratnagar and Dharan	608	15	41
Province 2	3	Birgunj, Janakpur and Rajbiraj	437	125	4
Bagmati	8	Kathmandu, Lalitpur, Dhulikhel, Bharatpur and Hetauda	2431	13	181
Gandaki	2	Pokhara	236	11	22
Province 5	3	Butwal, Nepalgunj and Dang	756	72	11
Karnali	2	Surkhet and Jumla	948	57	17
Sudurpashchim	1	Dhangadhi	154	25	6
Total	22				

* The capacity of various provinces to carry out COVID-19 tests. Date based on 10 June and 17 June updates by Government of Nepal, Ministry of Health and Population. <https://covid19.mohp.gov.np/#/>

** Government of Nepal, Ministry of Health and Population, Situation Report #134

Recently, the number of swabs being brought in for testing exceeds the testing-capacity of laboratories everywhere. Public health professionals expressed the opinion that the National Public Health Laboratory situated in Kathmandu is failing to play its supervisory role and provide technical assistance to province-level laboratories because it is being overwhelmed by the

time. Such long stays under quarantine also needlessly increase the cost.’

The mayor of Tilottama Municipality in Rupandehi said that some 200 citizens who had returned from India required their swabs to be tested, but their turn had not arrived, and that there was no certainty on whether or not they would be administered the tests. It has become difficult to estimate the extent of the spread of the infection because the delay in

¹⁷ <https://ekantipur.com/news/2020/06/06/159140566665345492.html>

testing has increased risks even within quarantine facilities. An employee of the District Administration Office in Kanchanpur told DRCN that individuals in Sudurpashchim Province were being sent home after 14 days of quarantine regardless of whether or not the results of their tests were received. Around mid-June, the Provincial Health Directorate issued directives to release more than 35,000 individuals from quarantine facilities. Some of them were released without any testing, while others were released before their PCR test results were received. More than 250 infections have been confirmed among such individuals.¹⁸ On the one hand, local governments have had to bear the unnecessary financial burden of keeping individuals under quarantine for excessively long periods, while on the other hand, the decision to send such asymptomatic individuals home after 14 days of quarantine has increased the risk of further spreading the infection.

When it was clear that laboratories in their respective province could not bear the case load of testing necessary, some local governments had started sending swabs to laboratories in other provinces. Most swabs are being sent to province-level laboratories in Bagmati Province. Yet, it has not been possible to test all the swabs that have been collected. It appears that laboratories across the country are failing to carry out tests in a timely manner due to a lack of PCR kits, Viral Transport Medium (VTM) and skilled technicians. In some places, testing has stalled due to a lack of test kits whereas elsewhere, there is an excessive pressure of tests to be carried out. Local governments are incapable of doing anything however much they may want to do something about it. Because of the delay in timely testing, many deaths due to COVID-19 infections were confirmed well after the death of the individuals.¹⁹

Challenges created by a reliance upon RDTs

Some local governments in remote districts had been forced to depend upon RDTs because of a lack of

access to PCR tests. Thulibheri Municipality and Tripurasundari Municipality in Dolpa had purchased and deployed RDT kits on their own. But, the RDT process had shown many false results, and subsequent PCR tests confirmed infections in individuals who were identified as infection-free and sent home. Narayan Municipality of Dailekh carried out RDTs at a time when they lacked access to PCR tests. 194 individuals cleared by RDTs and sent home later showed infections in their PCR results.²⁰ In Surkhet, an individual who had stayed under quarantine for 14 days and whose RDT result was negative for COVID-19 infection developed respiratory problems upon returning home and subsequently died. RDTs continue to be used even though they have been proven to be unreliable time and again.²¹ Even though the need of the hour is to expand the coverage of PCR tests, it has not been possible to do so, which has forced local governments to face dire times. This has made controlling the spread of the virus all the more difficult.

