



A Case Study: Assessment of Existing Inter-Sectoral Collaboration and Generate Strategies to Improve National Programme for Preschool Setting Health Promotion [PSHP]Development-Sri Lanka

Dr. S. W. M. Kapila K. Singhaprathapa^{ab}

^a Postgraduate Institute of Medicine, 160, Prof. Nandadasa Kodagoda Rd, University of Colombo, Sri Lanka.

^b Ministry of Health, Suwasiripaya, No 385, Rev. Baddegama Wimalawansa Thero, Mawatha, Colombo 10, Sri Lanka.

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ABSTRACT

Introduction: The assessment of existing inter-sectoral collaboration within the National Programme for PSHP development revealed both strengths and challenges. While there is a shared commitment to improving preschool health outcomes and some existing partnerships between sectors, significant barriers hinder effective collaboration and coordination. Challenges included communication gaps, resource constraints, cultural and professional differences, and a lack of interdisciplinary understanding among stakeholders. These barriers impede the development and implementation of cohesive strategies for PSHP.

Objective: To develop strategies to improve inter-sectoral collaboration activities of the National programme for preschool health promotion setting development in Sri Lanka.

Methods: Key informant interviews (KIIs), direct observation and document reviews. Analyzed the collected data by arranging brainstorming sessions, thematic analysis and Microsoft Office 365 Excel software.

Results: The prioritized problem was the lack of communication and coordination. The prioritized root causes were inadequate use of communication technology, communication challenges across disciplines and cultural norms and professional identity.

Recommendations: Develop training programs that emphasize interdisciplinary collaboration and communication skills for professionals working in preschool health promotion, organizing workshops and training sessions that bring together professionals from different sectors and providing leadership development opportunities and training in collaborative skills for professionals working in preschool health promotion.

Keywords: Inter-sectoral collaboration, preschool setting, health promotion.

Introduction

The Health Promotion Bureau (HPB) is the centre of excellence in Sri Lanka for health education, health promotion and publicity of health information. Empowering and mobilizing communities for the improvement of their quality of life through health promotion principles is the main achievement gained during the last few years (HPB,2022). A child's early childhood can be defined as the period from birth to the start of schooling. During this stage, there is a rapid growth and development of the brain and the accumulation of knowledge, many attitudes and behaviours begin in the life of the child. During the early childhood, children learn mostly informally. Preschool is when a child begins to receive some form of formal education. Therefore, preschool is a great place to instil new knowledge in the child and build an environment conducive to inculcating healthy attitudes and habits (Hazel *et al.*,2018). Health promotion is a process. Therefore, establishing and maintaining health promotion involves many steps. Accordingly, the Health Promotion Bureau together with other health, early childhood and preschool key stakeholders (Figure 1) started the PSHP program. The contribution and responsibility of all stakeholders are very important for the success of this program (Canterbury,2018).

