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Government's response during COVID-19 Pandemic in Nepal

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Abstract

While the country slowly progressed on a federal structure, the management aspect from the three-tier government to contain COVID and respond to the immediate needs of citizens remained an interesting area. The research adopted a systematic review of the peer-reviewed articles with the selection of articles written within the Nepali context in the areas of COVID management. The research found the contrasting response strategy adopted between the first wave (2020) and the second wave (2021). Management strategies were centralized and dictated by the federal government citing the lack of clear acts and policies to delegate roles and responsibilities during the first wave, thus failing to respond timely and effectively. Roles were much clearer and decentralized during the second wave, as the federal government emphasized maintaining diplomatic relations to receive health equipment's, test kits and vaccines, while local government emphasizes the management of isolation, quarantines, health care services and vaccination.

Keywords: Government, COVID-19 management, federal, effectiveness, citizen

Introduction

Nepal is landlocked country, sandwiched between two giants of World i.e., China and India, categorized under low middle-income countries with the Human Development Index of 0.602 (142nd among 189 countries) (Baumann 2021). Nepal has shifted towards federal structure with the promulgation of Constitution of Nepal 2015. Under the provisions of Constitution of Nepal 2015, authorities from each tier i.e., one Federal, seven Provincial and 753 Local level had their own roles and responsibilities towards fulfilling the basic needs of citizen as stated in constitution through respective legal instruments (act, policies and directives) (Adhikari & Budhathoki 2020; Yadav & Jha 2020). Local Government Operation Act 2017 mandated the authorities from local government to devise their respective planning and budgeting mechanism and serve towards upliftment of citizen under their jurisdiction and/or within their respective administrative boundaries (Biedscheid, 2020).

Before Nepal shifted towards federal structure, system was centralized, where national government control overall systems and make decisions, regardless of the scenario (Dana, 2014). The decentralized model of administrative structure is five years old, when COVID-19 pandemic ruled the world in no time to plan on reducing or eliminating the risk (Karki, 2020). The fresh set-up of federal structure was exposed to COVID-19 pandemic with an abundance of opportunities and challenges to control the outbreak of COVID-19 and make citizen feel safe and secure (Mainali, 2021). Principally, each government under federal structure hold authority to exercise own set of system and procedures to respond the emergency scenario with or without the support of provincial and federal government (Adhikari & Budhathoki 2020; Piryani 2020). Considering the time-frame of federal system being in place, and the availability of resources (human and technological) under their helm, response to COVID-19 pandemic became the

subject of concern as it required an effective performance from each local government to not only contain the COVID-19 outbreak, but also to manage the sentiments and fulfill the basic needs of citizen and equally respond the need of economically vulnerable families.

From the first case back in January 2020, COVID-19 affected entire Nepali communities with over 0.79 million recognized cases and over eleven thousand deaths (Bastola et al. 2020; Ministry of Health and Population (MoHP), 2021). Directly or Indirectly, COVID-19 affected entire population and all income generating sources. Families from Nepal mostly relies on internal economic activity such as subsistence agriculture, where there are not much of an exchange of financial resources. Generally, larger proportion of families are focused on informal income with no linkage to national economic structure (Dana, 2014). Variation in socio-economic condition among families may have altered the impact level on families, however them being affected is undeniable reality. Among families relying on different income sources, COVID-19 severely affected families relying on informal income sources (Raut, 2020). As stated by International Labor Organization (2020), over 61% of the world's employed population are dependent on informal sources. In Africa, 85.8% are employed in informal sector. ILO (2020) predicted unemployment among 24.7 million of population relying on informal income sources across the world due to COVID-19. In Nepal alone, ILO predicted the loss of over 1.9 million jobs due to COVID-19. Alongside the informal sources, remittance from India and Arab countries are major sources for families from remote areas. Unfortunately, over 40% of them were forced to lose their jobs as restrictive measures adopted by government forced industries to temporarily close their business (Chaudhary, 2020).

