

2022

**Forum For Nation Building,
Nepal**

[COVID-19 POLICY REVIEW REPORT]

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CHAPTER 1

1.1. Introduction

Coronavirus Disease 2019 (COVID-19) pandemic is an unprecedented health emergency around the globe. COVID-19, caused by SARS-CoV-2, was first reported in Wuhan, China and is now a pandemic affecting over 218 countries and territories around the world. Nepal has been severely affected by it. As of 10 March 2022, there were over 977,709 confirmed cases of COVID and 11,949 deaths (MoHP). All people from younger to older age group are at risk of infection. As COVID-19 accelerates, all countries are taking unprecedented measures to combat the spread of the disease and various policies, guidelines and directives have been developed from national and international levels to combat COVID-19. As soon as COVID-19 cases were reported in Nepal in early 2020, the Government of Nepal took several measures to minimize the spread of the virus and provide support to vulnerable groups. In addition to imposing a lockdown, the government took steps to bolster the health, financial and monetary, and business sectors. Despite these measures, capacity constraints in the health sector, political instability, and the return of a large pool of migrant workers to Nepal all contributed to increased spread of the disease and heightened vulnerability among the vulnerable people. The goal of policies and preparedness program of COVID-19 is to reduce morbidity and mortality related to infection through early diagnosis and appropriate treatment, and to prevent disease transmission in patients and the general community. Policies and programs are also focused on preservation of healthcare resources, management of essential equipment such as personal protection equipment (PPE) and ventilators and preparation for patient surge.

The policy review report aims to review the policies, plans, directives and various interventions of government of Nepal in order tackle multifaceted impact of COVID-19 in various aspects.

1.2. Rationale of Policy Assessment

In the context of COVID-19 pandemic, not only national, regional, and global collaboration is required to combat the existing public health emergency but also a collaborative approach is required for generating and using the evidence for the response. Policy analysis can have multiple beneficial effects, which facilitates the adoption of more effective policies by

identifying and systematically comparing potential solutions against clear goals and identifying the lowest-cost solutions. Through policy analysis, it is possible to gain a greater understanding of the possible benefits that will emerge from the adoption of a particular policy alternative. The activity aims to carry out research and desk review of existing policy documents by different government bodies like Ministry of Health and Population, Ministry of Finance, Home Ministry etc. The activity aims to review critically and aims to find out the policy gap considering the problem identified by the project.

1.3. Objective of Policy Assessment

The general objective of policy assessment is to evaluate the implementation practices of COVID-19 related policies, guidelines, and directives issued by government agencies. The specific objectives are:

1. To present the situation of COVID-19 in Nepal and list out COVID-19 related policies, guidelines, and directives endorsed by government agencies
2. To identify the policy gap for policy interaction meeting and provide recommendation
3. To explore the facilitators and barriers for implementing COVID-19 policies, guidelines and directives at the federal, provincial and local governments,
4. To find out the learning issues and measures to be taken to cope with similar kinds of pandemic in future.

1.4. Analytical Framework

The framework of analysis of this assessment focuses on the policies, acts, guidelines, provisions and legal framework formulated and adhered by different ministries and government agencies. The study is done by analyzing the preexisted policies, acts, and guidelines etc, which are lay the foundation in response to unprecedented outbreak of COVID 19. Furthermore, on the other hand the immediate actions and regulations of government were analyzed right after the outbreak of COVID 19 in order to cope with multifaceted issues of the pandemic. The study aims to identify the gap in implementation of policies, acts, guidelines at the community level which created the situation of dismay during the different variant outbreak of COVID-19.

1.5. Methodology

The methodology employed during the period was online desk review of available policy and directives related to COVID-19 on different government ministries web portal. Moreover, personal visits were made to some crucial government agencies for information and research report collection. Likewise, various policy review and COVID-19 response assessment reports were studied and reviewed in order to derive conclusion.

1.6. Limitations of the study

All the policies, guidelines and directives related to COVID-19 issued by MoHP and other ministries could not be assessed except published in webpages. However, this study will help to explore the gaps in the policy formulation and implementation process in response to COVID-19.

CHAPTER 2

2.1. Findings: Major Policies, Guidelines and Directives adopted by Various Government agencies

2.1.1. Functioning Laws:

a. Constitution of Nepal 2072

Constitution of Nepal 2072 is the fundamental law of Nepal. As a general law it provides for varieties of provisions and specifies fundamental rights.