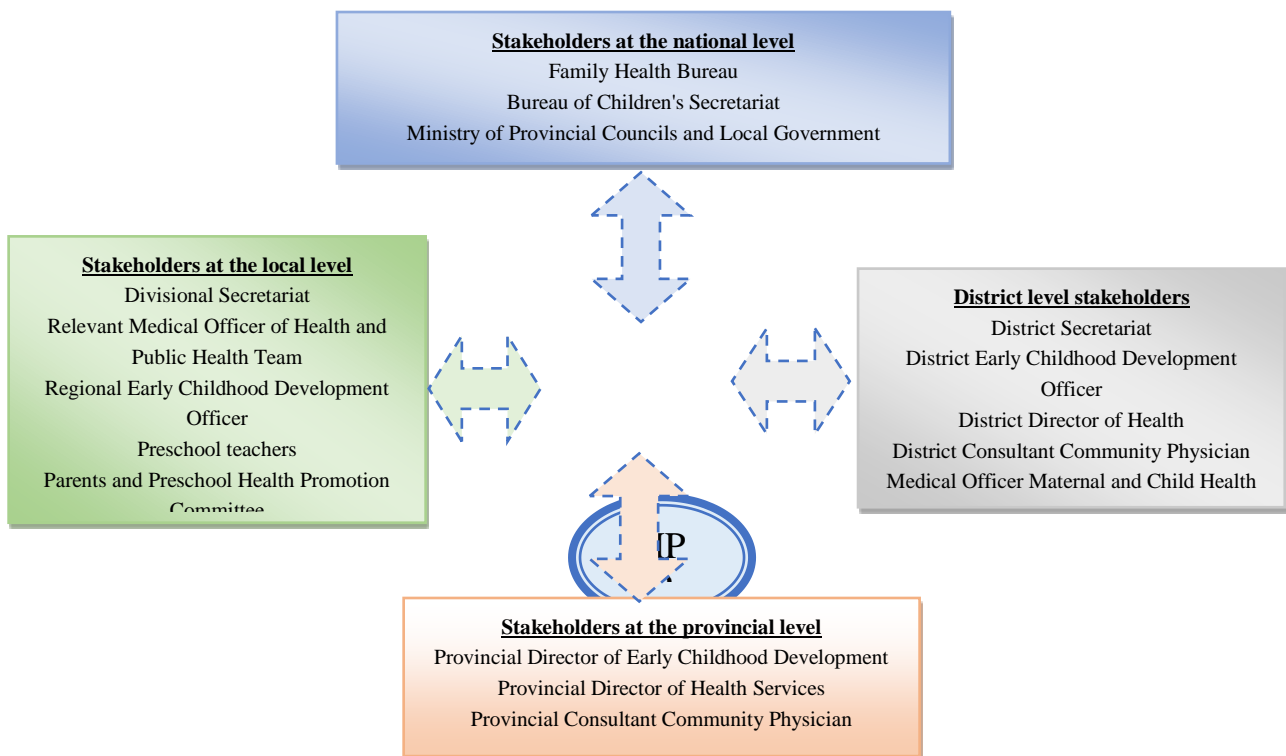


Figure 1: Stakeholders of National programme for PSHP development-Sri Lanka

Goal of PSHP:

To Facilitate improving the health status of preschool children in Sri Lanka by implementing of preschool health promotion setting development program. Target: Transform 10% of preschools per year, into health promotion settings (Progress review meeting report,2024).

Objectives of PSHP:

1. To facilitate inclusion and implementation of health promotion principles in the preschool development policies.
2. To advocate and support the implementation of preschool health promotion setting development in line with preschool development and standardizing concepts.
3. To empower and mobilize the preschool community to improve their health status.
4. To strengthen the supervision and monitoring mechanism of preschool health promotion setting development functions.
5. To evaluate the effectiveness of the PSHP development program.

Objectives of the case study

- 1) **To assess** existing inter-sectoral collaboration activities of the National programme for preschool health promotion setting development in Sri Lanka.
- 2) **To recognize** areas to be improved in collaboration activities of the National programme for preschool health promotion setting development in Sri Lanka.
- 3) **To develop** strategies to improve inter-sectoral collaboration activities of the National programme for preschool health promotion setting development in Sri Lanka.

Methodology

This case study design was mainly a qualitative approach.

- Key informant interviews (KIIs) were carried out with a Consultant community physician, head of strategic information, planning, monitoring & evaluation unit, health promotion bureau, ministry of health and other relevant stakeholders of the preschool health promotion setting development.
- Direct observation by the Principal Investigator [PI] on how inter-sectoral collaboration activities were carried out.
- Document reviews were carried out by the PI.
- Analyzed the collected data and arranged brainstorming sessions. Furthermore, qualitative data analysis was carried out (interview transcripts and documents) using open coding, focal coding and axial coding of thematic analysis to identify recurring themes of PSHP.
- Based on the findings from the analysis, practicability and feasibility made the recommendations to improve the PSHP through a literature review as well as brainstorming1 senior registrar and 1 registrar in medical administration, 1 Registrar in Health informatics, 2 Medical Officers (MOOs) in HPB. and relevant stakeholders. Moreover, considered triangulation by using multiple sources of data (interviews, documents, and observations) to ensure the validity and reliability of findings (Van de Kolk *et al.*,2021). Identified problems are as follows;
 1. Lack of communication and coordination: Different sectors involved in preschool health promotion may operate in silos, leading to a lack of communication and coordination between them.
 2. Diverse stakeholder priorities: Each sector involved may have its own priorities, which might not always align with the goals of the preschool health promotion program. Balancing these diverse interests and priorities can be challenging and may require negotiation and compromise.
 3. Limited resources: Resource constraints, including funding, human resources, and infrastructure, can hinder effective collaboration. Sectors may compete for limited resources rather than pooling them together for greater impact.
 4. Policy and regulatory barriers: Differences in policies, regulations, and mandates across sectors can create barriers to collaboration. Conflicting regulations or bureaucratic hurdles may impede the implementation of joint initiatives.
 5. Professional and cultural differences: Professionals from different sectors may have varying backgrounds, expertise, and cultural norms, which can lead to misunderstandings and conflicts. Building mutual respect and understanding among stakeholders is essential for effective collaboration.
 6. Power dynamics: Power imbalances between sectors or organizations involved in the collaboration can influence decision-making processes and resource allocation. Addressing power dynamics and ensuring equitable participation is crucial for successful collaboration.
 7. Monitoring and evaluation challenges: Establishing common indicators and methods for monitoring and evaluating the effectiveness of collaborative efforts can be challenging. Without robust monitoring and evaluation mechanisms, it becomes difficult to assess the impact of inter-sectoral collaboration on preschool health promotion.
 8. Sustainability: Ensuring the sustainability of collaborative initiatives beyond the initial phase can be difficult. Leadership changes, shifting priorities, and external factors may threaten the continuity of collaborative efforts over time.

