

## Implications of decentralisation for disaster governance in Nepal's federalism: Case study of COVID-19 response of four selected local governments

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### Abstract

Nepal's entry into federalism in 2015 resulted in a decentralised governance structure with constitutionally mandated legislative, executive and judicial functions for local governments. Existing research shows that devolving discretionary authority and resources to local governments is a necessary but not a sufficient condition for effective local responses during crises. However, there remains a need for deeper understanding about what makes local governments effective in responding to people's needs during crisis times. Adopting a qualitative approach, this research analyses how decentralisation shapes local government responses in times of distress. We ask: How did local governments in Nepal respond to urgent needs during the COVID-19 pandemic – and what has been learned from this crisis that can make local governments better prepared for future challenges? Findings of this study show that the effective governance response to the crisis depends on several factors such as existing infrastructure development, availability of human and financial resources, political connections of local leadership, and local leaders' ability to envision and execute the plans in a highly uncertain and quickly developing situation. The local government's response to COVID-19 in Nepal shows the important role of decentralised local governance in combating crises, but there remain several critical challenges to make local governments more effective. In particular, we argue that it is essential to ensure sustained access to financial resources, strengthen human resource capabilities through training and capacity building activities, and prepare local governments to deliver important services in the context of disaster situations.

**Keywords:** COVID-19, crisis, decentralisation of authority, federalism, local government, Nepal

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## **1. Introduction**

Nepal formally entered into federalism with a constitutional provision of the three layers of governments—federal, provincial, and local in 2015. Under the new constitution, the local governments are mandated to perform legislative, executive, and judicial functions. Unlike notable federations in the world where the local governments are subordinate to provinces or states, Nepal's local governments are envisaged as equal governments with statutory powers (Dhungana, 2019) and conferred twenty-two exclusive and fifteen concurrent powers (GoN, 2015). The promulgation of the constitution in Nepal immediately in the aftermath of a devastating earthquake in 2015 generated much optimism and hope among the general public of a hassle-free and quality public service delivery through the highly decentralised local governance system.

For a nascent federal state which has recently transitioned from a centralised unitary system to a federal democratic republic, the recent pandemic posed multi-level governance challenges (Karki, 2020). While there is a dominant view that the new administrative system of Nepal has fostered localised response to disasters like COVID-19 and even supported national level decision making, the new administrative system of governance has also added confusion among local representatives pertaining to their changed roles in planning and implementing development activities, human and financial resource management (Acharya and Zafarullah, 2020; Payne, 2020). Nonetheless, the latest COVID-19 crisis appeared as a litmus test for the newly formed provincial and local governments of their governance prowess.

In the context of the health crisis, a growing body of literature affirms that decentralised health systems deliver effective service catering to the local needs (Muñoz et al., 2017). However, arguments for a powerful central government to expand health care, protect workers and stimulate the economy also exist. Innovative approaches in the humanitarian response in the aftermath of the COVID-19 crisis has elevated the significance of strengthening the public health systems with decentralisation and autonomy.

Having said that, studies have shown that decentralisation alone cannot foster effective local response amid limited institutional capabilities, access to knowledge and financial resources. This appears particularly true in the context of Nepal's recent transition to federalism which involved a significant redistribution of authority with improved autonomy granted to provincial and local levels (Khatri et al., 2022).

In this study, we define decentralisation in terms of the discretionary authority, and resources devolved at the sub-national level for effective public service delivery. This paper makes a comparative analysis of the COVID-19 responses of four selected local government units of Nepal taking account of the interplay of factors such as municipal history, geographical and administrative location, human resource capabilities, access to financial resources, and political background and profile of local leadership and the resulting connections. The key research questions include: How did the local governments in Nepal handle COVID-19 crisis? What has been learned from this crisis that can make local governments better prepared for future challenges? What are the factors that enable local governments to provide better responses during turbulent times?

Our hypothesis is that the local governments with discretionary authority situated in accessible

geographical locations that have well-developed infrastructure, communication, and strong political background and connections handled the crisis like COVID-19 well compared to their counterparts. Further, we also argue that a proactive local leadership with devolved authority and resources that is driven by a motive to serve has the potential of effective service delivery during crisis times despite constrained politico-administrative scenarios.

Following the introduction, section two provides a critical overview of policy debates around decentralisation highlighting the challenges during crisis times. The third section discusses the methodology. In the fourth section, the COVID-19 management experiences of four selected local governments are presented. The fifth section discusses the implications of the study findings with comparative analysis of the COVID-19 response of selected municipalities along the key factors outlined above. The final section includes conclusions and key messages.

