


Local Government Response in Corona Pandemic: An Overview of Karnali Province

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 ISSN 2631-2131	“The world was completely locked down for the first time in the world by the devastating pandemic of corona virus in 2020”
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Abstract

The world was completely locked down for the first time in the world by the devastating pandemic of corona virus in 2020. To overview its impacts in service delivery of local governments of Karnali province of Nepal, the study has been conducted. the paper attempts to explore the local government initiatives and inter-governmental coordination towards COVID-19 response during the first wave. The study is based on descriptive qualitative research design to reach the set objectives. Three local governments of Karnali Province were selected purposively as sample. Questionnaire and telephonic interviews were the tools adopted for the data collection. The field level information and data were presented as per the objectives in the descriptive way. The study has been made to draw conclusions based on the practical experience and information gained from all the three local levels.

Local governments have seen to be at the forefront of coping with the uncomfortable situation created by the Novel Corona Virus pandemic. Similarly, the local government seems to have performed important tasks such as manpower mobilization, procurement of health-related

materials, test kits and machines, swab collection and test, awareness rising toward covid-19 response and rescue of returnee from the abroad. The local governments have found utilized the available resources for creating, managing the quarantine, and isolation at the community level to control the Covid-19. The local governments have learned the lessons from the field level experiences in the pandemic management process in such types of crisis. The study would be helpful to share the pandemic management knowledge among the local governments in future.

Keywords: Coordination, COVID-19 Response, Local Government Initiatives, and Pandemic,

Introduction

Globally disasters are increasing day by day. Each year massive disaster events of pandemic, epidemic, earthquake, floods, drought, heat waves, cyclones and tsunamis happening and killing thousands of people and causing the billions of economic losses around the world. Recent outbreak of Nobel Corona Virus (COVID-19) from Wuhan has isolated millions of population from regular activities. The spread is so much viral that it is almost impossible to stop (WHO, 2020). It is important to understand the role of multi-level governments, preparedness and response of the situation. It is reveals that the nature of response to combat the effects of pandemic seemed weak and controversial and efforts are mare depend upon their tradition, institutions and leadership of its own specific countries(Nepal, 2020). The empirical study states that the Covid-19 is a worldwide test of governance and social resilience (Pieterse, 2021).

In Nepal, the concept of controlling the situation has garnered immense attention from Governmental bodies, Non-Governmental bodies, partner agencies, political parties, different professionals, resident and non-resident Nepalese Citizens, foreign citizens, Red Cross, academicians and practitioners. In this context it is necessary to understand how the country responds in the large disaster of deaths, displacements and disease (Koirala et al., 2020).

Corona virus (COVID-19) crisis affecting the world today requires a level of response that goes beyond the capacity of any country. More than ever before, there is a need for solidarity, hope and the political will, cooperation, and inter-governmental coordination at large to see this crisis as well (WHO, 2020). WHO has declared the COVID-19 as a pandemic in March 11, 2020, the government of Nepal made several decisions designed to prevent and reduce the impacts of corona virus. The Nepal Preparedness and Response Plan (NPRP) laid out the preparedness actions and key response activities to be undertaken in Nepal, based on the trends and developments of the global COVID-19 pandemic. According to NPRP, the various action oriented activities were implemented through inter-governmental coordination by federal, provincial and local governments. Furthermore, local governments have independently responded the pandemic in the front line with its available resources and capacity. As mandated in the constitution of Nepal (2015), Public Health Act 2018, and other operational anti-COVID-19 directives, local governments have vital responsibility to respond the pandemic situations.

According to the federal system of Nepal, local governments are the closest unit of the local communities (Shahi, 2019). In this ground reality, the local governments have to feel and respond to the grassroots problems of local people. In the current pandemic, local governments are taking as much responsibility as they can to the best of their capacity. Federalism is new learning for Nepal, in this context; the experiences of how local governments alone have been dealing with the pandemic will be learned for the coming days too. For this purpose, the three local governments of Karnali province have been selected and the study attempts to elicit the performance and experience of concerned local governments at the present time.

