2022:33 Sida Decentralised Evaluation

NIRAS Sweden AB

End of Project Evaluation of the Ipas project:

Expanding women's and girls' access to comprehensive abortion and contraception care in Nampula and Zambezia provinces in Mozambique

Final Report

Sida

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November 2022

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Table of contents

Abbreviations and Acronyms

APE	Elementary Health Care Agent
CAC	Comprehensive abortion care
CSO	Civil Society Organisations
DAC	Development Assistance Committee
EoS	Embassy of Sweden
EQ	Evaluation Question
GoM	Government of Mozambique
HRBA	Human Rights-based Approach
MA	Medical Abortion
M&E	Monitoring and evaluation
MCH	Mother and Child Health
MoH	Ministry of Health
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SBCC	Social and Behaviour Change Communication
ToC	Theory of Change
ToR	Terms of Reference
VCAT	Values Clarification and Attitude Transformation

Preface

This End of Project Evaluation of the Sida-funded Ipas project in Mozambique has been commissioned by the Embassy of Sweden (EoS) in Mozambique. The evaluation took place from July to November 2022 with field work carried out during August 2022 and was conducted by:

- Birgitte Jallov, Team leader
- Annica Holmberg, Senior evaluator, SRHR expert
- Marion Baumgart, Evaluator, SRHR expert based in Mozambique
- Cristiano Matsinhe, Evaluator, Public health expert based in Mozambique

Matilda Svedberg managed the evaluation process at NIRAS with colleagues from the evaluation team. Niels Dabelstein provided quality assurance. Luísa Fumo managed the evaluation at the EoS in Mozambique.

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The evaluation team would like to thank all those who participated in the evaluation, particularly the stakeholders at Ipas Mozambique who were unstinting in giving of their time and insights during the review process. This report could not have been produced without them.

Executive Summary

Introduction and background

The purpose of the evaluation is to assess the project *'Access to Safe Abortion in Mozambique'* with its goal to improve the knowledge, ability, opportunities, and choices of women and girls in Mozambique to access safe, high-quality abortion care and contraception against the Development Assistance Committee (DAC) Evaluation criteria: relevance, coherence, effectiveness, efficiency, impact and sustainability. The evaluation covers the period January 2017 to end of June 2022, and will analyse achievements towards the project outcomes, contributing to the Ipas sustainable abortion ecosystem:

- **Outcome 1:** support the creation of an enabling and sustained policy environment for access to safe abortion for women and girls;
- **Outcome 2:** improved availability and accessibility of services for girls and young women through multiple points of care;
- **Outcome 3:** increased young women's and girls' knowledge, agency and strengthened their social support networks; and
- **Outcome 4:** new knowledge generated and disseminated.

In line with the project priorities and the principles of the human rights-based approach (HRBA), the evaluation has sought to optimise the inclusion and participation of marginalised and discriminated rights-holders in the evaluation. Gender considerations were integrated at all levels of the evaluation, and it has also assessed to which extent Ipas gender equality approach applied in the project was transformative. The data collection has primarily relied on qualitative methods using interview guides tailored to the specific stakeholders as shared in the inception report, as well as available quantitative data from the project's M&E reports and commissioned studies. The selection of districts was based on the following criteria: (i) Programmatic; (ii) Population & Health factors and (iii) Socio-cultural & Geographic criteria, facilitating the choice of sites. The field work took place during the second half of August and was carried out in Nampula city, and in Moma and Meconta districts; in Zambezia in Quelimane, and Mocuba and Maganja da Costa; and in Maputo.

The overall approach to the evaluation was theory-based, looking at the underlying assumptions about the contribution of the Sida-financed Ipas project to the emergence of a sustainable abortion ecosystem. Furthermore, the evaluation had a utilitarian focus, ensuring engagement by the end users of the evaluation during all evaluation stages. The data sources for the evaluation were individual interviews, focus group discussions and document review.

Findings on relevance and coherence

There is no doubt that the scale and severity of the unmet needs the Ipas project addresses in Mozambique are highly relevant, much needed and appreciated. The project came at the right time and has, in a close coordinated partnership with MoH - both nationally and in the two provinces - been a dedicated partner, supporting the realisation of all the related regulatory and practical implementation frameworks from the MoH approved clinical and legal guidelines

(2017); the standards and guidelines concluded this year (2022); and the final, overall regulatory framework, which will be in place next year.