## **2. Policy debates around decentralisation**

The concept of decentralisation has espoused different meanings in different contexts determined by the type of actors to suit the needs of its designers and implementers (Boko, 2002; Rodriguez-Pose and Gill, 2003). While some scholars regard decentralisation of governance as an emerging trend popularising the concepts of devolution, empowerment and capacity building (Cheema and Rondinelli, 2007), others have different views regarding the benefits of decentralisation reforms (Falleti, 2010). The concepts and forms of decentralisation have taken a more diverse view from its original root. Highlighting the three forms of decentralisation, Cheema and Rondinelli (2007) discusses deconcentration, delegation, or devolution as a means of transferring authority, resources and responsibility to the lower administrative units from the centre. While deconcentration involves mere shifting of responsibilities from the centre to regions, provinces or districts, delegation as a higher form of decentralisation, seeks to transfer responsibility for decision-making and administration of public functions to semi-autonomous organisations not entirely under the control of the central government, but ultimately accountable to them. Devolution is the highest form of decentralisation that transfers responsibilities for services to municipalities that elect their own mayors and councils, raise their own revenues, and have independent authority to make investment decisions.

Decentralisation as a governance reform agenda has gained greater traction throughout the world since the 1980s with an embedded belief that local governments are well equipped to perform government functions far better than the central bureaucratic institutions (Manor, 1999; Faguet, 2014). The rationale for authorising local governments with more power and responsibility stems from its potential to respond to local, economic, and social development needs more effectively (Smoke, 2015). Democratic decentralisation as a form of decentralisation has been popular as the local actors possess authority and resources to make significant decisions pertaining to people's lives (Ribot, 2002; Johnson, 2001).

Plethora of evidence shows that placing power and resources at the local level ensures effective delivery of public service, rural development including social security although asymmetrical outcomes exist (Heller et al., 2007; Rondinelli et al., 1993). Having said that, the argument that local governments are constrained in technical, financial and human resources and prone to elite capture thereby failing to deliver a range of public services efficiently also exists (Faguet, 2012).

The chances of conflict between different levels of government over resource management remain high amid a tendency to shy away from potentially risky or unpopular decisions (Birkland and Waterman, 2008) when multiple actors operate at different levels of government.

It is debatable whether local governments with decentralized authority can efficiently execute functions of administration and resource allocation (Balabuer-Coll et al., 2010) since the possibility of the local political dynamics undermining accountability leading to negative outcomes amid inadequate capacities and weak incentive structure at the local government level remains (Smoke, 2015). Factors such as participatory structures, local power and authority, incentives and motivations and the extent of support from locally elected representatives appear significant in determining the quality of local government outcomes (Pandeya, 2015; Hiskey and Seligson, 2003).

A growing body of evidence also suggests the significant role of decentralised responses (Davey, 2011; OECD, 2020). Literature on the political economy of decentralisation includes the strengths and political inclinations of local leadership as significant factors in shaping the performance of the sub-national governments along with capacity building and technical assistance for them (Smoke et al., 2023). Nevertheless, decentralisation of authority appears as a necessary but not a sufficient condition for effective local responses during crises such as climate change and COVID-19 pandemic. Developing overall institutional capabilities including an ability to operationalise authority, access to and mobilisation of knowledge and financial resources is instrumental in strengthening local response to crisis (Khatri et al., 2022).

## **2.1 Authority decentralisation conundrums during crisis times**

There are various studies that show the vitality of local governments in effective coordination during unprecedented disasters (Agrawal, 2008; Engle and Lemos, 2010). The role of elected local leaders like Mayors in protecting and restoring public health and economic security as a part of COVID-19 response has been documented (Al-Mulki et al., 2022; Funk, 2020). Immediately in the aftermath of the COVID-19, the local leadership became instrumental in taking decisive measures to develop safety protocols, supply medical requirements, and ensure health services, filling the leadership void left by national governments (Pipa and Bouchet, 2020; Karki, 2020). Nevertheless, highly heterogeneous response patterns and experiences have been observed based on the experiences of various countries. While the local leadership demonstrated in New York (USA) (NBC New York, 2020), Rio de Janeiro and São Paulo (Brazil) and Kerala (Dutta and Fischer, 2021) (India) (Spinney, 2020) have received appreciation, the failed outcome of decentralisation of health, police and emergency services in Italy paints a bleak picture (Osborn, 2020) In the recent history of Ebola Outbreak in West Africa, the top-down approach without the engagement of community leaders in decision making became largely unsuccessful in quarantine management (Scott et al., 2016).

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In the context of Nepal, local governments' leadership during the pandemic has been considered decisive in controlling the surge of COVID-19 cases (Foundation for Development Management, 2020). The role of the local governments in prevention of disease transmission by prohibiting public gatherings, setting up information centres, installing hand washing systems, allocating isolation beds and instituting quarantine protocols at hospitals have been appreciated in literature (Mainali et al., 2021; Shrestha et al., 2020).

The limitations of local governments in dealing with the bigger scale of crisis have been well-documented in literature (Ojha, 2022). Without a nuanced understanding of the interplay between institutional arrangements and the nature of state support systems, it appears difficult to understand the actions taken by local governments in response to crises as well as the outcomes of those actions (Gupta et al., 2021).

### **3. Methodology**

This study selected two urban and two rural municipalities namely, Dhulikhel and Bidur (urban); Temal and Likhutamakoshi (rural) to gather diverse perspectives and experiences of handling the COVID-19 crisis in different geographical settings. The municipalities were purposively selected based on criteria such as rural and urban linkages, already established and newly formed local government, and differences in technical, financial and human resource capacity. Data was obtained from eight key informant interviews with mayors, deputy mayors, and ward chairpersons including representatives responsible for managing health and/or disaster units in selected municipalities. The sample was drawn by segmenting the respondents according to the interview criteria: local government representatives from both rural and urban municipalities with differential access to human and financial resources. In this way, the data saturation level could be reached with the above sample size as recurring information started to appear in the interviews.