Problem prioritization

Problem prioritization was conducted using the nominal group technique with 1 senior registrar and 1 registrar in medical administration, 1 Registrar in Health informatics, and 2 MOOs in HPB as illustrated below (Table 1).

Table 1: Priority matrix for problems of inter-sectoral collaboration of PSHP

Priority Matrix: Problems of inter-sectoral Collaboration of National Programme for Preschool Health Promotion Setting Development in Sri Lanka	Problems	Number of votes received		Total Votes	Final Priority
		1 st Round	2 nd Round		
	Problems of inter-sectoral Collaboration of National Programme for Preschool Health Promotion Setting Development in Sri Lanka	eight votes for each of Five members [40votes]	six votes for each of Five members [30 votes]		
	1. Power Imbalances Between Sectors	3	2	5	-
	2. Lack of Communication and Coordination	10	11	21	1
	3. Limited Resources	2	2	4	-
	4. Policy and Regulatory Barriers	3	1	4	-
	5. Professional and Cultural Differences	6	3	9	3
	6. Monitoring and Evaluation Challenges	3	2	5	-

7.	Sustainability Issues	4	3	7	-
8.	Diverse Stakeholder Priorities	9	6	15	2

Problem Analysis

The root causes for the implementation of the PSHP project were identified by a literature search and brainstorming sessions with 1 senior registrar and 1 registrar in medical administration, 1 Registrar in Health informatics, and 2 MOOs in HPB. It is illustrated below (Figure 2).