At the same time, the holistic sustainable abortion ecosystem implemented by Ipas has served as a well-designed package where each component supported the other. This is true for the work on attitudes and values surrounding abortion in Mozambique, for securing the upgrade of health facilities, securing operational protocols in place and training of staff in its application. These components have been coupled with outreach to ensure that women and girls, as well as the surrounding communities, know about the rights and ways as a basis for women's and girls' empowered self-assured lives in freedom. This all is supported by research mapping needs and challenges, and materials in support of community outreach and information.

To complement, strengthen and further reinforce a coherent national enabling environment for advancement of the sustainable abortion ecosystem, Ipas was found to be an important team player in coordination and strengthening of efforts by like-minded organisations, advancing the Ipas project's feminist and gender transformative core mission, working to challenge the roots of gender inequalities and discrimination.

Findings on effectiveness

Overall, the evaluation finds that Ipas has been highly effective in reinforcing the sustainable abortion ecosystem during the period of support and with the scale of resources at its disposal. The core stakeholders demonstrate trust in Ipas, its professional quality of work and its working ethos. Ipas has ensured the operationalisation of the 2014 law decriminalising abortion, and the MoH partners recognise that without Ipas, the roll-out of the safe abortion information and realisation, would not be as advanced as it is now.

The MoH is keen to continue and further advance the collaboration, so if the resources continue to be available, Ipas should continue the development and consolidate existing frameworks and processes. The evaluation found Ipas to be an effective advocate for the implementation of the abortion law, and it was evidenced that Ipas founds its accountability claims on a close coordination with likeminded SRHR actors, and through a constructive and respectful dialogue with the duty-bearers. The advocacy work is based on a comprehensive set of adapted tools and methods linked to Ipas ToC and the sustainable abortion ecosystem.

At the same time Ipas has worked intensely at changing the values and reinforcing a rights-based understanding of the whole issue around safe abortion and a woman's right to make her own decisions about her own body. Working to advance an enabling environment, has been an Ipas priority during the first years and included in all training courses at all levels, in the networks, and through the (VCAT) workshops for the legal system including of the public prosecutors and police at provincial and district levels and others.

The second outcome relates to the 'health workforce and service delivery' in Ipas' sustainable abortion ecosystem, focusing both on the awareness, attitudes and values of health workers, and the existence of accessible SRH services. Ipas as part of this outcome-area rehabilitated and/or equipped a total of 39 gynaecological emergency rooms, trained hundreds of nurses and other health staff; developed updated training materials and built capacity-building frameworks including regular recycling and mentorship. Referral systems were established allowing ordinary people to navigate the healthcare system better and with more security – including the support by activists, accompanying young abortion seekers.

The third outcome area relates to the generation of knowledge, agency and strong social support networks as a basis for ensuring on the one hand that young girls and women know their rights and opportunities, on the other that a gradual social norms change takes place. Overall, the evaluation found limited qualitative evidence elaborated of this change-area, which made an assessment of the potential change in knowledge and agency impossible. Nevertheless, the evaluation met significant claims by informants and Ipas collaboration partners, that the silence around abortion of the recent past had been broken by Ipas' work and the increase in service uptake only could be seen as some change taking place. This needs to be substantiated onwards.

Ipas' fourth outcome areas focuses on generating and disseminating new knowledge. They have prepared studies to identify barriers to the roll out of safe abortions, prepared a communication strategy focusing on social norms change, and they have developed success stories, guidance documents, and training materials. Unfortunately, here the monitoring of qualitative outcomes was still missing. If you do not monitor and document also qualitative outcomes, your will not learn from them and from the process that led to the result. The evaluation found that the aim to shift discriminatory and negative attitudes towards women and girls seeking an abortion had brought important change as highlighted by staff and by users alike.

Findings on efficiency

Both the EoS and its main partner, the MoH at national and provincial levels, confirmed that they consider Ipas to be a professional, reliable, and accountable partner. Ipas is found to have brought important learning on values and attitudes, sharing important new methodologies and ways. Based on the evaluation's desk-review and evaluations, the Evaluation team finds that the project has delivered and continues to deliver, results in a well-managed, cost-conscious, and timely way. This despite the fact that a cost efficiency assessment was not included in the scope of the evaluation and not carried out.

Findings on impact

In terms of the project's progress towards the intended project impact, the realisation of the sustainable abortion ecosystem, the work at the national level solidifying and anchoring the legal framework, has been effective and Ipas has played an important role in this work towards securing the rights of abortion seekers. In terms of seeing these services used and translated into 'sexual and reproductive ***health***' outcomes for girls and women, is too early to measure. The evaluation has consequently little evidence to bring towards such a conclusion. Important statistical increase documentation prepared by Ipas, presented an uptake of safe abortion services and coupled by the evaluation's anecdotal evidence pointing to much fewer unsafe abortion deaths, the evaluation finds that the project is on its way to produce significant impact results. This is, however, much too early to present. Research documenting this field will, in due course, provide the required impact documentation.

