

“Understanding and strengthening the 24/7 BHU initiative”

Research Policy Briefing 1; October 2019

Project Goal

To support the Primary Secondary Healthcare Department in improving access to skilled and respectful birth attendance and emergency obstetric care for all women, particularly disadvantaged women in remote, rural Punjab.

Project Objectives

- 1) To generate new knowledge on how to increase the amount and quality of maternity care that is being provided at the 24/7 BHUs. What is working well, what is working less well and why.
- 2) What can we do better to improve functioning at 24/7 BHUs? For example how can we provide greater security for Lady Health Visitors working a nightshift in a remote BHU.
- 3) Provide suggestions for things the government can do so that more people use the BHU services for childbirth rather than giving birth at home.

What have we done so far?

- Interviews and groups discussions with 45 people currently or recently working at BHU, district and provincial level.
- Review of policy documents and monitoring reports.
- Visits to 10 BHUs to observe current practices and discuss the initiative.

Early findings

(1) Physical infrastructure

Promising indications: Important improvements to buildings and utilities have been achieved. Facilities are clean and well maintained.

(2) Staffing

Promising indications: New staff have been hired and deployed successfully to BHUs.

Issues for further investigation:

- LHVs and other staff are hired on three different types of contracts: regular government service, PHFMC and IRMNCH. This has produced supervisory challenges. It may also lead to personnel discord with negative implications for team work and quality of services provided round the clock.
- Training and competency of staff needs more attention. Both clinical and management skills are lacking in BHU staff.

(3) Information systems

Promising indications: Digital Information Systems have been introduced to capture key elements of services delivery.

Issues for further investigation:

- There are many digital data-collection systems, but the data collected is not well integrated on a single platform that could be easily used.

(4) Equipment, drugs and supplies

Promising indications: Efforts to improve BHU supplies appear to have made a positive difference. Local Health Councils with local budgets have allowed staff to rapidly address small day-to-day matters essential for smooth functioning of facilities. local issues.

Issues for further investigation:

- The provision of fixed drugs quotas across all BHUs regardless of patient volume may mean that some BHUs have excess supply while others have shortfalls.
- Strict monitoring of drug/supplies availability in BHUs, but uncertain supply chains, may discourage staff from actually using the supplies on hand. Drugs are not used for patient care, but kept in stock to show availability to monitoring teams

(5) Access to BHU services around-the-clock

Promising indications: Monitoring data suggests a rise in numbers of childbirth deliveries in BHUs.

Issues for further investigation:

- Monitoring data needs to be reviewed to see if night-time births are happening at BHUs.

(6) Quality and safety of care

Promising indications: Progress has been made in terms of infrastructure and supplies. These are important building blocks for high quality care.

Issues for further investigation:

- Generally quality of clinical care has not been given sufficient attention. This is now a priority area to understand and improve.

Next Steps

We are currently designing a detailed survey to be carried out in a random sample of 50 BHUs across 10 districts. This will provide new information on quality of care and other performance indicators.

We are going to develop a Policy and Programming Research Stakeholder Group consisting government officials and academics. We are hoping to conduct a launch workshop in January 2020.

Project details

Project Team: The project idea was originally developed by Professor Zubia Mumtaz (University of Alberta, Canada), Afshan Bhatti (Real Medicine Foundation, Pakistan), Dr Nadeem Zaka (then Director Technical PSPU), and Professor Sarah Salway (University of Sheffield, UK). Additional team members include Professor Jeremy Dawson and Dr Amy Barnes (University of Sheffield) and Gian Jhangri (University of Alberta). Additional project researchers will be recruited at the district level.

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