Challenges in expanding testing coverage

The lack of access to federal and provincial laboratories and delays in receiving results led local governments to purchase PCR machines, PCR kits and VTMs. Local governments have also been coordinating with each other in their districts for this. Local governments in Darchula, Dailekh, Lamjung, Parsa and Tanahun districts have decided to purchase PCR machines in coordination with their District Coordination Committee, District Hospital and Health Office.²² Some have already made the purchase. Questions have arisen regarding whether local governments have taken provisions in the Public Procurement Act and Rules into account, or about how much was spent upon such purchases, or what procedures were adopted during such purchases. The normal procedures under the Public Procurement Act would have taken at

¹⁸ <https://ujyaaloonline.com/story/39334/2020/6/25/corona-fac-west-nepal>

¹⁹ <https://nepallive.com/story/219728>

²⁰ <https://www.recordnepal.com/covid19/the-rdt-fiasco/>

²¹ <https://ekantipur.com/news/2020/06/06/159140566665345492.html>

²² <https://ekantipur.com/pradesh-4/2020/06/11/159186703856151648.html>

Case Study: PCR Machine Purchase in Dailekh

When the rate of infection in Dailekh of Karnali Province increased day after day, a PCR machine was purchased and installed in coordination between Narayan Municipality and the District Coordination Committee to increase the number of tests. Before this, sample swabs collected in the district had to be sent to Surkhet or Jumla. The mayor of Narayan Municipality said that the PCR machine had been brought to Dailekh because the risk of COVID-19 infection in the district had increased and because it took many weeks for results to arrive from Surkhet or Jumla.¹

The machine has been purchased with funds diverted from the remaining budget of the Local Infrastructure Development Partnership Program, also known as the federal government's Parliamentarian's Constituency Development Fund. Out of NPR 60 million allocated in the fiscal year 2019-2020 for constructing road sections connecting Dailekh and Jumla, NPR 10,884,000 remained after the project was contracted to the lowest bidder. This remaining sum was put toward purchasing the PCR machine.

Since normal procedures under the Public Procurement Act would have taken about two months, delaying COVID-19 tests, the special provision meant for pandemic was adopted to issue a three-day notice for an Expression of Interest to make the purchase of the machine possible.²

An eight-member team under the leadership of federal House of Representatives member Rabindra Sharma, along with the lab technician necessary to carry out the tests, reached Narayan Municipality in the third week of June with the PCR machine. The mayor said that arrangements had been made at the Provincial Hospital to train a lab technician from the District Hospital, and that testing would commence once the installation of the PCR machine was completed.

Although the municipality has procured the machine by independently putting together necessary funds, it is said that the operation of the machine is very costly. Therefore, the mayor of Narayan Municipality said that although the municipality was coordinating the operation of the machine right now, it would be handed over to the District Hospital in the future to ensure its sustainable use. He further explained the accompanying financial and human resources challenges, "A municipality cannot afford to operate a PCR machine. According to existing legal provisions, we have to provide an additional 110 percent in stipends to healthcare workers working through this pandemic. An employee who normally draws NPR 40 thousand as monthly salary now receives NPR 84 thousand. But the employee still only works for eight hours. But it will not be adequate for us to operate the machine only for eight hours each day. How can a municipality afford to keep operating such a machine?"

* Based on 26 June, 2020 conversation with the mayor of Narayan Municipality.

** http://narayanmun.gov.np/sites/narayanmun.gov.np/files/BO_Q%20and%20Specification%20of%20per%20machine.pdf

least two months. Hence, when a PCR machine was purchased in coordination with Narayan Municipality in Dailekh, a three-day notice was issued in accordance with a special provision in the same Act, allowing it to make purchases through a fast-track process. (See Case Study).

It does not appear easy for local units or districts to purchase and operate PCR machines without the

necessary human resources or infrastructure in place. In Darchula, every local government has arranged for the necessary budgets to purchase PCR machines. Birgunj Municipality has been operating a PCR machine which it purchased with the assistance of the private sector. Although Tilottama Municipality in Rupandehi passed a decision to purchase a PCR machine, when it realized that it could not afford to operate the machine

in the absence of specialist technicians and because of the prohibitively high cost, it did not implement its decision. It is clear that local units face a lack of resources and technical expertise necessary to establish and operate laboratories.

