Implementation Plan on Advocacy to Improve Maternal Newborn and Child Health

Background

The Millennium Development Goals (MDGs) no. 4 and 5 are among the 8 goals whose target is to reduce child and maternal morbidity and mortality. The timeline for achieving these goals was set to be 15 years from 2000-15. Tanzania like other UN members subscribed to the MDGs.

There has been a progress in achieving most of the MDGs but MDGS has been a challenge to most countries including Tanzania. Challenges to achieve MDG 5 include, financial, human resource constrains and inadequate political commitment. However, where these challenges have been addressed even in poor countries significant progress has been realized. For example, Bangladesh has demonstrated that MDGs 4&5 can be achieved. In 1989 this country had Maternal Mortality Ratio (MMR) of 574 per 100,000 live births that declined by 66% to 194 per 100,000 live births in 2010. This sharp decline has been attributed to political will, clear focussing of financial resources, availability of Skilled Birth Attendants (SBAs) up to the community level and accessible family planning. Bangladesh therefore is said to be in line to achieve MDGs 4&5.

Recently, Tanzania DHS report has shown that MMR has declined by only 21% from MMR of 578 (2005) to 454 (2010) per 100,000 live births and newborn death rate (NMR) from 32 (2005) to 26 (2010) per 1,000. The MMR and NMR in Tanzania are still unacceptably high with uncertainty to achieve by the end of 2015.

The accepted international strategies to improve outcome of pregnant mothers and reduce maternal mortality ratio requires the availability of family planning, SBAs and Emergency Obstetric and Newborn Care (EmONC). The term ‘skilled birth attendant’ refers to doctors, midwives, and nurses etc who have been trained to proficiency in the skills necessary to manage normal deliveries, diagnose, manage, or refer obstetric complications. To achieve these international agreed strategies requires a political will to dedicate resources for maternal and newborn health care.

The President of United Republic of Tanzania has been a leading champion in achieving MDGs 4&5. He and the Prime Minister of Canada in were selected by the UN Secretary General to co-chair the High Commission to monitor an information and accountability for the global maternal and newborn strategy. Our Government was committed to increase health budget from 12-15% to increase the numbers of health care providers including SBAs 7,000-10,000. However, it is unfortunate that these commitments have not been reflected in the increase of budget allocation towards strategies related to reduction in maternal and newborn mortality.

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2. Tanzania DHS 2010
3. UNFPA-Skilled birth attendants
The National strategy for growth and reduction of poverty (NSGRP) famous known as MKUKUTA shows the challenge facing women and children in accessing health care. Similarly, the National Strategic plan (2009) acknowledge the fact that insufficient numbers of health facilities are equipped and staffed according to standards to provide emergency obstetric care and these two are biggest limitations in reducing maternal and newborn mortality. In 2008 it was reported that failure to provide 100% coverage of supervised deliveries by SBA is an outcome of human resource crisis in the health sector with only 25% skilled health workers available in general community facilities served with dispensaries and health centres. For example, Tanzania DHS-2010 has shown that only 51% of pregnant mothers were delivered by professionals.

**Working group to develop advocacy package:**

Global Partnership for Maternal and Newborn Health (MNH) made a call to White Ribbon Tanzania (WRATZ) to liaise with one NGO based in Tanzania with no headquarters outside the country to partner in mapping other NGOs who are implementing MNCH programmes in Tanzania. This organization is TAMA. The two organizations selected 30 (10 from inland and 20 from Dar es Salaam) organizations.

On May 18, 2012, a total of 32 NGOs/Associations including national, regional and international NGOs implementing MNH activities met in a one day workshop to work on how to implement an advocacy campaign for maternal newborn health (PMNH) in partnership. After a period of networking NGOs/Associations learned about what each NGO was doing in Tanzania. Finally the team came up with the following;

1. Advocate for increased budget for MNH and increased numbers of SBAs to ensure mothers and newborns are safe.
2. The approach to implement the above include;
   b. Spitfire approach to target policy makers and using champions.

**Rationale**

Since its inception WRATZ has been advocating for increase in MNCH budget and SBAs. This intervention influenced policy to employ all graduates from health institution but this is not adequately implemented. This plan is seeking to advocate for increased budget and SBAs in order to address the above challenges.

**Goals**

The goal for this proposal is to improve maternal and newborn outcome by engaging decision makers at all levels to decide, plan and work toward achieving MDGs 4&5.