During emergency scenario or crisis scenario, different component of society i.e., government, private and community works together to make system stable and functioning (Alexander, 2008). Either it be 2015 earthquake or 2017/18 flood or 2019 tornado, all stakeholders coordinated to resolve the issues and support the vulnerable families during crisis scenarios (Gautam, 2017; Ray, 2017). Population collaborated and coordinated to have optimum use of existing resources to address immediate needs prioritizing the marginalized and vulnerable families. In any of the crisis scenario, alongside families and individuals, legal institutions or government authorities holds crucial role in stabilizing the crisis scenario and maintaining law and order. Since 2015 earthquake, government of Nepal initiated adopting "one-door policy" to centralize the resources and address the needs of crisis affected families (Gautam, 2017; Holmes et al., 2019; Shrestha and Pathanarakul, 2018). Majority of the response mechanism adopted prior to COVID-19 scenario were geographical context specific or community specific. The response mechanisms were more or less similar in nature, so with their timeliness, quality and effectiveness (Mathew and Upreti, 2018). However, the scenario during COVID-19 is vastly different from past scenarios, as no individual and no sector let unscathed. As entire population was getting affected, it was expected from government to have immediate and/or long-term strategies to fulfil the basic needs of COVID-19 affected population. In such a different scenario (varying nature of crisis and changed government structure), it was complex scenario to predict government's

immediate plans and actions to address COVID affected population. Thus, it let an opportunity for researcher to review the response mechanism devised through federal system and explore their effectiveness in controlling the COVID-19 outbreak and responding the needs of COVID-19 affected individuals, families and institutions.

Objective of Research

Research was carried out with an objective of reviewing and exploring the actions carried out by three tier government to contain COVID-19 and respond the immediate needs of COVID-19 affected communities and sectors.

Methods and Research Site

Research adopted literature review approach analyzing government's documents and peer-reviewed articles published from March 2020 to October 2021 as well as the articles uploaded as pre-print version. With an assumption of few research work on subject area, especially for COVID's second wave during 2021, article from pre-print version were also included for the literature review.

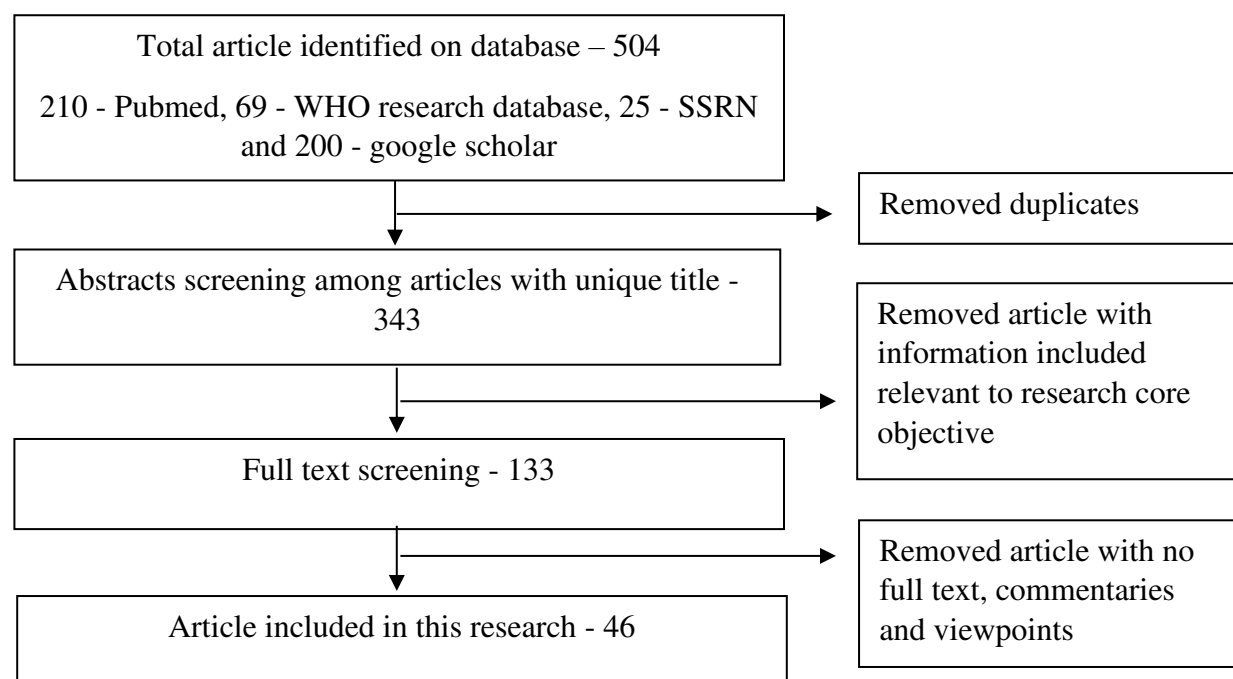
As the research is targeted towards exploring and dissecting the federal government's response to control the COVID-19 outbreak and response the immediate needs, literatures focused towards Nepali context were only reviewed. Literatures were systematically searched to respond the research question, "what are the strategies adopted by government of Nepal to control COVID-19 outbreak and respond the immediate needs?".