Constitution of Nepal is the law of the land and all the other laws are based on it. Similarly, during the COVID -19 pandemic, Article 35- Right to Health, Article 36- Right relating to food, Article 31- Right relating to Education were the general fundamental rights that guided the all other specific laws.

b. Infectious Diseases Act 2020

During the First Phase of COVID-19 pandemic the Government of Nepal relied on the Infectious Diseases Act that had been enacted on 2020-11-16. The Act was formulated with the goal to make provisions for the root out or the prevention of any infectious disease which spreads are likely to spread throughout Nepal or any part thereof. The Act stated about the power of the authorized individuals to investigate the public and private carriage if they assume it to have been infected by or had been carrying substances or organisms infected by any infectious diseases. Section 3 of the same Act stated about the punishment in case of the violation of the Act.

Limitations of the Act:

The Infectious Diseases Act 2020 came into existence almost 6 decades ago. The Act even though mentions about the infectious diseases, it and its amendments omit to include provisions for pandemic such as COVID-19. It lacks to mention about the lockdown policy and infringement of citizens right during such period.

Balram K.C, previously Judge of Supreme Court of Nepal, said in his interview that, yes indeed the government is doing a better job with regard to the lockdown policy than last year by giving the local authorities the power to state lockdown in the specific area only. However, legally it has been violating human rights. In his interview he further elaborated the importance of prevailing acts in regard to diseases, which in our nation is almost 50 years older and ineffective. The legal issue arises from our Act or Law. We have the Infectious Diseases Act of 2020, which has not been revised in a timely manner. Given the current pandemic situation, this act should be revised. This Act is insufficient to meet the current challenges. This act is focused on old scenarios and circumstances that are incapable of resolving the big issues that have arisen during this pandemic. When a person violates the provisions of this Act, that person is brought to court, and the CDO determines the punishment; but, during the pandemic, police officers gather NPR 100 from the public and make them stand in a detention center for a long time. This as a result is against the Act itself. The Infectious Diseases Act of 2020 doesn't give the right to police authority to detain people however; the police authority has been doing such a thing that is against the international human rights provisions.¹ As the implementation of the ordinance is still in question, this is analyzed through a legal perspective.

c. Ordinance for COVID-19 Management 2078:

The government of Nepal approved an Ordinance for COVID- 19 crisis management to prevent and respond to the activities related to COVID 19 on 2078-02-06. The Ordinance through its Section 3 stated that the Government will have the ultimate authority to issue health emergencies with regards to COVID -19 in whole Nepal or different parts of it. Furthermore, the ordinance legalized the concept of lockdown in the state which previously happened due to the fear of contamination of disease. This had been omitted in the previous Infectious Diseases Act 2020. In the nutshell, the ordinance was able to bring defined legal provisions with regards to COVID 19 pandemic.

Limitation of the Ordinance:

¹ https://nepallive.com/index.php/story/245378?fbclid=IwAR28Gml2dh9XG3GJqilf_vZN2FQ9XA-_EWFgugXeUi33Hkv-74VSG00TSSQ

The Government formulated the Ordinance for COVID-19 2.0 however; an ordinance in Nepal holds its legality only for a term of 6 month and nothing more if it is not passed by the parliament within that period. Similar instance happened to the Ordinance for COVID-19 Management 2078; it held legality only for the term of 6 month.

The Ordinance, even though was ideal as it was specifically made to deal with the pandemic, it lacked in certain premises such as it didn't explain the authority and obligation of the Local Government when it was Local government that was dealing with the pandemic and its prevention.

d. Local Government Operation Act, 2017:

Guided by the Constitution, the Local Government Operation Act, 2017 has replaced the Local Governance Act of 1999. The 2017 Act identified the functions for all aspects of disaster risk reduction under the duty, responsibility and rights of rural and urban municipalities. It also included the activities related to grant permission of building construction, monitoring and evaluation as per the National Building Code and Standard including the policy, planning, program formulation, implementation, monitoring, regulation and evaluation etc. regarding DRR to develop safer communities.

Limitation of the Act:

The Local Government Operation Act 2017, section 11(h) states about the Local Government's Authority to formulate the laws regarding health and sanitation furthermore, establish necessary hospitals thereon, however, during COVID 19 the Local Government could only form adhoc COVID centers in the public spaces. The tax that is collected by the local government hardly was dispersed in the health sector.

