The Mara Region strategy:

a cocktail of ownership, evidence, and accountability

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.

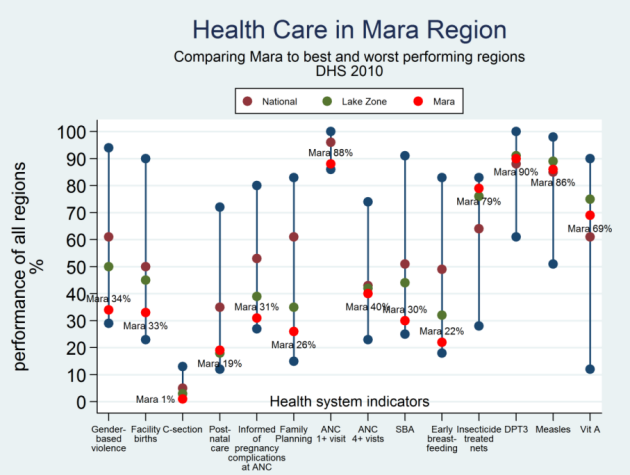
Mara Region in north-west Tanzania is home to some of the most remote and impoverished communities in mainland Tanzania.[1] Despite a 2010-2013 regional strategy for reducing maternal and newborn mortality, there had been limited implementation of the planned activities and maternal and newborn healthcare was poor.[2] In 2013, our Tanzania country team technically and financially supported Mara Region to develop a new regional strategy to accelerate the reduction of maternal and newborn mortality until 2016.[3]

Careful use of evidence and an inclusive strategy development process built commitment, informed priorities and ensured that plans were operationalised and accurately costed. Collective determination to review progress against activities, including a willingness to hold districts to account using specific accountability channels, has been transformative. The close engagement of senior leadership beyond the health sector was crucial in generating sufficient political will.

Description of the case

The strategy development process involved 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 ensuring that those who would be held accountable for delivering on the strategy felt strong ownership of the strategy right from the start. Our country team positioned themselves as a facilitator and a catalyst, seeking throughout to allow the regional health management and executive to take full leadership of the process.

Several aspects facilitated the process. Firstly, a respected reproductive health expert conducted a review of the previous strategy; her findings legitimised efforts to produce a new strategy. Secondly, we prepared a comprehensive evidence package, based on the 2010 Demographic and Health Survey (DHS), and presented it to health administration staff representing all districts at a large participatory workshop. The data had strong legitimacy, uniting participants on the urgent need for change. While the data were not new, it had never been packaged for Mara Region decision-makers in a meaningful way. In particular, the data showed that: (a) Mara's performance was much poorer than the average for the Lake Zone regions, with comparable capacity, resources and challenges to Mara, and (b) Mara was performing well in child health. This demonstrated the feasibility of future progress and inspired commitment from participants. The evidence package also enabled prioritisation of actions, translated into a costed, realistic, action-oriented strategy with objectives, activities, budgets, responsibilities, and timelines.



Initial reproductive, maternal, newborn and child health care performance in Mara Region

Thanks to careful advocacy and an important ally, the Regional Medical Officer, we succeeded in convincing the Regional Commissioner, the most powerful executive at regional level across all sectors, that the MNH strategy was a significant political opportunity. The Regional Commissioner then invited the administrative and political leaders of the region and councils to review the draft strategy over the course of a one day meeting.

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This was a strong signal 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

The new strategy's clear targets and responsibilities have 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 are required to present their progress at regional review meetings every six months. These three- and six-monthly meetings are an important opportunity to both showcase progress and expose lack of action. They also provide an opportunity for all decision-makers to problem-solve together and decide how to reallocate resources most appropriately [4].

Accountability is also 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.[5] Every maternal death occurring in facilities is also announced and discussed during district progress review meetings.

The impact on quality of care and health service utilisation has 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 Ministry of Health and Social Welfare to release their own contributions.

Tanzania produces quarterly national reproductive, maternal, newborn and child health (RMNCH) scorecards,[6] which show regions' performance on RMNCH indicators using Health Management Information System data. These demonstrate 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. Furthermore, there was an increase in 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.[7]

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 Kikwete launched the 2014-2015 accelerated national RMNCH strategic plan in May 2014, the Sharpened One Plan, by personally paying tribute to the late Mara Regional Commissioner. By May 2015, the Sharpened One Plan had been rolled-out across all of Tanzania's mainland regions – the unprecedented roll-out process seeing the regions contextualise and adapt the national strategy into their own regional plans using the Mara experience as a template for ensuring an inclusive and participatory process.

While the new Mara MNH strategy is not very different from the previous one, the careful use of evidence, collective ownership, and willingness to hold lagging districts to account using specific channels of accountability, have been the transformative elements of implementation. The joint involvement of both senior health sector officials and the broader regional and district executive leadership was crucial in generating sufficient political will behind the strategy.

This case study was informed by national- and regional-level reports, the E4A-MamaYe prospective policy study, the QuIC and RMNCH scorecards, case studies written by Corinne Armstrong, Technical Advisor, and observations of our staff in Tanzania.

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

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[3] *Regional Commissioner, Health Department, Musoma. (2013). Mara Region's Strategic Plan for Accelerated Reduction of Maternal and Newborn Deaths 2013-2016. Musoma: Ministry of Health and Social Welfare.*

[4] *Hunsmann, M., Kessy, F. and Clark, S. (2015). Sub-national Policy Study: Tanzania Section of April 2015 E4A Bi-Annual Policy Report. London: University College London.*

[5] *Evidence for Action. (2014). MamaYe Factsheet on Quality of Institutional Care: Rapid Data Transforming Action. London: Evidence for Action.*

[6] *Government of Tanzania. (2014). National RMNCH Scorecard, April 2014. Dar es Salaam: Government of Tanzania.*

[7] *Mara Regional Medical Officer. (2014). Mara MNH Strategy Progress Report. Presentation by Mara Regional Medical Officer to the Mara Regional Leadership Progress Review Meeting on Mara MNH Strategy, October 2014*