

# Ownership of evidence builds political will behind Tanzania’s Sharpened One Plan

*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.*

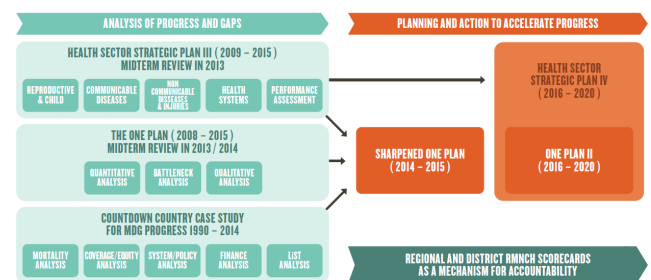
*This case is an excerpt from a collection of 22 case studies based on the experiences of the E4A-MamaYe programme, which brings to light new learning about the specific ways in which evidence, advocacy and accountability reinforce each other to bring about change.*

In early 2014, with just under two years until the Millennium Development Goal deadline, the mid-term review of Tanzania’s Health Sector Strategic Plan (HSSP III) 2009-15 showed that reproductive, maternal, newborn and child health (RMNCH) was the worst-performing area in the health sector. A review focused on RMNCH performance was urgently needed to drive progress, in the context of the National Roadmap Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania, 2008-2015 (also known as the One Plan). At the same time, there were multiple, parallel efforts to collect or analyse RMNCH evidence, such as the Countdown to 2015 case study, UNICEF’s A Promise Renewed, and the National RMNCH scorecards.

Political action on maternal and newborn survival at this critical juncture clearly depended on these different strands of research feeding into a strong, unified body of evidence to build political will and guide decision-making. But coordination was not enough – the government would also have to buy into the research findings. Our Tanzania country team was invited to participate in the mid-term review task team. Following our expert engagement in the initial quantitative assessment and bottleneck analysis, through which we successfully influenced participants to closely coordinate with the Countdown process, we were selected to conduct the qualitative aspect of the review. Instead of solely relying on consultants to conduct the research, our country team led a high-quality qualitative study conducted by Ministry of Health staff, which greatly enhanced ownership of the evidence. In parallel, our strategic influencing brought national and sub-national officials and development partners on board behind a common vision for progress, based on the findings of the review. The two elements resulted in a strong, evidence-based strategy to accelerate progress on RMNCH, The Sharpened One Plan, high political will at Presidential level to deliver on that plan, and additional donor financing aligned with the Government’s priorities.

## Description of the case

Our country team joined the mid-term review task team along with the Reproductive and Child Health Section of the Ministry of Health (MoH), the H4+ partners, SIDA USAID, and JHPIEGO. They acted as the de facto secretariat of the task team, providing technical overview of the research process to guarantee its high quality. This position afforded access to influential stakeholders in order to guide further coordination and build political will behind the scenes. We proactively supported the Ministry to leverage parallel research processes such as the Countdown to 2015 case study, UNICEF’s A Promise Renewed, and the National RMNCH Scorecards, in order to draft the strongest possible national strategy and ensure widespread political buy-in for its implementation.



*Flow chart of how evidence formed the basis of the Sharpened One Plan and One Plan II \**

In recognition of our early technical and strategic inputs, we were asked to lead on the qualitative component of the review. The research was extensive, consisting of more than 120 interviews and focus group discussions conducted with a range of stakeholders across six districts of Kilimanjaro, Singida, and Mara Regions – regions with high, medium and low performance on RMNCH – to understand how these regions could deliver such different levels of care under the same health system.

Thanks to our experience in supporting the development of the Mara Region Strategic Plan for Accelerated Reduction of Maternal and Newborn Deaths (2013-2016),<sup>1</sup>

we knew that ownership of the research process was vital. The MoH contributed 16 members of staff who were trained in data collection and supervised by Tanzania country team staff. To overcome potential problems with transparency, all interviews were recorded and transcribed. While some development partner organisations did not believe that such research could be conducted within the timeframe, this team of Ministry and our programme staff completed the field research in two and half weeks, to a very high standard. There was never any opposition to the evidence, as the Ministry knew its own staff had collected the data. This ownership resulted in more than just a lack of opposition: the MoH staff's pride in their work significantly contributed to their conviction of the need to act based on the research findings for maternal and newborn survival.