Similarly, the local government through this Act is also given the authority to deal with disaster. However, as the central government adhered to the conception that pandemic isn't a disaster while Disaster Risk Management Act 2074 has clearly mentioned pandemic, epidemic to be a disaster, the local government did the same.

e. Public Health Act, 2018:

Public Health Act is the pioneer Act for ensuring effective, regular, quality, and easy access to health care and free basic and emergency health services to all. It requires all health facilities to provide emergency health care services mandatorily and follow referral mechanisms. It has envisioned reducing the impact on public health by food, pollution, hygiene and waste management, industries and urbanization, public health friendly public infrastructure and safety. It also ensures the emergency medical service and management through ready-to-deploy health teams. It includes a mandatory provision for all tiers of governments to have emergency medical response plans. It also has a provision for local levels to declare a public health emergency in their jurisdiction and recommend the Government of Nepal to control and reduce its impact according to the scale of public health emergency.

Limitation of the Act:

The Section 3 of the Public Health Act 2018 provides for the free and fair health services to the citizens including free service to communicable diseases. However, the drawback can be thoroughly be drawn in the pandemic season as the COVID test alone cost people NPR 1,500-10,000. The lack of beds in hospital and its cost to be admitted to a hospital was another issue. Moreover, the insured sum that was promised through COVID 19 insurance just became inaccessible after first wave.

f. Disaster Risk Reduction and Management Act, 2074:

The DRRM Act 2074 sets out formal structures, roles and responsibilities at federal, provincial, district, and local levels. At the federal level there is provision for a DRRM National Council, Executive Committee, and National Disaster Risk Reduction and Management Authority (NDRRMA). The First Amendment of the DRRM Act 2074 in 2075 (2019 AD) also includes a provision for a Province Disaster Management Council (Chapter 6, Clause 13Ka) and further specifies the structure and functions of Provincial Disaster Management Executive Committees. The Act also stipulates a structure (a Disaster Management Committee) and DRRM functions for each local government. Local governments are also guided by the Local Government Operationalization (LGO) Act 2074 (2017 AD), which established disaster management structures and functions for each local government and their ward units. The DRRM Act led to

the establishment of the National Disaster Risk Reduction and Management Authority (NDRRMA), to coordinate and implement DRRM-related functions in the country. The DRRM Regulations 2076 further elaborate the functions of different government decision-making mechanisms in line with provisions of the DRRM Act 2074. The Government of Nepal (GoN) has endorsed a National DRRM Policy 2075 and Disaster Risk Reduction National Strategic Action Plan 2018-2030, which provides a comprehensive planning framework for disaster risk reduction and management in Nepal, encompassing different priority areas and guiding government actors and stakeholders to achieve targets by adopting appropriate processes. The main responsibility of NDRRMA is to operate and manage activities related to disaster management in an effective manner.

2.1.2. Supporting Laws:

a. National Health Policy 2071:

The ministry of Health and Population has formulated National Health Policy on 2071 B.S. The new health policy was developed on 2071 as the previous policy developed back in 2048 was not adequate to ensure citizen's fundamental right to health and multifaceted problems and challenges. The policy was developed with major objectives to provide free of cost the basic health services that remains as fundamental right of a citizen, establish effective and accountable health services that are equipped with essential drugs, diagnostics and skilled manpower, promote participation of people in health service provision and promote ownership while increasing involvement/partnership of private sectors and NGOs in health services effectively manage partnership to build ownership within government and private sector.

b. National Policy for Disaster Risk Reduction:

National policy for disaster risk reduction was formulated on 2018. The main objective of this policy is to substantially reduce the natural and non-natural disaster losses in lives and properties of persons, health, means of livelihood and production, physical and social infrastructures, cultural and environmental assets.

c. Emergency Operations Center (EOC):