Findings on sustainability

Ipas has been effective in its work, and there are many aspects of human resource development and institutional change that show signs of sustainability. Importantly, Ipas has had a clear focus on avoiding parallel implementation modes: all work in the legal area, in the health systems upgrade, and in established capacity-building frameworks, have been established with, through and within the national system. All work conditions have been those of the national health system (no salary top-up, no sitting fees, no additional per diems paid) which eliminates

some of the risks to longer-term sustainability too often found in development work. The weakest area at present appears to be the community outreach, important for the holistic ecosystem, for reaching the women and girls, and for advancing the change of social norms. This impression may, however, not present the full picture as practically no research or outcome level documentation was available to the evaluation. This is needed for further supporting reflections on ways of strengthening this important area.

Conclusions

There is no doubt that the scale and severity of unmet needs for SRHR and CAC services are such that Ipas' work is highly relevant. Ipas ensures that services are operational in the 41 health facilities where they work. There is understanding and acceptance of the importance of safe abortion for the health and well-being of women and girls. Ipas has a central and appropriate 'position' within the abortion ecosystem in Mozambique; and has contributed to making the ecosystem more sustainable. Overall, the evaluation finds that Ipas has been extremely effective and efficient in reinforcing the ecosystem during the period of support and with the scale of resources at its disposal. This suggests that, in the future – and if the resources are available – Ipas should largely stay on its current course and continue to consolidate existing systems and structures while expanding the reach.

Summary recommendations

Ipas should consolidate its present operation, which importantly requires the uptake of also qualitative outcome monitoring, allowing the organisation to document the change happening in terms of changing awareness, social norms and empowerment. A review of the important community outreach work is needed. This should include an effective assessment of outcome level results to date and a rethink for a focused framework for the next phase, considering robust partnerships with existing CBOs, organisations with (potential) safe spaces for women and community media, learning from some of the challenges encountered in phase 1.

Due to the unquestionable general success of the project, it is recommended that Ipas consolidates its work in the 41 health facilities, and in the next phase supports up to a total of 150 health facilities (funding permitting), still in Zambezia and Nampula. In preparation of a next phase's gradual roll out, Ipas is recommended to develop 'prototypes' / 'models' matching different categories of health facilities.

The Embassy of Sweden is recognised for its much needed support to feminist organisations, and it is warmly encouraged to seek ways of providing a longer-term commitment to funding Ipas in Mozambique. This, due to the exceptional quality of the project, and due to the fact that the Ipas project meets a series of EoS programming priorities globally and in Mozambique.

GoM / MoH is encouraged to, together with EoS and Ipas (already working on this), press forward with two priority policy improvements in favour of implementation of Safe Abortions. They include in the short term are the important (re-)inclusion of sex education in schools; and in the longer perspective, inclusion of the APEs on the national health budget.

1 Introduction

1.1 BACKGROUND

The evaluation is an end-of-project evaluation, commissioned by the Embassy of Sweden (EoS) in Mozambique[1]. Since December 12, 2016, Ipas[2] Mozambique has received support through Sweden's bilateral development cooperation with Mozambique, for the project 'Expanding women's and girls' access to comprehensive abortion and contraception care in Nampula and Zambezia provinces in Mozambique', in daily use simply referred to as: 'Access to Safe Abortion in Mozambique'. The project runs until December 31, 2022, while the evaluation scope is limited to the period January 2017 to June 2022. The project has not been evaluated earlier. It is noted that whereas Ipas was a new partner to the EoS in Maputo in 2016, Sida already then had a long-term strategic partnership with Ipas dating back to the late 1990s. Initially the partnership took the form of restricted grants, replaced in 2010 and in 2014 by core organisational support.

Sweden's bilateral development cooperation strategy with Mozambique

The project is aimed to align with both the Strategy of Sweden's Development Cooperation in Mozambique 2015-2020 in operation at the time of the design of this project, and its successor covering 2022-2026[3]. The project's overall objective is to contribute to "Improved opportunities for girls and young women to take independent decisions regarding their sexuality and reproduction". This corresponds to one goal under the result area "Strengthened democracy and gender equality, and greater respect for human rights" in the Swedish strategy. The contribution is furthermore judged to be in line with the Swedish Feminist Foreign Policy launched in 2014 and Sweden's priority to promote Sexual and Reproductive Health and Rights (SRHR), including access to safe and legal abortion.

