UNIT 12 INTER-SECTORAL CO-ORDINATION IN HEALTH CARE

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12.1 INTRODUCTION

A mechanism to reinforce the concept of inter-sectoral co-ordination is most essential to changing a development concept into reality. But the major reason for its absence lies in the mindset of personnel engaged in developmental departments, government departments/directorates/ministries. All the developmental sectors possess their own administrative structures, and mechanisms to carry out their programmes/schemes. The department operates at district level, directorate operates at state level and the Ministry operates at Central Government level.

Most of the health schemes flows through a single channel i.e. Health Ministry to Directorate to Department. These are not integrated without developmental schemes. It may be an administrative compulsion/mechanism. But when it comes to the district and downward up to the village level, the need for inter-sectoral co-ordination is utmost important to translate health schemes objectives into reality. This is possible if the Ministry of Human Resource Development (HRD) develops holistic perspectives and co-ordinates with other related departments. For example, if Block Development Officers are not sensitised about the health education, food and nutrition through the HRD, they cannot extend their full participation in the health schemes. Similarly, personnel from other departments need sensitisation about the health of people and the health schemes in order to run various health programmes at the village and block level.

The second feature of inter-sectoral co-ordination should be seen in terms of integrated strategies in the implementation of all the developmental schemes. For building up community participation, inter-sectoral co-ordination can play a significant role. The focus should be to build effective awareness of all the schemes, their benefits to the people through community –to the family—to the beneficiaries rather through individual beneficiary—to the family—to the community reflected in the diagram.
After going through this unit you will be able to:

a) explain the concept of Inter-Sectoral Coordination (ISC), its importance for development,

b) how interrelated departments are contributing to the community health, and learn the strategies to mobilizing people and the personnel working,

c) describe the mechanism of coordination within and outside the health sector,

d) discuss the role of ISC for health promotion and increased community participation.

The capacity development programmes of each department need inter-departmental sensitisation about purpose, goals of schemes and their relevance to people. It would not be possible without inter-sectoral co-ordination. DDOs, BDOs other grassroots personnel need effective sensitisation about the health and health schemes. Similarly if the medical officers are not sensitised about food and nutrition and other developmental schemes under education, agriculture rural development, water and sanitation schemes, they can not make sincere efforts for the participation of community at large and other related developmental departments.

**Different Levels of Inter-sectoral Co-ordination**

<table>
<thead>
<tr>
<th>District Level</th>
<th>Service Provider</th>
<th>DDO</th>
<th>CMO</th>
<th>Director Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block Level</td>
<td>Service Provider</td>
<td>BDO</td>
<td>Medical Officer</td>
<td>Education Officer</td>
</tr>
<tr>
<td>Village Level</td>
<td>Service Provider</td>
<td>Mukhya Sevika</td>
<td>ANM</td>
<td>Educator</td>
</tr>
</tbody>
</table>

Unless the entire community internalise the values inbuilt in the schemes, it would not be possible to achieve the expected goals under the any developmental programme. The real and most effective approach of working in co-ordinated manner is to make the entry to the beneficiary through community and family rather than individual directly. Many of the developmental schemes, which have a direct bearing on the health of people, need co-ordinated executed. And it needs intersectional co-ordination and integrated approach to translate the health schemes into reality. Given below are diagrams that refer to two models which are generally used in the community:
Model A is integrated and lack intersectoral coordination, while Model B is integrated and encompass intersectoral coordination. It can be cost effective. Many Schemes just address the beneficiaries like women, mother, and child, adolescent and focus remain only on them and not the entire family and community.
As evident from the diagram; the link amongst all the departments are missing at every level. The flow of development schemes is vertical in nature. So the existence of inter-sectoral co-ordination is lacking.

The focus of the schemes remains the individual without addressing the barriers operating at family and community level. For example- son preference is rooted in community culture and family values attached to son. It is normative behaviour. It means a person performs all those duties that are approved by the majority of the people in the society. Individuals or couples just carry out their duties as normative behaviour. The success of “Beti Bachao Beti Padhao” depends on the normative forces that prevail in the village/community.