The National Emergency Operations Centre (NEOC) was opened on 17 December 2010, by the Minister of Home Affairs and is operated under the Planning and Special Services Division. The NEOC is a coordination and communication point for disaster information across Nepal, including government agencies and other response and recovery stakeholders such as Nepal Red Cross Society, UN agencies, INGOS and NGOs. An Emergency Operations Center (EOC) is a central command and control facility responsible for carrying out the principles of emergency preparedness and emergency management. EOC facilities can also carry out disaster management functions at different level during an emergency and ensure the continuity of operations at respective levels. An EOC is responsible for strategic direction and operational decisions. The common function of EOCs is to collect, gather and analyze data; disaster response planning and implementation; lead the response coordination; mobilize and coordinate search and rescue teams; coordinates relief distribution; logistics management and operation; maintain continuity of the organization, within the scope of applicable laws; facilitate cluster activation and mobilization; make decisions that protect life and property and disseminate those decisions to all concerned agencies and individuals.

d. National DRR Strategic Plan of Action (2018-2030):

The National DRR Strategic Plan of Action (2018-2030), inspired by the Sendai Framework for Disaster Risk Reduction (SFDRR) 2015-2030 has adopted a holistic approach to uphold sustainable development by mainstreaming disaster risk reduction in the development process. Based on SFDRR's guiding principle, this action plan has identified four priority areas and 18 priority actions. Under each priority action, the strategic activities are identified for 2018 to 2020 as short term interventions, 2018 to 2025 as mid-term interventions, 2018 to 2030 as long-term interventions and continuous actions. This Strategic Plan of Action has set the targets for reducing disaster loss considering the targets set by the Sustainable Development Goals 2030 in terms of substantially reducing the impact of disasters nationally. It aims to reduce the disaster mortality rate, reduce the number of disaster affected people, reduce the direct economic loss in GDP from disasters, reduce the damage to critical infrastructure and disruption of basic services enhancing resilience, developing DRM strategies and action plans at the provincial and local levels. And substantially increase the availability of and access to multi-hazard early warning systems and disaster risk information and assessments. The substantial reduction of disaster risk

and loss of lives, the economic, physical, social, cultural and environmental assets of persons, businesses, and communities of the country are key targets focused on reducing the impact of disaster.

e. The National Strategy on Disaster Risk Management:

The National Strategy on Disaster Risk Management provides a strategic direction in covering all phases of the disaster management cycle. The National Disaster Response Framework has been prepared for the effective coordination and implementation of disaster preparedness and response activities by developing a National Disaster Response Plan that clarifies the roles and responsibilities of Government and Non-Government agencies involved in disaster risk management in Nepal.

f. The Prime Minister's Disaster Relief Fund:

The Prime Minister's Disaster Relief Fund was founded by the Nepali government in 2006 to help the victims of natural disasters. Following the April 25 and May 12 earthquake the fund was used as a vehicle to collect funds from various donors (individuals, private sector contributors, etc.) and to make these funds available to various government agencies for relief and reconstruction work.

g. The Nepal Army COAS command Guidance, 2018:

Constitution of Nepal has mandated Nepal Army to mobilize and respond to any disaster situation. The Nepal Army COAS Command Guidance, 2018, has provisioned to enhance the disaster response capacity of its units, and to manage the logistical requirements for response. Nepal Police and APF are also mandated by law to respond to any disaster situation, primarily and most importantly for search and rescue in the first critical hours.

h. The DRR Portal and use of Social Media:

The DRR portal maintained by MoHA has been significant in ensuring access to information and updates on DRM activity in Nepal. It is a depository station and a data bank of DRM legal frameworks, policies and plans, as well as information on disaster events and response initiatives, including other DRM activities. It not only maintains early warning information and updates, but also disseminates it through social media. The use of social media is found to be very effective as we receive constructive feedback and information through our social media channels, where the numbers of follower are on the rise.

CHAPTER 3

3.1. Analysis: Law Vs Reality

The COVID-19 coronavirus pandemic is our time's defining global health crisis and the greatest threat we've faced since World War II. The virus has spread across much of Asia since its discovery late last year. Nepal, a landlocked country aiming to move out of the Least Developed Country category, is particularly vulnerable to the COVID-19 pandemic. The government of Nepal had imposed a nationwide lockdown and enabled its federal, provincial, and local level structures to respond to the crisis to deal with its vulnerabilities during the first wave of COVID19 and has given the local level the authority to impose lockdown as per the need in that particular affected area. It is critical to improve the current health system to handle the situation in the event of a sudden outbreak, standardize quarantine facilities, and provide immediate relief to the most vulnerable. It is also critical to assist the country in mitigating socio-economic impacts and preparing for a longer term recovery. The COVID 19 pandemic has posed a variety of problems around the world. As a developing nation, Nepal was unprepared for such challenges which lead to the evolution of many legal problems.