We conducted semi-structured online interviews during the pandemic and documented the real time experiences of local representatives. Some of the interviews were audio recorded with prior consent from the respondents and transcribed into the text while for some others, we prepared the detailed notes and used them in the paper for analysis. Insights from two stakeholder consultations hosted by South Asia Institute of Advanced Studies (SIAS), a research organisation based in Nepal on local government pandemic response including a dialogue on 'Institutional capability of local governments to COVID response in Nepal' also forms a part of our analysis.

Adopting a thematic analysis for data analysis and interpretation, this study categorised the experiences of local governments under various sub-themes: political leadership and networking, access to resources (financial and human), infrastructure and geographical access.

Additionally, this study has reviewed significant secondary documents such as annual policies and plans of these four local governments, COVID-19 response directives and the official websites of the study units. The proceedings of seminars, workshops and dialogues on local governments and COVID-19 response have also been referred to gather information on experiences and reflections of how elected local leaders handled the COVID-19 crisis.

## **4. Local government's COVID-19 experience**

### **4.1 Constitutional and policy context**

Contrary to the global practice in notable federations in the world, Nepal's local governments are envisioned as autonomous governance units with constitutional mandate. Currently there are 753 local governments in Nepal including six metropolises, 11 sub-metropolises, 276 municipalities, and 460 rural municipalities. The local government involves the leadership of a directly elected mayor and a deputy mayor in urban municipalities and a chairperson and a vice-chairperson in rural municipalities. Each local level comprises the number of wards based upon the area and the population. Further, the arrangements of legislative and executive councils have expanded the scope and mandates of the local governments. The legislative council at the local level includes all elected public representatives from within the local level and executive council called '*Karyapalika*' where key decisions on running the public services at the local level are made. *Karyapalika* includes municipal chairperson, deputy chairperson, all ward chairpersons and women and Dalit members elected by the municipal assembly.

However, constitutional provisions remain silent over the issue of the distribution of powers among the three levels of government during pandemic management. In this scenario, the federal government devised ad-hoc mechanisms to respond to the crisis. The federal government formed a COVID-19 Crisis Management Centre (CCMC) to carry out necessary functions on prevention and control of COVID-19 under the leadership of the Deputy Prime Minister. In a bid to support the CCMC, a facilitation committee was also instituted which comprised four operations: health services and treatment; supply medicine and equipment; maintenance of law and order; information and technology support (Karki, 2020). To materialise the functions entrusted to CCMC, a COVID-19 Fund was also established to support prevention, control, and treatment of COVID-19 patients, provide relief to the poor and vulnerable, and cover the expenses of infrastructure.

Replicating the federal model, the provincial and the local government formed CCMCs. Under the leadership of the Chief Minister, the provincial level CCMCs were formed in each province and local governments replicated similar structures led by their Chair/Mayor. While the provinces established isolation centers, testing labs, and managed medicines and other essential services, local governments directed their efforts in establishing and managing quarantine facilities and relief distribution.

Hence, intergovernmental coordination was observed in most of the local governments in activities like swab collection, transportation, rescue of people and management of holding centres. While the federal and the provincial government continued to provide policy and financial support, the local governments were at the frontline in the COVID-19 management (Shahi and Devkota, 2022).

Nonetheless, a centralised approach aimed at limiting spaces for the provincial and the local governments was visible during the COVID-19 response. The federal government established district level CCMCs which bestowed greater autonomy and leadership to the Chief District Officers (CDOs) and limited the roles of provincial and local governments (Karki, 2020). The sub-national governments were primarily treated as implementing units that obeyed the decisions and orders of the federal CCMC and executed the delegated functions.

Though pandemic management and response did not constitutionally fall under the jurisdiction of the local governments in Nepal (Mainali et al., 2021), locally led response and recovery efforts became instrumental in managing COVID-19. The local governments in Nepal formulated their acts under the 'Basic Health and Sanitation Act' in the spirit of the constitutional powers. As per this act, the local levels can mobilise resources to fight the growing problems of public health of their inhabitants. Ranging from declaration of public health emergency to the activation of their disaster management committees, the local governments came to the forefront for ensuring emergency services to citizens at any healthcare institution within the municipality (BK, 2020). They purchased Rapid Diagnostic Test (RDT) kits at their own expense for timely diagnosis of the cases. However, the use of RDT later faced controversies and had to be replaced by the vital transport media (VTM). Instead of looking for funding from the central government, some municipalities decided to buy their own PCR machines as an immediate response to the pandemic (Rasaily and Singh, 2020).

Based on this policy and legal context, the section below documents the COVID-19 experiences of two rural and two urban municipalities with different institutional capacities, leadership potential and varying access to human and financial resources.

