



Implementation Bottlenecks for Evidence-Informed Decision Making in Nepal's Federal Health System: An Inter-level Participatory Policy Analysis

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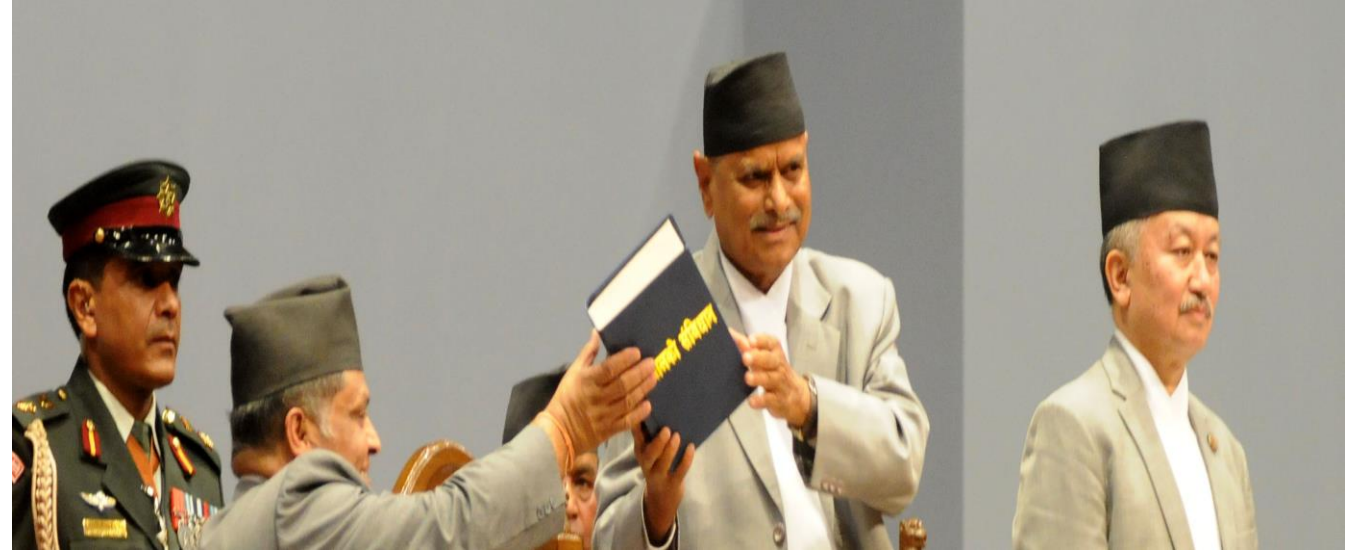
Presenter: AMSHU DHAKAL on behalf of the NEPAL FEDERAL HEALTH SYSTEM TEAM

Theme: Health Research Governance for Evidence-Informed Decision Making and Implementation in Nepal

- ✓ Background: Federalism and health system restructuring
- ✓ Problem Statement: Gaps in evidence-informed decision making
- ✓ Study Objective
- ✓ Methodology: Inter-level Participatory Policy Analysis (PPA)
- ✓ Key Findings: Implementation bottlenecks
- ✓ Policy implications and Conclusion
- ✓ Recommendations and Key Takeaway

Background: Federalism in Nepal

- Aimed to improve responsiveness, equity and access to health services
- Shifted decision-making closer to communities through decentralised governance
- Enabled provinces to develop context-specific health policies and encouraged local governments to innovate in health service planning and delivery



Implications for health and health system

- Federal: National health policy; standard setting; quality and monitoring; specialized hospitals; communicable disease control.
- Province: Province health policy; health services (including hospitals).
- Local: Local health policy. Basic health services (PHC)

Problem Statement

Key challenges in evidence-informed decision making include:

1. Instability in the leadership and administrative roles
2. Limited interaction between researchers and policy makers
3. Low reading and use of research evidence among the decision makers

(Dhimal, 2016)

Hence, evidence often exists but is not effectively translated into action

Objective

To identify implementation bottlenecks that limit evidence-informed decision making across levels of the Nepal's health system

Methodology

- Two Participatory Policy Analysis (PPA) workshops: Lumbini & Bagmati
- Total participants: 38 stakeholders (12 provincial, 26 local level stakeholders)
- Participants included elected representatives, health workers, administrative officers, FCHVs and development partners
- Participatory tools:
 - River of Life
 - Brainstorming and Prioritisation exercises
 - Problem tree analysis
- Thematic analysis



Picture 1: Province and local levels brainstorming sessions from Lumbini Province

Introducing Participatory Policy Analysis (PPA)

- ✓ Traditional top-down policy processes often overlook local realities.
- ✓ PPA creates space for diverse voices from the ground level.
- ✓ It helps stakeholders explore the impact of any transition like federalism, discuss successes and challenges, and jointly develop recommendations.
- ✓ The approach supports collaborative learning and shared problem-solving across government levels.



