

Delivering More with Less

EMPOWER's Value for Money Strategy

Midwife Violet reports improvement in stock management at Iganga General Hospital.

Summary

EMPOWER demonstrates how Value for Money (VfM) can be translated into practical programme decisions that improve efficiency while maintaining reach and equity. The programme implemented three innovations that rethought how existing government systems, service delivery platforms, and community-based resources could be used to deliver services more efficiently. Together, these approaches contributed to strong first-year VfM results. This case study examines how the innovations were implemented, the VfM gains they generated, and the lessons they offer for health programmes seeking to make better use of available resources.

Introduction

VfM is about making informed choices about how resources are used to achieve results by looking at the relationship between the resources invested, what a programme delivers, and the results it achieves. This can help programmes determine which approaches are working, where resources can be used more efficiently, and where investments or implementation strategies need to change. For development donors, VfM is an important part of demonstrating that limited public resources are being used responsibly and achieving meaningful results.

The United Kingdom Foreign, Commonwealth & Development Office's (FCDO) current Programme Operating Framework assesses VfM across five dimensions: economy, efficiency, effectiveness, equity, and cost-effectiveness. This framework emphasizes that value is not determined by cost alone; the aim is to identify the best feasible approach for achieving impact, considering factors such as quality, results, and who benefits.¹

This distinction is particularly important for complex health systems programmes. An approach with a lower immediate unit cost may not represent better value if it compromises quality, limits reach, or creates systems that cannot be sustained. Conversely, an investment that requires greater resources upfront may create greater value if it strengthens local capacity, improves delivery efficiency, or enables services to reach more people over time.



VHTs conduct a home visit in Iganga district.

BOX 1

The EMPOWER Programme

Funded by FCDO, EMPOWER (February 2025–December 2026) supports the Government of Uganda to reduce preventable maternal and child deaths by strengthening public health systems, building health worker capacity to deliver quality reproductive and maternal health services, and addressing misinformation and harmful gender norms.

Pathfinder leads implementation in partnership with the Association of Obstetricians and Gynaecologists of Uganda, Baylor College of Medicine Children's Foundation Uganda, Communication for Development Foundation Uganda, and Uganda Youth and Adolescent Health Forum.

VfM in Practice

As the Empowering Women for Better Reproductive Health Outcomes (EMPOWER) programme (Box 1) moved into implementation, it refined its geographic scope and resource allocation to reflect the evolving operating context. These changes prompted the team to take a closer look at how resources could be prioritised to maximize results across the 50 supported districts. Rather than simply scaling back activities, EMPOWER shifted its direct service delivery model to a sustainable health systems strengthening approach, using VfM principles to identify opportunities to deliver programming more efficiently and maintain equitable reach. Three practical innovations emerged from this approach, each changing how EMPOWER used existing systems, resources, and delivery platforms to achieve greater value.

1. VHT Household Model

EMPOWER adapted the Village Health Team (VHT) model to provide integrated health services directly at the household level, reducing the need for clients to travel to health facilities. VHTs were mapped and linked to health facilities, trained to provide short-term family planning methods and counselling in line with approved guidelines, and equipped to provide referrals for long-acting, reversible contraceptives and maternal health services. Rather than relying on broad community mobilisation, VHTs conducted targeted household visits, including those with higher risks of teenage pregnancy, early marriage, or gender-based violence.

VHTs combined family planning messaging with antenatal, delivery, postnatal, and immunisation services, followed up with clients as needed, and maintained a routine reporting and resupply link with their health facility.

This approach allowed EMPOWER to use an existing community platform to reach those who face the greatest barriers to accessing services, including people living in remote areas and extreme poverty.

By moving from a pilot approach to full implementation across all 50 districts, EMPOWER was able to extend this delivery model at scale while reducing the cost per client. VHTs reached approximately 19,906 clients, with the cost per client falling from £0.73 to £0.30, a 59% reduction. This illustrates how scale is not simply about reaching more people. When a delivery model uses existing structures and is designed to spread fixed costs across a larger volume of clients, expanding reach can also improve the efficiency of the investment.

2. Government-led Mentorship

Rather than relying on programme-funded personnel for facility level mentorship, EMPOWER built on existing government structures by training practising health providers at regional and district levels to serve as mentors. Working with the Ministry of Health and the Association of Obstetricians and Gynaecologists of Uganda, the programme selected experienced specialists, medical officers, and senior midwives to provide mentorship in 42 of the 50 supported districts. They mentored 288 health workers in family planning, 187 in basic emergency obstetric and newborn care, 63 in comprehensive emergency obstetric and newborn care, and 25 in operative obstetrics.