#### 4.1.1 Temal Rural Municipality

Located at a distance of about 80 km from Kathmandu, Temal Gaupalika (Rural Municipality) is one of the 13 local government units in Kavre district which consists of nine wards. Extending in an area of 89 sq km, this rural municipality comprises a total of 16959 population according to the national census of 2021. Dominated by the Tamang community, the municipality also consists of Brahmins, Chhetris, Magars, Newars, Dalits and Majhi (marginalised fishermen tribe). People living in this village depend on agriculture and animal husbandry for their livelihoods. Tourism has also been a source of income lately. Locals also produce and sell *Bodhi Chitta*<sup>5</sup> at a lucrative price because of its increasing religious significance among the Tamang communities.

Temal is known for religious tourism and has historical temple of Narayan at Pokhrinarayansthan, Buddhist, Swayambhu, and Namobuddha stupas in the same premises, and Tongsum Kunda, the temple of Santaneshwar Mahadev at Kuruwas Chapakhori. Temal rural municipality (RM) has been formed by the merger of nearby seven former Village Development Committees (VDCs) namely Sasryunkharka, Saramathali, Boldefediche, Pokharinarayansthan, Thuloparsel, Kuruwas Chapakhori and Mechchhe during the restructuring of local government bodies in 2017.

As a newly instituted local government unit, Temal faced challenges during COVID-19 pandemic: lack of sufficient office space, human resources, capacity to draft new legislations, financial constraints and lack of expertise according to the information shared with us by the Deputy Chair of Temal. With remote geographical location and limited human resource capacity, the municipality had a tough time dealing with the COVID 19 crisis. Highlighting more on the challenges, the Deputy Chair of the RM during our interview shared:

<sup>5</sup> *Bodhichitta* is a holy tree according to Buddhism. Bodhi refers to enlightenment and chitta means soul in the Sanskrit language. Bodhichitta literally means soul of enlightenment. It blooms in April and is harvested in August. A Bodhichitta garland fetches NPR. 1,00,000 to NPR 1,50,000 in Tibet.



Our staff stayed most of the time at the district centre and kept requesting for the transfer to the urban centres which directly hampered the service delivery. Being a new local body, we had to rely on sample guidelines from the federal ministry for several legal and institutional processes to combat COVID-19.

Despite political conflict between the Mayor and Deputy Mayor who came from different ideological backgrounds, Temal took some initiatives to respond to the COVID 19 crisis. This included setting up a separate corona management fund of NPR 1.5 crore (USD 111,694.88) by slashing the project funds allocated to women, children, education and health in the municipal budget. Other initiatives included establishing quarantine, distributing medicines including masks and sanitizers, provisioning help desks at each ward along with health personnels and two other staff.

Such arrangements were helpful to collect the information about people returning back to Temal. People were inquired about their place of return- from within the country or abroad-, and whether they were originally from Temal or other areas. For the purpose of contact tracing and planning other response activities, this information became useful. The municipality also took a proactive role in arranging free transportation to those who wanted to return home during the first wave of the pandemic. These people were then placed at the quarantine managed at the ward level.

The municipality had a dedicated team of health workers to check body temperature and other vitals related to COVID-19, ran a door-to-door service for health check of all the households across its nine wards by mobilizing ward offices, health offices, and some political figures as volunteers. It raised awareness through campaigns with the medium of open miking, posters, pamphlet distribution and safety information dissemination through local radios. Additionally, the municipality also ensured educational institutions continued their classes through alternative means based on the Education Facilitation Manual 2021 prepared by the Ministry of Education. They engaged locally available teachers to ensure smooth learning for students.

Unveiling its annual policy and program for fiscal year 2078/79, the municipality provisioned free treatment including meal arrangement for COVID patients at Pokhari Narayansthan COVID hospital. Other priorities of the program included operation of mobile service comprising public health experts for COVID testing, medicine and treatment, continuity of various programs with collaboration among concerned stakeholders for running disaster management funds, coordination with agencies working in disaster management for designing necessary plans and programs.

In light of the COVID-19, the municipality prioritized investments in the health sector and increased its budget for the health sector from NPR 68 lakh (USD 50,635.01) in 2021/22 to NPR 1 crore (USD 74,463.25) in the fiscal year 2022/23. While the budget for infrastructure has been slashed from NPR 10 crore (USD 744,632.50) to NPR 9 crore (USD 670,169.25) in 2022/23, investment in the health sector has expanded.

#### **4.1.2 Dhulikhel Municipality**

Declared as the municipality in 1987, Dhulikhel was subsequently expanded in 2017. The municipality now comprises a total of 12 wards, extending across 55 square kilometres of geographical area. A total of 38,183 population resides in this municipality as per the 2021 national census. The demographic composition of the municipality exhibits a mixed tribe with the dominance of the Newars including Brahmins, Chhetris, Tamangs.



Dhulikhel is a well-established municipality with its long municipal service experiences,<sup>6</sup> experienced human resources and a proactive political leadership. The findings of this study show that the municipal leadership of Dhulikhel is politically influential and has better access to resources from the centre. The Mayor of Dhulikhel Municipality (DM) during COVID-19 also chaired the Municipal Association of Nepal- an umbrella organization of municipalities in Nepal. Utilising his political profile and connections, the Mayor could access resources from federal and provincial governments and development agencies to effectively manage the COVID-19 situation.