Health is intrinsically related to development. However, the inter-linkages between health and development were brought to the limelight at the Alma Ata conference on Primary Health Care (PHC) in 1978. The Alma Ata conference not only gave a new impetus to the inter-linkages between health and development but also restated the fact that ‘Health for All’ could not be achieved without inter-sectoral co-ordination. This restatement gave a new direction not only to those involved in promoting health but also to those participating in the process of community development. The scholars, the policy makers and the development functionaries promoting an inter-sectoral approach to health, tend to consider seriously three major sectors that are crucial for health and development. While in this unit we attempt to discuss how closely health is related to various health related sectors, and we shall focus our attention on some of the key factors that are to be considered for promoting health through inter-sectoral approach.

### 12.2 CO-ORDINATION- MEANING AND RELATED CONCEPTS

The co-ordination and some related concepts such as cooperation, collaboration briefly mentioned here for the understanding of students and convergence are discussed below.

- **Co-ordination** means integration, synchronisation or orderly patterning of group efforts towards the accomplishment of common goals. Co-ordination implies that all governmental and non-governmental agencies understand each other’s roles, speak the same language, avoid overlap and add value to each other’s work. Co-ordination can be differentiated from ‘co-operation’ and ‘collaboration’ in a number of ways. The ultimate aim of co-ordination is convergence of health care services in the community. Willing co-operation
Health Care System and Strategies

and agreement to collaborate leads to effective co-ordination. It has certain advantages as the process of working together and sharing of ideas leads to value addition and the cumulative effect of each functionary’s work when they co-ordinate becomes more than the sum total of their work altogether. There can be two types of co-ordination; within the Department i.e. intra-sectoral and between the Departments i.e. inter-sectoral co-ordination.

- **Co-operation:** It implies collective effort put in by a group willingly or voluntarily for accomplishing some task. The effort does not have any directional framework. It depends on people’s willingness to help each other.

- **Collaboration:** It refers to sharing similar responsibility by a group of people or agencies based on certain agreement to carry out a project or programme. Co-ordination as distinguished from co-operation and collaboration is more participative, implies commitment, economises effort, improves quality of work, avoid duplication and wastage, and optimises output.

- **Convergence:** It is a process that facilitates different functionaries and communities to work together for efficient service delivery. Convergence leads to time saving, helps in building rapport with others, reduces workload, and increases efficiency. Involvement and participation of community is a necessary pre-requisite for convergence.

**12.3 INTRA AND INTER SECTORAL CO-ORDINATION IN HEALTH**

**12.3.1 Intra-Sectoral Co-ordination**

Vertical Health care system has been under criticism on account of several reasons. The health sector as a strategy of intra-sectoral co-ordination has to co-ordinate with the family welfare, AYUSH, homeopathy and nursing. The health department can achieve the goods of HFA (Health for All) without the intra-sectoral co-ordination. Under NRHM it has been realised that unless all the systems of health care are integrated and delivered from single window, the outcome of NRHM will not be achieved. All alternative and traditional health system are integrated under AYUSH in India. The Health Department at the district level implements a number of programmes such as malaria control, leprosy control, family welfare, RCH, etc. At the middle level a number of officials are implementing them and District Health Officer co-ordinates these programmes and frequent meetings, sharing of experience and success stories etc., are part of intra-sectoral co-ordination. The programmes which need to be co-ordinated are: Immunisation, RCH, nutrition, Malaria, Filaria, Kalazar control, control of diarrhoeal diseases, home visit and follow-up of family planning acceptors, TB (tuberculosis) etc. and other programme implementation related activities such as maintenance of health records, programme planning, monitoring, evaluation and implementation strategies. Conceptually, it is ideal, but in reality, ISC cannot be visualising only in terms of physical presence of officials from different departments. They are guided mostly by their departmental identity. Therefore, ISC need to be understood in terms of willingness (Commitment) to change their departmental identity and acquire new identity. Because as a member of ISC (Intersectional Co-ordination) they are supposed to adjust into new roles, which is a great challenge because this requires handling of different types of conflicts and therefore to make ISC as a success there is a tremendous need to create situation of understanding co-
ordination and co-operation. An example of intra-sectoral co-ordination is given in below (Figure-12.1).

**Fig.12.1: Intra-sectoral Co-ordination**

### 12.3.2 Inter-Sectoral Co-ordination (ISC)

Alma-Ata declaration has also suggested multi-sectoral approach as one of the basic principles underlying primary health care. The approach is based on the assumption that health is intrinsically linked with other development issues in a synergic manner. Some of the departments for inter-sectoral co-ordination are Women and Child Development, Department of Education, Rural Development, Rural Water Supply and Sanitation, Panchayati Raj Institutions, NGOs, Department of Agriculture, Department of Social and Tribal Welfare, Department of Forest, Department of Road and Transport, etc. The changes in other sectors affect health and similarly health affects the development in other sectors also. Therefore, a better understanding of the relationship between health and other development sectors is needed for best results. As a matter of structural reality, development programmes are being implemented by various ministries without successful co-ordination at the level of planning. So much so even officials are not fully aware of it. All development programmes need to achieve some tangible indicators related to the quality of life of the people. The success of development should be viewed from the angle of those tangible indicators.