The constitution of Nepal (2015) has provisioned for the conduct of all the three governments in a spirit of cooperation and reconciliation. The Government of Nepal, Ministry of Health and Population (Ministry of Health and Population, 2020) has prepared the Health Sector Emergency Plan Covid-19 pandemic to provide clear policy guidelines for timely health system preparedness and readiness to respond to the pandemic. In this context, the study tries to find out the gap between policy provisions and the action execution. At the same time, all three tiers of the governments have to work under this COVID-19 pandemic emergency situation where the virus has overwhelmed health systems, and caused a widespread social and economic disruption. Meanwhile, the claim of federal government is that the state of coordination and cooperation between the three tiers of government in meeting these challenges, and the role of other different mechanisms and stakeholders made to respond the situation. Despite the claims of all three governments that they have worked tirelessly to control the epidemic, the epidemic has not been brought under control. Furthermore, the general public, business communities, opposition political parties have complained that the government was not effective in controlling the epidemic compared to the amount spent in the pandemic related activities. However, the local governments both claim and blame that the federal government has not assisted properly as per the need of local governments to respond the pandemic and assert that they have done most of the pandemic control responses being at the front line in the community level.

At this scenario of pandemic control and management status of the three tiers of government in Nepal, some research questions are raised as: What were the efforts and initiatives of the local governments in the COVID-19 pandemic control? What may be the material actions of the local governments in controlling the epidemic? The main purpose of the study was to appraise the local government initiatives and coordination towards COVID-19 response in the local level. The overall aim of the study was to draw the pandemic and crisis management initiatives of some selected local governments of Karnali Province.

Literature Review

Oxford Management Policy (Rajadhyaksha, 2020) has published the report on lesson for local governments during COVID-19. The report has highlighted that the governments design national level responses to COVID-19, the role of local governments is pivotal in ensuring implementation. The study has recommended five key lessons for the COVID-19 response at the

sub-national level by their practical experiences. The key lessons include eliminate institutional overlaps, encourage emergency preparedness, enhance integration, empower citizens and everyday resilience. It shows that the integrated multi-level cooperation and coordination are essential for effective response of pandemic.

The initial responses of Taiwan and South Korea exemplify a combination of top-down infrastructural power and bottom-up civic power that has kept bureaucracies accountable and transparent. They have been the most effective in terms of initial and, to date, sustained containment of cases and deaths(Tynan,2020). Likewise, the country Malaysia has been relatively successful in responding to the COVID-19 pandemic (Rahman, 2020). The country's response was powered by early preparedness, robust contact tracing teams, diagnostic capacity and efficiency, treatment teams that worked using the knowledge and resources available and strict lockdown measures followed by Malaysian government. The Kerala state government of India has differing experiences to response COVID pandemic. The government health system has always been highly valued in Kerala. Kerala has successfully integrated the local governments to the public health system. All primary health centers and most of the secondary hospitals were managed by the three-tiered Panchayat system or by urban local governments. The core element of Kerala's response to COVID was the strong social contract between the people and the state, based on awareness of the population, high social capital, and trust in government(Sadanadan, 2020).

In the context of Nepal, the government coordination has been activated since the first news of the possible extent of the COVID-19 outbreak became known. Ministry of Health and Population(MoHP) and Ministry of Home Affairs (MoHF) have coordinated with Provincial governments to response the pandemic (World Health Organization,2020). Likewise, the Federal government has closely coordinated with national and international development partners for technical, financial and logistic supports to control the COVID-19 and its impacts. The constitution of Nepal Part 20 outlines the interrelationship between the Federation, Provinces and Local levels. It further explains that the federation, provinces and local level shall enjoy relations based on the principles of cooperative, coexistence and coordination. The constitution also has given some power to local levels. Schedule 8 of the constitution has delegated the powers like, basic health and sanitation and disaster management to local levels. Whereas schedule 9 has the provision that the subject like health and disaster management are the concurrent powers of Federal, Provincial and Local levels.