Being the district headquarters and in close proximity to Kathmandu, Dhulikhel had a privilege to select competent staff in its local government bureaucracy during the restructuring of local government. It has always been on the frontline to enact local government laws including municipal level disaster management act.

The municipality was able to mobilize support for COVID-19 response from the well-established Dhulikhel hospital. Mandated by federal law, the municipality formed a disaster management committee under the leadership of the Mayor to deal with COVID-19. At the ward level, a similar committee was formed under the leadership of ward chairperson. Since the municipality already had disaster act to manage natural disasters like flood, landslide, earthquake, it was easy for them to handle relief distribution activities during the pandemic as reported by the Deputy Mayor of the municipality in conversation with the research team. 'Compared to other municipalities, we did not have a hard time in managing relief distribution as Dhulikhel already has a separate legal instrument in the form of disaster act to manage the crisis situation.' Deputy Mayor, Dhulikhel Municipality.

In a bid to effectively handle COVID-19, the municipality purchased health equipment like hand sanitizers, masks and was also involved in raising awareness among people through posters and pamphlets, and public service announcements from mobile vehicles. The municipality maintained a 70-bed quarantine with women and disabled friendly infrastructures managed at a school building with good facilities of food and nutrition, hygiene and physical fitness.

To identify COVID cases on time, the municipality established a PCR lab. Likewise, health centres were established in all wards and additional health staff were hired for the ward-level health centres. Regarding relief and distribution, food relief was provided with the support from non-governmental organisations (NGOs) and food for work was managed at the ward level.

Good municipal infrastructure with relatively capable staff became instrumental in managing COVID crisis. The availability of officer level staff with expertise on disaster management became an asset for the municipality. Accessible location and better transportation among other facilities have motivated the government staff to work here. 'We have observed greater interest of bureaucrats to come and work in Dhulikhel as the municipality is relatively accessible in terms of resources and infrastructures', remarked the Deputy Mayor of the Municipality in conversation with the research team.

The municipality has accorded top priority to COVID-19 management and response in the annual

<sup>6</sup> The evolution of Dhulikhel dates back to the 12th century evidenced by the inscription of Uma Maheshwar. Born out of the policy of then Malla king Ananda Dev Malla to establish a well-managed settlement in the areas outside of Kathmandu, Bhaktapur and Lalitpur, Dhulikhel was strategically conceived as an entry point of the east.

policy and program for the fiscal year 2022/23. The Municipality demonstrated a pro-active and vibrant leadership by ensuring services such as the facility of free ambulance service to COVID affected residents and provision of reward for COVID-19 frontliners for their outstanding performance. Vaccination against COVID within a year has been emphasised. The Deputy Mayor of Dhulikhel in the dialogue also claimed, 'After the COVID imposed lockdown, considering agriculture as the lifeline of the people, we managed the budget for agriculture focusing on production in the barren land and mechanisation of agriculture/agri-products.'

Dhulikhel also provided NPR 15000 to families of deceased people due to COVID 19 or other disasters for funeral and other death rites. Likewise, COVID control program at the community intended to expedite the process of swab collection and case identification, regular medicine and counselling for COVID infected patients. Collaboration with NGOs, civil society, local media, private and public agencies to conduct awareness programs at the community level has been accorded due priority in the annual policy and program. In this regard, a fund worth NPR 1 crore (USD 74,463.25) in addition to conditional grants from the federal and provincial level for the health sector has been provisioned under the municipal budget for the fiscal year 2022/23.

#### **4.1.3 Likhu Tamakoshi Rural Municipality**

Likhu Tamakoshi is a new rural municipality established by merging the former six VDCs of Ramechhap district, i.e. Duragaun, Saipu, Bijulikot, Nagdaha, Khimti, and Tilpung. Currently, there are seven wards in this municipality. With a total area of 124.51 sq. km, this RM harbours a population of 18675 according to the 2021 national census. It is located at a distance of 28 km from the district headquarters. Brahmin, Chhetri, Tamang, Gurung and Newar are the caste and ethnic groups living in this place.

The first local government elected in 2017 in Likhu did not have any notable achievements as evidenced by our conversation with the local residents. In conversation with the local community and municipal leadership, we also figured out that conflicts between the Chair, Vice-Chair and ward chairs of this rural municipality have jeopardized the municipal functions. The failure to mobilise resources to overcome the pandemic was one of the outcomes of the conflict. The political leadership was reluctant to work in coordination with NGOs which affected the quality of response. Furthermore, lack of coordination between the provincial and federal government resulted in an inability to spend the funding received from the federal government. The problem was further compounded by lack of human resources. Likhu has always faced human resource shortage as the local government staff have been reluctant to come to this municipality for work. Even those who came here for work remained in the district headquarters and wanted to transfer to urban municipalities with better facilities.

