

Multisectoral coordination for health: perspectives from three provinces in Nepal

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Multisectoral coordination – context and purpose

Health systems operate in a changing political, administrative, and social ecosystem interfacing multiple sectors

Growing importance of multisectoral collaboration for promoting health, reducing disparities and addressing interconnected health issues

Opportunity to pool resources, expertise and knowledge to tackle complex and interconnected issues across sectors such as health, education, environment and social protection

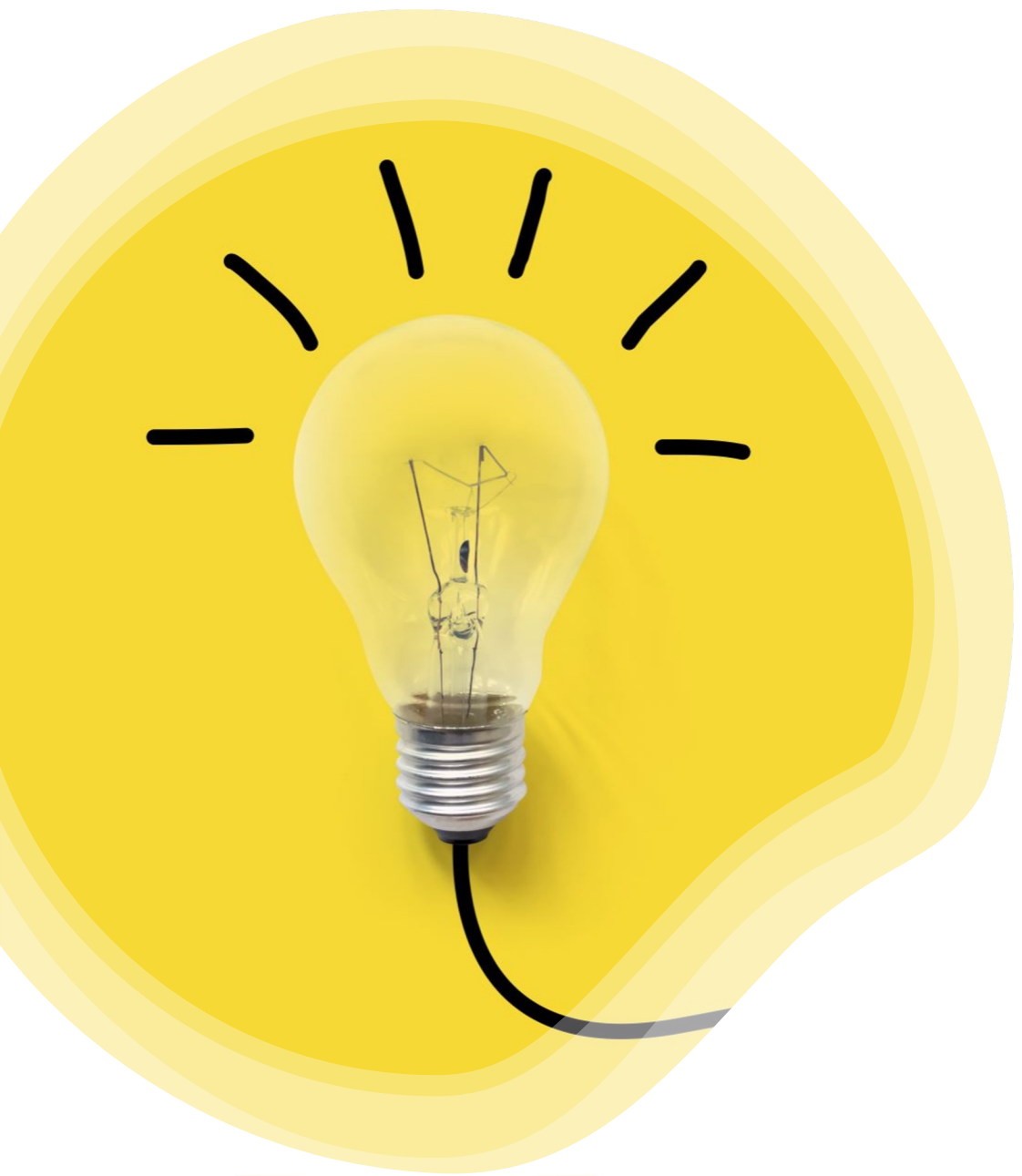
Despite this recognition, gap in evidence on the current practices of coordination and collaboration between sectors in Nepal