Local Government Operation Act 2017 of Nepal has the provision of roles, duties and responsibilities of municipalities and rural municipalities. It outlines their duty as rescue, search and rehabilitation in regards to disaster management. It further has provisioned their coordination and cooperation with Federal, Province, and Local communities, other different organization and private sectors for establishment and operation of Disaster Management Fund and mobilization of resources, and other tasks in regards of disaster management. Additionally, it also enshrines their duty and responsibilities as public health, emergency health and epidemic control planning

and implementation, disease control and prevention, emergency health care flow and local service management. For this task, they may form a committee, sub-committee or task force. Further, it has the provision that municipalities and rural municipalities in the issues like disaster management can work in partnership or joint management with other municipalities for cost reduction, maximum utilization of resources or effective service delivery while conducting their work. With regards to contingency fund, it has provisioned that rural municipalities and municipalities may establish and operate contingency funds in accordance with local laws. Infectious Disease Act, 2020 and the Public Health Service Act, 2018 have outlined some provisions in case infection disease takes place. It has given powers to provinces to make some special provisions for concerned local levels.

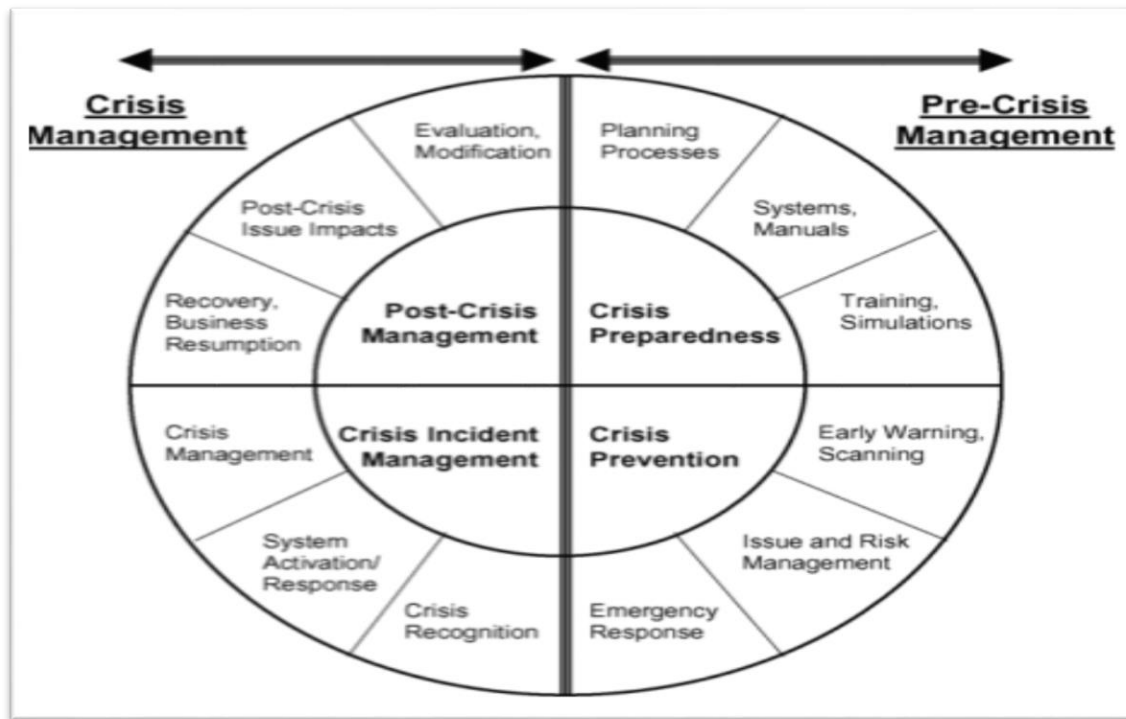
The Government of Nepal has made a different decision to addressing COVID-19. A cabinet meeting held on March 22, declared lockdown throughout the country starting from March 24 to 31 for the first time, as per the Infectious Disease Act. In addition to this, it was also decided to establish Corona virus infection prevention, control and treatment fund and made different decisions like making some hospitals as the dedicated hospital for COVID, provision of allowances to the health and security workers working in front line, coordinating with other neighboring countries, provision of procurement of different essential equipment and so on. The cabinet decision made on March 29, suspension cross-border people's movement through Nepal-India and Nepal-China border points till April 7 and to establish Crisis Management Center (CCMC) as a powerful and effective mechanism to carry out prevention, control and treatment of COVID-19 in an effective, fast, systematic and coordinated manner. And arrangements to be made to operate in a coordinated manner by establishing similar structures at the province and local levels as well. In addition to this, it decided to approve the Quarantine Management and Operation Protocol, 2076. A cabinet meeting on March 30, 2020 decided to manage and distribute relief packages to needy families without delay having provision of different relief packages to affected ones.