Local governments have already spent a lot of money on establishing, operating and managing quarantine facilities for more than three months, distributing relief material, and stipends for their health workers. That has created difficulties in putting together the funds needed to purchase and operate PCR machines. The chief administrative officer of Khajura Rural Municipality in Banke said, “Most of the money set aside for the Corona Fund has had to be spent on quarantine management and relief distribution. It has also been difficult for us to provide health workers their risk allowance. We had requested the federal government for NPR 3.2 million to release to health workers as their risk allowance, but we have been told to manage it from the local level.” According to him, although it is vital to increase the scope of testing, it is not feasible for the rural municipality to do anything in that regard. Although some metropolitan cities, sub-metropolitan cities and urban municipalities have the capacity to manage required resources through cooperation with the private sector, that is not an option for many other local governments.

The absence of technical knowledge at the local level also makes it difficult for them to purchase testing material on their own. Most local units lack public health officers or specialist physicians, and their health departments are being led by senior assistant health workers. The lack of knowledge regarding standards and quality of medical equipment creates complications in the procurement process. The chairperson of Ajayameru Rural Municipality cites this problem as the reason for hesitating to purchase medical equipment despite a desire to do so. There were also examples of medical equipment being rejected by laboratories for not meeting stipulated quality standards. For example, the deputy mayor of Nepalgunj Sub-Metropolitan City said that when local governments in Banke purchased their own VTM and collected swabs for testing, they were rejected by the

laboratory where they were taken for testing. Thus, even efforts made by local governments to expand the scope of testing have become challenging due to a lack of resources, equipment and expertise.²³

The isolation, management and treatment of infected individuals

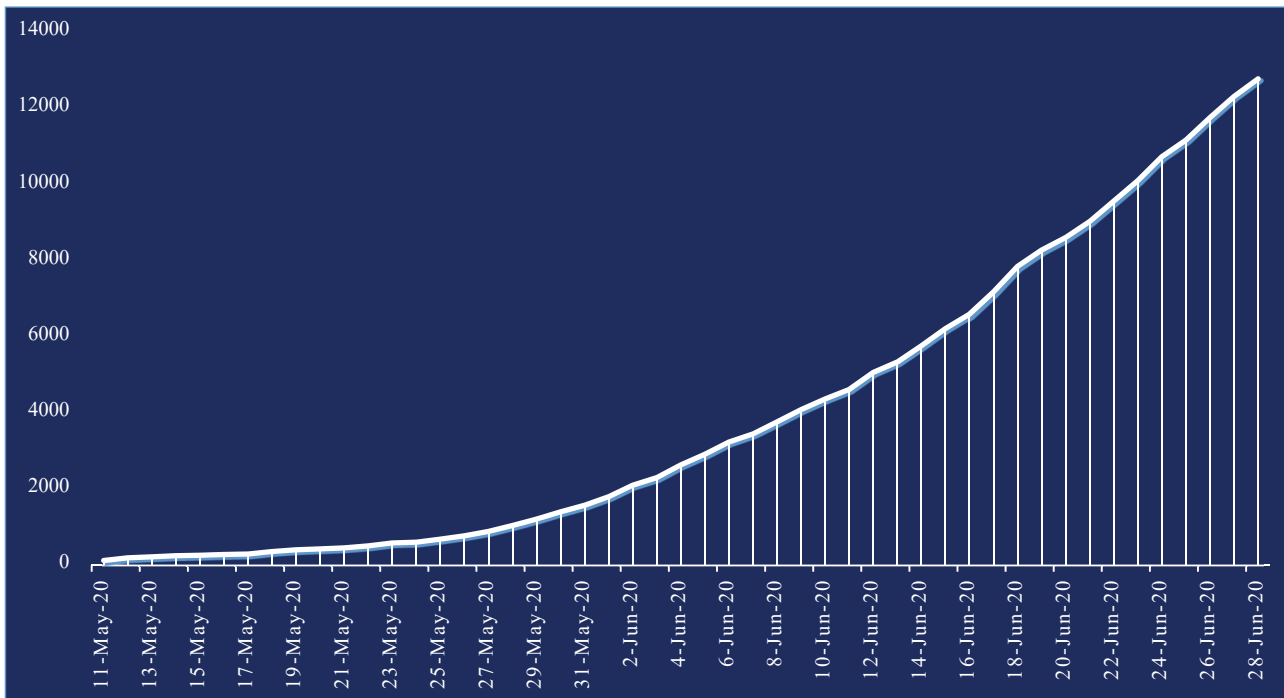
In the last few days, nearly 500 new infections are being confirmed daily and the number of individuals with infections is rising. As shown in Figure 2, the number of infections has seen a precipitous rise over the past three weeks. Until recently, when the number of infections was low, people with COVID-19 infection were being kept in isolation wards at the designated COVID-19 hospitals and medical institutions as much as possible at the district and province levels. That continues to be the practice in local units registering low numbers of infections, but in local units with high rates of infection, individuals with confirmed infections are being kept in isolation facilities established at the local levels. Local government representatives have received instructions to send only patients in the most serious conditions to designated COVID-19 facilities in order to reduce the pressure on such facilities.