The evaluation's purpose is to assess the project *'Access to Safe Abortion in Mozambique'* with its goal to improve the knowledge, ability, opportunities, and choices of women and girls in Mozambique to access safe, high-quality abortion care and contraception against the DAC Evaluation criteria highlighted in the Terms of Reference (ToR).

The results of the evaluation will be used for future project design and for ongoing activities by Ipas, Sida and the EoS in Mozambique. Both Ipas and Sida furthermore plan to use the learning emerging from the evaluation in their mutual global partnership[4] and other SRHR

[1] Please find the Terms of Reference as Annex 1.

[2] Ipas originally was an acronym for 'International Pregnancy Advisory Services'. The organisation has developed, and now 'Ipas' is just a name.

[3] https://www.swedenabroad.se/en/about-sweden-non-swedish-citizens/mozambique/development-and-aid-mozambique/development-cooperation-strategy-2022-2026/

[4] Sida provides core funding to Ipas as a global partner.

programmes globally, including by engaging with other stakeholders and donors in the field of SRHR in Mozambique.

A strong utilisation focus has been built into the evaluation process to ensure that it is as directly helpful to the work of the Embassy and Ipas Mozambique as possible. Highlighting what works well and less well will be used as inputs to the upcoming discussion on the preparation of a new phase of the project.

The intended users of the evaluation are the EoS and Ipas Mozambique, and the Government of Mozambique (GoM) through the Ministry of Health (MoH) at both central and decentralised levels. The NIRAS team has worked with these groups through field work and meetings at provincial and national levels, through written communication, and online.

This chapter presents the evaluation background including the evaluation's context, the approach and methodology, the evaluation process and the limitations encountered. Chapter 2 hones in on Ipas and the Ipas project's background, followed by the intervention logic, the theory of change (ToC), and a presentation of the Ipas project implementation strategies. Chapter 3 presents the evaluation's findings under each evaluation criteria. The evaluation questions listed in the ToR are used as the organising principle for this chapter, presenting a summary of the evaluation's findings. Chapter 4 presents the evaluative conclusions, followed by the lessons learned in chapter 5, concluding with the recommendations in Chapter 6.

1.2 EVALUATION CONTEXT

"In Mozambique, the population is mostly young, and currently numbers approximately 31 million, out of which 15 million are men and 16 million women[5].." The country has one of the highest fertility rates in the Sub-Saharan Africa due to low use of modern contraceptive methods and thus one of the fastest rates of population growth.

There is a political-institutional and legal framework in Mozambique favourable to gender equality because of the effort made in defence of equal rights. This effort has been translated into the revision of several laws to eliminate discrimination based on sex. In December 2014 the law decriminalising abortion (December 35/2014) during the first 12 weeks of pregnancy and under certain other situations was approved. In October 2017, the MoH approved Clinical Standards on Abortion and Post-Abortion Care to support the implementation of the abortion law in public health facilities through the Ministerial Order (27, 2017). In March 2021, the Communication Strategy for Safe Abortion was approved by the MoH.

Despite one of the most progressive legal frameworks on the African continent, numerous barriers to accessing sexual and reproductive health services, including safe abortion, persist. Indeed, girls' and women's lack of information about the effectiveness of modern methods of contraception and the risk of pregnancy when no method is used, coupled with gender-based differences in societal relations and harmful gender norms (lack of bodily autonomy and decision-making power about reproductive health by women, non-approval of modern methods of contraception by the partner, low level of education, early unions, opposition from parents,

[5] Ipas 5th year annual report, 15 March 2021 has informed this section.

traditional, religious leaders) has resulted in low demand for sexual and reproductive health (SRH) services and safe abortion.

The provision of SRH and safe abortion services is hampered by challenges that affect the entire health system. This includes corruption, occasional stock-outs of essential supplies and medicines, poor and under-resourced infrastructure (medical equipment, diagnostic tools, professional standards), insufficient number of health professionals (linked to insufficient per capita health expenditures), absenteeism (estimated at 23.4 percent), and inadequately trained health professionals. This constrains the quality of health services in the approximately 1651 public sector health facilities at the primary, secondary, tertiary, and quaternary levels.

