

RESEARCH BRIEF

Health and social protection services at local level



**LESSONS FROM
COVID-19 FIRST
SURGE IN NEPAL**

The local governments continued to provide essential healthcare services and social protection services at local level, despite adverse situations caused by the COVID-19 pandemic. At local level, maternal child health and nutrition (MCHN) services were available to the community to the extent possible, essential medicines were adequate, disaster management committees were formed, returnee migrants were tested and quarantines as necessary and social security allowance (SSA) were disbursed. Nevertheless, utilization of MCHN services dropped due to fear of COVID-19 and absence of transportation, health workers were vulnerable to discrimination, inadequate coordination among three tiers of government was felt by government officials, and Prime Minister Employment Program (PMEP) was unable to address the needs of returnee migrants. The pandemic provide unique opportunities and challenges for the local governments to understand the gaps and strengthen its own capacity for future preparedness and response.

INTRODUCTION

COVID-19 led to a health emergency situation of an unprecedented magnitude across the globe. Strong health systems of even the most developed countries struggled to cope with the increasing demand for intensive care generated due to COVID-19 infection. For Nepal, this was the first large scale crisis faced since establishment of federalism in 2015 and thus the country entered into an early lockdown on 24 March, 2020. Stringent restrictions on movement and economic activities resulted in disruption of health services and loss of jobs, particularly affecting people living on daily wages. Studies that have tried to understand the opportunities and challenges faced by the local governments in addressing the pandemic have been very few and far between. This study was undertaken to understand how the local governments addressed the crisis particularly in two sectors: health and social protection services and what were the challenges in doing so. The findings from this study is expected to support the local governments in preparing for the remaining of the pandemic as well as crisis of similar magnitude in future.

METHODOLOGY

This study adopted qualitative methods with desk review and in-depth interviews. Desk review was conducted to understand policies, guidelines, protocols, and institutional arrangements for delivery of health service and social protection services. Given ongoing program implementation of World Vision International Nepal in Province 2 and Sudurpaschim Province, total of 66 key informant interviews were conducted across two provinces and 10 rural/municipalities. Interviewees included officials at National Planning Commission, Ministry of Health and Population, Ministry of Social Development, Local Government and community level service users. This study explored opportunities and challenges in health system, looking at all the six components of the system based on WHO health system framework.



RESULTS

Health services

Maternal and child health service availability at health facilities was relatively unaffected but a drop in service utilization was noted due to challenges in accessibility. Lack of transportation facility was an important barrier in accessing health services as stated by the service users. The local governments were unprepared in terms of human resource management particularly with regard to additional human resource needed, training in COVID-19 management, provision of hazard allowance and their safety and well-being. Most of the local governments had adequate essential medicines stock and did not face any difficulty in managing them, however there was scarcity of PPE in the beginning as is quite understandable in an unprecedented situation like this. The lengthy public procurement process was one of the challenges when trying to manage this inadequacy. The local governments struggled to manage funds for COVID -19 as the pandemic hit by surprise toward the last quarter of FY 2019/20 but they managed from other headings as well as using the provision of undivided budget in the Red Book¹. In terms of leadership and governance, the local governments reformed disaster management committees, enforced lockdown, set up health desks at border points and had returnee migrants tested and stayed at quarantine centers, thereby, demonstrating capacity and willingness to manage crisis at their end despite limited resources and knowledge. One of the major challenges Local Government faced during crisis management was frequent change in guidelines which hampered smooth operations, therefore, adequate coordination among three terms of government was evident is another clear area for improvement.

“As I am getting old It is very difficult for me to travel 7 or 8 kilometres to reach up to the bank and stay about two or three hours in a queue.” M2SPFC2

“There aren’t any programmes to address the returnee migrants in particular. There is a PMEP at the local level where they can register and those who are interested can work as per their skills, but other plans have not been formulated so far.” FG2

Social protection services

The pandemic did not have much impact on distribution of social security allowance (SSA). Majority of those who received SSAs used it to cover family expenses, while challenges to accessing SSA were related to overcrowding at banks, long queues, long distance and also dissatisfaction in beneficiary selection. PMEP were disrupted during pandemic and were due to delay in releasing budget from the Palika, delay in conducting municipal assembly, lack of designated staff to implement the program, and PMEP budget transferred for COVID-19 management and control. Moreover, apart from provision of 100 days of work, the PMEP program were limited to activities focused on raising awareness regarding foreign employment rather than creating employment opportunities. Therefore returnee migrants and those who lost their jobs were not able to benefit from PMEP. In addition, in-kind distribution of food commodities and hygiene materials and cash distribution were also reported as social protection mechanisms.

IMPACT OF SOCIAL ASSISTANCE PROGRAMMES



¹ Red Book is the term used by the Ministry of Finance/Government of Nepal for the document *Byaya Anuman-ko Bibabran Arthik Barsha 20..../20....* that provides budget details of all programs in a given Nepali fiscal year

RECOMMEN- DATION

Health

- † Local Government should provide means and ways, particularly transportation and outreach services in community, in order for vulnerable groups to access and utilize health services during crisis situations.
- † Local government should have a human resource management plan for emergencies and invest in training on emergency preparedness, provide hazard allowance, ensure safety and well-being of health workers while they continue to work in the frontline in any crisis context.
- † Local Government should plan and prepare budget guidelines for emergency contexts, including building own capacity as well as seeking support from Province and Federal Government, as required
- † Public procurement process should be simplified so that Local Government is able to make emergency procurement for crisis management
- † Federal and Province Government should develop a well-coordinated mechanism to support Local Government in emergency preparedness and response
- † During crisis, Development Partners should support Local Government in response and relief as quickly as possible and not delay support.

Social Protection

- † Local Government should make social protection program planning and implementation participatory, equitable and transparent.
- † Local Government should ensure equitable means to access SSA by most vulnerable groups particularly, senior citizens and people with disability
- † Local government should reinforce COVID-19 preventive measures, especially social distancing, wearing masks and sanitising, in SSA disbursement centers such as banks.
- † PMEP should consider participation of returnee migrants.
- † Ministry of Labour Employment and Social Security (MoLESS) should follow up with Local Government regarding implementation of PMEP while taking necessary approaches to encourage the participation of returnee migrants.
- † Ministry of Home Affairs and Ministry of Women Children and Senior Citizens should conduct periodic monitoring to ensure distribution of SSAs, online registration of beneficiaries and fair selection of beneficiaries.
- † Further research should be conducted to understand beneficiaries' accessibility to SSAs and PMEP and its impact on their livelihood.
- † Development partners can support Local government in filling the gaps; sensitizing community to be involved in planning and implementation of social protection programmes, maintain digital registry for SSA and PMEP, COVID-19 risk communication and targeted programs for returnee migrants.

Suggested citation: Lata D, Gurung A, Acharya S; Health and social protection services at local level: lessons from COVID-19 first surge in Nepal; World Vision International Nepal and Oxford Policy Management; 2021

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