The Isolation Management Directives issued by the federal government on June 2, 2020, was created to address isolation in hospitals and self-isolation at homes. But there is no directive for local units. At present, isolation centers in local units are being created at the discretion of locally elected representatives and healthcare workers. However, Province 5 has issued separate measures for district-level, local and self-isolation facilities.²⁴ The measures allocate the responsibility of managing district-level isolation centers to the District Disaster Management Center and of local isolation centers to local units. It also requires all isolation centers to coordinate with the provincial government.

²³ https://www.democracyresource.org/wp-content/uploads/2020/05/COVID-19_Update-2_24May2020-final.pdf

²⁴ https://drive.google.com/file/d/12C3dKtOzKFw3y1_yTAWmGBejP7e5JUm_/view

Figure 2: Number of individuals with infections (Between May 11 and June 28, 2020)



Source: Ministry of Health and Population Daily Updates

According to a district-level official in Kanchanpur, the level of fear was very high when only a couple of infections had been identified. But now, even though every local government has confirmed infections, no patient so far has required Intensive Care Unit (ICU) services or ventilators, therefore infected individuals continue to be kept at isolation facilities established by local units. In Tilottama Municipality, 15 individuals with confirmed infection were in isolation facilities made by the municipality during mid-June. The mayor said that the municipality was providing healthcare workers and physicians and that an ambulance was being kept on the ready to transport patients whose condition deteriorates to dedicated COVID-19 hospital designated by the provincial government. In Bidur Municipality of Nuwakot, the Municipality Health Coordinator said that a total of three infections had been confirmed in the municipality and that two patients had already returned home after receiving treatment at the district-level Trishuli Hospital.

In the third week of June, about 60 individuals with confirmed COVID-19 infections in various local units in Darchula were being kept under the supervision of healthcare workers at isolation facilities established by their respective local governments. An employee at the District Administration Office said that although infected individuals were being managed at local units because they were not exhibiting any COVID-19 related complications, it would be difficult to transport them to the district and province-level dedicated COVID-19 hospitals if their health deteriorated.

In districts where a few cases of infection have been found, it appears that isolation centers established at hospitals existing at district and local levels will be able to bear the brunt of the treatment services needed. However, in local units where a high number of infections have already been identified, the isolation and management of individuals with infections appears challenging. Just as quarantine facilities in local units have become places from where the infection

is spreading, isolation facilities established by local units are also full of similar risks.