*“What we are demonstrating (and learning) is that if you really trust and engage the gatekeepers – regionally and nationally – what comes out will be more likely to be real owned change.”*

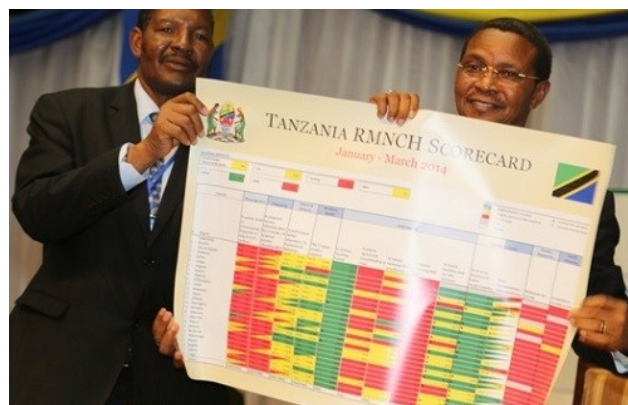
Craig Ferla, E4A Tanzania Country Director.

Throughout the process, we catalysed the commitment and enthusiasm of partners through a considerable number of political engagement and advocacy activities, such as meetings and briefings with partners. This was done to ensure that all stakeholders understood the content and origin of different evidence components and could therefore use them in strategic planning. Combining the qualitative analysis we led along with the Countdown case study and other results happened fluidly in a big part due to the trusted and respected position of our programme in Tanzania and globally.<sup>2</sup>

Thanks to these efforts, the Sharpened One Plan for RMNCH, intended to accelerate progress on maternal and newborn survival up until the end of the MDGs, was based on high-quality, unified evidence. Once the strategy was drafted and before its launch, our country team engaged the public to build pressure and political will in favour of the strategy. In Rukwa, for example, we funded and facilitated district-level events and collected 16,000 signatures for a petition to present at the national level,<sup>3</sup> in collaboration with the White Ribbon Alliance.

## Results

His Excellency President Kikwete launched the Sharpened One Plan and the National RMNCH scorecard in May 2014.<sup>4</sup> The president's personal commitment to the Sharpened One Plan's success clearly indicated that E4A and its partners inside and outside the government had succeeded in building the highest possible level of political will for maternal and newborn survival.



*H.E. Dr. Jakaya Kikwete, President of Tanzania (right), at the launch of the Sharpened One Plan, together with Hon. Dr. Kebwe Kebwe, Deputy Minister of Health and Social Welfare (left)*

The national launch event was also a platform for accountability on RMNCH at all levels of the health system: in a powerful gesture of sharing responsibility, the President personally handed over copies of the Sharpened One Plan and national RMNCH scorecard to each of the regional commissioners representing all regions of Tanzania, and emphasised that these tools would form part of his monitoring of regional efforts on RMNCH.<sup>5</sup>

As a result of the Sharpened One Plan being fully-costed, evidence-based and collaboratively coordinated, it has mobilised additional resources from donors for the next health sector strategic plan, which has a strong focus on RMNCH.

Our unique contribution to the development of the Sharpened One Plan has cemented our trusted position as technical experts, committed advocates for women and children, and strategic influencers. In recognition of this, our country team was asked to contribute to the development of the next national roadmap and strategic plan for RMNCH 2016-2020 (to be known as One Plan II), the highest level of future planning for RMNCH in the health sector.

*This case study is based on an interview with Craig Ferla, our Tanzania Country Director, observations from Moke Magoma, Evidence Coordinator and Corinne Armstrong, Technical Advisor, Mama Ye blogs, 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](http://www.mamaye.org/en/evidence/mamaye-evidence-action)*

<sup>1</sup>See “The Mara Region strategy: a cocktail of ownership, evidence, and accountability” See “The Mara Region strategy: a cocktail of ownership, evidence, and accountability, in this volume”

<sup>2</sup>Armstrong, C. (03.09.2015). Personal communications with Corinne Armstrong, E4A Technical Support Unit Coordinator.

<sup>3</sup>Simbaya, K. (2014). When you have deep appreciation and respect for people, speak out and inspire more to do good. Tanzania: E4A-Mama Ye. Retrieved 02.09.2015, from <http://www.mamaye.org/en/blog/when-you-have-deep-appreciation-and-respect-people-speak-out-and-inspire-more-do-good>

<sup>4</sup>Lweno-Aboud, C. (2015). RMNCH Scorecards enhance efficiency and accountability across Tanzania. Tanzania: E4A-Mama Ye. Retrieved 02.09.2015, from <http://www.mamaye.org/tz/en/blog/rmnch-scorecards-enhance-efficiency-and-accountability-across-tanzania>

<sup>5</sup>Ferla, C. (2014). Now let's save 18,000 lives in the next 600 days. Tanzania: E4A-Mama Ye. Retrieved 02.09.2015, from <http://www.mamaye.org/tz/en/blog/now-lets-save-18000-lives-next-600-days>

\*Tanzanian Ministry of Health and Social Welfare. Women and Children First: Countdown to ending preventable maternal, newborn and child deaths. Published by Countdown to 2015, May 2014. Available at [www.countdown2015mnch.org](http://www.countdown2015mnch.org)