Experiences and learnings from the knowledge-to-action / stakeholder engagement
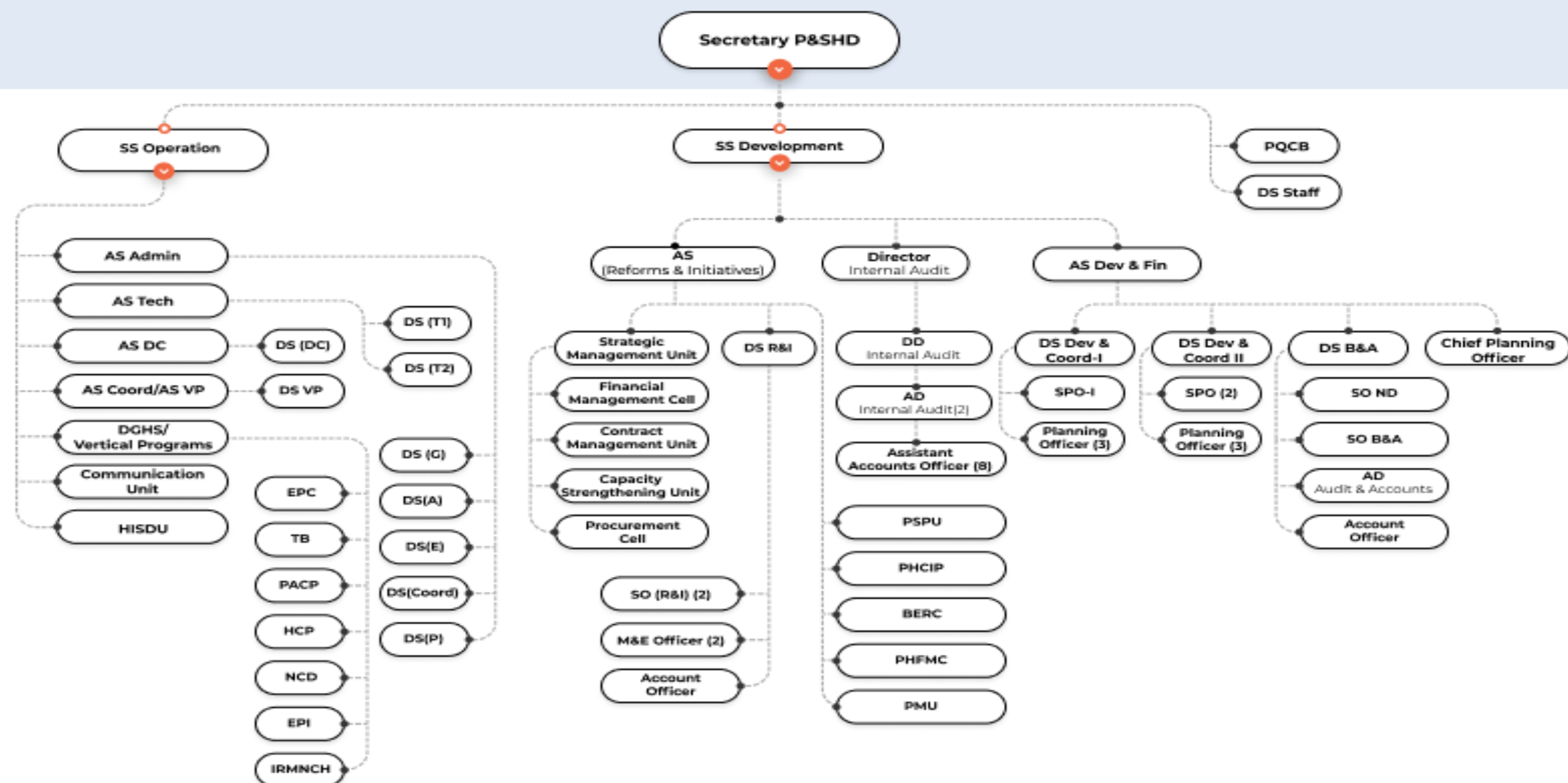
Major Stakeholder of 24/7 BHUs

