Building and sustaining momentum for maternal and newborn survival – The Mara strategy
cocktail of ownership, evidence, and accountability

NB for IERG reviewers:  Two versions of the case study are presented, a shortened summary
followed by the full case study for further details and information.

Summary (max 500 words)

Introduction

Mara region in north-west Tanzania is home to some of the most remote and impoverished
communities in mainland Tanzania\(^1\). Despite a 2010-2013 regional strategy for reducing maternal
and newborn mortality, there had been limited implementation of the planned activities and
maternal and newborn healthcare was poor\(^2\). Evidence for Action (E4A)-MamaYe technically and
financially supported Mara region to develop a new regional strategy to accelerate the reduction of
maternal and newborn mortality between 2013 and 2016\(^3\), through an evidence-based and
participatory process.

Description of the case

Several aspects facilitated the strategy development success:

- A respected expert conducted a review of the previous strategy; her findings legitimised
efforts without fear of giving offense.
- Leaders in the decentralised administration took early ownership of the strategy’s
development, actively involving other staff.
- A comprehensive evidence package, based on the 2010 DHS, was presented to health
administration staff representing all districts at a large participatory workshop. The evidence
had strong legitimacy, uniting participants on the urgent need for change.
- The data showed that: (a) Mara’s performance was much poorer than the average for the
Lake Zone, of neighbouring regions with comparable capacity, resources and challenges to
Mara (Figure 1), and (b) Mara was performing well in child health. This demonstrated the
feasibility of future progress and inspired commitment from participants.
- An action-oriented strategy with objectives, activities, budgets, responsibilities and timelines
was produced with collective agreement.
- The Regional Commissioner affirmed commitments in front of citizens at a formal public
launch event.

Results

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\(^1\) Tanzania National Bureau of Statistics, 2012 Population and Housing Census. 2012, Dar es Salaam, Tanzania,

\(^2\) Tanzania National Bureau of Statistics and I.C.F.Macro MEASURE DHS, Tanzania 2010 DHS Final Report. 2011,

\(^3\) Regional Commissioner, Health Department, Musoma, Mara Region’s Strategic Plan for Accelerated
Since the strategy’s launch, six- and three-monthly meetings at regional and district levels have reviewed evidence of progress and celebrated success, and brought responsible persons to account for lack of change. Broad engagement has generated a shared impetus for improvement and a sense of responsibility. 11 health centres have been upgraded to Comprehensive Emergency Obstetric Care level. 183 health new providers were deployed between March-August 2014 and facility deliveries increased from 44% to 61% between January-December 2014.

Conclusion

The contribution of the Mara strategy’s unique development process to improve MNH outcomes has been recognised across Tanzania. Collective determination to review progress against activities, including a willingness to hold districts to account, has been transformative. The involvement of senior leadership has been crucial to generating sufficient political will. Careful use of evidence built commitment, informed priorities and ensured that plans were operationalised and accurately costed. Clear lines of accountability, backed by regular monitoring data, has generated momentum. The Mara case shows that even in a highly challenging context, decision-makers and implementers can build and sustain momentum for change, particularly when their success is celebrated.

Full Case Study:

Introduction

Mara region in north-west Tanzania is home to some of the most remote and impoverished communities in mainland Tanzania. Despite a 2010-2013 regional strategy for reducing maternal and newborn mortality, there had been very limited implementation of the planned activities and performance on maternal and newborn healthcare was poor. As the previous strategy came to an end, Evidence for Action (E4A)-MamaYe technically and financially supported Mara region to develop and launch a new regional strategy to accelerate the reduction of maternal and newborn mortality between 2013 and 2016. The process for developing the strategy was radically different from the previous one.

Powerful leaders in the region’s decentralised administration and health system took early ownership of the strategy’s development, actively involving all other staff who held a responsibility for implementing the strategy at different levels. The use of evidence during the strategy development process cemented participants’ commitment and enabled a focus on locally-relevant priorities. Facilitation and political will ensured that the plan was realistically costed, with strong targets and clear definition of roles and responsibilities. Since the strategy’s high-profile launch, six- and three-monthly meetings at regional and district levels have reviewed evidence of progress and

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celebrated success, brought responsible persons to account for lack of change, and enabled collaborative problem-solving. Results have been striking, demonstrating many efforts to re-allocate required resources towards maternal and newborn health (MNH) in Mara, as well as concrete progress in service coverage and health outcomes.

**Description of the case**

In a decentralised context like Tanzania, the delivery of health care services is primarily mandated at the local level across the district councils, with regional authorities responsible for coordination and stewardship of healthcare delivery across the region. As such, the regional contextualisation of national strategies, and the local leadership and ownership of these interventions, are critical to reduce maternal mortality.

The need for a regional strategy review was first identified by Mara’s Regional Medical Officer, a long-standing champion for RMNCH. E4A-MamaYe suggested this involve all stakeholders responsible for implementing the strategy across the region and the councils, through a four-day technical review workshop of the strategy in June 2013. This was key, to ensure that those who would be held accountable for delivering on the strategy felt strong ownership of the strategy right from the start.