Activity 1: River of Life

Objective

- To reflect on professional journeys and the effects of federalisation

Process

- Participants drew their professional journeys to reflect on how federalism affected their work and the health system.
- The exercise highlighted changes in roles, responsibilities, opportunities, and challenges.
- Researchers analysed the drawings and group discussions thematically to identify common patterns and experiences.



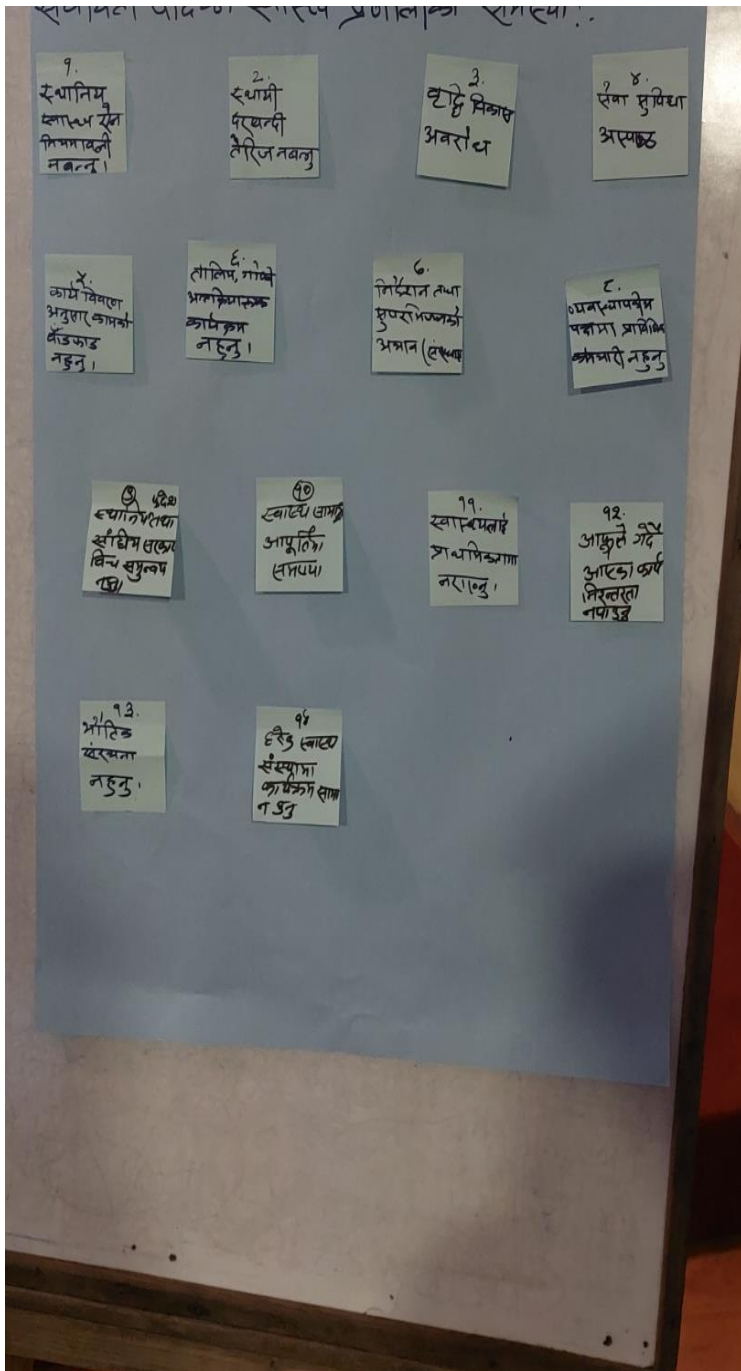
Activity 2: Brainstorming & Prioritization