- **Government of Punjab**
  - **Provincial level**
  - **District level**
  - **Frontline BHU level**
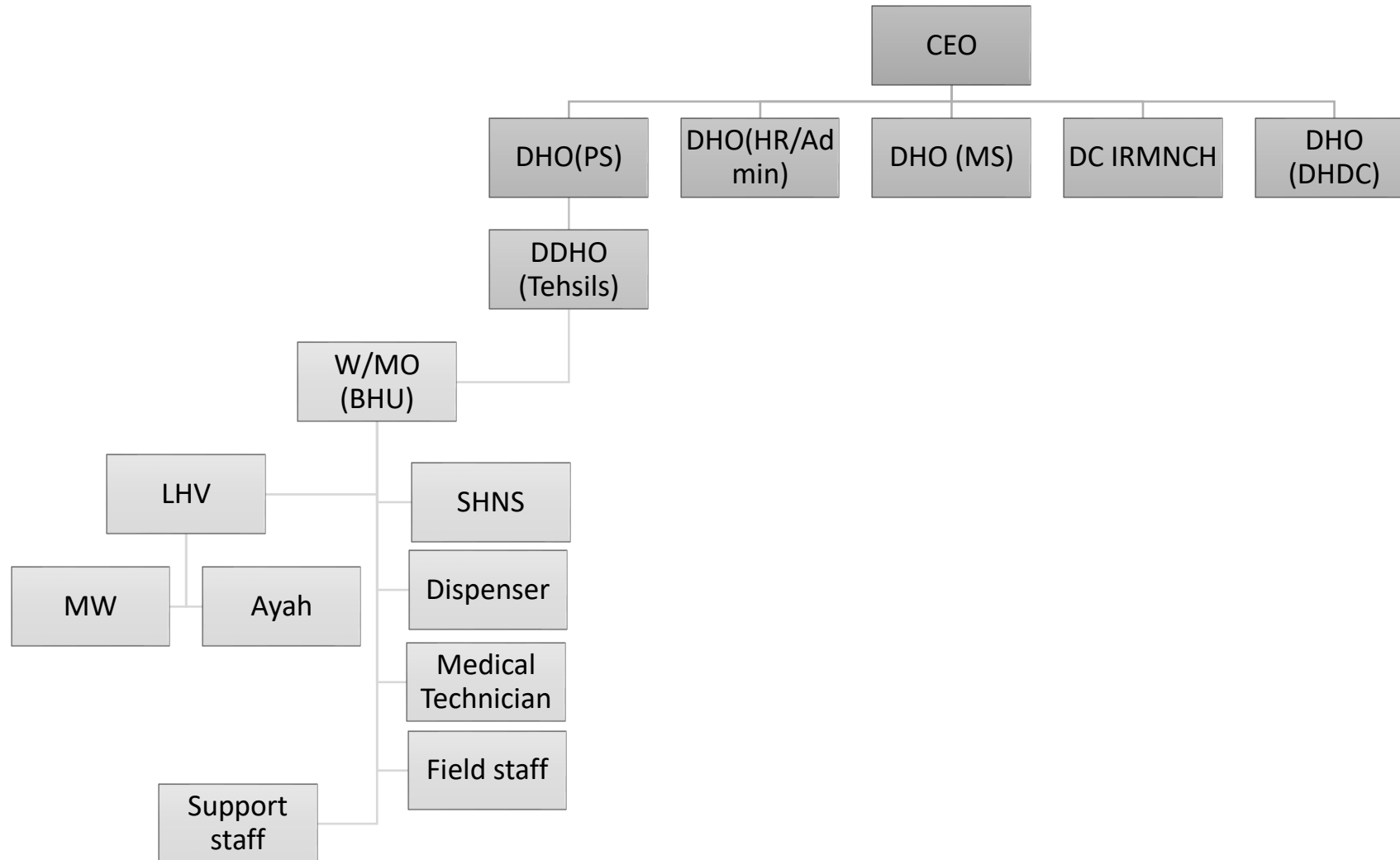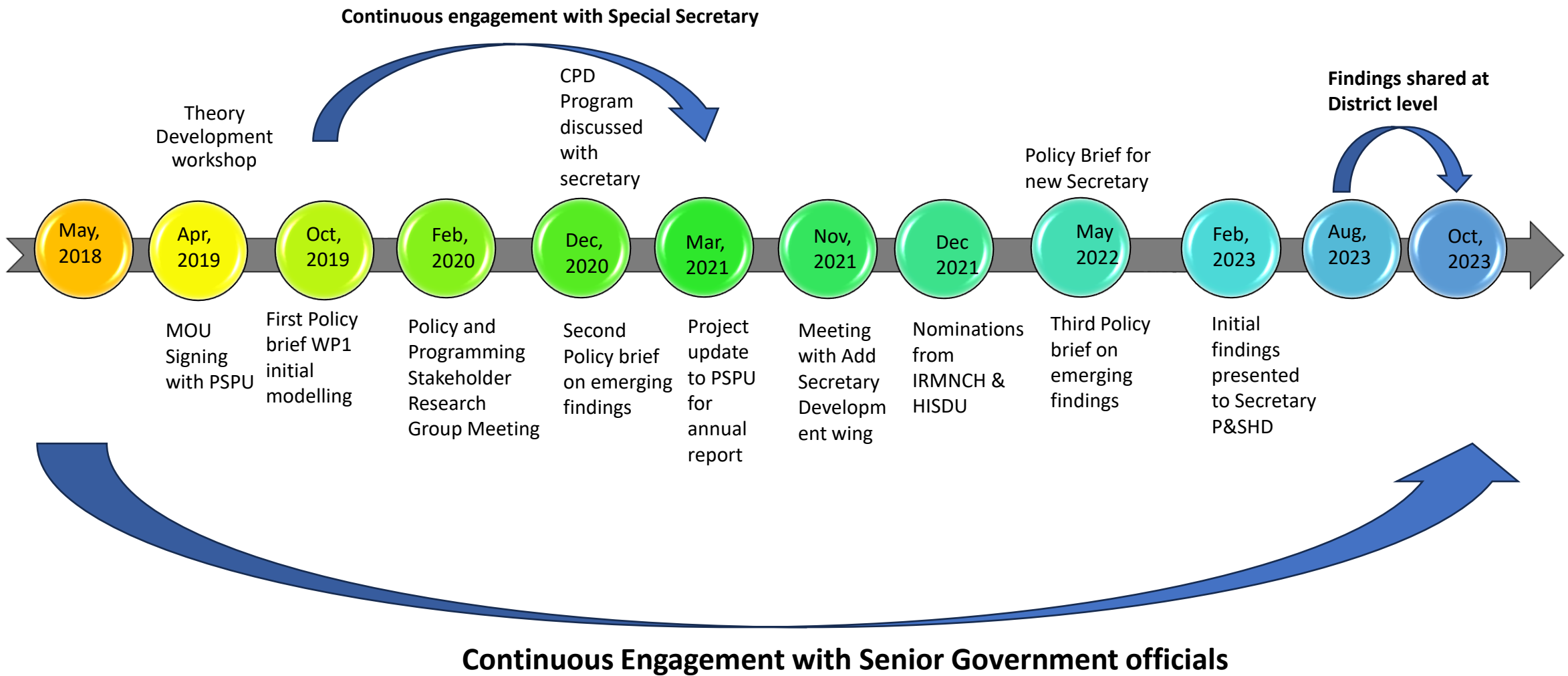- Donors
- Related Projects
- Communities
- Patients