Several aspects facilitated a cohesive approach to strategy development. Firstly, a well-known and respected reproductive health expert with strong links to the Ministry of Health and Social Welfare (MOHSW) conducted a review of the previous strategy, which meant her findings legitimised efforts to improve on the previous strategy without fear of giving offense. Secondly, the main evidence used in the workshop to assess current RMNCH performance, the 2010 DHS, had strong legitimacy and was not contested. This served to unite the participants around a common understanding of the urgent need for change.

![Figure 1: Initial reproductive, maternal, newborn and child health care performance in Mara region](image-url)
Thirdly, while the data was not new, it had never been extracted for Mara region decision-makers in an accessible way. It showed two important facts that inspired commitment among participants: (a) Mara’s performance was much poorer than the average for the Lake Zone, of neighbouring regions with comparable capacity, resources and challenges to Mara (see Figure 1), and (b) Mara was performing well in child health, much better than in maternal and newborn health. Both of these facts demonstrated the feasibility of future progress and inspired commitment from participants.

Other types of evidence used in the workshop, such as an overview of the national road map strategic plan for reducing maternal, newborn and child deaths 2008-15, and new data collected on the use of MNH evidence for decision making\(^7\), contributed to the development of sound priorities by the participants.

The workshop’s organisation enabled key regional and district health stakeholders responsible for implementing the strategy to have a meaningful say in shaping its content. The process was technically facilitated by E4A-MamaYe to result in a locally-relevant strategy that was realistically costed (accurately and within feasible resourcing capacities) and hence actually financed through a mix of local, national and international resources. Participants were challenged to set commitments they knew they could deliver. Related to this, strong targets including timelines, and clear definition of roles and responsibilities ensured a sound framework for accountability once the plan was launched.

After this initial technical workshop, the Regional Commissioner invited the administrative and political leaders of the region and councils, together with the technical participants above, to review the draft strategy over the course of a one day meeting. It was unusual for the Regional Commissioner, whose responsibilities extend across all of the public sector and overall regional leadership, to take such an active role in driving forward an MNH strategy, and the Regional Medical Officer’s pitch to his office was important in securing his commitment. The Regional Medical Officer and E4A-MamaYe first introduced the MNH strategy as a political opportunity to him, though he did not require much convincing. The strategy now had the leadership of the most powerful executive at regional level, across all sectors, signalling to the region’s administrative and political leadership that MNH was a priority issue beyond the health sector. The Regional Commissioner cemented his administration’s commitments to MNH by launching the strategy at a high-profile public event with unprecedented participation from citizens.

Results

Strengthened accountability

The new strategy, particularly its clear targets and responsibilities, has helped to strengthen accountability relationships within the decentralised administration and the health system, from the region’s top executive down to community level. Districts hold review meetings and provide progress reports to the Regional Commissioner every three months. The District Commissioners, with assistance from the District Medical Officers and District Reproductive and Child Health Coordinators, are required to present their progress at regional review meetings every six months.

Accountability is supported by the routine assessment of performance according to an agreed list of indicators which are tracked regularly and communicated in a simple way to all decision-makers using the QUIC methodology\(^8\). Every maternal death occurring in facilities is also announced and discussed during district progress review meetings.

These three- and six-monthly meetings are an important opportunity to both showcase progress and expose lack of action, and therefore serve as important accountability mechanisms. They also provide an opportunity for all decision-makers to problem-solve together and decide how to re-allocate resources most appropriately. Additionally, the review meetings provide opportunity to ensure that the regional strategy remains consistent with current and evolving national RMNCH landscape, reactive to policies, priorities, funding and new partnership activities – which are aligned to and incorporated within the regional strategy. Despite the untimely death of the Regional Commissioner in 2014, accountability has continued to be exercised and political will across the region is stronger than ever\(^9\).

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Maternal and newborn survival

Results have been striking. Firstly, promised resources have been allocated to strengthen the health system. For example, soon after the launch of the strategy, 11 health centres were upgraded to Comprehensive Emergency Obstetric Centres. This initiative had stalled three years ago but was resurrected when district councils ear-marked their own contributions as planned in the strategy, which enabled the original donor and the MOHSW to release their own contributions. The human resource crisis is also being enthusiastically addressed, with districts deploying a total of 183 new health providers between March to August 2014, and taking a number of initiatives to address issues of disrespectful care. In a powerful demonstration of collaboration between health managers and the community, two districts have facilitated widespread registration of pregnant women, and increased institutional deliveries, enabling better planning and resource allocation.