Cabinet decision made on April, 11 mandates to seal and ban possible movement of the public from all open borders, mobilize women health volunteers locally to keep the record returnees from different foreign destinations, their status of home isolation and other awareness raising activities. On May 25, "Order to facilitate the repatriation of Nepali nationals who have to return home due to the inconvenient situation caused by the global infection of COVID-19," Nepali citizens and their minor children will not be barred from entering Nepal from the border entry point and Tribhuvan International Airport until further orders. Further issued order to all local levels to keep all rescued citizens in 14 days' quarantine necessarily. Additionally, the cabinet meeting held on June 11 decided to approve the Covid-19 Case Investigation and Contact Tracing Team Operation and Management Directive. Further, to make the isolation centers more systematic, the Ministry of Health and Population was assigned to make their standards and make the aforementioned three tiers of governments strictly follow so that they can have appropriate and effective mobilization in the province and local levels.

Theoretical Framework

Covid-19 is the form of disaster or crisis for the human communities in the world. We can observe different types of theoretical framework and model of disaster or crisis management developed by various experts. For this study, we employed the rational model of crisis management (Jaques, 2007). The model comprises four major elements – crisis preparedness, crisis prevention, crisis incident management and post-crisis management – each built around clusters of activities and processes, and these are discussed in turn. This new model is predicated on the holistic view of crisis management, that crisis prevention and crisis preparedness are just as much parts of the overall process as the tactical steps to take once a crisis strikes. Furthermore, that the post-crisis cluster of activities has a critical function looping back to preparing for and managing future crises of crisis management of rational model. As Jaques (2007) mentioned four major elements of the model: crisis preparedness, prevention, incident management and post –crisis management in the context of Covid-19 pandemic crisis management skill and efforts of local governments of study areas would observed. The following diagram reveals the details of crisis management rational including its sub elements:

Figure 1: Issue and Crisis Management Rational Model



(Source: Jaques,2007)

We reviewed the Gandhian model of community development (Badal, 2020) as well.

Objectives and Methods

The primary objective of the study was to assess the local government initiatives and inter-governmental coordination towards COVID-19 response during the first wave of the three selected local governments in the Karnali Province of Nepal. The study is largely based on descriptive qualitative methods of data and information interpretation. Both the primary and secondary data were utilized. Three local governments of Karnali Province were selected as the sample of the study units. They are Narayan Municipality(NM) Dailekh, Sanni Tribeni Rural Municipality(STRM) Kalikot and Simta Rural Municipality(SRM) Surkhet. The study entailed a review of the published documents, act and policies of the government and other decision of the government at the national level.

Questionnaire is used for collecting required information and data from the office and authorities of the aforementioned research site via e-mail. Moreover, interviews through telephone were taken with the chairperson of the rural municipality, the mayor of the municipality, chief administrative officer and information officer so as to enhance more consolidating and thick and in-depth information. Likewise, responses were also collected from one of the journalists representing civil society of the concerned local governments. So, this study is based on descriptive method. This research has its own limitations. However, as the subject of this study focuses on the Covid-19 response, based on the facts empirical experiences of selected local government. The study couldn't cover all aspects of COVID-19 response. The data and information were taken before 10, August 2020. The study is concentrated on the efforts and achievements of local governments and inter-governmental coordination to combat and address the unfavorable situation created by the global pandemic.

Result and Discussion

This study tries to explore whether the local governments attempted alone or with the joint venture of intra-government coordination to cope with the uneasy circumstances as inflicted by the pandemic 'Novel Coronavirus' (COVID19) in first wave. The brief discussions are presented in the sub-title given below.

Coordinative Action

The federal and state governments have provided policy and financial support to the epidemic control, while local governments have played the role in front line at the community level. The coordination with province and federal government, inter-governmental and self-initiatives to response the COVID-19 of aforementioned local governments is briefly pointed out in the table.