This approach would automatically bring all development agencies at one platform and this would strengthen the concept of inter-sectoral co-ordination. There is a need to develop capacity development strategy in an integrated manner. Officials of the entire department should have knowledge and understanding of the schemes, which are interrelated. For example, concept of good hygiene is linked with facility of toilet and water. The health department cannot promote the culture of good hygiene without full support of other departments looking after schemes related to rural/urban toilet and water supply and therefore with public health department. Similarly, there could be several other examples. The statistics of birth and death, early marriage, early pregnancy which are vital for achieving the desirable health indices, are provided by different departments. Without the support of the education and other departments directly addressing issues of birth and death registration, and child marriage practices is impossible.
The concept of ISC demands the working of departments in synergy. The issue is how to create sensitivity of the personnel from different departments towards achieving the health of the people unless this issue is taken seriously and the managers of other departments from ministers to the block level officials are given realisation about the health and life of the people. The ISC should not become a ‘number game’ as the mere physical presence of an official in different meetings may not be sufficient to ensure co-ordination and co-operation in the real sense. There is a need for evolving integrated training packages of different nature through which the personnel at all the levels are sensitised about the issues like IMR and MMR and related factors and their contribution is must to manage these issues. Otherwise, mere presence in the meeting and administrative compulsion and threat would not provide true colour to ISC. Figure-12.2 gives an idea about the sectors with which health sector has to co-ordinate in order to achieve better health status.

12.4 GUIDING PRINCIPLES FOR INTER-SECTORAL CO-ORDINATION (ISC)

Within the health sector a number of programmes are being implemented. Most of the times, these programmes pursue to achieve their specific objectives in a vertical manner losing sight of the ultimate goal of primary health care. Diverse specific activities for each programme are pursued to an extent that they may clash with other programmes and prove to be counter-productive. Personalised, egoistical ventures come in the way of operationalisation of various programmes, to help people and community. Co-ordination among various programmes and services is therefore very important for effective delivery of services in a convergent manner and also to avoid duplication of efforts, minimise wastage and to encourage them to work for maximum output. It is to sustain the psychology of multi/purpose work and create a more amiable and acceptable work climate.
It is to ensure unity of purpose and direction and to encourage teamwork to deliver primary health care at various levels. Under NRHM most of the observations mentioned in the paragraph above have been taken into account and commendable efforts have been made to strengthen operational convergence. However, personality clash dimension will remain active till a new identity for integrated services in co-ordination with the entire developmental programme is fully formulated. Development personnel who have worked for a long period on the vertical model would remain convinced of some of those things, which do not suit the conversion.

### 12.4.1 Guiding Principles

Before we begin to understand the inter-linkages between health and other sectors, we must know some of the guiding principles, which are important to the understanding of inter-sectoral co-ordination. These principles are (i) development is basic to health development, (ii) equity and (iii) promoting economic capacity of the poor people. These three principles are not independent of each other and therefore they form the guiding principle of Inter-Sectoral Co-ordination (ISC). A brief description of these follows.

#### i) Development is basic to health: Health is closely related to development. Therefore, any action taken to promote health must be necessarily linked to the process of development which includes growth, production and distribution. Health care by and large is considered as a part or degree of distribution of benefit of the growth or production.

#### ii) Equity: The most common understanding of equity in terms of health is that “every man, woman and child, no matter where he or she lives, has the right to enjoy good health and deserves to have access to health care services.” This definition then implies the following. Firstly, there must be enough health care services - availability. Secondly, whatever is available must be accessible to the poor, forgotten and the marginalised. However, the meaning of ‘accessibility’ assumes greater importance because there are many factors that determine access. Help rendered by an organisation to the community to use the existing health care services is one factor. For example providing transport facilities to the referral patients of the poor to reach the clinic or the hospital.