Tanzania’s quarterly national RMNCH scorecards, which show regions’ performance on RMNCH indicators using Health Management Information System data, demonstrates that between quarter 1 and quarter 4 of 2014, there has been an increase in the share of women accessing institutional deliveries from 44% in Q1 to 61% in Q4, as well as an increase the share of mothers and newborns accessing postnatal care from 38% in Q1 to 63% in Q4 (mothers) and 37% in Q1 to 59% in Q4 (newborns). Although less progress has been seen in increasing the use of modern contraceptive methods or access to antenatal care, there has been a reported decline in facility-based maternal mortality. Across the region, the absolute number of women dying from complications related to pregnancy and childbirth in health facilities declined from 84 in 2012 to 53 in 2014; in Bunda district from 21 in 2012 to 4 in 2014; in Rorya district from 20 in 2012 to 6 in 2014.

The contribution of the Mara strategy’s unique development process to progress in MNH has been recognised across Tanzania. One year after the launch of Mara’s regional strategy President JM Kikwete launched the 2014-2015 accelerated national RMNCH strategic plan in May 2014, the Sharpened One Plan, by paying tribute and presenting an award posthumously to the late Mara Regional Commissioner and calling on all Regional Commissioners across the country to take a similar leadership role in MNH. Furthermore and of significance, with funding from the WHO, the MOHSW has led on an unprecedented nationwide roll-out of the Sharpened One Plan across all regions, with both the process and templates for developing regional plans inspired and informed by the Mara MNH strategy experience and documentation. As a result, by April 2015 all of the prioritised high burden regions – and more than three-quarters of all mainland regions - have now adapted the national strategy into their own regional plan using the Mara experience as a template for ensuring an inclusive and participatory process, and Mara has gained significant status as the MNH progress region.

Challenges and lessons learned

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12 Mara MNH Strategy Progress Report, presented by Mara Regional Medical Officer to the Mara Regional Leadership Progress Review Meeting on Mara MNH Strategy, October 2014.
Before the public launch of the Mara strategy, E4A-MamaYe organised a series of public events and blood donation drives to raise awareness of MNH issues and inspire public action for maternal and newborn survival among communities. These events resulted in unprecedented levels of voluntary blood donations, stronger community facilitation of referrals, and community leaders’ support of enrolment in the Community Health Fund. However, further efforts are required in motivating citizens to hold their councillors to account on MNH issues, or being involved in the accountability chains described above. E4A-MamaYe Tanzania programmatic support has focussed on strength of implementation and review at the health administration level, as well as most recently supporting the regional initiative to roll-out the strategy and the responsibility for its oversight and implementation to community leadership levels. The regional administration now looks to the community leadership to perform a key role in strengthening the demand side priorities for effective implementation of the strategy including uptake of family planning; both ante-natal and post-natal care; and accessing skilled birth delivery at health facilities – which is particularly challenging given strong cultural traditions encouraging home-based births. Additionally, community engagement with accountability for the strategy is a priority going forward. Facilitating genuine community engagement in accountability processes requires sufficient time and resources to build capacity and build their role into review and feedback processes. To this end, the globally significant Maternal and Child Survival Programme (MCSP), with Jhpiego as lead implementer, has selected two focus regions in Tanzania, with one of them being Mara region based on the unprecedented regional level of MNH political will and activity. One of MCSP key approaches is community engagement, and as such resources and targeted activities for community engagement in MNH aligned to the regional strategy will be prioritised starting 2015.

There have been remarkable infrastructural developments, yet some completion is still required. Cross-sectoral implementation has had some slower progress, with one health centre not yet constructed and 50% of facilities still lacking piped water. Construction of the blood bank at the regional hospital is ongoing, supported by local resources, rather than donor funding, while all equipment for the functioning of the blood bank have been procured and await installation. Future strategic planning may need to place additional emphasis on cross-sectoral investment, and further consistent engagement and planning across different sectors to reflect the same priorities, including energy, construction, and water. The region is committed to delivering on its targets, as witnessed in May 2015 in the national event marking International Day of the Midwife held in Mara region. At this event, the regional leadership made an explicit request to the Minister of Health and Tanzania’s Prime Minister (who was guest of honour) to support the region in mobilising the final resources needed to complete the upgrading of the health centres.

Conclusion

E4A-MamaYe has positioned itself as a facilitator and a catalyst, seeking throughout to allow the regional health management and executive to take full leadership of the process.\textsuperscript{13}

While the new strategy is not very different from the previous one, the collective ownership and determination to review progress against activities, including a willingness to hold lagging districts to

\textsuperscript{13} E4A-MamaYe still implement QUIC surveys, support Regional Health Management Team supportive supervision, financially and technically support the 6-month progress review meetings, and continue to campaign at national level to increase the resources and attention on Mara region for accelerated MNH.
account, has been the transformative element of implementation. The joint involvement of both senior health sector officials and regional and district executive leadership has been crucial to generating sufficient political will behind the strategy.

Identifying recognised evidence to inform priorities and ensure that plans are operationalized, accurately costed and allocated against funding source, and include a clear monitoring and evaluation framework, have provided essential grounding for decision-makers to be held to account.

The Mara case shows that even in a highly challenging context, decision-makers and implementers can build and sustain momentum for change, particularly when their success is celebrated.