As Covid 19 is a highly contagious disease, the WHO recommended all the affected nations to build a viable quarantine center and isolation wards. However, Nepal, a nation in the developing phase, backed in this particular area. Nepal wasn't able to make available enough quarantine centers and isolation wards. About 1000 people were accommodating in a space where the

capacity to behold was only 100.² Many Covid 19 patents were kept in adhoc isolation centers built in schools, public spaces where medical facilities weren't available.

A 16-year-old kid from Dhanusha district died in the isolation ward of a provincial hospital in Janakpur due to the poor circumstances of the isolation center. The youngster apparently developed diarrhea as a result of the filthy food and water he was compelled to consume at a quarantine facility where he had been held for 17 days.³ This is contrast to any of the laws mentioned above: the ideal Nepalese Laws. The situation that arose in Janakpur is against the Article 35(4) of the constitution where it has been stated that every person has the right to access clean water and sanitation. The act of the government of Nepal as a whole with regards to their planning of Quarantine center and isolation wards is against the Constitution's fundamental rights; majorly Article 35 Right to Health and Article 36 Right to Food.

Not only the Constitution, such act of negligence and mismanagement is against the specific functioning law; the Public Health Act 2018, the act furthermore, is misappropriation of authority regards to health by local bodies that is stated in the Local Government Operation Act 2017. Such action took place mostly due to lack of farsightedness of the central government that created CCMC when there was already NDRRMA to manage the disaster that included epidemic and in large pandemic, which in general misutilized the government fund.

Even with several laws inversely regulating the COVID 19, during the first wave our country relied on the Infectious Diseases Act 2020 and later during the second wave the Ordinance for the management of Covid19 was enacted whose implementation is questionable. However the laws that are actually are made to provide facility and ensure wellbeing of citizen violated the basic human rights.

Balram K.C, previously Judge of Supreme Court of Nepal, said in his interview that, yes indeed the government is doing a better job with regard to the lockdown policy than the first wave by giving the local authorities the power to state lockdown in the specific area only. However,

² Arjun Poudel, "Rising Covid-19 cases and limited isolation beds once again expose governments lack of preparedness to fight the virus" *The Kathmandu Post*, 31 May 2020, available at <https://epaper.ekantipur.com/kathmandupost/2020-05-31>

³ B Kumar Yadav, "Teen dies in isolation ward in Janakpur" *The Himalayan Times*, 25 June 2020, available at <https://thehimalayantimes.com/nepal/teen-dies-in-isolation-ward-in-janakpur/>

legally it has been violating human rights. In his interview he further elaborated the importance of prevailing acts in regard to diseases, which in our nation is almost 50 years older and ineffective. The legal issue arises from our Act or Law. We have the Infectious Diseases Act of 2020, which has not been revised in a timely manner. Given the current pandemic situation, this act should be revised. This Act is insufficient to meet the current challenges. This act is focused on old scenarios and circumstances that are incapable of resolving the big issues that have arisen during this pandemic. When a person violates the provisions of this Act, that person is brought to court, and the CDO determines the punishment; but, during the pandemic, police officers gather NPR 100 from the public and make them stand in a detention center for a long time. This as a result is against the Act itself. The Infectious Diseases Act of 2020 doesn't give the right to police authority to detain people however; the police authority has been doing such a thing that is against the international human rights provisions.⁴ As the implementation of the ordinance is still in question, this is analyzed through a legal perspective.

As per the section 2(i) of the Disaster Risk Reduction and Management Act, 2074 BS, unnatural disaster includes epidemic and in large scale pandemic. To manage such disasters the organization named Disaster Risk Reduction and Management Authority was formed by the same act through section 10. Section 11 of the concerned Act has enlisted the functions of the organization one of which is to manage and mitigate disasters. To arrive at the point, it means that the Disaster Risk Reduction and Management Authority have the authority to manage and mitigate the Covid 19 pandemic in Nepal. However, due to ambiguous, vague and complicated explanations in the Act, the concerned organization rarely got the chance to work for the management and mitigation of the COVID 19 pandemic. The Government established another organization to do such functions which not only led to misutilization of the government's fund but also hindered the personnel of the organizations from obtaining their need of self realization.