Table 1. Initiatives and coordination of local Governments to response COVID-19

Local Government Coordination with Federal and Provincial Government	
Narayan Municipality Dailekh	<p>-Initially, the federal and provincial governments have provided some PCR and RDT test kits to the municipality.</p> <p>-They have complied with the orders and directives issued by the federal government regarding the control of covid-19 virus.</p> <p>-District Disaster Management Committee has mobilized the police force for the quarantine security.</p> <p>-PCR test machine was bought from the federal government support and commencement of service.</p> <p>-Financial and material assistance was provided for the construction, and management of two isolation wards in coordination with the Federal Government and the State Governments (Rs. 2,23,000,000).</p>
Sanni Tribani Rural Municipality	<p>-The official announcement and direction of federal government about Covid-19 were followed.</p> <p>-Financial assistance has been provided for the control of Covid-19 in coordination with the federal and provincial government (Rs. 21,87,000).</p> <p>-Provincial government has partially supported in the areas of contact tracing, isolation construction, RDT and PCR testing kits and materials.</p>
Simta Rural Municipality	<p>-The provincial government has sent the doctor to look after the Covid-19 pandemic.</p> <p>-Financial assistance has been provided for the control of Covid-19 in coordination with the federal and provincial governments. (Rs. 54,86,500).</p> <p>- The Federal government has supported to set up isolation center and provide test kits and materials.</p> <p>- The district administration was deployed police security in quarantine.</p>
Inter-governmental level Coordination and Cooperation	
Narayan Municipality	-Inter-governmental coordination has been made to rescue the people

Dailekh		<p>returned from different parts of Indian the respected municipalities.</p> <p>-In the quarantine, the citizens of the neighboring municipalities have been assisted in emergency situation, isolation, swab collection and transportation.</p>
SanniTribani Municipality	Rural	<p>-In the initial stage, inter-governmental coordination has been made to keep the citizens coming from India in the same holding center of all the municipalities.</p> <p>-With the gradual increase in the number of people coming from India, the responsibility of the Holding Center has been taken over by the municipality on its own.</p>
Simta Municipality	Rural	<p>-Cooperation were made between neighboring local governments for recuse those citizens who were stranded in the Nepal-India cross border.</p>
<i>Self-Initiation of Local Governments to Response COVID-19</i>		
Narayan Municipality Dailekh		<p>-The municipality had formed and mobilized the Disaster Management Committee for Covid-19 control.</p> <p>- The authority of the local government has created and allocated the fundfor the Covid-19 control activities.</p> <p>-The local government has collected the data and information about the migrant workers in Indian and third countries.</p> <p>-Distribution of relief materials as food items to the daily waged labors and helpless people on extreme lockdown period.</p> <p>-Quarantine construction and management.</p> <p>-Manage test kits, swab collection and testing</p> <p>-The local government was conducted awareness creating programs related to Covid-19 control.</p> <p>-Procure PCR test machine and provide lab services.</p> <p>-Arrange the lodging and flooding requirements for the quarantine and isolation.</p>
SanniTribani Municipality	Rural	<p>-Covid-19 coordination committee was formulated and mobilized in the ward level.</p> <p>- The local government had created the fund for Covid-19 control</p>

		<p>activities.</p> <ul style="list-style-type: none"> - The authority has collected the data and information about the migrant workers in Indian and third countries. - Establish quarantine and isolation center. -Manage test kits, swab collection and provide testing facilities in quarantine. -The local government was conducted awareness creating programs related to Covid-19 control.
Simta Municipality	Rural	<p>In order to control and manage Covid-19, 81 Unit Action Team have formed and mobilized at Ward and Cluster level.</p> <ul style="list-style-type: none"> -Establish quarantine and isolation center. -Procure essential medicines and health related equipments -Mobilized the available health workers for Covid-19 control activities. - Manage test kits, swab collection and provide testing facilities in quarantine

Note. the data and information of the table are based on the field survey 2020 in the study period.

To combat and address the unfavorable situation created by the global pandemic COVID-19, all the local governments have been found working actively and effectively in their respective municipalities. Even if they are not much equipped with technical human resources and adequate knowledge to combat with disasters and the contagious and invisible virus like COVID-19, they have managed and achieved outstanding result in the mission. In most of the area, local governments have made coordination with provincial and federal government. Likewise, intergovernmental coordination is found being made in the course of swab collection, transportation, rescue of people, holding center management.

