Evidence for Action-MamaYe was established in 2011 with UK aid from the UK government and continues with funding from the Bill & Melinda Gates Foundation. Our goal is to save maternal and newborn lives in Africa through better resource allocation and improved quality of care.

This case is an excerpt from a collection of 22 case studies based on the experiences of the E4A-MamaYe programme, which brings to light new learning about the specific ways in which evidence, advocacy and accountability reinforce each other to bring about change.

Our programme has become well known in our focus countries and globally for its packaged evidence products such as infographics, scorecards, factsheets, posters and websites. Their focused messaging, rigorous evidence and attractive design have contributed to reframing maternal and newborn health into a narrative of hope and change. Used by advocates and decision-makers, often in the context of accountability mechanisms, they have enabled change agents to take action for maternal and newborn survival.

Before we launched the MamaYe campaign, early scoping showed there were two main problems with communications and advocacy around maternal and newborn health (MNH) in E4A-focus countries. Firstly, the messaging was overwhelmingly negative, focusing on high death rates and feeding a sense of hopelessness and despair. Secondly, evidence-based decision-making was rare: despite some good evidence being generated at national and sub-national levels, it was often contained in lengthy reports, lacked the analysis needed to make the information meaningful, or was not made available to all. Baseline assessments found that our focus countries scored an average of 51 out of 100 on overall use of data for decision-making and advocacy at all levels of the health system.¹

Our theory of change is premised on strategic packaging and targeted use of evidence to stimulate advocacy and strengthen accountability for maternal and newborn health. The combination of strong evidence, effective advocacy and pressure from accountability mechanisms is directed at influencing resource allocation to improve the quality and availability of health services for women and newborns. Of critical importance, therefore, is the way in which we package, tailor and target evidence to make it meaningful and understandable to advocates and decision-makers: only then can that information be used for action.

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Description of the case

From leaflets to infographics, MamaYe’s evidence products have all been creatively designed for maximum impact. Evidence is distilled to its essential message, then assembled, integrated and marshalled into arguments in support of clear advocacy goals. This evidence-based advocacy message is then designed into a clear, visually-appealing format.

“It’s a crowded world we live in. Decision-makers have information all over their desks… That’s why we need to send evidence products first, to provide that hook that engages decision-makers and makes them want to read more.”

Louise Hulton, Director of E4A

The content of these evidence-based advocacy products is carefully selected to reframe MNH from a story of mortality and fatalism to one of success and survival by using imagery of action. MamaYe ‘heroes’ and ‘heroines’ are identified and celebrated in colourful posters: ordinary people who play their part in the fight to make pregnancy and childbirth safer, such as a nurse giving blood to save women with postpartum haemorrhage. Newborn survival is reframed to highlight babies’ future potential. The visual language of the products is based on how African musicians, celebrities, and footballers advertise themselves, using vibrant colours and similar language.

Advocacy products are often simple, relying upon a single, powerful fact or figure to engage the viewer. Our World Sepsis Day infographic, for example, draws the reader’s attention to the scale of the problem and to the solution by using short and direct messaging. Advocacy products are not produced in a vacuum, but carefully tied in with global, national, and sub-national events and priorities. Each one has to be relevant, timely, issued with a press release or linked to a topical day such as World Sepsis Day.

Audiences are always addressed respectfully and appropriately using tailored messaging. Means of dissemination are also adapted to the audience, such as regular e-blasts for civil society and journalists, sharing on social media for young urban activists, or printing hard copies for activists and citizens in rural areas. In addition, staff, activists and journalists in the countries are trained to understand and use the information for advocacy purposes.

Results

Evidence products and evidence-based advocacy products quickly became our unique selling point, allowing our relatively small campaign to gain widespread visibility. Over the period of the MamaYe campaign, improvements in the use of data for decision-making have taken place. While baseline scores measuring the use of data for decision-making averaged 51 in 2012-3, by 2014, scores had increased to an average of 60 out of 100. While these scores measure the use of all MNH data, not just MamaYe’s evidence and advocacy products, practical examples from our country and regional work highlight the ways in which packaging and communicating key pieces of evidence, in combination with activities supporting advocacy and accountability, led to action and change.

In Tanzania, the impact of evidence products was maximised through our formal partnership with selected journalists. As part of our Memorandum of Understanding, our country team has provided trainings on MNH issues and use of evidence in return for journalists writing quarterly articles on progress around MNH. As a result of this collaboration, journalists use our regularly updated factsheets and infographics as the basis of news articles and advocacy efforts.

“When we shared [the recent blood factsheet] with people they understood it. The combination of the pictorial and evidence helps to aid the understanding. It’s what people want.”

Kenneth Simbaya, President of the Union of Tanzanian Press Clubs

For example, journalists distributed factsheets describing Tanzania’s burden of preterm birth to Members of Parliament in Dodoma on World Prematurity Day. This factsheet highlighted that Tanzania’s burden was the twelfth largest in the world, and once the MPs saw this, it triggered a debate on the issue.