Even with the above mentioned laws, the impact of COVID-19 was massive. Some of the instances of ideal law and its opposite Reality can be analyzed through below prospective:

i) Economic Perspective

⁴ https://nepallive.com/index.php/story/245378?fbclid=IwAR28Gml2dh9XG3GJgIf_vZN2FQ9XA-_EWFgugXeUi33Hkv-74VSG00TSSQ

Although government, consumer, and business initiatives to reduce social interaction have been critical in slowing the virus' spread, economic activity has been severely disrupted in the first half of the year, with a significant share of private consumption involving social interaction disappearing. Declining consumption of products and services has been a key cause of lost productivity in numerous model-based forecasts of the pandemic's impact.

The COVID-19 hit Nepal's social and economic sectors square in the face. Despite the country's COVID-19 infection being relatively low, the number constantly increased at the beginning which indicates the likelihood of major health consequences. The low number of coronavirus tests available and poor management of Nepali citizens on the Nepal-India border could have been the explanations for the low number of cases reported thus far. Unfortunately, those waiting at the border did not have access to basic necessities like food, sanitation, or shelter.

Due to the pandemic, several companies in Nepal stayed closed. Even after the lockdown was lifted, restarting business or establishing new firms was difficult. The globe is still fighting the coronavirus, but the next battle will be against the declining economy, which must recover in order to flourish. In addition to market surveillance, the government of Nepal will play a critical role in intervening in the market to build confidence. Because consumption and investment fell during the recession, the only way to boost economic development is to encourage them through expansionary fiscal policy or by lowering taxes and/or boosting government spending.

Most Nepalese businesses have been disrupted by the lengthy closure of market. The daily economic loss estimated as a result of the first two-month closure was roughly NRs 3 arab 7 crores 13 lakh. As the lockdown is extended as a precautionary measure, the amount of loss is projected to climb in the future. Its past time for the administration to grasp that lockdown isn't the only way to combat the pandemic. The government should have made it a priority to recognize citizens trapped at the border and those eager to return home. A large number of Nepali citizens are awaiting rescue by the government at the international border. The government rather than focusing on the plans should have permitted some actions. The plans that they formulated nearly a year ago are still to be acknowledged and implemented.

ii) Social Perspective

I) Impact on Education Sector

COVID-19 has wreaked havoc on all sectors of human life, including education. The virus's rapid spread wreaked havoc on the educational system, forcing educational institutions to close. According to a UNESCO assessment, the temporary shutdown of educational facilities has had a significant impact on 1.6 billion students in 191 countries. To lessen the impact of the closure, educational institutions have responded differently in different settings, offering a variety of options for students, teachers, management, and parents, depending on the resources, both material and human, available.⁵

Right to education is a fundamental right provided by the Constitution of Nepal 2072. Due to the lockdown imposed by the government and further due to impractical decisions of the government, students were mostly affected. The postponement of exams and lack of free access to the internet lagged many students behind. The COVID-19 pandemic has clearly created a state of educational anarchy, with the government losing control of the educational system. The entire educational system stagnated or collapsed as correct actions were not implemented on time. In each province, a task force on education should have been established under the direction of the relevant ministry to investigate options, propose immediate and short-term solutions, and enable teachers to compensate for the loss. Because the majority of students did not have access to technology, the new measures must focus on low-tech solutions while simultaneously providing certain e-learning platforms to those students who have.

ii) Impact on Health Sector

During the first phase of COVID 19, the government though wasn't well prepared but it had adequate accomplices compared to the second phase of Covid 19. The major problems faced during the first wave of covid 19 were the lack of the hospital bed and mostly the test kits. During the second Phase, COVID-19 patients flocked to national and provincial capitals, as well as district headquarters, where huge numbers of active cases were isolated in their homes. The hospitals in district/provincial centers ran out of oxygen, medicines, and medical supplies, and the situation is predicted to worsen and spiral out of control if the in-house isolated case's health worsens and the demand for medical help grows. Nepal had limited supply of medications and

⁵ [\[PDF\] Impact of COVID-19 on the Education Sector in Nepal - Challenges and Coping Strategies | Semantic Scholar](#)

medical supplies and relies heavily on Indian production, which had been disrupted by COVID-19, which has also affected India.⁶

According to one of the medical staff from Teaching Hospital Maharajgunj of Nepal, no one who had had both of the vaccines lied on the death bed. 20% of the people with single vaccines died and the other 80% who didn't get vaccinated died in the 2nd wave of COVID 19 pandemic. This shows that, though the waves of COVID 19 may contaminate the people, the people who have had vaccines will be impacted less from the virus's effect. However, Nepal hasn't been able to provide vaccines to all the Nepalese residing in the boundary. The donations from developed and developing nations aren't enough for Nepal to vaccinate all the people unless we buy or make our own vaccine.