Objective

Assess the current landscape, including facilitators, challenges and opportunities of multisectoral coordination at municipal level in the federalized context of Nepal

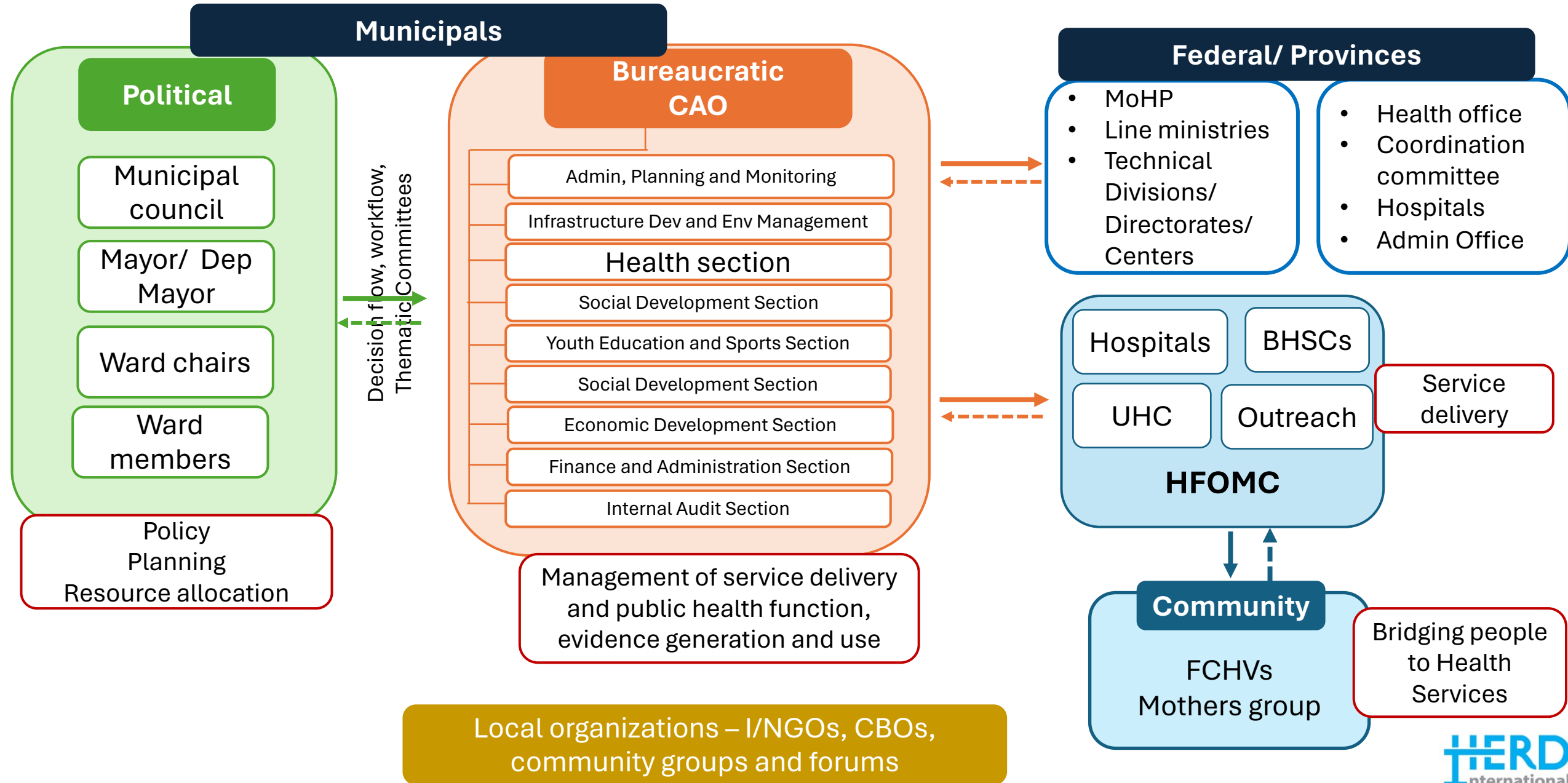
Study methods

- A qualitative explorative study
- Three municipalities across three provinces of Nepal, namely Gandaki Lumbini and Karnali (mix of rural and urban municipals).
- Twenty-five KIIs with stakeholders from municipality offices, health offices, coordination committees as well as partner organizations.
- Data were transcribed and analyzed thematically.

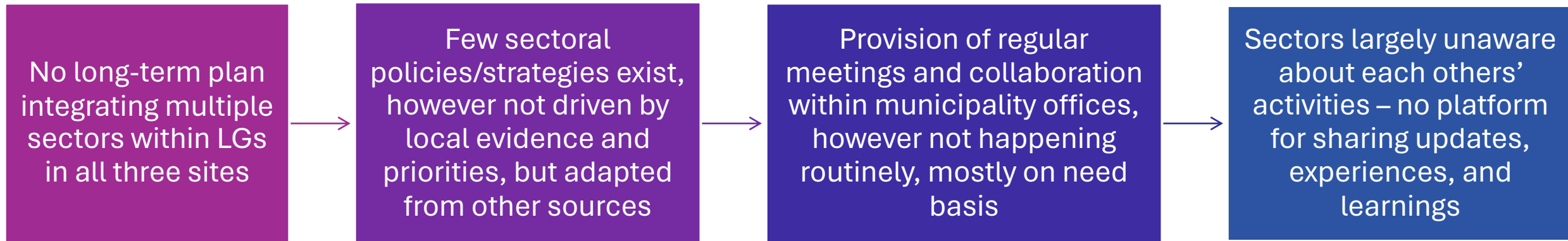


Findings

Local health system intersects multiple sectors/actors



Current situation of MSC – within local governments (LGs)



There is no "fixed routine" of the month but we meet based on the need. Generally, there are no issues, that's why...if there is an issue then we immediately hold the meeting. [Municipality_CAO]

If there was periodic plan, everyone would be together. Even the office would have been connected....I don't have any document to show if someone comes here and ask me about our 5 year plans, vision, goal, objective, strategies. [Municipality_Education Section Chief]

Current situation of MSC – within local governments (LGs)

There is no clarity about the priority and about the work we have to do. There are issues inside the municipality. ..No one in this municipality cares about anything other than how to spend the allocated budget.
[Municipality_CAO]

There is no organizational mechanism for coordination. Like, the district health office has now become the provincial office. I haven't seen any mechanism for institutional coordination when there is an issue in district health office, XX municipality and in health section. [Municipality_Health Section]



Collaboration happening to some extent between some sectors such as Health and Education, Health and WASH – through connecting routine progs – adolescent IFA, school health, community awareness for water-borne diseases, etc.



Regular coordination with some sections such as planning and finance for activity prioritization and budget release



Thematic committee driven coordination during annual planning at LGs, opportunity for collaborative actions



Importance of collaboration felt – but focus is on implementation of sectoral priorities and plans

Current situation of MSC – LGs with external



No structured mechanism for sharing of learnings with other LGs, provincial institutions and local organizations



For Health Sector – platform for sharing and learnings available as Health Office organized several meetings with respective municipal health sections



Collaboration with other external organizations is sporadic and need-based for a few program-specific activities only - mostly led by external organizations, no initiatives from LGs.