#### iii) Promoting Economic Capacity of the Poor People: Economy plays an important role in the health status of the people. It not only enables the people to undertake preventive and curative health care measures, but it also promotes sustainability of their health status. There are many countries or community specific strategies or programmes involved to build people’s economic capacity. Some of the key strategies are enabling the poor to have: (i) asset creation and development, (ii) capital formation, (iii) employment opportunities in the private or public sector, and (iv) access to market avenues.

The above described three principles have been tested under comprehensive rural health project Jamkhed in Maharashtra. In this project it was found that these principles are not independent.
12.5 HISTORICAL PERSPECTIVE OF ISC UNDER PRIMARY HEALTH CARE MODEL

The Primary Health Care model as articulated at Alma-Ata explicitly stated the need for a comprehensive health strategy that not only provides health service but also address the underlying social, economic and political causes of poor health. In addition to the health sector, all related sectors of community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communication, demand the co-ordinated effort of all these sectors (Irwin, 2007). During the 1980s, as the drive for Health for All unfolded, the concept of inter-sectoral action for health took an increasing prominence. In 1986, WHO and the Rockefeller Foundation co-sponsored major consultation on International Association of Health at the latter’s Bellagio conference. From the mid-1980s, Social Determinants of Health were also given prominence in the emerging health promotion movement. The first International Conference on Health Promotion – co-sponsored by the Canadian Public Health Association, Canada’s Health and Welfare Department and WHO-was held in Ottawa in November 1986. The conference adopted the Ottawa Charter on Health Promotion, which identified eight key determinants of health: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity. It was understood that this broad range of fundamental enabling factors could not be addressed by the health sector alone, but would require co-ordinated action among different government departments, as well as among non-governmental and voluntary organisations, the private sector and the media.

In 1992, Dahlgren and Whitehead formulated their rainbow model of health determinants in which the living and working conditions such as agriculture and food production, education, work environment, water and sanitation, health care services, and housing were accepted as contributors to health. The term ‘social determinants of health’ also appeared in Tarlov’s 1996 analysis of how inequalities in the quality of housing, education, social acceptance, employment, and income were translated into disease-related processes. Tarlov saw both material conditions and the cognitive appraisal of these living conditions relative to others as influencing factors of health. The Canadian Institute of Advanced Research outlined various determinants of health, such as, income and social status, social support network, education, employment and working conditions, physical and social environments, biology and genetic endowments, personal health practices and coping skills, healthy child development, and health services. A British working group charged with the specific task of identifying social determinants of health named the social (class health) gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food, and transport. The US Centre for Disease Control highlighted socio-economic status, transportation, housing, access to services, discrimination against social groups (e.g., race, gender, or class) and social or environmental stressors as influencing factors of health.

The global development agenda is increasingly shaped by the Millennium Development Goals, adopted by 189 countries. The eight MDGs were linked to quantitative targets and indicators in poverty and hunger reduction; education; women empowerment; child health; maternal health; control of epidemic disease; environmental protection; and the development of a fair global trading system. Three of the eight MDGs are directly focussed on health, and several of
the other goals have important health components, confirming that, overall, health in the 2000s stands higher on the international development agenda than ever before (WHO, 2005).

After studying this section on meaning and related concepts on co-ordination, intra and inter-sectoral co-ordination (ISC), its guiding principles and historical sketch of ISC dynamics, now attempt questions given below in Check Your Progress.

Check Your Progress 1

Note: a) Write your answer in about 50 words.

b) Check your answer with possible answers given at the end of the unit

1) Discuss the need for co-ordination in the delivery of primary health care.

2) List three major constraints in the way of effective co-ordination.

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12.6 AREAS OF INTER-SECTORAL CO-ORDINATION IN HEALTH

Areas of great concern for Inter-Sectoral Co-ordination are as follows: Promotion of Nutrition, Supply of Safe Water, Excreta Disposal and Refuse Disposal, Waste Water disposal, Maternal & Child Health, Family Welfare, Immunisation against major Infectious Diseases, Prevention and Control of locally Endemic Diseases, Health Education on Prevailing Health Problems etc. The inter-sectoral co-ordination of health sector with other sectors for the promotion of the above mentioned aspects are discussed below.

i) **Promotion of Nutrition:** The Health Department organises activities related to educating pregnant mothers and lactating mothers, regarding quantity and quality of food, supplementary nutrition, semi-solid and solid food for child, educating adolescent girls and boys on food habits, food hygiene, balanced diet, malnutrition among children, osteoporosis among females, food for geriatrics, adulteration of food and subsequent diseases, role of kitchen garden, mid-day meals in schools; organising nutrition education and preventing problems of malnutrition and anaemia in the community.
The activities of the other departments where co-ordination shows better results are listed below:

<table>
<thead>
<tr>
<th>Department</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>Promote growing of cereals, pulses, oil seeds, vegetables and local fruits to change eating habits and distribution through Fair Price Shops or Co-operatives.</td>
</tr>
<tr>
<td>Education</td>
<td>Organise sessions on food, food hygiene, nutrition and demonstrate to develop kitchen gardens and preparation of balanced diet and special diet supplements.</td>
</tr>
<tr>
<td>Social Welfare, Women and Child Development</td>
<td>Organising women to give nutritional supplement and monitor children’s growth. To utilise services of primary health centres for protecting children aged 0-6 years from communicable diseases and severe malnutrition problems and mothers for check-up and follow-up, in the Integrated Child Development Services Scheme (ICDS).</td>
</tr>
<tr>
<td>Panchayats</td>
<td>Encouragement and support to grow kitchen gardens and reward the best garden and healthy mother and baby and help health personnel in the organisation of immunisation and health camp.</td>
</tr>
<tr>
<td>Animal Husbandry</td>
<td>Help in monitoring health of milch animals, such as cows, goats, buffaloes etc. and poultry farming, fish tanks and sale of milk, eggs and fish through village co-operatives.</td>
</tr>
<tr>
<td>Co-operative</td>
<td>To store agricultural produce and organize sale of the same through village co-operatives.</td>
</tr>
<tr>
<td>Banks</td>
<td>Financial assistance to villages for promotion of dairy, fishery and poultry at the village level.</td>
</tr>
</tbody>
</table>

ii) Supply of Safe Water: Health department needs to co-ordinate with the public health department for supply of safe drinking water. Public health department is involved in site selection and survey for water sources; water analysis; and educating the community how to get safe water. The other departments can co-ordinate with the public health and health department in following ways.

<table>
<thead>
<tr>
<th>Department</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>Co-ordinating and co-operating with public health and health sector in identifying water sources and utilisation of water for drinking purposes.</td>
</tr>
<tr>
<td>Education</td>
<td>School health education on safe water and its importance.</td>
</tr>
<tr>
<td>Panchayati Raj</td>
<td>Providing finance for maintenance of water sources.</td>
</tr>
<tr>
<td>Social Welfare/ Women and Child Development</td>
<td>Organising women’s groups on maintenance of water sources and use of safe water.</td>
</tr>
</tbody>
</table>

iii) Excreta and Refuse Disposal: Health Department conducts education at household level for use of sanitary latrine and safe garbage disposal. The activities of other departments can be co-ordinated in the following ways.
Inter-Sectoral Co-ordination in Health Care

<table>
<thead>
<tr>
<th>Sector</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>Organising educational programmes on proper composting</td>
</tr>
<tr>
<td>Co-operative</td>
<td>Evolving co-operative community composting</td>
</tr>
<tr>
<td>Education</td>
<td>Conducting school health education on proper disposal of excreta and composting. Construction of school toilets</td>
</tr>
<tr>
<td>Panchayati Raj</td>
<td>Providing financial support for sanitary community latrine and community composting; and organising education on proper collection and disposal of excreta</td>
</tr>
<tr>
<td>Rural Development</td>
<td>Manufacturing latrine sets; manufacturing equipment for latrine construction and composting.</td>
</tr>
<tr>
<td>Social Welfare/ Women and Child Development</td>
<td>Organising women’s groups on safe excreta disposal and composting.</td>
</tr>
</tbody>
</table>

iv) **Waste Water Disposal:** Health Department organises health education camps on methods of safe disposal of wastewater and, its advantages to the community. Other sectors/departments need to co-ordinate with the health department in activities with similar objective.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Educating the children on safe wastewater disposal and its advantages; adult education on safe disposal methods and its advantages.</td>
</tr>
<tr>
<td>Agriculture</td>
<td>Providing drainage for household kitchen garden and community kitchen garden.</td>
</tr>
<tr>
<td>Co-operative</td>
<td>Financing preparation of kitchen garden; financing for soak pit construction.</td>
</tr>
<tr>
<td>Panchayati Raj</td>
<td>Providing finance for community kitchen gardens and soak pits construction.</td>
</tr>
<tr>
<td>Rural Development</td>
<td>Encourage and provide fund for manufacturing equipment for laying kitchen gardens, and digging of soak pit and soak wells.</td>
</tr>
<tr>
<td>Social Welfare/ Women and Child Development</td>
<td>Educating the women on maintenance of kitchen garden and its advantages and use of wastewater.</td>
</tr>
</tbody>
</table>

