

# EVIDENCE FOR ACTION

Programme Update 2019-2022

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Since 2012 E4A-MamaYe has worked to improve maternal and newborn survival in sub-Saharan Africa. The programme received funding for a further three years from July 2019. This brief explains how we work, and what has changed in the new programme in order to achieve our goals sustainably.

## WHERE DO WE WORK?

The geographic focus of our work evolves according to demand. We have worked in 10 sub-Saharan African countries over the years. The current programme focuses mainly in Nigeria and Kenya:

- **Nigeria:** programme office in Abuja; focused activities in Lagos, Niger and Bauchi states.
- **Kenya:** programme office in Nairobi; focused activities in Nairobi county and Bungoma county.
- **Francophone Africa:** *ad hoc* technical assistance for health financing in Francophone countries in which the Global Financing Facility invests.



## BUILDING ON OUR SUCCESSES

The programme has been highly successful in developing tools and methods to advocate for strong and effective decisions in the health sector. For example, in Nigeria, we established the State Level Accountability Mechanism (SLAM) model which has now been replicated in other programmes and countries (see box 1).

In Kenya, we have participated in the Sector Working groups and facilitated CSO networks to get involved closely in budget processes, achieving budget increases for health. We have also provided technical assistance on health financing across the region, and developed ground-breaking new technologies to improve our understanding of health system functioning, such as eMPDSR (see box 2).

## HOW DO WE WORK?

The core of E4A-MamaYe work is to ensure that the best available health system data is used by the right people at the right time to improve health services for mothers and their newborns.

We collaborate with multi-stakeholder coalitions to work towards positive change. This means transforming data into easy-to-understand information, carefully targeting those who need to use it as evidence. Such evidence has been used to:

- **Improve** planning and decision making
- **Advocate** for better government funding for improved health care services
- **Generate** political commitment
- **Strengthen** accountability for those commitments at sub-national and national levels.



## SUPPORTING STRONG AND INDEPENDENT COALITIONS (box 1)

A coalition is a group of individuals with an interest in a common goal who work as partners towards the achievement of that goal. The coalitions we work with use evidence to advocate for progress towards the shared goal of improving maternal and newborn health service provision. They represent people with different perspectives: government officials; health professionals (such as MPDSR committees) and their associations; technical working groups, civil society networks and the media. The coalitions take a partnership approach to understanding problems, their root causes and solutions based on evidence, as well as how to mobilize resources for advocacy activities.

## E4A-MAMAYE FOCUS 2019-2022

- **Evidence:** build the capacity of coalitions to prioritise health issues and package quality of care data, including using new digital scorecard development software to campaign, influence decision makers and do tactical advocacy.
- **Maternal and Perinatal Death Surveillance and Response (MPDSR):** continue work to strengthen the functionality of MPDSR committees and the links between MPDSR data, priority setting the budget cycle. Expand our ground-breaking work on MPDSR digitization.
- **Budget and planning:** orient coalitions on the health planning and budgeting processes and financial flows at national and state / county level so they can advocate for targeted MNH service improvements. Training to independently track investments against health outcomes, using different data sources, such as Basic Healthcare Provision Fund, the Transforming Health Systems project and the Global Financing Facility.
- **Media:** integrate local media to coalitions, build their capacity to understand maternal and child health priorities and offer compelling, good quality reporting to influence agenda and resource allocation at county level.

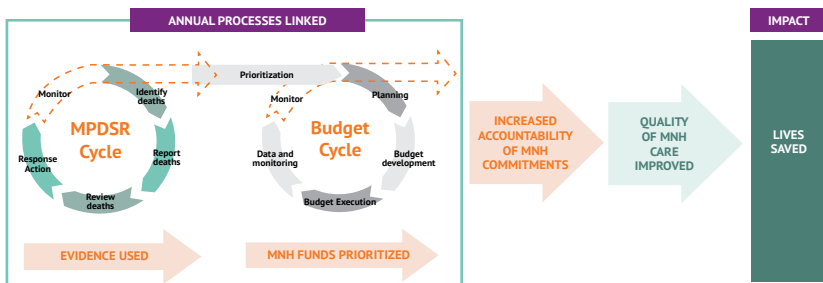


Fig.1. Linking data to the budget cycle

## WHAT HAS CHANGED FOR E4A-MAMA YE FROM 2019-2022?



As the programme evolves, so do our activities. Our current focus is to make coalitions stronger and more sustainable, so that they are empowered with the knowledge and tools to operate independently in the long term, beyond the project period. We do this by assessing what knowledge and skills are needed to contribute to improvements in maternal and newborn health and then build up those skills.

For example, we are supporting coalitions to identify local health priorities and develop strategies to achieve progress in those priorities. Specifically, we demonstrate how to link data relating to quality of health care to budgeting and planning processes (fig 1). We use maternal and perinatal death surveillance and response systems (MPDSR) to identify quality of care gaps.

All of the tools and guidance we develop are available as 'Global Public Goods' meaning that they are freely available for use and adaptation. These can be found on our website [www.mamaye.org](http://www.mamaye.org).

## DATA TO RESPOND TO MATERNAL AND PERINATAL DEATHS THROUGH EMPDSR (box 2)

**Electronic Maternal and Perinatal Death Surveillance and Response (eMPDSR)** is a digital system for notifying and reviewing maternal and perinatal deaths. Using mobile technology at health facilities to produce instant online dashboard, allowing maternal and perinatal death data to be analysed across participating facilities. This intervention has the power to improve the MPDSR cycle (shown in figure 1), to simplify and improve data accuracy and availability, and more evidence-based decision-making. We piloted eMPDSR in Lagos State Nigeria and this can be transferred to other settings. Without digitisation staff workload can be slow and inaccurate using a paper-based system. The process is now simple with health facility staff uploading their data onto the tablets which can be viewed in the local government office.

## OUR GLOBAL PUBLIC GOODS: THE MAMAYE TOOLBOX (box 3)

- **MPDSR:** guidelines on how to use and package MPDSR data and use data to inform action; learning briefs and guides on how to implement/strengthen perinatal death reviews, contributing to national, regional and global learning.
- **Budget Advocacy:** templates, webinars and 'how-to' guides for health budget analyses and using this effectively as evidence for effective advocacy.
- **The Global Financing Facility (GFF):** an operational framework for CSOs to guide their contributions to the goals of the GFF and national investment cases. This is linked to the health budget advocacy tools.
- **Packaging evidence for monitoring and accountability:** templates and access to digital platforms to develop and use scorecards, transparent and participatory budgeting.
- **Vital Signs Profiles (VSP):** guides on the role and purpose of VSP, their use for civil society and government and how they complement existing scorecards and tracking mechanisms in use by civil society and accountability coalitions, including training modules for civil society on VSPs.
- **Coalition building:** how-to-guides on how to convene multi-stakeholder forums and coalitions that monitor progress in healthcare delivery against commitments and influence decision-making at appropriate times of the planning cycle.

**We welcome opportunities for collaboration and partnership, sharing learning and building capacity with like-minded organisations. Please contact us at: [info@evidence4action.net](mailto:info@evidence4action.net)**

Evidence for Action-MamaYe is a programme managed by Options Consultancy Services.