In Sierra Leone, an independent prospective policy study specifically linked a subnational level improvement in data collection and feedback to the
introduction of visual formats for the data. Facility-level data was sent to District Health Management Teams (DHMTs) where it was transformed into graphs and fed back to facilities, allowing greater use of the data and improved accountability between different levels of the health system. Our country team data-handling training was a huge part of this change, allowing monitoring and evaluation staff from the DHMTs to transform their data into meaningful, easily understandable graphics.⁹

“Data is collected more regularly from facilities [in Sierra Leone], it is packaged in a more useable form by DHMTs and it is used more actively because it is in accessible formats.”

Sarah Clark, Policy Study Co-ordinator

At the regional level, our international team founded the Africa Health Budget Network (AHBN), which has used our expertise in producing evidence-based advocacy products to attract attention from country-level and global partners. Its first scorecard, showing the extent of health budget transparency across African countries, used a highly respected information source, the Open Budget Index, produced by the International Budget Partnership. While the data was not new, it was too technical for health stakeholders to access on their own or for them to easily understand its relevance to their area of work. AHBN’s scorecard selected indicators relevant to sector budgeting and clearly signposted why the evidence mattered. AHBN partners reported that our evidence products “often include a call to action and are framed in a way that is accessible” ¹⁰

Our evidence products have significantly contributed to our partnerships and influence with powerful global MNH organisations or coalitions such as the Every Newborn Action Plan, The Partnership for Maternal, Newborn, and Child Health (PMNCH), WaterAid, and Countdown to 2015. During the African consultations for the Global Strategy in May 2015, we trained youth groups and journalists to use the packaged evidence from the MamaYe and African Health Stats websites. One of the organisers commented that:

“You did a wonderful job of showcasing how health data can be accessed and understood and, most importantly, how the media can use it to drive and frame positive and impactful coverage of the issues. Several of the journalists approached us later to let us know how informative the presentation was, and described their difficulty accessing data on exactly the kinds of issues that you discussed.”

Alex Kendell, Director of Global Health Strategies.

Challenges and lessons learned

In parallel to these successes, issues with quality and accessibility of data have been on-going, which has challenged our efforts to encourage an evidence-based decision-making culture. For example, in
Ghana, problems with Health Management Information System data have raised questions about whether decision-makers are sometimes taking action based on inaccurate data.\(^9\) In Tanzania, contradictions in progress indicators in some districts highlighted the need to ensure consistent training on the collection, collation and use of data across the board.\(^{11}\)

Lack of transparency on financial commitments to MNH was also highlighted as an obstacle to the use of scorecards for holding decision makers to account in Tanzania.\(^7, 9\)

A key lesson has been that stakeholders in-country need to be supported to produce evidence products themselves if the evidence-based culture is to be sustained beyond the programme.\(^7, 9\) For example, DHMT staff in Sierra Leone were trained to turn facility statistics into graphs, and scorecards on state-level MNH indicators and maternal death review systems are locally produced in Nigeria thanks to the skills of a partner organisation. A recent MamaYe Handbook, detailing guidelines for advocacy, branding and communications, including step-by-step guides to use of imagery, was produced to help guide graphic design,\(^2\) and efforts are being made to assess how to simplify analysis processes so that in-country actors can fully take over the production of these materials in the future.\(^9, 12\)

Over the course of the programme, we have positioned ourselves as a key player in using data visualisation for MNH advocacy, with evidence products acting as a ‘hook that engages decision-makers’.\(^4\) In so doing, we have arguably raised the bar on the quality of tailored and packaged evidence in the sector.

This case study was informed by interviews with Ann Pettifor, Programme Advocacy Lead, Louise Hulton, Programme Director, Rachel Haynes, Programme Communications Lead, Eleanor Hukin, Programme Evidence Lead, Kenneth Simbaya, President of Tanzanian Press Clubs, and Claire Schouten, Senior Programme Officer International Advocacy for the International Budget Partnership. Other materials included blogs, journal articles, programme monitoring reports, reports from the E4A-MamaYe prospective policy study and the observations of our staff.

To read the collection of E4A-MamaYe case studies visit: www.mamaye.org/evidence/case-studies/evidence-action-mamaye-stories-change-selected-case-studies


3 Pettifor, A. (12.08.2015). Interview with Ann Pettifor, Director of Advocacy International.

4 Hulton, L. (20.08.2015). Interview with Louise Hulton, Director of Evidence for Action.

5 Babaranti, M. (24.08.2015). Personal communication with E4A communications team.


7 Simbaya, K. (31.07.2015). Interview with Kenneth Simbaya, President of the Union of Tanzanian Press Clubs and a consultant in community engagement and campaigns.


10 Schouten, C. (20.08.2015). Interview with Senior Programme Officer International Advocacy for the International Budget Partnership.