CHAPTER 4

4.1. Conclusion

Beginning with preparedness activities, there are a number of legal and policy frameworks to develop the plans, to guide in disaster preparedness, response, recovery rebuilding and to enable the country to be more resilient to disaster. Despite the efforts of the government to assure adequate resources for logistics preparedness and the capacity of human resources required to save life and property, there is still a deficit. The funding mechanism, as identified by the act, has provision for collection and management of financial resources for risk reduction and management of disasters. A Disaster Management Fund has been established but it varies in fund volume as per the available resources and priorities.

On managing the quarantine facilities, the private sector and NGOs could have been mobilized throughout the country to assist the local authorities and security forces. These non-governmental sectors have the resources and assets to both build and repurpose the existing facilities for quarantining suspected individuals. This would have prevented some quarantine facilities from becoming potential sources of further infections (Poudel, 2020). Inadequacy was also seen in terms of coordinating with neighboring countries, particularly India, in ensuring an

⁶ [Nepal: Covid-19 Crisis - Nepal | ReliefWeb](#)

orderly repatriation of thousands of Nepalese. Given the porous border, an influx of returning Nepalese in the border areas was to be expected, and yet very little arrangement was put there to help the local authorities deal with the situation (Shrestha, 2020). Again, the nongovernmental sector could have been reliable partners in this. While these above shortcomings are by and large a product of inability to think outside-the-box, two important gaps stood out. Our security forces have limited medical capacity, including building field hospitals rapidly. The second was related to procurement of emergency supplies. Valuable time was lost during the wrangling on how to quickly procure supplies, and the attendant policy paralysis in general was equally problematic (Bhattarai, 2020). Concern among officials about being potentially dragged into a corruption investigation is understandable, yet one fails to understand why there is no system to have a pre-vetted roster of suppliers for emergency procurement or even an emergency provision to offer no-bid contracts for emergency purchases. COVID-19 has highlighted the extent of policy capacity gaps in Nepal together with administrative and state capacity. One way to respond to this is to deny the shortcomings; another equally bad response is to accept it as the fate of small states. A more helpful approach is to try to analyze what went wrong and then take the corrective path. It is correct that small states clearly have inherent weaknesses, but to accept those as fate would further erode policy and state capacity-making the state in question further vulnerable to a range of insecurities.

Furthermore, during the policy review and analysis it lucid that the government response was to tackle the immediate chaos and crisis. Such endeavors were effective as immediate action, but the government fail to form long term policies and acts to cope with the long term after math effect of COVID-19. Along with the immediate emergency response measures to contain the crisis, Nepal government would need to have broad-based and inclusive medium-term interventions to initiate recovery and more sustainable and resilient long-term strategies for greater resilience

The United Nations Economic and Social Commission for Asia and Pacific (UNESCAP) study on level of preparedness in South Asia to COVID-19 presented the data that Nepal uses only 1% of GDP on government health sector. Furthermore, the data also showed that there are 0.30 hospital beds for 1000 people. Poor investments in the health sector seem to have resulted in poor public health infrastructure measured in terms of number of beds and health personnel as

Nepal falls much below the world averages on these indicators. Gaps in public health infrastructure have been exposed in addressing the pandemic. Lockdowns and other stringent measures undertaken by governments in South Asian countries to contain the spread of the pandemic and save lives have cast a heavy shadow on their economies. Through large scale disruptions in supply chains and collapsing demand, the country has been pushed into a recessionary spiral. Micro, Small and Medium Enterprises (MSMEs) that form the backbone of economic activity in Nepal have been pushed out of business, leaving thousands out of jobs and no alternate means of livelihood. The workforce in Nepal lacks social protection and safety cushions given the informal nature of their work. Hence their livelihoods have been severely compromised, putting them at high risk of falling into extreme poverty.

