

# Empower Project at a Glance Background, Design and Achievements

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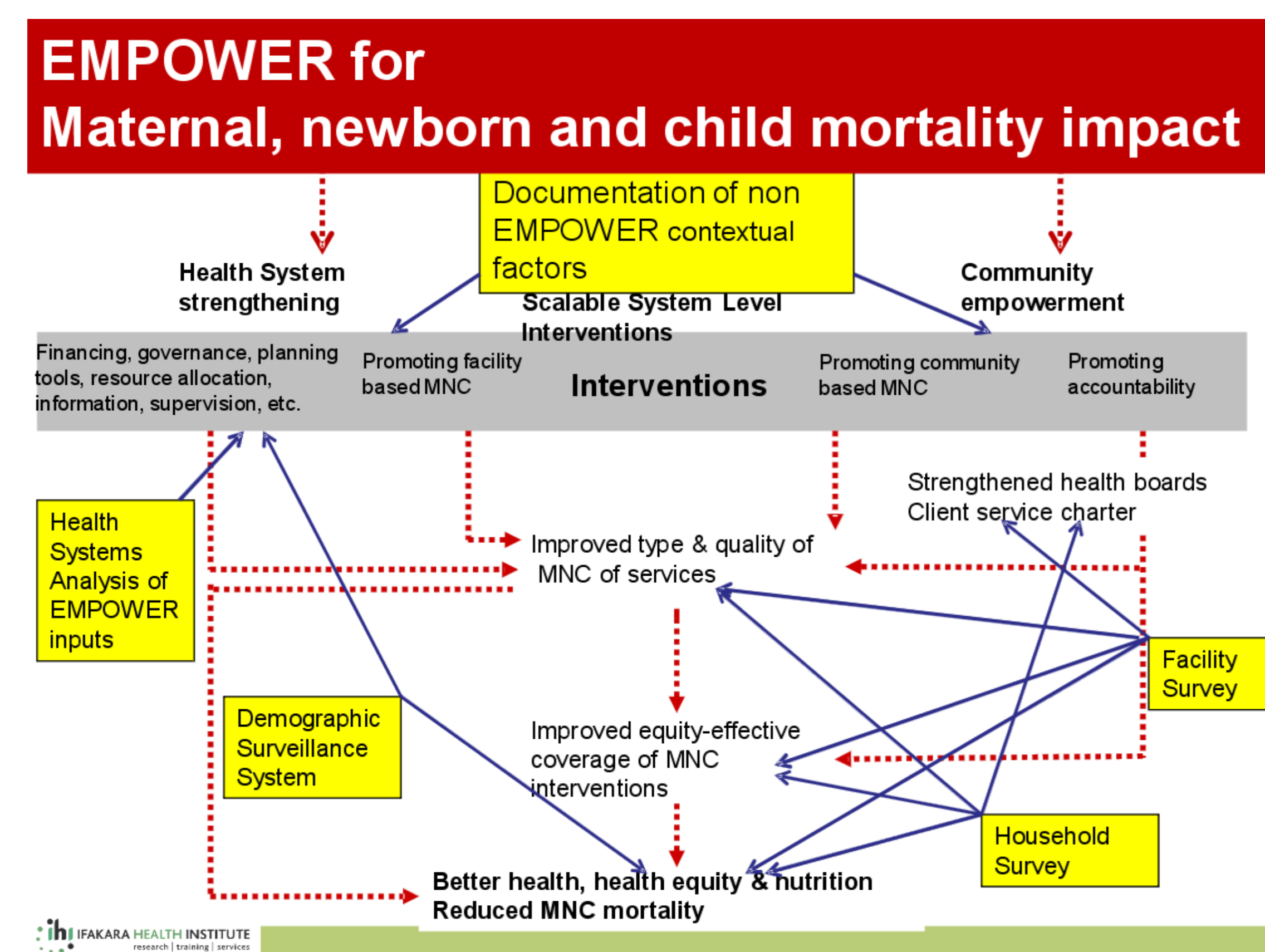
## Background

EMPOWER is an implementation and evaluation project of maternal, newborn and child health interventions within the district health system. The project time frame is five years commencing May 2007-2013. The project is funded under a special initiative of COMIC relief (CR) where the expectation is to influence a systems wide change and promote creativity and innovations on how change may be influenced at a scale.

The project intends to use a system wide approach to influence rational planning and implementation of simplified health system interventions while documenting the lessons for wider scaling up using maternal, newborn and child health as the entry point.

## Design

Before and after design with a strong monitoring and evaluation component guided with the following conceptual framework



## Objectives

To

1. Provide guidance for scaling-up decentralized training for health systems innovation
2. Upgrade health systems tools to operate in the scaled-up environment
3. Accelerate the scale-up for maternal, neonatal and child health interventions
4. Promote utilization of maternal, neonatal and child interventions and strengthen accountability

## Guiding Questions and Interventions

### Guiding Questions

- How to allocate resources for MNCH at district level
- How best to deliver the integrated MNCH package
- How to increase demand and utilization of health services
- How to maximize the impact of these interventions

### Interventions

a) Inputs into the system to strengthen planning, supervision and service delivery: These include

- Providing districts with the Burden of Disease (BOD) profiles generated from DSS for planning and resource allocation guidance
- Reviewing and facilitate use of the Health Sector Content in Plan-Rep
- Improving the HMIS to address bags and gaps hence enable CHMT have reliable data sources for measuring coverage of the interventions at district level
- Top up district health budget with per capita contribution to address budget gaps
- Upgrading health centres to be able to provide comprehensive EmOC and thus increase access of quality maternal health care and better management of obstetric emergencies

b) Technical Support and Capacity Development: This was done through

- Health providers' knowledge, skills, and practice improvement of through training, job aids and guidelines
- Capacity building of community representative structures/entities in order to increase their participation and improve health system accountability.
- Development of integrated minimum MNCH package that is feasible and applicable to midlevel providers hence addressing the gap of shortage of skilled personnel in district health systems.
- Reviewing and development of Training and operational guidelines for Health Facility Governing Committees (HFGC) and Council Health Service Boards (CHSB).

c) Policy and practice influence: This included

- Communicating issues identified at operational and implementation levels that need policy attention directly as they emerge.
- Collaborating with decision and policy makers by engaging them in the process and thus attaining quick and timely decision and changes.

## Achievements

### Policy influence

- Review of CCHP planning guidelines and revision of training materials for HFGC and CHSB.
- Revision of HMIS to a more integrated tool
- Review of the Clients Service Charter
- Review of the PlanRep
- Development of guidelines for health centres planning

### Technical support and capacity building

- Training of all CHSB and HFCG members from the four districts
- Training of health providers providing MNCH services from the four districts for capacity building and skill development
- Production of annual Burden of Diseases (BOD) profiles to facilitate planning
- Upgrading of 5 health centres upgraded to provide comprehensive EmOC

### Outcomes

- Increased OPD utilization in all upgraded health centres
- Increased enrolment of Family Planning new members
- Slight increase in ANC attendance for four visits
- Increased attendance of postnatal care
- Increased facility delivery in all four districts
- Increased number of women receiving cesarean section proportional to WHO standards

## Conclusion

Systems wide change is expensive; it requires many players and it is not a quick fix. Project tolerance of systems bottlenecks and learning on reactions between systems components is required since interventions need a longer term before one blows a whistle and claim "this is what we have changed"