The dearth of human resources at the local level continues to be an issue. A junior healthcare worker is having to look after three or four quarantine and isolation facilities.²⁵ Similarly, although ambulances should be available to transport patients from quarantine and isolation facilities, many local units lack that facility. A young man in Janakpur was taken to the hospital on a tipper-truck.²⁶ A few local governments have not been able to find ambulance drivers – it has been especially difficult to transport COVID-19 patients to hospitals because of a lack of Personal Protection Equipment (PPEs) for ambulance drivers, which has made most drivers hesitate to drive ambulances. There have been cases where patients have died because they could not be taken to a hospital in time from municipal quarantine and isolation facilities. It appears even more challenging to transport patients from quarantine and isolation facilities in remote local units to COVID-19 designated hospitals in district headquarters, province capitals or faraway large cities.

Challenges in coordination

Roles of and coordination between all three levels of governments is important for the prevention and control of COVID-19. However, local elected representatives complained that the policy decisions taken by the federal government lacked coordination with local governments. The federal government's recent decision that asymptomatic individuals maybe sent home without further testing after 14 days in quarantine has put local elected representatives in a state of confusion. Whereas many local governments are implementing this decision, many other local governments have decided that this decision is detrimental and therefore have hesitated to implement it. The mayor of Tilottama Municipality in Rupandehi said, "We will not send home the people in quarantine without testing. If we

are going to send them home without testing, there is no point in keeping them under quarantine in the first place. Even the people staying under quarantine will be opposed to this. Instead, we need to arrange for PCR tests within a week of starting quarantine and send home people without infection. But we have not been able to manage that."

Some elected local representatives indicated that the federal government is attempting to shirk its responsibilities through its directives to send home quarantined people without further testing. The deputy mayor of Chhathar Jorpati Rural Municipality said, "The federal government's decision to send home quarantined people without further testing – this decision came without any consultation with local units, and without any regard for the access and capacity of remote local units – is disturbing. If there is to be no testing, why are we keeping people under quarantine? If we are to keep people under quarantine, does it not become the moral responsibility of the government to provide basic care, healthcare services and tests?" The deputy mayor of Nepalgunj Sub-Metropolitan City also accused the federal government of avoiding its responsibilities. She said, "[With this decision] the federal and provincial governments are essentially saying – We cannot help you; you are on your own." She said that the one-sided decision by the federal government neglected to take into account the urgency of COVID-19, and that its failure to coordinate with local units would make measures taken for the prevention of COVID-19 ineffective and difficult.

Effective coordination between the three levels of governments is also necessary in order to ensure that COVID-19 patients have access to treatment. Currently, as infections are being confirmed in nearly every local unit, local units have been quarantining suspected infectants and isolating infected individuals on their own. As most identified cases remain asymptomatic or without severe health consequences, they are being managed one way or another. But there are indications that the lack of coordination will result in some difficult situations. In Province 2, when a 16 year old teenager who had spent more than three weeks at a quarantine facility suffered from diarrhea, no ambulance could

²⁵ <https://ekantipur.com/news/2020/06/22/159278799240064641.html>

²⁶ <https://www.setopati.com/social/209829>

be found to carry him. He was taken to the Provincial Hospital on a tipper-truck, and the teenager died in the Hospital's isolation ward during treatment. This incident shows that there is no coordination between local units, quarantine facilities, healthcare workers and hospitals. A similar incident also took place in Narainapur of Banke.

Local elected representatives claim that the failure to coordinate between the three levels of governments has had a negative effect upon the prevention and control of Covid-19. According to the deputy mayor of Nepalgunj Sub-Metropolitan City, the decision of Province 5 government to designate the Sushil Koirala Prakhar Cancer Hospital in Khajura of Banke as a second-tier COVID-19 hospital, along with support from the provincial government, had not been implemented even by mid-June. On May 6, 2020, the meeting of the CCMC formed under the leadership of the Chief Minister of Province 5 had passed a decision to utilize the hospitals being operated by Nepal Police and Nepal Army in the view of the fact that the rate of infection was increasing everyday.²⁷ The deputy mayor said, "The provincial government had decided to designate the Nepal Army and Nepal Police hospitals as COVID-19 isolation hospitals. But that decision still has not been implemented." According to the information officer of the Social Development Ministry of Province 5, these hospitals located in Nepalgunj were not being utilized for COVID-19 treatment even by mid-June. He suggested that the hospital would be utilized for COVID-19 treatment if the need arose.