It is in this environment Mozambique is found to have one of the highest rates of teenage pregnancies in the world and has continued to show an upward trend in the past two decades across both rural and urban populations. Hand in hand with the high teenage pregnancy rate goes the elevated number of child marriages. According to the 2017 Census[6], 3,11% of the girls between 10 and 14 were either married/in union or already divorced/widowed and 49,46% of the group between 15 and 19 are or were married/in union.

The need for safe spaces – and activities like the Ipas / EoS project

In recent years, the civic space is recognised by the authorities as a threat to the political and economic elites. Civil movements[7], particularly those linked to human rights, are perceived as a permanent threat to dominant political groups and others. The alliance that these dominant groups have with groups that advocate opposition to sexual and reproductive rights has become evident. The most recent case was the violent police reaction to a group of women protesting against obstetric violence in the country's health care facilities. Another example was the way the government, with the support of several groups, removed the chapter on sexual education from the compulsory education curriculum.

Ipas began mobilising feminist organisations, which in recent years, for example, have become vocal against sexual abuse and control of the body by authorities, particularly in access to public services. The creation of safe spaces is to mobilise society through partner feminist organisations to protect the gains that the country has made in recent years in relation to sexual and reproductive health, increasing the visibility of the work of these organisations and occupying spaces that are normally dominated by sexist, opposition, and conservative groups, particularly in the definition of public policies. In view of this poisonous reality, it continues to be of vital importance that the Embassy of Sweden funds feminist organisations.

Covid 19, armed conflict and climate change impact on weather conditions

When addressing the evaluation context in 2022, it should be noted that we are looking back at years marked by both the Covid 19 pandemic, impact by armed conflict in a neighbouring province and significant effects by weather conditions. The Provinces of Nampula and

[6] INE, 2019

[7] https://www.civicus.org/index.php/fr/medias-ressources/122-news/interviews/2661-mozambique-ngos-battle-for-free-civic-space

Zambezia in addition to being the most populous in the country, were also among the hardest hit by the COVID-19 pandemic, impacting both demand and provision of services. Furthermore, the armed conflict in Cabo Delgado and subsequent large-scale internal displacement of people seeking refuge in Nampula and Zambezia puts significant pressure on the already fragile health system in these provinces. An Ipas 2021/22 study assessed the impact of climate change on sexual and reproductive health in three districts, indicating that during severe weather events, access to health centres becomes impossible, particularly during floods and cyclones, which hit during the period of project implementation.

In Mozambique[8], the first case of COVID-19 infection was confirmed on March 22, 2020, and on March 23rd, Ipas instituted mandatory work-from-home for all country offices. In April, the President of Mozambique declared a State of Emergency[9] that lasted five months, from April to September. Restrictions included limitations on international travel, mandatory quarantines for people who suspect exposure, restrictions on gatherings and mandatory mask usage, among others. In September, the State of Emergency expired, reverting to a "situation of public calamity".[10,11]

This posed dual challenges to the Ipas project: on the one hand the need to adjust the planned project implementation and the other, engaging responsibly with national partners in view of the impact of the pandemic on the country's health system. Mozambique is a Country with fragile health systems and with a strong dependence on international cooperation. Ipas therefore adapted project implementation to support the Government's COVID-19 response plan and ensure the continuous quality improvement and building government leadership to integrate comprehensive abortion care (CAC) into Mozambique's health system.

All through this evaluation reference is made to the adjustments needed and carried out by the project. For a project working in three sites, with intensive travelling in-built and with numerous on-site events for elevated numbers of people from training events to SRHR festivals, the Covid 19 pandemic put a stop for some activities while opening for the creation of many innovative ways of solving the situation. One of the alternative capacity building responses was a networked WhatsApp universe with many different direct training activities and even more refresher events, mentoring and hot line functions, now built into the Ipas tool-box.

The overall extraordinary interventions included strengthened the response capacity of the 41 health facilities, supported by Ipas, against the COVID-19 pandemic through the acquisition and distribution of materials and supplies for infection prevention and control, thus facilitating continuity in the provision of CAC services; Providing technical support to training institutes for CAC pre- and in -service training during COVID-19; Support MoH in developing guidance for healthcare providers and health facility managers to ensure access to SRH services including abortion services during the COVID-19 period; Conduct on-the-job

[8] This section is informed by the Ipas Mozambique annual reports

[9] Presidential Decree No. 11/2020, of March 30.

[10] The State of Emergency was originally declared by Presidential Decree No. 11/2020, of March 30, and ratified by Law No. 1/2020 of 31 March, it was extended three times through Presidential Decree No. 12/2020 of 29 April, presidential decree No. 14/2020 of 28 May, and Presidential Decree No. 21/2020 of 26 June, respectively.