Eg: MSNP in all municipalities, Nepal Climate Change Support Program- XX district



Limited role for provincial offices to engage with municipalities with limited budget – low motivation and interest for coordination – less budget hence less opportunity to facilitate collaborative actions

Barriers for effective MSC



No routine mechanism/meetings led by office head in all three settings

no drive at leadership level leading to ad-hoc arrangements
dependency on program specific federal and provincial budgets
no specific directions from higher authorities
no prior collaboration plans



District level provincial offices reported that LGs, although having power and authorities, have limited capacity; yet hardly seek technical support – missed opportunities



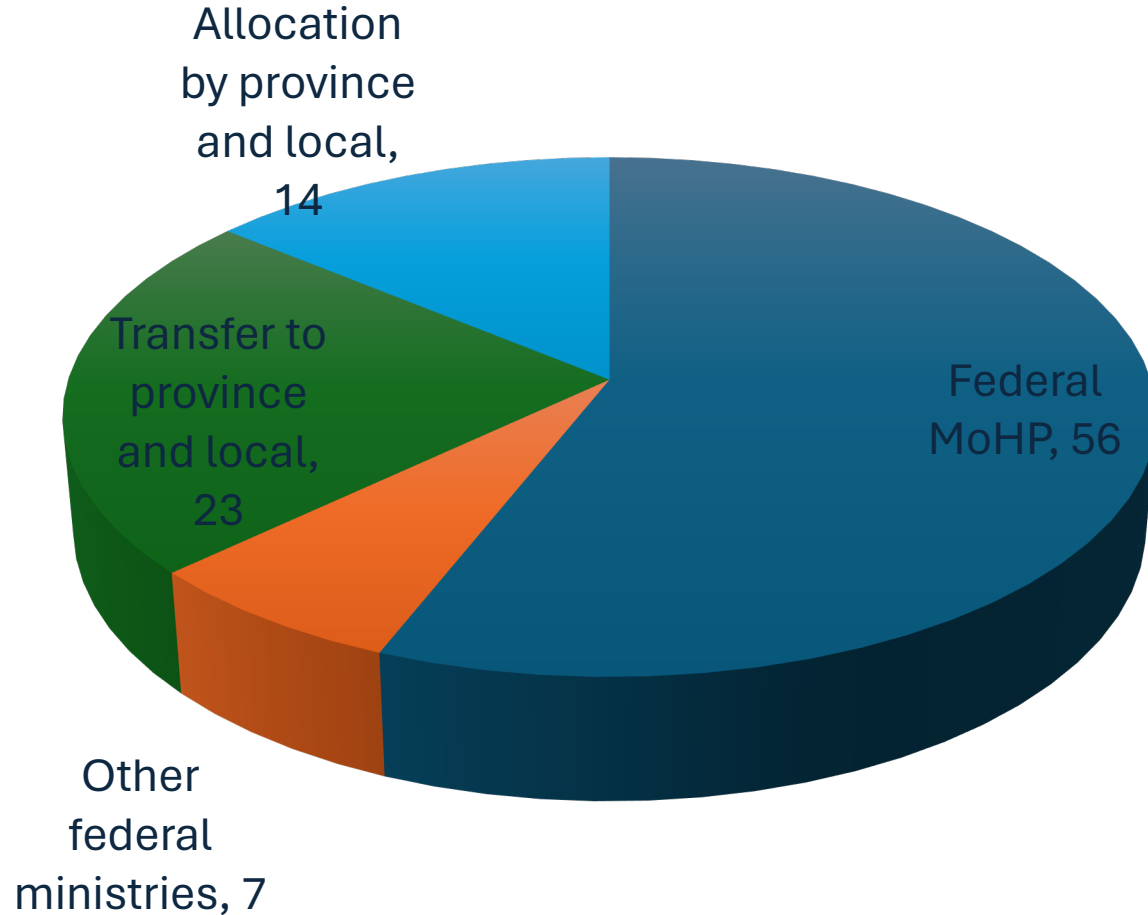
Barriers due to distantly located offices – e.g., different divisions are situated in different places – limits opportunity for frequent, informal discussions, meetings, etc.