The municipality had a tough time handling the COVID-19 in the absence of a disaster management committee at the rural municipality level. In this scenario, the bulk of the roles and responsibilities were handed over to the ward level committees during COVID-19. Ward offices then conducted the PCR test, rescued people from Kathmandu, managed isolation and quarantine, distributed food relief materials etc. Elaborating the challenges of her RM, Vice-Chair of the RM informed:

Rural municipalities like ours have major challenges of hospitals and laboratories. We are also detached

from the facilities including PCR testing in our district. We have to send the sample to the nearest capital Kathmandu or Dhulikhel from here which delays the test reports.

She further added that setting up a disaster unit in newly established municipalities like Likhu is a challenge due to their lack of adequate knowledge and expertise on disaster preparedness. The municipality also struggled with everyday administrative functions due to the limited number of local staff. In an interview with the study team, the Vice Chairperson of the municipality lamented over the lack of a separate disaster unit for a long time and said that this has further added to the lack of knowledge and preparedness in the newly established municipalities. With geographical remoteness and limited facilities compared to urban municipalities, the municipality faced greater difficulty in COVID-19 crisis management. Out of the 65 staff positions, only 30 have been fulfilled. Multiple senior positions as that of the Chief Administrative Officer have remained vacant.

In response to why local governments could not be equipped with staff, the Vice Chair shared that it is possible due to confusions in the new administrative structure in federal Nepal, amid limited financial revenue. He added:

The fund provided by the federal government could be spent only for administrative purposes. It would be considered as an irregularity in the financial audit if we spent it on other activities such as hiring. Hence, lack of human resource was a challenge for us.

In a rather reactive response to the COVID-19 pandemic, the municipality dealt with the COVID crisis based on the circular issued by the federal government within a week after the first lockdown in Nepal. Even the wards in this municipality have reported that instead of waiting for the municipality, they handled the situation under their own leadership which further signals the sluggish pandemic response on the side of the municipality.

Ward offices mobilised school buildings for quarantines but only a few people preferred utilising the facility over going to district centres or remaining in home isolation. Ward chairpersons visited Kathmandu with reserved buses and rescued people from Kathmandu to the village. People returning to the village were checked at different entry points and sent to respective village isolation centres in coordination with ward chairpersons. About 17 people who came from India were rescued from Seleghat (entry point to the district), and were made to spend 21 days in the quarantine and returned home. Similarly, ward offices installed hand washing spots at market centres, public offices, free primary medicines were distributed, and one ambulance in each ward was provisioned for free service to the hospital.

Additionally, the ward offices hired a jeep and two ambulances for COVID infected people, and provided NPR 10,000 (USD 74.46) to the bereaved family of COVID-19 deceased. While no food relief to each household could be managed, the municipality fed 65 stranded people and also distributed sanitizers and related materials.

In order to encourage business and entrepreneurship, the municipality provided a loan up to NPR 5 lakhs (USD 3,723.16) at a cheap interest rate instead of a free grant. The idea was to make people responsible and accountable rather than dependent on municipal leadership.

Similarly, expanding the scope of health security equipment purchase including antigen and PCR

treatment was accorded a top priority. To motivate health workers in their fight against COVID-19, insurance and additional risk allowance for health workers constituting 50% of their salary effective from July 2021, of the fiscal year 2020-21 has been arranged. More importantly, the policy and program document also accommodates the pertinent issue of the human resource crisis and states that the vacant post of health personnels will be fulfilled through contract-based recruitment.

In its annual budget for the fiscal year 2020-21, the municipality doubled the disaster management fund compared to fiscal year 2019-20- from NPR 25 lakhs to NPR 50 Lakhs (USD 18,615.81 to USD 37,231.62). Likewise, the municipality has provisioned NPR 10 Lakhs (USD 7,446.32) for COVID-19 temporary hospitals, isolation and quarantine management. NPR 10 Lakhs (USD 7,446.32) has been allocated for the purchase of medicines, medical supplies for COVID-19 and similar disasters. Further, NPR 5 lakhs is allocated for disaster mitigation supplies.

#### **4.1.4 Bidur Municipality**

The establishment of Bidur municipality dates back to 1987. The local government restructuring process in 2017 further expanded the municipality which now comprises 13 wards including all parts of earlier Chaargharey, Tupche, Gerkhu, Kalyanpur VDC. Wards four to nine of erstwhile Khadgabhanghyanj VDC, Bidur Municipality has been restructured.

The municipality is the centre of Nuwakot which is located 69 km north-west from Kathmandu. Covering an area of 130.01 sq km, the municipality's major market centres include Trishuli, Battar, Rising, Bidur, Debighat among others. As per the census of 2021, Bidur has a population of 60111. Renowned as a historical and archaeological site, Bidur Municipality harbors a famous seven storey palace built by the architect of modern Nepal late King Prithivi Narayan Shah, Bhairavi temple and Jalpadevi temple.

