Maternal and Reproductive Health Program Handover in Tanzania

A Maternal and Reproductive Health Program initiated by Bloomberg Philanthropies and H&B Agerup helped prevent the deaths of 2,200 mothers in the Kigoma region, one of the riskiest places in Tanzania for women to give birth. The Global Health Advocacy Incubator supported local partners to advocate for the regional government and the local community to take ownership of the program.

The Challenge

Access to Health Care
One woman in Tanzania dies every hour from complications of pregnancy or childbirth, often because she lives far from adequate services. For every woman who dies, another twenty suffer an injury, illness or disability, often with lifelong consequences for themselves and their families.

Timely access to quality emergency obstetric care could prevent the majority of these maternal deaths. Tanzania’s government made addressing this need a priority, but access to quality care remained a huge challenge.

Supporting the Local Government
Bloomberg Philanthropies, supported by H&B Agerup, stepped in to support the government’s vision by providing resources.
for high-quality maternal and reproductive healthcare to reach women where they lived—even in the most remote areas. The program brought better healthcare to the village level by upgrading and equipping health facilities and training non-physician health providers. This approach increased women’s access to emergency obstetric care, reproductive health services and family planning.

The program was implemented by Thamini Uhai and EngenderHealth, with health outcomes monitored by the U.S. Centers for Diseases Control and Prevention. Over the next decade, the program prevented nearly 2,200 maternal deaths and ensured that over 210,000 babies were delivered in upgraded health facilities with a trained provider. More than 400 healthcare providers and more than 150 community health workers were trained to provide care, including family planning and education.

GHAI’s Role

In 2016, Bloomberg Philanthropies brought in GHAI to ensure the program’s long-term sustainability. GHAI’s role would be to support local partners to advocate for the government to assume management and funding of many of the program’s services in 2019.

The first step was to map the budget process and identify key decision makers who could influence budget decisions. With this analysis in hand, GHAI convened experts and implementing partners to develop a three-year sustainability plan to advocate for human and financial resources that would align with existing government priorities and enable the continuation of lifesaving services. The plan called for Tanzanian organizations to lead the advocacy campaign and enlist the community at large in support.

GHAI supported implementing partners to recruit and train advocates, strengthen and transfer skills and knowledge to locals, identify and lobby key decision makers and legislators, demonstrate impact, create local ownership and demand for continuity, and document political commitments for desired action. GHAI’s locally-led team was embedded with implementing partners, working side-by-side to transfer key advocacy skills.

Training Advocates

GHAI’s experts provided dedicated training and ongoing support to local implementers, doctors and nurses—the frontline caretakers and partners who were best positioned to tell the story of the program and make the case for dedicated government funding to keep it running.
With the help of GHAI and implementing partners, these medical professionals became effective advocates, lobbying legislators, talking to the media, writing budgets and informing the political process from the local to the regional to the national. Their expertise made a persuasive case to policymakers, and Members of Parliament from the Kigoma region and beyond began to champion the program and fight for continued funding.

GHAI also convened trainings for the implementing partners to help healthcare facilities and district councils forecast needs and prepare Maternal and Reproductive Health-specific budgets.

**Engaging Leaders**
The political mapping helped our partners identify who to engage and how. Building an in-depth understanding of policymakers' motivations, customs and values was key to recruiting and mobilizing the right champions to speak on behalf of the project. These champions included Members of Parliament, who brought legitimacy to the campaign and were vocally supportive of sustainability.

A series of high-level advocacy meetings with key ministries, the Vice President and the President’s office were used to gain documented commitments for continuity. These offices understood the needs and impact of the program, became advocates for Kigoma and led to one of the program’s greatest achievements: the allocation to Kigoma of the highest number of health staff in the country.

**Advocacy Communications**
A robust media advocacy strategy led by GHAI’s Tanzania-based team was essential for building public awareness and demand.

The strategy included workshops for key journalists and editors, along with media fellowships, to build a conducive media environment around maternal health as well as nearly a dozen large-scale public events that brought together experts, policymakers and newsmakers to share the program’s story of success and urge sustainable funding to keep the lights on.

**Documenting Success**
GHAI worked with implementing partners to document program results and distilled complex data into digestible success stories that moved policymakers and the media. Commitments made by government agencies and officials throughout the campaign were also documented and used for further advocacy.

**Victory**
When the maternal and reproductive health program’s funders and partners started work in 2006, Kigoma had some of the poorest maternal health indicators in the country. Now, almost thirteen years later, Kigoma’s indicators are among the best.
Thanks to advocacy by health workers and the communities they serve, this progress can be maintained. In 2019, the implementing partners signed a transition document with the Regional Administrative Secretary office to ensure the continuation of vital maternal and reproductive health services. The document promised additional skilled health workers for Kigoma, the retention of health workers who have already been trained, and ongoing budgetary support for the health facilities.

The results will help ensure that accessible, quality, lifesaving care continues:

- Tanzania’s Minister of Health deployed an additional 369 health providers to Kigoma Region, the highest total ever.
- Local councils approved additional budget allocations for essential maternal and reproductive health services, and medical officers were formally instructed to provide budgets to ensure essential health services reach the community.
- A signed transition document committed the Government of Tanzania to continue the program and laid out maternal health funding priorities for Kigoma.
- High-profile public closeout events featured speeches from committed legislators and policy champions ready to support ongoing funding for years to come, including the Vice President of Tanzania.

Lessons Learned

- Sustainability planning should start during project design and be integrated throughout implementation.
- Agreement on end goals, processes and roles should be established at the outset.
- Government engagement and ownership is key to achieving financial sustainability.
- Systematic transfer of capacity, knowledge and skills is crucial.
- Reaching the right policymakers and understanding their priorities is key to finding champions.
- Embed media advocacy and communications throughout project planning and execution.
- Advocacy doesn’t stop once bills or agreements are signed—government budgeting is an annual process.