Objective

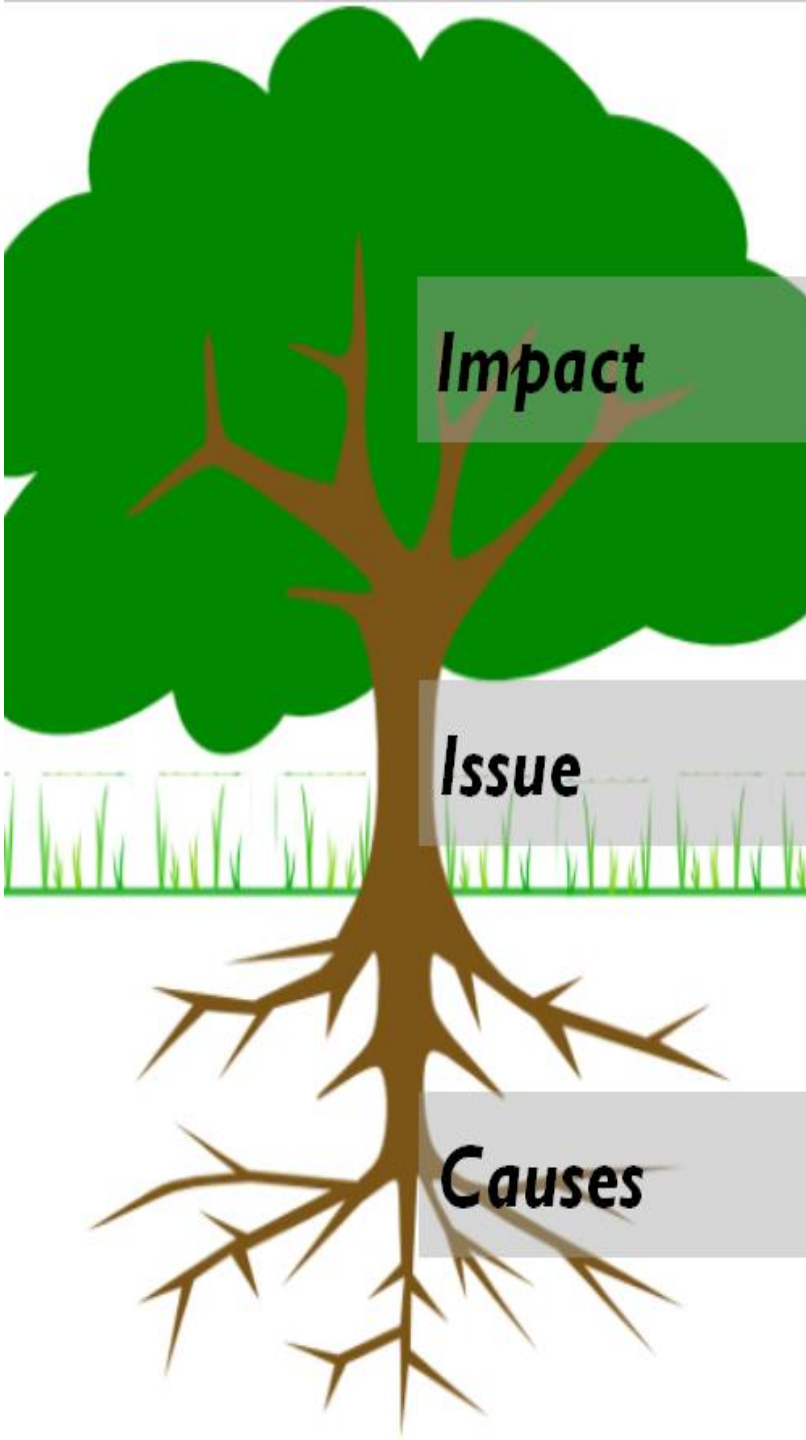
- To identify and rank key policy and program issues

Process

- Participants identified key health system and policy challenges across levels of government
- Issues were discussed in groups and then collectively prioritized.
- Ranking was based on perceived importance, urgency and feasibility of action.
- This activity helped narrow down the most critical implementation bottlenecks for deeper analysis.



Activity 3: Problem Tree Analysis



Objective

To identify root causes and effects of implementation challenges

Process

- The problem tree was used to distinguish root causes from visible symptoms.
- Participants mapped the main implementation problems, their causes and their effects.
- The exercise also clarified who can influence change and how participants and researchers can support policy action.