Search process included the combinations of key words such as "COVID-19", "government strategies", "local government", "COVID management", "government response strategies and mechanisms" and "2nd wave" in the online databases of WHO's COVID-19 focused research database, Social Science Research Network (SSRN), PubMed and Google Scholar.

Inclusion criteria for this qualitative research includes the published articles with information on government of Nepal's response mechanism alongside the efforts from development organizations and citizens on COVID-19 during the period of January 2020 till August 2021. Considering the subject area, all form of researches (qualitative, quantitative and mixed method), published on English language were included during the process of search and review. Meanwhile, the excluded piece of writing during the screening process were as letters to editor, opinions, editorials and commentaries.

Researcher for this paper single-handedly carried out all the process of searching and reviewing existing literatures. With the combination of key words, total of 504 articles appeared (210 from Pubmed, 69 from WHO research database, 25 from SSRN and 200 from google scholar). While searching at google scholar, search process was stopped at the 20th page (10 article per page) as no relevant article was found on 21st page and onward. During first screening, 161 duplicate articles were removed. Abstracts from remaining 343 articles were further screened based on their relevancy to this research objective. 133 articles were retained from second screening

process, which was finally evaluated based on the content from full text. Alongside the researchers' viewpoint based on observation and understanding, the discussions were based on the text from 46 finalized articles containing contents as per this research objective. Quality of the information from reviewed articles were not attempted as it was guided by the principle of inclusion and exclusion.



Findings

Formulation of Plans and Policies

Constitution of Nepal 2015 provisioned the declaration of emergency, if the country is any sort of crisis scenario either through natural calamity or epidemic (Secretariat, 2015). However, the roles and responsibilities of three-tier government during the emergency scenario has not been clearly mentioned at Constitution of Nepal 2015 (Mainali 2021). Periodic development plan i.e., fourteenth three-year plan and fifteenth plan detailed out the strategies to be carried out to mitigate the impact of natural calamities and epidemic, focusing on disaster preparedness, disaster response and disaster mitigation. Meanwhile, the pandemic and/or epidemics has been highlighted by the Disaster Risk Reduction and Management (DRRM) Act 2017 under the unnatural disaster (Yadav & Jha 2020). National Policy for Disaster Risk Reduction 2018 stretched on the requirement of regular monitoring and adoption of forecast-based disaster preparedness and response plans for all of the natural and/or unnatural disasters (Gautam, 2020). Disaster Risk Reduction and Management Regulation (DRRM) 2018 includes the requirements of mobilizing human resources as part of humanitarian response and prohibition or banning of the false news and mis-information during crisis scenario.