Generally, laboratories are located in provincial capitals. The need to transport samples to the provincial capital even when laboratories in neighboring provinces were physically closer appears to have created additional difficulties. Laboratories in Bharatpur Metropolitan City of Province 3 are closer to the local units of Nawalparasi East and to Devghat Rural Municipality of Tanahun, but samples collected for testing in these local units continue to be sent to Pokhara, the capital of Gandaki Province. According to an official from Gaidakot Municipality in Nawalparasi

East, coordinating informally, a few tests had been sent to laboratories in Bharatpur.

In the initial days of the pandemic, Birgunj Metropolis in Province 2 had been forced to send test samples to Janakpur, its provincial capital, even though laboratories in Hetauda of Bagmati Province were geographically more accessible. An elected representative from Birgunj reported that despite trying to send test swabs to laboratories in Hetauda, it had not been possible because of the large number of swabs already being tested in Hetauda. At present, tests are being carried out at the laboratory in Narayani Hospital of Birgunj.

Lately, local governments have started coordinating between laboratories in different provinces to send swabs for testing. The laboratory in Bharatpur of Chitwan was processing swabs from various districts of Gandaki Province and Province 5 along with Dhading and Makwanpur districts of Bagmati Province.²⁸ However, local governments continue to suffer from problems created by the need to transport swabs to distant labs, the accumulation of large numbers of swabs waiting to be processed, and delays in receiving test results.

In order to create easier access to laboratories for testing and hospitals for treatment, an effective coordination and cooperation between provinces and with the federal government is essential. As the number of infections continue to rise, it is important to focus on access to hospitals. At nearly every laboratory in the country, test samples are accumulating in greater numbers than their ability to process them, which has created huge pressure on available human and laboratory resources.²⁹ It is imperative for the federal and provincial governments to increase human and material resources in these laboratories in order to increase the scope of testing.

²⁷ <https://gorkhapatraonline.com/province/2020-05-06-13815>

²⁸ <https://baahrakhari.com/feed-detail.php?nid=266369>

²⁹ <https://www.onlinekhabar.com/2020/06/873135>

Conclusion

The nationwide lockdown has been eased, but the risk of infection is increasing. Although the number of people staying under quarantine is decreasing, the number of infections is increasing, and every district has registered COVID-19 cases. But, the limited capacity of available laboratories has hindered the pace of testing. Local governments are having to wait for more than two weeks to receive the result of PCR tests. The lack of timely tests has created additional challenges for local governments in identifying individuals with infections.

Local governments have established their own isolation facilities to keep infected individuals. Many local units had faced difficulties in creating quarantine

facilities that meet federal government standards – often, COVID-19 infections spread from those very facilities. At present, isolation facilities at the local level are critical to the effort to prevent and control COVID-19, it is important to strictly implement all safety measures. Caution and alertness must be adopted preemptively to prohibit these isolation facilities – where total measures for controlling infection should be exercised anyway – from becoming abodes of death.

It is necessary for the federal and provincial governments to immediately expand the scope of PCR tests, develop and expand hospital infrastructure required to isolate and treat individuals with infection, and establish effective coordination between the three levels of governments.



This update was prepared by Democracy Resource Center Nepal (DRCN) on the basis of telephone interviews with various stakeholders at the district and local levels, among who were elected representatives, officials and journalists at the local level, employees of district administration offices, chief district officers, assistant chief district officers, and information officers. Additional data and information were collected and analyzed through media monitoring. 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.