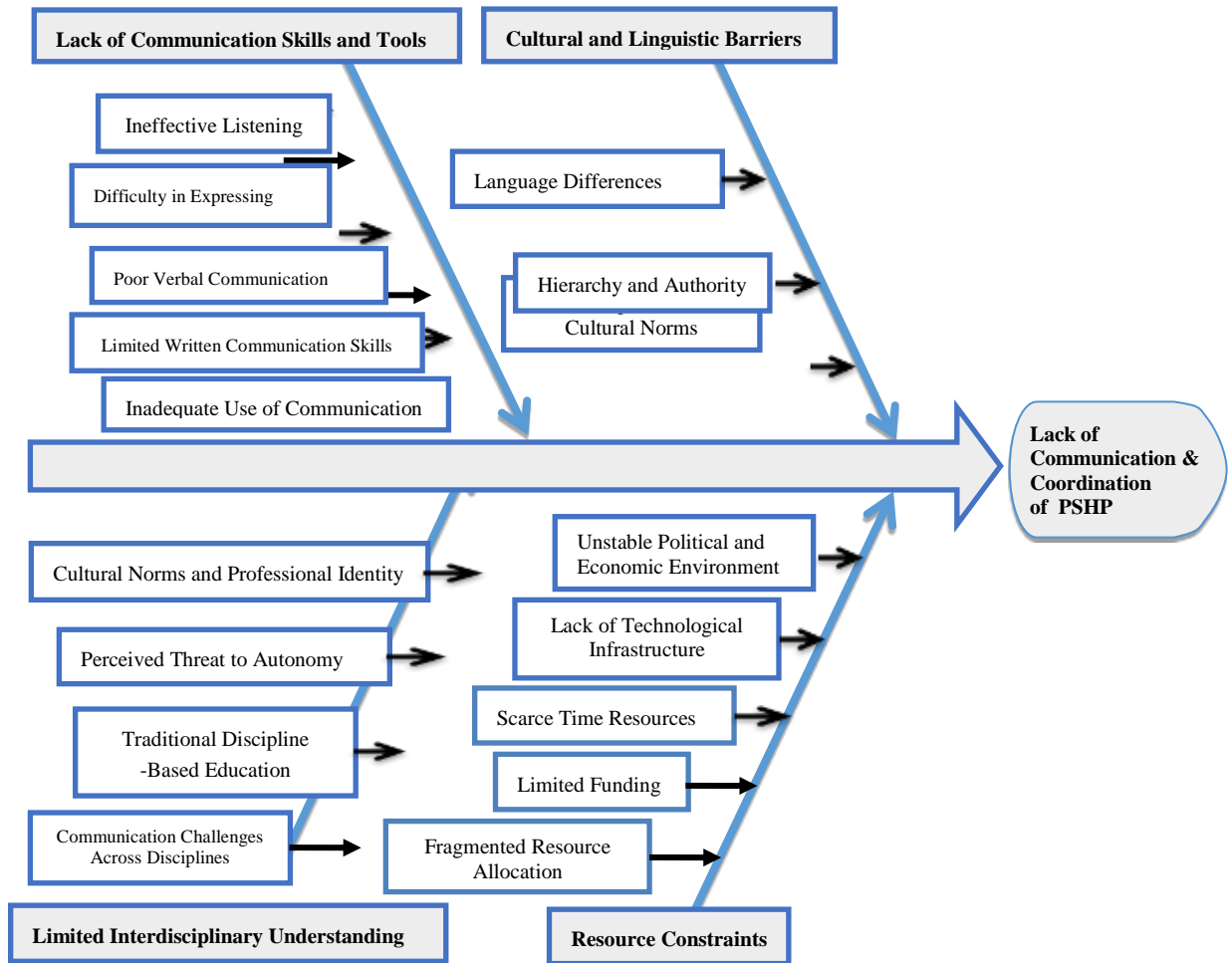


Figure 2: Ishikawa chart - root cause analysis

These problems were prioritized considering;

- The feasibility to address - technical, administrative, financial, and practical
- The impact of the problem.
- The time factor to introduce interventions.

The root cause prioritisation was carried out using the nominal group technique with 1 senior registrar and 1 registrar in medical administration, 1 Registrar in Health informatics, and 2 MOOs in HPB and displayed below (Table 2).

Table 2: Priority matrix for root cause prioritization of PSHP

Root Causes	Number of votes received		Total Votes	Final Priority
	1 st Round	2 nd Round		
Root Causes for Lack of Communication & Coordination of PSHP	[Eight votes for each of five members] [40 votes]	[six votes for each of five members] [30 votes]		
1. Inadequate Use of Communication Technology	12	11	23	2
2. Ineffective Listening	-	Removed	-	-
3. Difficulty in Expressing	-	Removed	-	-
4. Communication Challenges Across Disciplines	10	7	17	1
5. Poor Verbal Communication	1	-	1	-
6. Limited Written Communication Skills	1	-	1	-
7. Language Differences	2	3	5	-
8. Cultural Norms and Professional Identity	7	4	11	3
9. Hierarchy and Authority	2	1	3	-
10. Misinterpretation of Cultural Norms	-	Removed	-	-
11. Perceived Threat to Autonomy	-	Removed	-	-
12. Traditional Discipline-Based Education	-	Removed	-	-
13. Unstable Political and Economic Environment	1	1	2	-
14. Lack of Technological Infrastructure	1	-	1	-
15. Scarce Time Resources	1	1	2	-
16. Limited Funding	1	1	2	-
17. Fragmented Resource Allocation	1	1	2	-

According to the number of votes received for each root cause, they were arranged in descending order. Afterwards, using Microsoft Office 365 Excel, a Pareto chart was created (Figure 3).