v) **Maternal and Child Health:** Health Department is responsible for health education on ante-natal, natal, and post-natal care; infant and child care; immunisation to children, mothers and others related maternal and child health care services. The similar activities of other departments/sectors can be converged.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-operatives</td>
<td>Organising co-operative insurance scheme for MCH care</td>
</tr>
<tr>
<td>Education</td>
<td>Health education on baby care and personal hygiene</td>
</tr>
<tr>
<td>Panchayati Raj</td>
<td>Provision of sub-centre buildings, crèche buildings and support for MCH Programme</td>
</tr>
<tr>
<td>Social Welfare/ Women and Child Development</td>
<td>Organising and educating women on maternal and child care</td>
</tr>
</tbody>
</table>
vi) **Family Health Care Education**: The Health and Family Welfare Department conducts health family welfare education through various communication methods at the grassroots. The similar activities organised by other departments/sectors are illustrated below:

<table>
<thead>
<tr>
<th>Education</th>
<th>Organising population education in schools and adult education centres. Integrating population education in the school curricula.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panchayati Raj</td>
<td>Provide help in the organisation of camps, motivation and community involvement in the family health care education.</td>
</tr>
<tr>
<td>Social Welfare/ Women and Child Development</td>
<td>Organising and conducting educational sessions for women at the grassroots level, particularly women belonging to weaker and socio-economically backward sections of the society.</td>
</tr>
</tbody>
</table>

vii) **Immunisation against Major Infectious Diseases**: Health Department organises and conduct educational programmes and provide service facilities on immunisation through the health centre personnel at various levels. The related activities of other departments are as following.

<table>
<thead>
<tr>
<th>Education</th>
<th>Health education on various immunisations like cholera, typhoid, TB, tetanus etc. Helping in organising school immunisation programme. One of the examples is school teachers providing support to health department in the smooth conduction of Pulse Polio Programme.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panchayati Raj</td>
<td>Propagation of health messages through posters and group discussions.</td>
</tr>
<tr>
<td>Women and Child Development</td>
<td>Education of mothers through Mahila Mandal and Anganwadis and women’s groups.</td>
</tr>
<tr>
<td>NGOs/Community Leaders</td>
<td>The NGOs and community leaders provide support to the health department in immunisation and control of infectious diseases programme.</td>
</tr>
</tbody>
</table>

viii) **Prevention and Control of Locally Endemic Diseases**: Education on diagnosis, treatment and follow-up of cases of TB (tuberculosis), leprosy, malaria, scabies, etc. is being organised by Health Department. The related activities of other Departments are:

<table>
<thead>
<tr>
<th>Animal husbandry</th>
<th>Immunisation of cattle and domestic animals against rabies etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Education in early diagnosis and prevention of TB, leprosy, malaria, scabies, etc. and provide help in organising health camps.</td>
</tr>
<tr>
<td>Panchayati Raj</td>
<td>Propagation of health messages through wall painting, posters and folk media.</td>
</tr>
<tr>
<td>Social Welfare/ Women and Child Development</td>
<td>Education on prevention of communicable diseases, through self-help groups, mothers’ committees, etc.</td>
</tr>
</tbody>
</table>

ix) **Health Education on Prevailing Health Problems/ Epidemics**: Health Department is supposed to organise and conduct health education on health
epidemics for community through individual, family social group and mass approach and mass media. Similar activities are being organised by several departments.

<table>
<thead>
<tr>
<th>Agriculture</th>
<th>Education through village extension workers to create awareness among the public in identifying health problems.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal husbandry</td>
<td>Imparting health education to the community through its grassroots level workers.</td>
</tr>
<tr>
<td>Education</td>
<td>Providing health education at schools and adult education classes on various health problems.</td>
</tr>
<tr>
<td>Panchayati Raj</td>
<td>Propagation of health messages through wall painting, posters/hoardings, and folk media.</td>
</tr>
<tr>
<td>Social Welfare and Women and Child Development</td>
<td>Organising and conducting health education sessions for Mahila Mandal members, and SHGs members.</td>
</tr>
</tbody>
</table>

x) **Improvement of overall Environment in Primary Health Centre premises**: It includes plantation, gardening, water supply, sanitation, supply of materials and electricity.