Bidur is relatively a bigger and experienced municipality with better municipal services as it has a well-equipped district hospital with 15 beds, six health posts and five urban clinics in the municipality. A total of 150 administrative staff were provisioned in various functions to contain the COVID-19 pandemic out of which eight staff were placed for extinguishing fire during emergencies. The municipality also has a separate disaster unit to ensure coordination and effective management to mitigate the impacts of disasters. The municipality set up a disaster management committee under the leadership of the Mayor at the municipal level and ward committees at the ward chairperson level to manage COVID-19. The municipality allocated a total fund of 30 million putting an additional 10 million in disaster management funds after the COVID-19 outbreak. Participation at the district level meetings of the disaster management committee provided an opportunity for municipal leaders of the entire district to discuss various dimensions of COVID crisis and plan for its management. The ward offices of the municipality arranged quarantine facilities using school infrastructures. An isolation centre with 25-30 beds was installed in a sports hall for COVID-19 patients. Turning the crisis into an opportunity for health reform, the municipality also upgraded Trishuli Hospital from 50 to 100 beds with provision of seven doctors in the district hospital at Bidur. It also initiated improvement programmes at ward level health posts. PCR machine was bought at an expense of eight million from the federal government. Bidur municipality prioritised promotion of public awareness on hygiene, sanitation and staying indoors to minimise the risk of the virus. It also managed water tanks at all wards for hand washing and distributed drums.

The municipality implemented proactive measures for its residents through actions such as contact tracing, setting up quarantine with hospital management by completing the infrastructure and relief distribution to the poor and labourers. Their actions also included the increment in cash and other benefits to pregnant women from NPR 3000 to NPR 5500 by making personal visits to their houses. The municipality offered food relief packages to about 2500 households and nutritious food equivalent to an additional NPR 2500 (i.e. ghee, *sutki masala*, eggs) to pregnant women during COVID-19.

The municipality prioritised agriculture in subsequent budgets and they also developed a guideline to provide small grants to farmers who wished to use abandoned lands during COVID-19.

Bidur Municipality has made several provisions for effectively handling the COVID-19 crisis through its annual policy and programs for fiscal year 2021-22. They have provisioned the supply of two sets of ventilators to Trishuli hospital and also purchased Ice-Lined Refrigerator (ILR) for vaccine storage. However, while there are certain programs related to COVID-19 in the annual plan, they have not allocated a dedicated budget for COVID-19. However, in the first quarter of the fiscal year 2020-21, a total of NPR 5.007 crore (USD 3,72,837.49) has been allocated for the health sector and NPR 2.065 crore (USD 153,766.61) has been allocated for disaster management.

## 5. Discussion

The findings of this study reveal that the quality of response of the rural and urban municipalities significantly differed due to varying degree of human and financial resources, leadership background and political connections, capacities and diverse geographical locations. Dhulikhel and Bidur performed better than Temal and Likhu while responding to the COVID crisis. In the following sections, we compare and contrast the factors determining the quality of the response.

### 5.1 Political leadership and their networking capacities

The political and leadership profile of local leaders had a strong influence in determining the quality of response during the COVID-19 pandemic. The Mayors of Dhulikhel and Bidur Municipality with rich political history and prior experiences of leading local government units handled the crisis better than their counterparts. With an experience of becoming the Deputy Mayor of the same municipality at the age of 24, the Mayor of Dhulikhel went on to assume several leadership roles both on political and non-political front. During the COVID-19 pandemic, he was also the Chair of the Municipal Association of Nepal and the Asia Pacific Region of the United Cities Local Governments. Utilising these platforms for better COVID-19 response, the Mayor of the Dhulikhel garnered strong support from national and international communities including federal government and donor communities and mobilised these networks to obtain funding from federal and provincial governments. Similarly, the experience of the Mayor of Bidur Municipality on running local government became handy in generating additional resources from provincial and federal government for better COVID response. The effective management of Trishuli hospital during the COVID response enabled Bidur Municipality to get more resources based on their performances. Bidur is also the headquarters of the Nuwakot district from where a number of influential political leaders have been elected in the federal parliament. Hence, access to decision making and federal resources put Bidur in a privileged position.

On the contrary, the Chairperson of Likhu with a non- political background and profile of a construction contractor had a tough time dealing with COVID crisis. His activities as the Chairperson and relationship with the Deputy Mayor became often controversial as they were not in the broader welfare of the municipality and its residents. In the absence of a strong political profile and networking skills, mobilising the political network became difficult. Consequently, most of the roles and duties of the local governments were handed over to the ward office. Similarly, despite his experience of working as a former Chair of the VDC, the Chairperson of Temal also had limited networks beyond the municipality. Owing to this, the budget and resources allocated to Temal from provincial and federal government and other I/NGOs for COVID responses were significantly lower than in Dhulikhel. This further confirms the importance of having deeper political connections and networks to obtain resources for effective crisis management.

## **5.2 Human resource capacity**

Our study revealed that in addition to the leadership capacity, human resource capacity in the local government is key to effective crisis response. Municipalities with experienced and sufficient numbers of human resources could provide quality service delivery. Dhulikhel and Bidur with a long history of mobilising local government services have relatively adequate and experienced human resources. Being well-established municipalities, they had the privilege to hire staff on a competitive basis during Nepal's recent governance restructuring process in the federal system. The Mayor from Dhulikhel shared 'There were more government staff on queue to come to Dhulikhel than we needed. We only selected the best performers among them and those not qualified returned back.'