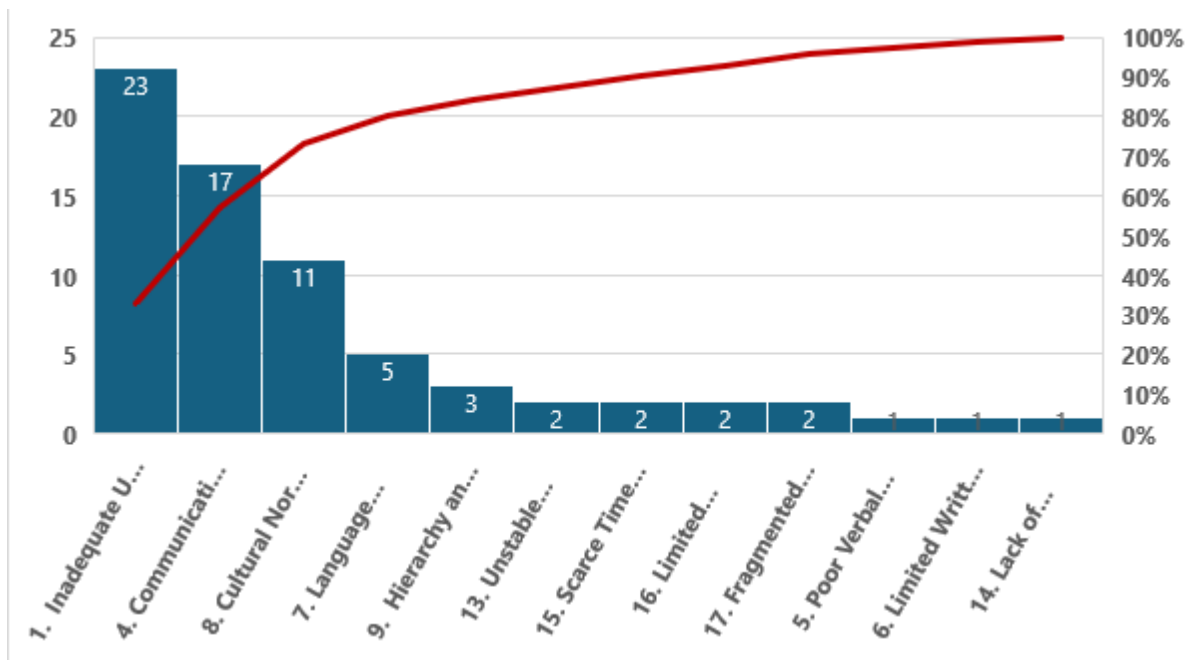


Figure 3 :Pareto chart for root causes for lack of communication & coordination of PSHP

Proposals

To address the lack of communication and coordination in preschool health promotion setting development, several proposals could be considered (Kurowicka,2019).

1. Establish interdisciplinary training programs: Develop training programs that emphasize interdisciplinary collaboration and communication skills for professionals working in preschool health promotion. These programs should provide opportunities for professionals from different disciplines to learn together, exchange ideas, and develop a shared understanding of their roles and responsibilities (Senol *et al.*,2023)
2. Create interagency task forces or committees: Form interagency task forces or committees composed of representatives from relevant sectors, including health, education, social services, and community organizations. These task forces can facilitate regular communication, collaboration, and joint decision-making for PSHP
3. Implement cross-sectoral workshops and trainings: Organize workshops and training sessions that bring together professionals from different sectors to discuss common goals, share best practices, and develop joint strategies for preschool health promotion. These sessions should focus on building communication skills, fostering mutual understanding, and promoting collaborative approaches.
4. Utilize technology for communication: Leverage communication technology, such as email, video conferencing, and collaboration platforms, to facilitate communication and coordination among professionals working in preschool health promotion. Develop centralized online repositories for sharing resources, guidelines, and updates to enhance information exchange and accessibility.
5. Promote cultural competency and sensitivity: Offer training and resources to enhance cultural competency and sensitivity among professionals working in preschool health promotion. Emphasize the importance of understanding diverse cultural perspectives, communication styles, and norms to foster effective cross-cultural communication and collaboration.
6. Establish clear communication protocols: Develop clear communication protocols and guidelines to standardize communication practices and ensure consistency across sectors and organizations involved in preschool health promotion. Clarify roles and responsibilities, establish communication channels, and define expectations for information sharing and decision-making.
7. Encourage participatory decision-making: Foster a culture of participatory decision-making that engages stakeholders at all levels, including community members, parents, and caregivers, in the planning and implementation of preschool health promotion initiatives.
8. Evaluate and improve communication strategies: Continuously evaluate the effectiveness of communication strategies and coordination efforts in preschool health promotion setting development. Solicit feedback from stakeholders, monitor communication processes, and identify areas for improvement to enhance efficiency and effectiveness over time.
9. Allocate adequate resources: Ensure sufficient funding, staff, and technological resources are allocated to support communication and coordination efforts in preschool health promotion. Advocate for increased investment in interdisciplinary training, communication technology infrastructure, and staff capacity building.