Even with an availability of numerous legal instruments incorporating the aspect of pandemic scenario, none has specified the roles of three-tier governments. In the absence of legal

instrument with specified roles of government from all three-tier, government utilized past experiences of managing disaster and responding the needs centrally. Government used the clauses and provisions from DRRM 2018 to activate COVID-19 Crisis Management Centre (CCMC) to plan for actions and contain COVID-19 (Karki, 2020). Federal government informed all the provincial and local government to adopt the uniform guideline for identification and management of COVID cases (Parajuli et al. 2020). Based on DRRM 2018, local government has the authority to activate local level disaster management committee and to utilize the financial resources allocated as emergency fund in their respective annual budget and plan (Adhikari & Budhathoki 2020; Dangal 2021). The same clause was utilized by local government to activate their respective disaster management committees for COVID case management and to ensure the distribution of emergency services to affected population (Karki 2020; Mainali 2021). Understanding the context of COVID, local government allocated budget during Fiscal Year (FY) 2020/21's budget and plans in the areas of the COVID management related aspects i.e., strengthening health care service centers, responding an immediate need of COVID affected individuals, supporting small scale enterprises and increasing emergency fund bracket (Adhikari 2020; Bhusal 2021; Dangal 2021; Sapkota et al. 2020). Though a late act, Ministry of Health and Population (MoHP) promulgated Health Sector Emergency Response Plan (HSERP) on May 2020, which guided government as well as non-governmental agencies to put an effort towards strengthening health system and reducing the impacts of COVID (Sherpa, 2021).

Lack of clear directive over the roles and responsibilities of three-tier government during pandemic or epidemic scenario is found to be one of the major concerns, which caused the delayed responses at federal as well as local government. In terms of responding an immediate needs of health care systems and poor and vulnerable families, Government of Nepal adopted one-door policy, where development agencies need to take the permission and/or deposit the support materials into government's system. Though such process did wonder during 2015 earthquake, it created confusion and created a delay in receiving approval from government agencies during COVID-19 scenario (Adhikari et al. 2020; Biedscheid, 2020).

Lockdown, Border closing and Travel Restrictions

Citizen from Nepal have long history of moving to India for income generation and education purposes (Chalishe, 2020). Once the COVID started to spread outside of China, Nepal as well as India government enforced lockdown and travel restriction related measures, both domestically and internationally (Yadav & Jha, 2020). Nepal-China border was closed on January 2020, while the India-Nepal border was kept under surveillance and notified as high alert on same month. Lockdown was first issued on March 24th 2020, which was extended for couple of months, where movement of vehicle or individuals were strictly prohibited (Basnet et al. 2020; Biedscheid 2020; Koirala et al. 2020). Individuals migrating to the city areas and India for income generation and education purpose is normal phenomenon among Nepali population (Chalishe 2020; Koirala et al. 2020; Rasul et al. 2021). Since the decision was taken without any notice to public, it caused greater issues among the citizen willing to return back to Nepal, as their source of income was completely closed due to lockdown measures adopted at India (Mainali, 2021). Large number of individuals left stranded at India-Nepal border with tighter border restrictions

became the subject of national concern as it is also related with human right, health and socio-economic aspects (Dhakal & Karki 2020; Dhimal et al. 2020; Dhungana, 2020; Shah et al. 2020).

With extended lockdown period, those individuals residing at urban areas started to migrate towards their permanent residence i.e., rural areas either by foot or by vehicle (whichever they found on their way) (Gautam 2020). This caused greater concerns among development, private and government agencies as such act forced government agencies to either re-think about strategy of nationwide lockdown or ease the travel for those individuals (Sarkar et al. 2020; Thakur et al. 2020). Continuous advocacy and efforts at all level forced local governments and provincial government to be flexible in terms of permitting and facilitating the movements of returnees and stranded individuals (Pantha et al. 2021).

Learnings from lockdown strategies adopted during first wave came into fruition while planning for travel restriction and lockdown measures during second wave (2021). Decision of lockdown and nationwide travel restrictions taken during first wave forced the federal government to receive negative criticism. Thus, during second wave, three-tier government became cautious, understood the significance of phase-wise lockdown and travel restrictions measures and made followed the recommended decision to have phase-wise lockdown depending on active COVID-19 cases (Marhatta et al. 2020; Prajapati et al. 2020; Rajbhandari et al. 2020). The major changes between first wave and second wave are about the responsible authority to take decision, which was federal government and local government during first wave and second wave respectively. Local Government became accountable towards managing the COVID-19 cases within their administrative region and took the decision wisely and effectively without hampering the daily lives of citizen.