Furthermore, all three municipalities found establishing a ward coordination committee on COVID 19 prevention and control under the coordination of ward chairperson. In all municipalities, it is found that they worked for contact tracing, providing data of returnees from different foreign destinations in their respective wards, assisting in managing and establishing quarantine and isolation in their respective wards. Moreover, all of them found working in close coordination with civil societies and community based organizations like Red Cross, and local NGOs. Civil societies found supporting and assisting in establishment of quarantine, foods and grocery supply, mobilizing local health workers and so on.

Response of Local Government

The federal and provincial governments have directed and coordinated with the local governments to control the Novel Coronavirus (COVID-19) pandemic. First of all, the Corona Control and Disaster Management Committee has been formed under the chairmanship of the Chief at the level of the municipality. Similarly, a ward disaster management committee has been formed at the ward level under the coordination of the ward chairperson. It was found that SRM has formed and managed 81 Unit Action Team(UAT) covering the main settlements with the participation of civil society and local political leaders. The committees thus formed seem to have identified and managed appropriate places for quarantine, especially community schools and to warn against epidemics within their area.

It was found that the data of the migrated citizens for employment to India and third countries was collected through the ward committee. Looking at the number of people have gone to work in India and third countries of the three local municipalities, the highest number of people in India for employment is 4,400 in NM and only 250 in third countries. After that, the number of people living in India in SRM is 4,042, the number of people working to third countries is 449, the number of people are working to India from STRM is 675 and the number of people living in third countries is only 73. This scenario shows that the majority of people in Karnali are still moving to India for employment and livelihood. During the study period, the total number of people returning from India and third countries was 5,090. Among them 99.3 percentage people returned from India and only 0.7% from third countries. This fact confirms that the corona pandemic seems to have affected the livelihoods of the seasonable employees in India. In the coming days, there is an urgent need for creating opportunities within the country for the livelihood of the majority of people in rural areas.

In connection with the rescue of the citizens stranded in the border areas of India and Nepal due to the lockdown, it was seen that in the initial coordination, the means of transportation to the border areas were provided by local governments paying the fare by passengers themselves. With the increase in the number of returnees, the SRM and STRM have been providing transportation to the holding center only. As NM is located in the district headquarters of Dailekh and the citizens coming from outside is come directly to the center of the district. The Mayor of NM has the experience of assisting the citizens of other neighboring municipalities to go to the respective municipalities by keeping them in his own holding center till the time of their own local government management. A study of the state of quarantine management showed, the local government did not have its own physical infrastructure to make quarantine. So they used the public office buildings, especially community school's classrooms as quarantine sites. It reveals that the local government has to manage the quarantine despite poor facilities like drinking water, toilets and electricity.

Normally, hospitals and health posts were found to be used as isolation wards for the treatment of corona virus positive patients. The study period lasted till the end of July, the highest number

of rescued the returnees and quarantined people from in India during the lockdown was 2979 in SRM, 1673 in NM and 476 in STRM. The observation of the corona virus infected case, there are 270 infected people in NM, 35 in SRM and 22 in STRM. The number of those who went home after recovering from the infection was 243 in Narayan, 22 in STRM and 35 in SRM. Considering the capacity of quarantines constructed in public school classrooms and public office buildings, the highest numbers of 2500 beds were in SRM, 1437 beds in NM and 400 beds were in STRM.

All the municipalities were found conducting the PCR/RDT test of the all rescued people including other local people. According to the data, PCR and RDT were tested till July 10, while Narayan municipality had the highest number of 3762(RDT-2506\PCR-1256), SRM had 2979(RDT-2778\PCR-651), and STRM had only 36(RDT-120\PCR-249). NM provided the more test service compared to other, since the NM has its own PCR test machine After the installation of the PRC test machine, NM has started to deliver the service not only to the municipality but also to neighboring municipalities and districts like Rukum and Surkhet.