There is a tendency among the government officials to choose district centres or well-established local governments to work. Being the district headquarter and an old municipality, Bidur could get adequate staff. Dhulikhel and Bidur could mobilise people for several COVID response activities including data collection, contact tracing, medicine distribution, awareness raising, etc. which were effective in controlling the pandemic.

On the contrary, Temal and Likhu as newly formed rural municipalities, located in remote villages turned out to be unattractive destinations for the government staff to work as they offered limited infrastructure and communication facilities including insufficient remuneration. The Deputy Mayor of Likhu during interaction with us informed that staff whose posting was in Likhu wanted to stay in the district centre and always looked for transfer to other municipalities in more accessible geographical locations and with better infrastructure and communication facilities. Hence, the absence of adequate staff and human resource capacities hampered the functions of the local governments in rural municipalities. Even the regular municipal activities like annual budgeting, council meetings, etc., couldn't be completed on time. This affected their performance resulting in the loss of performance-based funds which had been arranged from the federal and provincial government for local governments who can demonstrate better performance.

## **5.3 Infrastructure and geographical access**

Furthermore, the findings of this study reveal that municipalities in accessible locations with well-developed infrastructures and communication mechanisms with a long municipal history of establishment fared better compared to their counterparts during crisis times like the COVID-19.

Dhulikhel Municipality with one of the best community-based teaching hospitals has good road and communication networks. This enabled quick PCR testing, providing medicine and rescuing patients. In addition, the municipality was also able to establish a quarantine centre with good facilities. Being the neighboring city of Kathmandu, individual donors also visited Dhulikhel with relief materials and medical equipment for COVID-19 affected patients. Good communication mechanisms, sufficient staff and equipment helped them to perform well during the COVID crisis. Similarly, Bidur Municipality with good infrastructure in terms of road networks, communication, equipment and sufficient staff performed well. Being the district headquarter, they could use the district hospital for COVID testing and treatments. In case of emergencies, the municipality could refer COVID patients to Kathmandu since it is connected by blacktopped road. Being the urban municipality, Bidur used its road networks, internet and communication mechanism for record collection, distribution of sanitary items, sensitisation, contact tracing etc.

On the other hand, Temal and Likhu, both located in remote areas with limited road and communication networks, were unable to mobilise these resources while responding to COVID. A ward member from Likhu shared that the people were reluctant to share their experiences as they were scared to stay in the poorly maintained quarantine by the ward office. He further added that most of the quarantine centre remained empty as people preferred to go to the district centre. Similarly, the steep topography with poor transportation network of Temal became an obstacle for timely information dissemination, awareness and other response activities. Relying on local radio and community FM stations were their only option.

Empirical evidence suggests that the sub-national governments with a focus on innovations on enhancing leadership and authority embraced conducive policies. Such policies strengthened administrative capacity and improved their operational effectiveness, hence, contributing towards better crisis management. On the contrary, inadequate coordination across levels of governments, insufficient and unstable subnational finances and limited infrastructure appeared as limiting factors in the crisis response (OECD, 2020). As highlighted by Smoke et al. (2023) in their comparative study of pandemic response of five Latin American countries- Argentina, Brazil, Peru, Mexico and Columbia- sub-national fiscal powers had a direct impact on how they responded to the pandemic.

The findings of this study have clear implications for developing a robust response mechanism at the local government level to tackle crisis situations like the COVID-19 pandemic by cross-scale sharing, learning and coordination among municipalities, federal and provincial and local governments.

## **6. Conclusion**

The local government's response to COVID-19 in Nepal shows the important role of decentralised local governance in combating crises, but there remain several critical challenges to make local governments more effective. The way these local governments managed quarantines and isolation centres, tacitly handling the diagnostics, effective delivery of food and rations, and better provisioning of the returnee migrants in dire circumstances (Adhikari and Budhathoki, 2020) is commendable. The local governments were also instrumental in raising awareness, one of the challenges that existed initially when the virus emerged.

As in the case of effective climate change response (Khatri et al., 2022), the local governments



require continuous support in the form of financial and human resources, discretionary authority and capacity development activities to equip themselves with necessary knowledge, skills and resources to combat similar crises in future. In this regard, the federal governments ought to avoid the practice of issuing circulars and directives aimed at limiting the constitutionally mandated powers of the local governments. With a conducive environment to thrive, the local government institutions can become highly effective, not only in addressing urgent local needs but also in fostering recovery and building long-term resilience. As the case of COVID-19 demonstrates, it is also important to acknowledge the indispensability of local governments as they are the immediate point of public contact.

Hence, the manner in which the local governments in Nepal handled the COVID-19 crisis offers some useful lessons for future challenges. The pandemic response of four selected municipalities shows that the political background, networks and connections of local leaders, pro-active leadership driven by a vision to serve the public, geographical locations and access to financial and human resources, are crucial to determine the quality of response during a crisis.

There is a clear need for more mutual exchange of ideas, experiences, learning and sharing of good practices across the federal, provincial and local governments to develop a robust response mechanism at the level of local governments to tackle crisis situations like the COVID-19 pandemic.

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