The South Asia Covid Paper learnt that in India's case, along with the government package some additional areas of intervention have been identified to address food security and nutrition through universal coverage of the public distribution system, uninterrupted deliveries of rations and diversified protein-rich meals under school feeding and integrated nutrition programmes, higher cash transfers (at least US \$40 per month for next three months) and food rations for informal sector workers and migrant workers who have been hardest hit by the pandemic. The Indian government has recently announced a comprehensive fiscal package of USD 266 billion (roughly 10% of GDP covering both fiscal and monetary measures) to address the needs of different sections such as migrant workers, small vendors and farmers and boost credit off take especially in the MSME sector. This would require scaling up of government relief packages in all Nepal for expanding the expenditures on social safety nets and social assistance to stabilize loss of incomes and livelihoods and avoid exclusion errors.

4.2. Recommendations

Based on the study few recommendations are made, which are as below:

- Fiscal support measures have to be complemented by monetary policy measures to ensure liquidity and stability of the banking system and targeted support to MSMEs and other businesses to access cheaper credit.
- Because of the gaps in the public health infrastructure, a high proportion of the health expenditure is borne by the individuals who are sometimes pushed into poverty by heavy

burden of medical treatment costs when struck by a serious health issue. India has launched Ayushman Bharat scheme-world's largest health insurance- to provide health cover eventually to 500 million people (it has covered more than 10 million people already). Nepal government also need to come up with such interventions.

- A part of the package, should be devoted to closing the gaps in public health infrastructure and annual spending should increase over time. This would not only help in addressing the most immediate challenge of saving lives from COVID-19 but will also prepare the nation to deal with future pandemics besides accelerating achievement of SDG 3 (good health for all)
- Social protection systems need to be strengthened to support vulnerable populations and enhance people's capacity to manage and overcome shocks and mitigate negative impacts on welfare. Social sector spending has been through budget reallocations for the health sector, including setting up dedicated healthcare units for COVID-19 patients, production of critical medical equipment and medicines to mount emergency response for the pandemic, and social assistance for people badly affected by the crisis including the migrant workers by means of income transfers, wage support and in-kind assistance and food vouchers.
- There is a need to localize the policy, shifting the authority from federal to provincial and local governments. Each province and local governments should be given free hand to devise their own policy, resource mobilization plan and institutional structures. Federal government should facilitate, not dictate, the whole process, with a view to ensure effective actions against the pandemic.
- MSMEs form the backbone of the country economies in terms of jobs, income creation and exports. They have suffered badly with the disruption of value chains, and collapse of demand and cancellation of orders. They need to be provided immediate infusion of funds to revive their businesses which in turn will restore the jobs that they had created, while following the new norms of social distancing, and other standard operating procedures. The governments can also support them through deferred payments of taxes, rents, interest payments and public utilities and encourage monetary policy easing to infuse liquidity to sustain production and generate economic activity.

- The federal government should demarcate the role of all three levels of the government so that duplication and uncertainty can be avoided. Since the province and local government have a poor resource base, federal government should also allocate resources to each provinces, based on the needs felt. An evidence-based allocation of resources should be practiced, instead of hunch-driven ad hoc budget disbursement.
- Institutionalization of existing mechanisms to ensure an effective flow of information, and a proper database for evidence-based planning and decision making is a must.
- The federal government should take lead on maintaining law and order and border security as this is a critical component in dealing with the pandemic.
- The provincial government should prepare a long-term strategy to deal with disasters, including the pandemic, based on the learning from COVID-19 crisis. Strategy formulation process should be participatory including involvement of local governments, district administration officer, non-state actors and private sectors.
- The provincial government should invest on infrastructure capable of handling pandemics and disasters of similar scale in the future.
- The local government should formulate Disaster Management Plan in consultation with the provincial government. It would be better to align the local government's plans with the strategic plans of the province for the better coordination and implementation. The plan formulation process should be highly participatory, seeking active involvement of non-state actors including private sector, development partners, NGOs, CBOs and citizens.
- Launch civic education on how to deal with the disaster including the pandemic. This initiative should not be limited during the pandemic. However, civic education on the matter should be a regular intervention of the local government for citizen empowerment. School children and teachers are best conveyors of the message for people awareness. Local government can take assistance from development partners in raising the awareness through development interventions.
- The local government is advised to scale-up and train a large number of volunteers who work collaboratively across public and private agencies.