<table>
<thead>
<tr>
<th>Forest</th>
<th>Provision of trees and plants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health</td>
<td>Provision of waste and sanitation facility</td>
</tr>
<tr>
<td>Panchayati Raj</td>
<td>Overall support including finance</td>
</tr>
<tr>
<td>NGOs</td>
<td>Community education and community mobilisation</td>
</tr>
<tr>
<td>Community Based Organisations</td>
<td>Community education and community mobilisation</td>
</tr>
</tbody>
</table>

12.7 **CO-ORDINATION MECHANISM AND BENEFITS OF ISC**

In order to co-ordinate the different units the health sector needs to evolve various mechanisms of co-ordination at intra and inter organisation level. These are:

- Listing out the programmes which need joint efforts
- Identifying the areas where co-ordination is required
- Knowing the categories of health personnel whose activities should be integrated
- Locating the levels of health systems where joint efforts are needed
- Forming co-ordination committees of members of district health teams which includes all the middle level supervisors and specialised functionaries working at district level
- Forming of operation teams at field level
- List out names of different sectors like Social Welfare, Women & Child Development, Public Health, Rural Development, Municipalities and Municipal Corporations etc. and the head of those sectoral units which are directly or indirectly related with health and family welfare programmes
Identify the non-governmental and voluntary health organisations, which are working in the area of health and family welfare
Constitute co-ordination committees with the representatives from district, block and village level
Formulate specific task-forces
Jointly decide the objectives and areas for co-ordination to achieve desired goals
Decide the role and responsibility of each department and mechanism of reporting and feedback sharing
Develop a plan of action with focus on independent tasks, joint tasks, sharing of resources and field work in team
Jointly decide HRD for the personnel operating at different level

12.7.1 Benefits of Inter-Sectoral Co-ordination (ISC)

The benefits expected from inter-sectoral co-ordination are:

i) to achieve goals which cannot be achieved alone,

ii) to increase the chance that those policy alternatives are chosen which are most likely to result in the highest overall welfare gains

iii) to help to prevent overall welfare losses because of policies that entail positive welfare effects for individual actors, but disadvantages from an overall point of view

iv) to provide legitimacy and acceptance to public policy.

v) Reduce the cost of implementation of schemes.

vi) Timely achievement of target goals.

vii) Confidence building in the community.

viii) Inbuilt monitoring and quality assurance measures.

To sum up, inter-sectoral co-ordination (ISC) is likely to lead to more effective public policies due to enhanced governance knowledge, mutual learning, reduced risk of deadlock in decision making, avoidance of unintended side-effects and the prevention of implementation resistance.

12.8 REQUISITES FOR EFFECTIVE INTER-SECTORAL CO-ORDINATION

Some of the pre-requisites for the effective inter-sectoral co-ordination are:

i) Establishing an overall inter-sectoral strategy- This step is added for the sake of completeness, but is unlikely to be attainable in practice.

ii) Establishing commonly agreed or binding priorities- Inter-sectoral agreement to common priorities and/or central agencies lays down the main lines of policy and establishes cross-sector priorities.

iii) Defining common limits by setting parameters for sectoral activities- A central organisation of an inter-sectoral decision-making body may play a
more active role by constraining the admissible range of sectoral activity. The parameters define what sectoral actors must not do, rather than prescribing what they should do.

iv) **Arbitration of inter-sectoral differences** - Where inter-sectoral differences cannot be resolved by the horizontal co-ordination processes defined in steps two to four, a central mechanism of an *ex ante* commonly agreed procedure for arbitration is applied (e.g. state hierarchy, voting).

v) **Avoiding policy divergences among sectors and seeking consensus** - Beyond negative co-ordination to find out differences and prevent mutual negative effects, the actors / organisations should work together by forming joint committees and project teams, because they recognise their interdependence and their mutual interest in resolving policy differences.

vi) **Consultation with others** - As a two-way process, sectors/actors need to inform others about what they are doing; they consult others in the process of formulating their own policies, or positions.

vii) **Information exchange among sectors** - Sectors/actors keep each other up to date about recent issues and problems and how they propose to act in their own areas and also in co-ordination of one another. Reliable and accepted channels of regular communication must exist.