Information Dissemination about Awareness Raising Messages

Nepal is among the few countries to initiate the nationwide dissemination of COVID-19 related preparedness and precautionary messages in early stages of COVID outbreak (Rayamajhee et al. 2021). As the China is neighboring country of Nepal, Government of Nepal was mandated to initiate the public information and awareness campaign at much earlier stage. As the COVID management strategies were centralized, federal government developed the information, education and communication materials focusing on diverse approaches as preparedness and prevention (Piryani, 2020). Local Government (LG)s contextualized the messages into local languages and broadcasted through local medias, door-door announcement and community level miking (Sharma et al. 2021). Also, the social media was widely used to disseminate the awareness raising messages (Mainali, 2021).

Ministry of Health and Population (MoHP) used social media such as facebook, viber and twitter to connect with citizen and inform them about the status of COVID, vaccination status and key government decisions (Adhikari & Budhathoki 2020). To have convenient environment for public, government launched hotline numbers, where public could communicate about their concerns and provide feedbacks (Parajuli et al. 2020). Local Government (s) used their respective websites and social media (facebook pages) to inform citizen from their respective administrative boundaries (Gautam, 2020). Development agencies as well as private agencies extended their support to make public aware about the COVID related preparedness and

preventive measures. All of the awareness raising campaigns at different level helped making people aware about COVID-19 related aspects and influenced them to adopt appropriate practices to break the chain as well as to contain the COVID-19 cases (Bhatt et al. 2020; Devkota et al. 2021). Once the vaccination campaign was launched, development agencies supported the government agencies to inform public about importance of vaccine and schedule for vaccination. As an action towards protecting the public, government launched the mandatory mask campaign, which was further supported by development and private agencies with the support of masks to be distributed to public, mobilization of human resources at community level and door-door level and dissemination of mask related messages through national and local media.

Trace and Test

Following the protocols of COVID test and management, federal government established health desk at international airport and screened out returning individuals (Rayamajhee et al. 2021; Sherpa, 2021). Meanwhile, contact tracing was done in collaboration with local government to prevent the outbreak of COVID at community level (Sapkota et al. 2020). Provincial government established the COVID-19 test centers at all the seven provinces alongside the trained human resources (Thakur et al. 2020). The role of local government was highly significant during tracing of the COVID-19 patients and the documentation of their travel record as well as the individuals with close contact and COVID-19 test. Local Government (s) established the health screening spots for all of the returnees, where individuals were screened based on fevers and other symptoms (Mainali, 2021). Upon identification of any health issues, local government managed the isolation and quarantine centers (Shrestha et al. 2020).

At early stages, local government and provincial government carried out COVID test in limited manner, that too was required to be transported to federal government for test, taking up to two weeks for result (Adhikari & Budhathoki 2020, Paudel and Marhatta 2020). As the federal government managed the distribution of test kits to local government and/or provincial government, unclear plans and policies among federal government delayed the procurement process of test kit, which ultimately delayed the COVID test (Gautam, 2020). However, with support from different agencies i.e., government and developmental, the test capacity of provincial and local government was enhanced in the manner, they could test and have result within a day. Overall, the number of laboratories increased from one lab to over 70 laboratories throughout the country within 12 months (Dhimal et al. 2020; Giri & Rana 2020; Maskey & Pandey 2021).

Local government played their role quite effectively in tracing the returnees and referring them for isolation/quarantines based on health conditions. However, the scenario for federal government was different as they lack the mechanism and resources to trace and manage the large number of individuals returning via India-Nepal open border or via air-route. By October 2021, there lies the COVID testing facilities both at governmental and private institutions. Federal government mandated the need of COVID-19 test for both entering or exiting the country, excluding the cases of migration from Nepal-India via open-border routes.