Using a hub-and-spoke approach, teams of two mentors conducted regular, targeted visits to health facilities, using facility assessments and performance data to identify gaps and tailor support. Mentors worked alongside facility providers through observation, simulation, and return demonstration to strengthen skills in emergency obstetric and newborn care and postpartum family planning, with facility providers receiving repeated mentorship before transitioning to routine supportive supervision.

By embedding mentorship within district and regional government teams, EMPOWER reduced reliance on programme-funded personnel while maintaining regular, facility level technical support. This approach generated an estimated £35,000 in savings. More importantly, it demonstrates how investments in local capacity can generate value beyond immediate cost savings. Rather than creating a parallel support structure that ends with the programme, EMPOWER strengthened a government-led mechanism for ongoing quality improvement and provider support. VfM is not simply about reducing costs, but about investing in approaches that use existing systems to deliver results more efficiently and sustainably.

3. Integrated Outreach

EMPOWER supported District Health Teams (DHTs) and health facilities to shift from stand-alone outreach events toward targeted, integrated service delivery through existing district, sub-county, and community structures. Facilities were supported to plan outreaches around local needs, coordinate an appropriate mix of health providers and services, ensure medicines, supplies, and reporting tools were available, and use community structures to mobilise clients in advance. Family planning was integrated alongside immunisation, antenatal and postnatal care, gender-based violence screening and referral, and other services.

Through 188 community dialogues and 122 young mother forums targeting adolescent girls and young women, EMPOWER reinforced demand and linked community level messaging with service delivery. DHTs also used standardised tools to conduct spot checks and review the quality and reach of outreach services, creating opportunities to identify and address implementation gaps.

This approach enabled EMPOWER to increase the value generated from each outreach event by combining services, staff time, transport, and community mobilisation efforts. Integrated outreaches cost 30% less than stand-alone events, demonstrating how changes in planning and coordination can generate meaningful efficiency gains without reducing the range of services available to communities. Thus, delivering greater value.

Ritah is a midwife at Nabingola Health Centre III in Uganda.



Efficient Delivery Without Leaving People Behind

These innovations demonstrate how EMPOWER reduced the resources required to deliver services. However, lower costs do not necessarily mean better VfM. An important question to ask is whether efficiency gains were achieved while continuing to reach the populations the programme was designed to serve. In its first full year of implementation, EMPOWER achieved a cost per Couple Year of Protection of £3.73, which reflects a 39% reduction from the programme target. This cost saving was made while maintaining strong reach among priority populations:

- 47% of family planning users are impoverished
- 35% of family planning users were aged 15–24
- 5% of family planning users were from refugee and hosting communities

Together, these results show that EMPOWER not only reached more clients at a lower cost, but changed how resources were deployed so the programme efficiently delivered services while continuing to reach populations who face greater barriers to care.

Contributors

Stephen Konah, Mohamad (Bram) Brooks, Kendra Hebert, Doreen Kenyangi, Fredah Nabukalu, Ronald Mubiru, Ritah Waddimba

Looking Ahead

EMPOWER shows what is possible when VfM is treated as a practical approach to programme design and adaptation, rather than an exercise conducted after the fact. As EMPOWER closes, the programme's experience leaves behind more than a set of efficiency gains. It provides practical evidence of how others can use implementation data to question established ways of working, identify more efficient approaches, and make deliberate choices about where resources can generate the greatest value. As development programmes face continued pressure to achieve more with available resources, these practical lessons offer a useful starting point for others working to strengthen VfM in health programming. Embedding VfM into routine programme decisions, understanding the costs and results of different delivery approaches, and using that evidence to adapt implementation can help programmes move beyond simply demonstrating value to actively creating it.

The Empowering Women for Better Reproductive Health Outcomes (EMPOWER) programme is an initiative funded by the UK Government to reduce preventable maternal deaths and empower women and girls in Uganda. Implemented on behalf of the Ministry of Health, EMPOWER is led by Pathfinder International in partnership with Baylor Uganda, Communication for Development Foundation Uganda, Uganda Youth and Adolescent Health Forum, and the Association of Obstetricians and Gynecologists of Uganda.

This Case Study is made possible by the generous support of the UK Government. The contents are the responsibility of Pathfinder and do not necessarily reflect the views of the UK Government.

For nearly 70 years, Pathfinder International has been a catalyst for systems transformation, inclusive growth, and resilient communities. With a global footprint spanning Africa, South Asia, and the Middle East, we invest in women and girls by expanding access to essential health products and services, unlocking leadership pathways, and strengthening economic participation. By partnering with civil society, governments, and the private sector, we scale women-led innovations that deliver sustainable systems of support, while generating measurable impact with the goal to ensure every woman has the agency to shape her future and lead a healthy, fulfilling life.