**Steps required for effective Inter-sectoral Co-ordination (ISC)**

Effective co-ordination depends on leadership style and willingness to collaborate with other sectors. So, it is essential to make others know the health policies and priorities. Some of the necessary actions required to be taken for ISC are:

1) Proper orientation of policies and programmes of each developmental department at all levels.

2) Formation of joint co-ordination committee at each level i.e. village/block/district.

3) Defining roles and responsibilities of participatory agencies and classifying them in relation to each other.

4) Participatory decision-making.

5) Developing formal system of interaction, discussion and debate.

6) Sharing of the problems faced in implementation of health programmes and seeking co-operation from each partner.

7) Spelling out strategies and procedures.

8) Joint monitoring and evaluation.

9) Remedial measures in solving problems related to co-ordination/resource mobilisation.

After studying this unit on Inter-sectoral co-ordination (ISC), particularly areas of ISC in health, its mechanism and benefits as well as necessary requisites for effective outcome, now attempt questions given in Check your Progress-2.
Check Your Progress 2

Note: a) Write your answer in about 50 words.

b) Check your answer with possible answers given at the end of the unit

1) Identify the areas of great concern for linkages with PHC.

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2) Detail the steps required for effective inter-sectoral co-ordination.

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12.9 LET US SUM UP

The goal of all the developmental activities is a comprehensive, overall socio-economic development of the community in which other sectors contribute to health and vice versa. The co-ordinated health care activities involve working with people, people's elected representatives (PRI), local groups, youth clubs, mahila mandals (women’s groups), self-help groups, NGOs, etc.

The ultimate aim of co-ordination is convergence of health care services in the community. Convergence is a process that facilitates different functionaries and community to work together for efficient service delivery. Convergence leads to time saving, helps in building rapport with others, reduces workload, and increases efficiency.

Involvement and participation of community is a necessary pre-requisite for convergence. It has certain advantages as the process of working together and sharing of ideas leads to value addition and the cumulative effect of each functionary’s work when they co-ordinate becomes more than the sum total of their work altogether. There can be two types of co-ordination; within the Department i.e. intra-sectoral and between the Departments i.e. inter-sectoral co-ordination. To co-ordinate the different sectors and non-governmental organisations, there are needs to create task-forces and committees of heads of different institutions and organisations operating in the district.

List out names of different sectors like Social Welfare, Women & Child Development, Public Health, Rural Development, Municipal and District Boards etc. and the head of those sectoral units which are directly or indirectly related with health and family welfare programmes. It is desirable to design and plan programmes based on a multi-sectoral and convergence approach. Some such experiments have already being carried out in the country to provide valuable insight in the process of co-ordination. For example, Integrated Child Development Services Scheme (ICDS), the biggest programme of child
development in the country envisages the delivery of a package of services including health, nutrition, pre-school education and community participation in an integrated manner. The inter-sectoral co-ordination would result in effective implementation of health sector programmes.

12.10 REFERENCES AND SUGGESTED READINGS

6) Websites:-
   http://www.metla.fi/eu/cost/e19/hogl1.pdf

12.11 CHECK YOUR PROGRESS: POSSIBLE ANSWERS

Check Your Progress 1

1) Discuss the need for co-ordination in the delivery of primary health care.
   Ans. Since the Alma Ata conference (1978), Primary Health Care has given most important strategies for effective solution of health problems and development. It also stressed the missing concern of inter-linkages among various sectors related to health and restated the fact that ‘Health for All’ could not be achieved without inter-sectoral co-ordination.

2) List three major constraints in the way of effective co-ordination.
   Ans. The real constraint in effective co-ordination is rigid departmental identity and indifference of personnel at different level towards health of the people. They possibly believe it is the responsibility of health department to look after the health of the people. It is also possible that the notion of health is not clear to other development agencies as conceptualised under health and family welfare department. The three major constraints are: 1) perspective on health, 2) knowledge, attitude and practices 3) the need for all three to be dealt with using different strategies.

Check Your Progress 2

1) Identify the areas of great concern for linkages with PHC.
   Ans. Areas of great concern for PHC and inter-sectoral co-ordination are following: 1) Promotion of Nutrition, 2) Supply of Safe Water, 3) Excreta

2) Detail the steps required for effective inter-sectoral co-ordination.

**Ans.** Effective co-ordination depends on leadership style and willingness to collaborate with other sectors. Some of the necessary steps for ISC are given in section- 4.8 of this unit.