Isolation and Quarantine management

Globally, countries adopted the principle of social distancing to break the chain of COVID-19 from early period i.e., January 2020 (Paudel & Marhatta, 2020). Alongside the request from government for social distancing, government also focused towards management of isolation wards and quarantine spots to separate or restrict the movement of COVID infected or suspected individuals (Shah et al. 2020). Among all the responses made by government, isolation and quarantine management is among the few responses' strategy, which was made possible through engagement of all three tiers of government structure (Adhikari & Budhathoki 2020; Rayamajhee et al. 2021). In close coordination with security forces, local government traced the returnees, identified the COVID infected individuals and managed them at isolation spots.

Ministry of Federal Affairs and General Administration (MOFAGA) promulgated the Quarantine Operation and Management Protocol 2020, under which local government (s) adopted the minimum requirements for quarantine and isolation spots (Sherpa, 2021). Local Government (s) used government as well as private buildings i.e., hotels, schools for isolation and quarantine spots (Gautam 2020; Parajuli et al. 2020). Though the immediate requirement of having isolation and quarantine spots under the leadership of local government was fulfilled, it was hard to find any of them meeting all the criteria as stated in Quarantine Operation and Management Protocol and World Health Organization's standard (Dhungana 2020; Maskey & Pandey 2021). The gap of having adequate human resources and health care services related instruments at the isolation centres and quarantine is also one of the key reasons behind the increased COVID cases even after applying all the safety and security measures within the capacity of federal, provincial and local government (Sharma et al. 2021).

Understanding the lagging scenario in managing the isolation wards effectively, federal government as well as local government (s) requested self-isolation of individuals suspected of COVID (Panthee et al. 2020). Provision of mandatory quarantine for COVID-19 identified or suspected individuals is in place till mid 2021 at all local government (s) before reaching out to other places. On the ground of learnings from first wave, Local Government (s) diverted their financial resources, initially planned for development initiatives into the COVID-19 management related initiatives, through which standard of isolation and quarantine was upgraded.

Management of Health equipment's including personal protective equipment's (PPE)

During first wave (2020) as well as second wave (2021), governmental health care system became the one to get exposed the most (Yadav et al. 2020). Initially, government agencies from Nepal did not have adequate number of trained human resources i.e., doctor and nurses to get mobilized (Giri & Rana 2020; Rana and Chalishe 2021). Adding to the woe, government-based health care service providers were not well-equipped as well and could not receive appropriate support from private hospitals as expected, especially during first wave (Gautam, 2020). As a reactive and responsive approach, federal government collaborated with development and bilateral agencies and upgraded the capacity of national public health laboratory to test COVID, provide health care services and ensure an availability of protective gears (Piryani, 2020).

From the health care facility perspective, health care service providers and hospitals with good to better facilities are centralized at capital city (Parajuli et al. 2020; Singh et al. 2020). But, the

COVID cases was reported at almost all local government (s). Due to limitation in resources (human, technological and financial), government found it difficult to provide timely and efficient services to COVID patient as well as non-COVID patient (Panthee et al. 2020; Sapkota et al. 2020). During the first wave, federal government decided to halt the treatment of normal patients i.e., non-COVID patients at government as well as private hospitals. It caused dissatisfaction among the normal patients or patients with other diseases and also violated the fundamental rights of individual to access health care services (Gautam, 2020).

During second wave, the need of oxygen cylinders, ventilators and intensive care unit bed became the concerns for government agencies due to the high demand but the limitation in an availability of resources among government led health care service centers (Gyawali & Al-Amin, 2021; Shrestha & Lamsal 2021). Private stakeholders, non-government agencies, bilateral agencies and three-tier government demonstrated strong coordination and collaborative mechanism to fulfil the demand in short span (Sharma et al. 2021). With increased number of COVID patient, especially during second wave, federal government documented the status of existing facilities at hospitals from all part of country. Based on the requirements and active COVID-19 cases, federal government prioritized and strengthened health care service centers and hospital across the country. With the support of government as well as development agencies, federal government distributed the stockpiled medical resources based on needs and demands (Bhattarai et al. 2020). By October 2021, all three-tiers government have documented list of hospitals with the stockpiled health related equipment's, material resources and human resources. Designated COVID hospitals have adopted infection prevention measures, provision of trained health care service providers, while COVID clinics have well established screening mechanism (Gyanwali et al. 2021). Though the health system was exposed at earlier stages, it effectively turned into managed, effective and efficient system by mid-2021 through collaborative efforts between government agencies from all three tiers, non-governmental organizations and private sectors.