Primary & Secondary Healthcare Department

ORGANOGRAM OF
PRIMARY AND SECONDARY HEALTHCARE DEPARTMENT

Secretary P&SHD

SS Operation

- AS Admin
- AS Tech
- AS DC — DS (DC) — DS (T1), DS (T2)
- AS Coord/AS VP — DS VP
- DGHS/ Vertical Programs
- Communication Unit
- HISDU

- DS (G)
- DS(A)
- DS(E)
- DS(Coord)
- DS(P)

- EPC
- TB
- PACP
- HCP
- NCD
- EPI
- IRMNCH

SS Development

AS (Reforms & Initiatives)
- Strategic Management Unit
- Financial Management Cell
- Contract Management Unit
- Capacity Strengthening Unit
- Procurement Cell

- DS R&I
  - SO (R&I) (2)
  - M&E Officer (2)
  - Account Officer

Director Internal Audit
- DD Internal Audit
- AD Internal Audit(2)
- Assistant Accounts Officer (8)
- PSPU
- PHCIP
- BERC
- PHFMC
- PMU

AS Dev & Fin
- DS Dev & Coord-I
  - SPO-I
  - Planning Officer (3)
- DS Dev & Coord II
  - SPO (2)
  - Planning Officer (3)
- DS B&A
  - SO ND
  - SO B&A
  - AD Audit & Accounts
  - Account Officer
- Chief Planning Officer

PQCB
DS Staff

District Organogram (BHUs)

Challenges of Engagement

➢ Donor influence
➢ High Turn over of Key officials
➢ Changing Political agenda
➢ Considering research as an evaluation of their programs
➢ Culture of optimism by strategically devaluing negative evidence - this contributed to the maintenance of donor/political prioritization but stifled constructive analysis of issues/barriers
➢ Centralized decision making
➢ Lack of time to thinking and act
➢ Lack of interest
➢ Maintaining status quo
➢ Research is a lengthy process but policy makers have no time
➢ Holding different perspectives, understandings, and vested interests

What worked in our project

- Continuous engagement with the interested policy makers.
- One to one meetings of short durations to keep the policy makers engaged and cope with the high turn over rate
- WhatsApp connectivity with interested policy makers to identify grass root problems and their quick solutions
- Short and crisp policy briefs instead of long reports
- Short presentations followed by discussions with small number of people
- Tailoring content for specific audience (Quality of care animation)
- Creation of creative thinking space for the district and front-line staff
- Professionally dealing with the emotions (liking and disliking) of policy makers

Understanding and strengthening
the 24/7 BHU initiative

What have we learnt about the quality of
care delivered by Lady Health Visitors?

RMF   University of Sheffield   UNIVERSITY OF ALBERTA

Thank you