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4 National Strategy for Growth and Reduction of Poverty (NSGRP). April 2005
5 National Health Strategic Plan, July 2005-09.
6 Human resource for health strategic plan, 2008-2013.
Specific objectives

In this proposal there three specific objectives, which are shown below:

1. Increased proportion of MNCH budget from the overall health budget from 9% (2012) to 15% by 2015.
2. SBAs available from 51% (2010) to 75% of all deliveries by 2015.
3. Quality of MNH care improved by 2015.

Methodology

Key players: In this plan WRATZ, TAMA and selected 30 NGOs will collaborate.

Target group: The proposed advocacy campaign will target the following people/groups:

1. National:
   President, Ministry of finance, Ministry of Education, President Office Public Service Management, Prime Minister’s Office Regional Administrative and Local Governments, members of parliament.

2. MoHSW:
   Minister and the Permanent secretary.

3. Local Governments:
   Council Health Management Team.

4. Media:
   Television and Radio.

5. Schools:
   Secondary schools.

Advocacy package:
In this proposal advocacy aiming at increasing budget in MNCH will be conducted. One strategy to achieve this is by advocating to the MoHSW top officials to transform RCHS section to a full department of reproductive and child health services. The transformation is expected to increase efficiency, motivate workers and provide its own budget for MNCH services. The second strategy to achieve this is to advocate to policy makers at all levels to review budget guidelines so as to align with MNCH services need. This will be achieved by advocating to MoHSW, MoF and Council Health Management Team officers responsible for budget.
This proposal also aims at ensuring that SBAs supervise at least 75% of all deliveries by 2015. This will be achieved by sensitizing secondary school pupils in the target regions to choose to study become an SBA. In addition, in order to ensure the available SBAs are trained to proficiency, this proposal will advocate conducting SBA curriculum review to accommodate international proposed competencies.

Finally this proposal will advocate for quality care by ensuring necessary systems are in place by collaborating with professional councils and association, and the Department of Human Resource. In additional to curriculum review, the scope of midwifery practice in Tanzania will be reviewed to accommodate SBA definition and competencies to align with ICM, UNFPA, UNICEF and WHO suggestions.

**Monitoring and Evaluation:**

In this advocacy package the process outcome will be counted as success for reporting. These outcome measures are annexed in the table below with objectives, strategies, activities, timeline and outcome.
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Strategy</th>
<th>Activity</th>
<th>Timeline</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>1. Increased proportion of MNCH budget from the overall health budget from 9% (2012) - 15% by – 2015</td>
<td>Advocating to the MOHSW for RCHS section to become a Department to enhance efficiency by 2015</td>
<td>Meet with stakeholders to prepare advocacy package targeting policy and decision makers</td>
<td>Sept 2012</td>
<td>Advocacy package in place and on use</td>
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<td>Lobby with development partners to influence MoHSW to transformation of the RCHS Section into Department</td>
<td>Oct 2012</td>
<td>Meeting report and plan developed</td>
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<td>Meetings with MOHSW top officials to advocate for RCHS section to become a department</td>
<td>Oct 2012</td>
<td>Meeting report and plan developed</td>
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<td>Advocate to policy makers to review budget guidelines to align with MNCH by 2015</td>
<td>Advocacy meeting with MOHSW and MoF officials to increase budget to address MNCH</td>
<td>Advocate with CHMT to use MOHSW budget template in budgeting</td>
<td>Feb 2013</td>
<td>Budget guidelines reviewed. MNCH budget increased 3.5% to 15.0%</td>
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<td></td>
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<td>2012-15</td>
<td></td>
<td>Target 10 districts utilizing the template.</td>
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<td>SBAs trained to proficiency and available to 75% of all deliveries by 2015</td>
<td>Advocate for the increase of pre-service enrolment from secondary schools</td>
<td>Conduct sensitization for secondary schools to chose to train to become SBAs</td>
<td>Apr 2013</td>
<td>No. of schools sensitization conducted. No. of students enrolled for SBA training.</td>
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<td></td>
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<td>Conduct sensitizations to all stakeholders in SBA training</td>
<td>Oct 2012</td>
<td>Meeting conducted to discuss Tanzania curricula for SBAs. Curriculum and training methods improved to align with MNCH by 2015.</td>
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<td>Quality of MNH care improved by 2015</td>
<td>System of quality care are in place and implemented 2015</td>
<td>Advocate to MOHSW to implement quality care --Ongoing</td>
<td>Apr 2012</td>
<td>Increased number of SBAs.</td>
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<td>Review of scope of midwifery practice in Tanzania--Ongoing</td>
<td>Dec 2012</td>
<td>Scope of midwifery practice reviewed.</td>
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