Vaccination Campaign

Government of Nepal launched vaccination campaign with the turn of 2021 (Bhattarai & Dhungana 2021; Rana & Chalishe 2021). Covishield was the first vaccine to receive approval from government, which was received as bilateral grant support from Government of India and as WHO COVAX programme during January and February respectively (Maskey & Pandey 2021). Where other countries were thinking about the possibilities of vaccination to their respective citizens, Government of Nepal displayed the strong bilateral relation with multiple countries namely India, China, Bhutan and United States of America to vaccinate its citizen. As there were diverse vaccine received i.e., Covishield from India, Janssen vaccine from USA and Sinopharm BBIBP Cor-V vaccine from China, the acceptance level for vaccines among public were in questionable form (Rana & Chalishe 2021). Diplomatic and developmental agencies stretched their support to government of Nepal in organizing the nationwide campaigns to make people aware about positives of vaccines and facilitate the vaccination campaigns (Maskey & Pandey 2021). From the initial days itself, government has been strategic towards prioritizing the individuals based on the age group and profession. Healthcare professionals and frontline workers were prioritized followed up by senior citizens (Bhattarai & Dhungana, 2021). With an

increased flow of vaccines from different sources, federal government shared responsibilities with local government on vaccination their respective citizens. Instead of the number of COVID cases, vaccination was mostly emphasized based on number of health care service centers, number of frontline workers and total population from prioritized age-group.

Table 1 Status of COVID cases and vaccine, As of October 2021, Source: MoHP

Province	Population	At least one dose of any vaccine	Vaccine % based on population	COVID Cases	COVID Cases, % based on population
Province 1	4534943	1374763	30.3%	108019	2.4%
Province 2	5404145	1640346	30.4%	46475	0.9%
Bagmati	5529452	3185687	57.6%	409144	7.4%
Gandaki	2403757	856584	35.6%	79175	3.3%
Lumbini	4499272	1489872	33.1%	97787	2.2%
Karnali	1570418	444744	28.3%	22472	1.4%
Sudurpaschim	2552517	864023	33.8%	38665	1.5%
Grand Total	26494504	9856019	37.2%	801737	3.0%

Note: COVID and vaccination status till 10 October 2021, Source: Sitrep Report, Ministry of Health and Population

Meet Immediate needs of vulnerable families

As all three-tier government enforced lockdown measures and restricted travel and/or movements, families relying on informal sources were forced to adopt negative coping strategies causing long term issues on health and nutritional aspects, especially among child, senior citizen and pregnant and lactating women. To fulfil immediate needs of vulnerable families, federal government publicized the criteria and standard for support mechanism (Gautam, 2020). Local government (s) contextualized the criteria and responded the needs of poor and vulnerable families through supply of food items and non-food items (sanitation related materials) (Mainali, 2021). However, such support mechanism lasted only for few months due to limitation in resources among local government (s). Though, government responded the needs of low earners in their full ability, the lack of operationalization procedures and experience on federal system made the response mechanism and interventions inefficient and inconsistent (Bhatt et al. 2020). It not only aggravated the issues of low earners but also created the scenario of distrust on government agencies (Adhikary et al. 2020).