Getting from a problem tree to policy and practice recommendations

- **Where to intervene:** Address root causes (system-level issues) while also managing immediate effects (service-level challenges)
- **Who can drive change:** Identify key actors across federal, provincial, and local levels
- **Role of participants:** Act as change agents within their own institutions and decision-making spaces
- **Role of the research team:** Facilitate evidence generation, support dialogue, and amplify findings to inform policy processes



Key Findings from PPA method (1)

1. Ambiguity in Roles & Coordination

- Unclear and overlapping mandates across levels
- Creating confusion in decision-making authority

2. Weak Intergovernmental Coordination

- Limited structured communication between levels
- Poor flow of data and evidence
- Results in:
 - Fragmented planning
 - Parallel decision-making processes

Key Findings from PPA method (2)

3. Local capacity gaps

- Many stakeholders have limited skills in
 - ✓ Planning
 - ✓ Financial management
 - ✓ Data interpretation
- Evidence is available but not consistently used in decision-making

4. Routine-driven Resource Allocation

- Budgeting based on:
 - ✓ Historical pattern or
 - ✓ Administrative practices
- Not aligned with:
 - ✓ Local needs
 - ✓ Evidence
- Leads to:
 - ✓ Geographic inequities
 - ✓ Service delivery gaps

Conclusion

- Evidence-informed decision-making (EIDM) in Nepal's federal health system is constrained primarily by **governance and implementation challenges**, rather than a lack of data.
- **Unclear roles, weak intergovernmental coordination, and limited local capacity** hinder the effective use of evidence in planning and decision-making.
- Despite increased availability of data, **system-level gaps prevent its meaningful translation into policy and practice.**
- **Strengthening EIDM** requires **moving beyond data generation to improving how systems function** across all levels of government.

Recommendations

- **Clarify roles and responsibilities** across federal, provincial, and local levels to reduce overlap and improve accountability.
- **Strengthen intergovernmental coordination mechanisms**, including regular and structured dialogue platforms.
- **Build local capacity** in data analysis, planning, and financial management to enable effective use of evidence.
- **Institutionalize participatory approaches** (such as PPA) within routine planning and review processes.
- **Promote evidence-driven planning and budgeting**, ensuring decisions are responsive to local needs and contexts.

Key Takeaway

- The challenge is **not the absence of evidence, but the weakness of systems that use it.**
- Effective Evidence-informed Decision Making depends on **strong governance, clear roles, and functional coordination across all levels.**
- Building better connections between **people, processes, and evidence** is essential for improving health system performance in a federal context.

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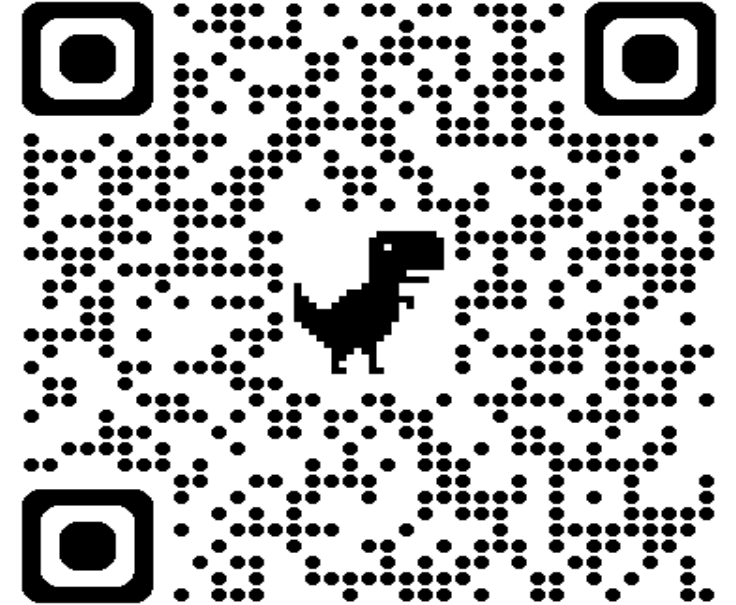
The Nepal Federal Health System Team comprises: Researchers from University of Sheffield, Canterbury Christ Church University, University of Huddersfield, Bournemouth University, University of Greenwich, University of Essex, Liverpool School of Tropical Medicine, Manmohan Memorial Institute of Health Sciences, Tribhuvan University, and PHASE Nepal.

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Thank You

Any question? 



Amshu Dhakal is a researcher based at Manmohan Memorial Institute of Health Sciences, Kathmandu with a strong focus on health system research and system strengthening.

She is a continuous learner and her work reflects a commitment to evidence-informed solutions in the public health field.