10. Promote leadership and collaboration skills: Provide leadership development opportunities and training in collaborative skills for professionals working in preschool health promotion. Empower individuals to take on leadership roles, facilitate collaboration, and drive communication initiatives to strengthen coordination efforts.

By implementing these proposals stakeholders would work together to overcome the lack of communication and coordination in preschool health promotion setting development, ultimately improving outcomes for children and families (Santos *et al.*,2022).

Recommendations

However, considering the feasibility of addressing technical, administrative, financial and practicability; I suggest the following recommendations (Fináncz *et al.*,2023).

01. Develop training programs that emphasize interdisciplinary collaboration and communication skills for professionals working in preschool health promotion.
02. Organize workshops and training sessions with professionals from different sectors.
03. Provide leadership development opportunities and training in collaborative skills for professionals working in preschool health promotion.
04. Continuously evaluate the effectiveness of communication strategies and coordination efforts in preschool health promotion setting development.
05. Foster a culture of participatory decision-making that engages stakeholders at all levels

Implementation

Implementation of the aforementioned recommendations could be carried out, in collaboration with the Ministry of Health through the following strategies (Table 3)

Table 3: Implementation of recommendations to improve PSHP development

Strategy	Activities	Responsibility
1. Interdisciplinary training programs for Health Sector Employees	I. Provide comprehensive training to all staff about communication skills on a TOT basis	1. Director-HPB 2. Head-Strategic Information-HPB
	II. Ensure that they understand the training	3. FHB
	III. Post-training assessment using “Kirkpatrick’s” evaluation tool	4. ET & R-MoH 5. Director-ECD 6. PDHS 7. Provincial CCP
	IV. Parental/Caregivers are educated by trained staff	
2. Workshops and training that bring together professionals from different sectors	I. Team-building exercises, case studies, and group discussions to encourage participants to share their perspectives and experiences.	1. Director-HPB 2. Head-Strategic Information 3. FHB
	II. Role-playing exercises that simulate real-life scenarios encountered in preschool health promotion settings	4. Bureau of Children's Secretariat 5. Ministry of Provincial Councils and Local
	III. Post-training assessment using “Kirkpatrick’s” evaluation tool	6. District Secretariate 7. Divisional Secretariate 8. Director-ECD 9. PDHS 10. Provincial CCP

3. Leadership development opportunities for Healthcare professionals	I.	Focused on leadership development, covering topics such as strategic planning, conflict resolution, and decision-making.	1. Director-HPB
	II.	360-degree feedback tools to help participants gain insights into their leadership strengths, weaknesses, and areas for development.	2. Head-Strategic Information-HPB 3. FHB 4. ET & R-MoH
	III.	Encourage participation in leadership conferences, conventions, and professional development events focused on preschool health promotion and related fields	5. Director-ECD 6. PDHS 7. Provincial CCP

Conclusion

The case study revealed both strengths and areas for improvement. While there are some positive aspects, such as a shared commitment to improving preschool health outcomes and existing partnerships between sectors, there are also significant challenges hindering effective collaboration and coordination. By implementing these strategies, stakeholders can work together to overcome barriers, build trust, and foster a culture of collaboration within the National Programme for Preschool Health Promotion Setting Development. Through strengthened inter-sectoral collaboration, stakeholders can maximize resources, leverage expertise, and ultimately improve preschool health outcomes for children and families across Sri Lanka.

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