



# MTUMA: The Comprehensive Approach to Health Systems Management in Tanzania

April 2015–December 2016

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## Background

The United States Agency for International Development-funded Maternal and Child Survival Program (MCSP) supported the government of Tanzania's efforts to end preventable child and maternal deaths through the implementation of a three-year, integrated maternal, newborn, and child health initiative. The Tanzania pilot for the Comprehensive Approach to Health Systems Management tested a new method of strengthening subnational planning and management that complemented the existing portfolio of MCSP interventions for reproductive, maternal, newborn, and child health (RMNCH) in Mara and Kagera regions. The program took on the Swahili name Mbinu Timilifu kwa Usimamizi wa Mifumo ya Afya (MTUMA). MTUMA aimed to support managers on the district Council Health Management Team (CHMT) level to identify and prioritize the challenges that represent barriers to RMNCH achievement locally, map the available tools and resources, develop local plans to address health system strengthening (HSS) challenges, track progress, and solve problems to improve RMNCH performance.

## Program Approach

- **Mara Mapping Workshop to Understand HSS Challenges:** Prior to MTUMA implementation, MCSP conducted a three-day mapping workshop in Mara Region for representatives from two district CHMTs and the Mara Regional Health Management Team. The purposes were to gain a deeper understanding of HSS challenges and align with local priorities. In response to donor requirements, MCSP limited the scope of the pilot to four priority HSS areas: safe blood supply for comprehensive emergency obstetric and newborn care services, reaching the “last mile” with RMNCH commodity supply chain, improving referrals from community to facility levels, and strengthening local health financing, including increasing Community Health Fund enrollment.
- **MTUMA Regional Workshops to Develop HSS Plans:** MCSP facilitated three-day regional planning workshops in Kagera and Mara regions in April 2016. These meetings brought together more than 80 participants from regional and CHMTs across all 17 district councils. The workshops used a three-step approach for each HSS priority area: review of existing data, materials, and tools; root-cause analysis of main issues using fishbone analysis; and discussion, brainstorming, and development of MTUMA plans, including indicator targets for monitoring progress. By the end of the workshops, each district drafted four HSS plans to be implemented over the subsequent 18-month period (April 2016 to September 2017), with specific subtasks, timelines, and indicator targets.

- **Nine Months of MTUMA Implementation and Monitoring Progress:** After the regional workshops, the district councils began to implement the MTUMA HSS plans they developed. The pace of implementation varied across district councils, primarily due to contextual constraints, such as funding delays. On a quarterly basis, district health secretaries were responsible for submitting completed monitoring reports to MCSP and the Regional Health Management Team. MCSP provided technical assistance for the implementation of these plans and conducted quarterly monitoring to track progress. Although MTUMA implementation was to continue through September 2017, support for the project ended in December 2016.
- **Key Findings and Recommendations Drawn from MTUMA Process Assessment:** In December 2016, the MCSP team undertook a qualitative assessment that focused on the experiences of and feedback from key MTUMA stakeholders across 17 district councils in Mara and Kagera regions. The five data sources used for the assessment were MTUMA district quarterly reports, 16 stakeholder discussions, two regional workshops, 92 anonymous surveys, and field notes.

## Key Findings

- MTUMA was generally relevant to the local health system priorities and needs, and the approach motivated participants. Although the four HSS priority areas for MTUMA were predetermined, the participants perceived them as aligned with council-level issues. MTUMA participants generally agreed that MTUMA strengthened local accountability and motivated individual performance for planning and management.
- Many participants benefited from the MTUMA approach and are successfully identifying district-level opportunities to resolve problems or improve services, but the overall approach had mixed buy-in. Some stakeholders perceived MTUMA as effective for strengthening strategic planning and management. Some local stakeholders expected funding support and were discouraged when none was forthcoming. The resource provision and program objectives must be clearly articulated to avoid such misunderstandings.
- The circumstances for MTUMA implementation were not ideal. Financial, human, physical, and time resources for regional and CHMTs to implement the comprehensive approach were limited. There was limited funding from MCSP to provide technical support and address implementation challenges. There was insufficient time to support districts with significant challenges and document outcomes.
- A significant constraint was the lack of alignment between the national planning process and MTUMA. MTUMA occurred on a different timeline than national planning, and used different planning and reporting templates and processes than the Comprehensive Council Health Plan. This misalignment led to an increased strain on human capacity to plan, execute, and monitor work. It also meant MTUMA implementation did not have additional funds allocated to it and/or MTUMA activities were subject to funding delays.
- There was insufficient nonfinancial, technical support to help districts that were facing problems in implementation. District councils, and perhaps even sublevels of health administrators involved in local planning and management, need more coaching and support. The human resource constraints and complexity of reporting were discouraging to participants.
- Including additional stakeholders in the MTUMA design and implementation processes would be helpful, but the number of participants is constrained by resources and time required for capacity-building. Engaging the right stakeholders, especially district medical officers and district planning officers, at the appropriate stage(s) of the planning process is essential to strengthening motivation and accountability, and ensuring district planning officers are adequately equipped to defend and advocate for annual budgets.
- Though some individuals and possibly districts may use components of the comprehensive approach in future work, it has not been systematically incorporated into planning processes. Human capacity and stakeholder buy-in at different levels—facility, district council, and regional—are essential for sustaining integrated, strategic planning practices.

## Recommendations

Additional testing and refinement of the comprehensive approach are required to strengthen this model for subnational planning and management. If MCSP, the government of Tanzania, or other international partners were to implement the comprehensive approach or a similar subnational planning and management initiative in the future, many lessons can be applied to maximize positive outcomes. Based on the MTUMA pilot, recommendations for future implementation are:

1. Map the local stakeholder landscape to involve relevant stakeholders at each stage of the process. This means ensuring that the right primary stakeholders (frontline administrators) are identified for the design stage and that secondary stakeholders (lower-level leaders or those not from the health sector) are identified for communications cascades.
2. Once HSS plans are in place, it is essential to develop communications plans and relevant tools for cascading key information. Buy-in, motivation, and education are key for systems-based interventions.
3. Comprehensive approach methodology should complement or be integrated with national standards. Future iterations of the comprehensive approach should ensure the process is closely linked to centralized planning and reporting.
4. Engage the network of development partners to leverage resources and maximize impact. Coordination across development partners will help to eliminate duplications and waste, and place public health administrators in the position of setting long-term agendas.

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