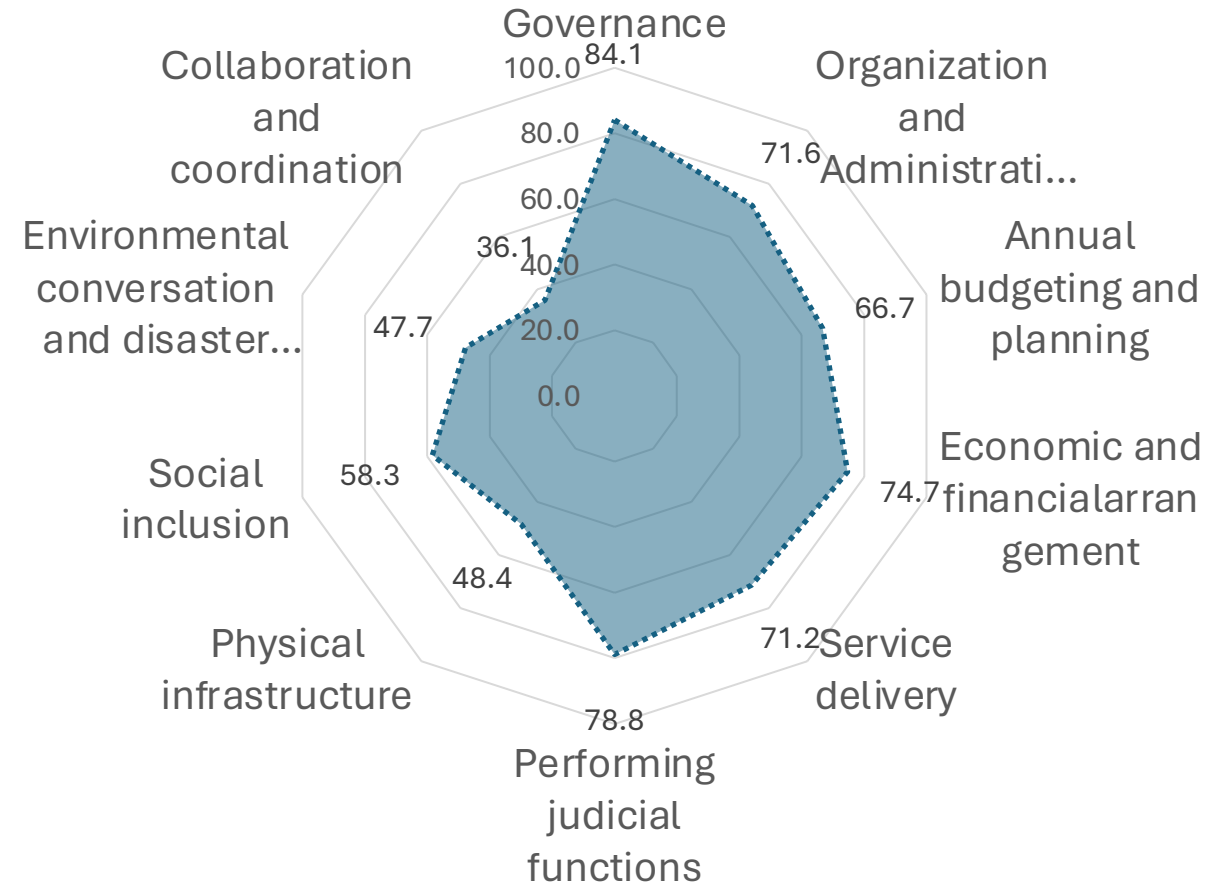
Limited structures, guidance and orientation on MSC – limited knowledge on the areas for MSC, agenda for meeting and platform for collaborations

Multiple actors, limited capacity

Health sector budget, in %, 2022



CAPACITY SCORE OF LOCAL LEVELS BY FUNCTIONAL DOMAIN



Key learnings

- MSC for planning and actions occurred sporadically at local levels, driven by immediate needs rather than as a routine practice.
- Sectoral collaboration within and outside of the municipal offices was functional during annual planning and programmes development, but routine interactions and meetings were not happening in the LGs.
- Although stakeholders found to be engaged at a personal level with concerned departments and offices, formal mechanisms for routine coordination and sharing, both vertically and horizontally, were sparsely happening.
- Pockets of programmatic collaboration (e.g. nutrition), demonstrating potential for effective coordination
- However, local governments not able to capitalize this opportunity and take initiation, due to reported lack of will at leadership level, and poor capacity and motivation.

Thank you!

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