During first wave, communities and private agencies responded an immediate need of families through multiple efforts. At one side, communities and private agencies deposited financial resources to government launched relief fund through which government could act responsibly and respond needs (Logan, 2020). Whereas, at other side, communities joined hand with local government, identified the needy families and their immediate needs, and lend their support in terms of food resources (Adhikari & Budhathoki 2020). Communities supported the displaced or

stranded workers through support of accommodation and food resources during their travelling period in independent manner

Federal Government introduced relief package to respond the needs of poor and vulnerable families. Federal Government made relief standard and mandated Provincial and Local Government to address local needs (Adhikary et al. 2021). The socio-economic context and availability of resources is not same across the provinces. Thus, the guideline mandated by Federal Government was not practical and applicable for all provinces. As the relief fund was completely managed by Federal Government, Provincial Governments started their own relief funds (Subedi, 2020). Rather than easing the process to address the needs, provinces' self-initiation duplicated with federal set-up and further complicated the response activities. This only aggravated the case of discrepancy among provinces and their strategies.

To support the response mechanism, federal government permitted development agencies to divert 20% budget from regular programme into emergency response packages (Basnet et al. 2021; Gautam 2020). In close coordination with local government (s), development agencies implemented emergency response programs in the form of distribution of cash, food items and non-food items (Biedscheid, 2020). The role of local government was highly significant in terms of identifying the poor and vulnerable families and facilitating the distribution process. While, the role of federal government was significant in coordinating with the development agencies to support the lives of poor and vulnerable families.

Conclusion

To have an effective and strong response mechanism, countries need to have appropriate legal instruments (plans, policies, acts, guidelines), clarity on roles and responsibilities among government agencies and an effective coordination and collaboration mechanism. In Nepali context, the role and power of government was disaggregated into Federal, Provincial and Local level after the promulgation of Constitution of Nepal 2015 and Local Government Operation Act 2017. With federal structure in place, it was up to the three-tiers to perform their roles and responsibilities to respond the COVID-19 crisis appropriately and effectively. After transitioning to federal structure, it was expected to decentralize the power at province and local level. COVID-19 exposed the power of province and local government, which are still more or less relying on federal government to make decision and launch their own initiatives.

From first wave (2020) to second wave (2021), three-tier government is able to adopt diverse strategies and equip themselves to contain COVID-19 as well as to respond immediate and long-term needs. Federal government was mostly focused towards promulgating the legal instruments and strengthening bi-lateral relations, to receive adequate health instruments, financial resources, test kits and vaccines. Federal government also focused on improving the health care services through supply of health care instruments and management of human resources based on the density of population and COVID cases. Within the available resources and capacity, local government (s) across the country carried out key interventions in the form of managing

quarantine and isolation centers, documenting the records of returnees, screening and testing the suspected individuals, disseminating COVID-19 related preparedness and precautionary messages, providing health care services, upgrading health care service centers and hospitals (community level, district level and province level), managing vaccination campaign and fulfilling immediate needs of poor and vulnerable families and facilitating the travel arrangements for stranded individuals due to lockdown measures and travel restrictions. Overall, the containment of COVID and response to immediate needs signifies the importance of coordination and collaboration between three-tier government.

Initially during first wave, government somehow failed to gain the trust among communities and non-government stakeholders due to their non-responsive and non-transparent behaviors. Private agencies did not show much of an interest and intent in stretching their support. At one side, government were facing challenges in terms of resource deficiency, while at other private agencies are in bit dilemma stage to collaborate with government agencies. Such phase of dilemma could have avoided and resolved through series of dialogue and discussion. With the learning from early period, government requested non-government and private agencies to lend their support in containing COVID as well as responding immediate needs of poor and vulnerable families. Such act from government agencies became the catalyst for an effective management of COVID scenario during second wave. Overall, the scenario during first wave and second wave was bit different in terms of number of COVID-19 cases, type of needs and the level of experience among government and non-government agencies. Though the need was much higher during second wave, learnings from first wave supported government agencies to apply diverse management strategies to resolve the COVID related issues in short span of time.

Since Nepal faces two strong waves of COVID within 12-month period, there lies the opportunity for researcher to have in-depth analysis and made the comparison regarding the responses from government agencies across the two waves.

Disclosure

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