Relief distribution system shows that, the local governments have distributed food grains to helpless and nominal wage earning for living during the lockdown. Under this, NM has distributed food grains to 3600 households and STRM has distributed food to 703 households. SRM did not distribute any food as a relief. The chairperson of SRM has been arguing that the relief has not been distributed as there are no citizens in the municipality who are facing inconvenience to make ends meet. The local media person of Narayan municipality has argued that the distribution of relief has not been effective as the local governments have not fully complied with the model criteria for providing relief to the working class and the helpless working in the unorganized sector issued by the Ministry of Federal Affairs and General Administration. Regarding the case of Ward No. 4 of Narayan Municipality, the mayor complained that the food grains procured so far could not be distributed due obstacles created by the people and the opposition. the Mayors claimed that people with financial status also have the expectation of relief announced by the local government, while it was the major cause for conflict for distributing the relief materials.

Regarding the budget, all three municipalities have the same experience in managing the cost of controlling the Coved-19 coronavirus. Initially, all three governments had no approved budgets or programs under Pandemic control. It uncovers that the Corona Control Fund has been set up by exchanging money from other titles considering the need and emergency situation after the pandemic. The NM had the experience of setting up a Corona Control Fund by changing the budget of the schemes and works that have not been agreed upon till April 22 and spending from it. Similarly, SRM, and STRM rural municipalities spent unspent funds on development schemes in Corona control. This shows that the amount spent by the local government from its own resources on controlling the Covid-19, seems to be non-budgetary. Since the Corona Control Fund is not sufficient from internal sources, the federal and provincial governments seem to have provided grants for pandemic control. Similarly, it was found that the contributions made by the

employees and the individuals and organizations from different countries and abroad have also contributed to the Corona Control Fund. The amount available in the fund has been spent on procurement of medicines and health items, food for relief, quarantine management materials, purchase of PCR, RDT kits, purchase of PCR machines, food for those people who were stayed in quarantine and isolation, machines, transportation, allowance for health workers and security personnel.

Table 2. Expenditure and Resources Under the control of Covid-19(First Wave) Pandemic till mid-July 2020

Local Government	Own Resources Rs	Federal Government Grants Rs	Provincial Government Grants Rs	Contribution of NGO and Individuals Rs	Total Budget Rs	Per capita expenditure* Rs
Narayan Municipality (NM)	9000000.00	10600000.00	1700000.00	200000.00	31500000.00	17,766.00
SanniTribani Rural Municipality (STRM)	22838022.00	686000.00	1500000.00	390440.00	25414462.00	53319.00
Simta Rural Municipality (SRM)	8480000.00	3066500.00	2420000.00	1656091.38	14703591.38	4935.00

Note: The data base was taken from the Accountant Section Report of Concern Local Governments, July, 2020. The per capita expenditure is calculated based on the total number of people who have been in quarantine for the duration of the study period, the exchange rate of American Dollar is \$1: Nepali Rupees 117.

The budget mentioned in Table 3 demonstrates the total expenditure incurred by the municipality in controlling the Covid-19 pandemic from April to the end of July 2020. In the aforementioned table, the highest amount received from the federal government in NM while the lowest is in STRM. On the contrary, the contribution of the municipality to STRM is comparatively higher at Rs. 2, 28, 38,022 while SRM has the lowest. The STRM the highest per capita expenditure is Rs 53,391 and the lowest is Rs 4,935 in SRM. In this way, SRT has provided services to more people (2979) at low cost while STRM has provided services to only 476 people at comparatively high cost. A detailed assessment of this type of situation may be the subject of research for the coming days.

Theoretical Underpinning

Local governments seem to have taken various actions and activities from their areas to deal with the Covid-19 outbreak and the unforeseen situation created by it. Efforts have been made to manage the pandemic crisis by using their resources in compliance with the orders of the federal and state governments. This can be compared with the practical model of the theoretical aspects developed by Jaques (2007) for the management of such crises. The efforts made by the local governments in the Covid-19 response can be seen from the table below in terms of crisis management rational model.

Table 3. Local Governments Initiatives to response Covid-19 compare with the Jaques's Crisis Management of Rational Model

Components of Crisis Management of Rational Model	Local Governments efforts in Covid-19 pandemic management practices
<p>1.Crisis Preparedness</p> <ul style="list-style-type: none"> • Planning process • System, Manual • Training Simulation 	<ul style="list-style-type: none"> • Corona Control and Disaster Management Committees were formed under the chairmanship of the head at the level of the municipality\rural municipality. • Ward disaster management committee has been formed at the ward level under the coordination of the ward chairperson. • The SRM was formed Unit Action Team (UAT) covering the main settlements with the participation of civil society and local political leaders. • The authority of local governments was regularly Participated in district and local disaster management committee • The authorities of local governments have made the decision to make fund for Covid-19 control activities. • The local governments have kept coordination with provincial and Inter-governmental about crisis management. • Federal government directions and guidelines are followed by local government accordingly (Isolation, Quarantine management and relief distribution)
<p>2.Crisis Prevention</p>	<ul style="list-style-type: none"> • Local governments have done awareness creation

<ul style="list-style-type: none"> • Early warning scanning • Issue and Risk Management • Emergency Response 	<p>program against Covid-19 pandemic within their own area</p> <ul style="list-style-type: none"> • The people who were in trouble due to the lockdown problem in Nepal-India cross- border were rescued by the concerned local governments. • The health desk of local government has collected the Swab of possible Covid-19 positive case. • PCR and RDT test of collected cases. • Contract tracing of victim patient. • Relief distribution to the needy people. • Data collection of citizen in abroad India and third countries.
<p>3.Crisis Management</p> <ul style="list-style-type: none"> • Crisis Recognition • System Activation • Crisis Management 	<ul style="list-style-type: none"> • Identified and managed appropriate places for quarantine • Mobilization of health technician at ward level (quarantine center) • Constructing and managing quarantine and isolation centers. • Manage holding center • Installation of PCR Test machine • Procure the necessary medicine and quarantine materials • Set up the preliminarily test desk in transit point of local government border areas. • Mobilization of policy force for security in quarantine and isolation centers.
<p>4.Post Crisis Management</p> <ul style="list-style-type: none"> • Recovery • Post-Crisis issue impact • Evaluation 	<ul style="list-style-type: none"> • Financial audit of procurements. • Review of Covid-19 pandemic management. • Learning sharing form pandemic control process. • Budgeting for disaster management to coming days.

Modification	
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(Study, 2022)

From the above table, comparing the actions taken by the local governments for the control of the Corona-19 pandemic with the crisis management model, it is seen that some work has been done in the preparation, control and management phase; however, some pertinent parts of the model have not been systematically adopted. On the other hand, the post-crisis management does not seem to have done much, but the experience of crisis management of the local government seems to have been rich and mature. Although a lot of works have been performed by the local governments in the management of Corona Virus crisis, the efforts done by the local government and its effectiveness would be the subject of another study. As far as the local government is concerned, it seems to have fulfilled its responsibility in managing the Covid-19.

Challenges of Local Governments

In the course of the study, based on the views and arguments of the local government people's representatives, employees and media persons, the challenges seen by the three local government officials of Karnali Province in carrying out the Novel Corona Virus (Covid-19) pandemic control campaign are briefly mentioned below:

- The directive work is more than the financial and material assistance of the federal and provincial governments and the cooperation is less considering the local situation.
- Relief distribution and quarantine could not be managed as per the prescribed criteria.
- Public procurement process has not been fully followed in procurement of goods and materials.
- Citizens returning from India in quarantine expect more facilities from the local government and they do not fully support the quarantine stay.
- There is also a lack of effective coordination between the branches and units of the local governments.

Conclusions

Local governments have been found to be at the forefront of coping with the uncomfortable situation created by the Novel Corona virus pandemic. With the help of federal and provincial governments and organizations, the local governments have utilized the available resources for creating and managing the quarantine and isolation at the community level to control the pandemic. Similarly, the local government seems to have performed important tasks such as manpower mobilization, procurement of health related materials, test kits and machines, swab collection and test, awareness rising toward covid-19 and rescue of returnee from foreign countries. Likewise, the local government has been following the guidelines of the federal and provincial government and has received financial and material assistance as its main

responsibility in controlling and managing the epidemic of Corona. However, due to the lack of financial, technical and experience of local governments, there are shortcomings in some aspects of Covid-19 pandemic control skills. Thus, in this pandemic management, the local government has learned lessons from the field level experiences for the coming days. The researcher hopes that the interpretation and findings of this study would be useful to local governments in crisis management policies and skills.

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