[11] Decree No. 79/2020 of 4 September.

trainings for 150 providers to compensate for provider turnover and to improve quality including preparation for the COVID-19 response – just to mention a few.

Despite having one of Africa's most liberal abortion laws, access to abortions and information on contraceptives in Mozambique has been limited not least in rural areas with limited health infrastructure. The scope of Ipas work therefore aims to increase women's and adolescent girls' access to abortion and contraceptive services closer to their own communities, where they are most likely to seek care. With a youth-driven and youth-focused profile, the project set out to reach those most in need with a goal to improve the knowledge, ability, opportunities, and choices of women and girls in Mozambique to access safe, high-quality abortion care and contraception.

1.3 EVALUATION APPROACH & METHODOLOGY

The evaluation has been guided by ten evaluation questions (EQs) (as stated in the Terms of Reference) related to the criteria of relevance, coherence, effectiveness, efficiency, impact and sustainability. These EQs have been used as the structuring principle in chapter 3, presenting the evaluation's findings.

The overall approach applied in this evaluation has been theory-based, looking at what factors have influenced plans and assumptions. Sida's support to Ipas seeks to contribute to changes in the policy environment, in service provision, in community sensitisation and in availability of new knowledge in the field that impact on "Improved sexual and reproductive health and rights of women and girls in Mozambique" supporting the emergence of what Ipas labels as a sustainable abortion ecosystem (see next chapter).

The theory-based approach has included development of a project specific theory of change (ToC)[12] (see Table 1 in 2.4), which has been tested by looking at documented project achievements and also how different stakeholders perceive the relevance and coherence, the effectiveness and efficiency, the sustainability and potential longer-term impact of these efforts. The evaluation team has explored to which extent the processes of change in Ipas' holistic and collaborative project approach has been backed up by realistic, contextualised, and adaptive strategies and approaches.

Analysis of the ToC of the project was challenging in that the original results framework for the Sida support was not explicit about how activities were assumed to influence ultimate outcomes and impacts. This will be further discussed in next chapter. This issue is common in many programmes and projects related to services, in particular since many facets of the ToC are beyond the spheres of control and influence of the projects. The vast scope of needs and widespread societal resistance towards abortion rights indicate that Ipas' spheres of control and influence are obviously limited. The current Ipas Mozambique implicit project ToC, based on the results framework, has been iteratively developed during the period that the Sida support has been provided.

[12] The ToC was presented in the inception report, revised and confirmed by Ipas Mozambique.

The evaluation has had a utilitarian-focused approach and has invited to a continuous open and transparent dialogue with the Embassy, Ipas and partners to enhance the utility of findings and recommendations for end users. Weekly meetings with Ipas was held throughout the evaluation process, each part of the field work was concluded with feed-back sessions, and a debriefing workshop was held at the end of the data collection in the field with Ipas, MoH and the EoS. In the field, the evaluation team has ensured participation to the extent possible of a variety of key stakeholders in the evaluation to give different categories of stakeholders a voice while concurrently triangulating findings. Overall, the evaluation has worked to secure giving a voice to rights-holder representatives of target groups in communities/districts in rural and urban areas.

In line with the project priorities and the principles of the human rights-based approach (HRBA), the evaluation has sought to optimise the inclusion and participation of marginalised and discriminated rights-holders in the evaluation exercise and given them opportunity to share their experiences and feedback. In the context of the project, this is understood to particularly include young women and girls. A **gender-sensitive approach has** ensured that especially women and girls could freely speak by giving them their own separate spaces and held sensitive interviews individually. Similarly gender considerations were integrated at all levels of the evaluation and it has also assessed to which extent Ipas gender equality approach applied in the project was transformative[13].

Aligned with a HRBA, we use the term rights-holders in the report rather than beneficiaries. In the evaluated project the direct rights-holders are women of reproductive age. In addition, adolescent boys and girls are also targeted through comprehensive sexuality education interventions that include information on safe and legal abortion. In a broader sense rights-holders can also refer to community members in general. We specify in the report when we refer only to women and girls rights-holders, and when the term is used in a broader sense.

1.4 THE EVALUATION PROCESS

During the Inception Phase, the evaluation team further developed the methodology, identified the criteria for selecting the evaluation sites, and the stakeholders to interview, and developed the data collection tools in a participatory process involving especially the EoS and the Ipas management team, but also the MoH. Tools used to gather data include interview guides, focus group discussions, recording individual life stories, site and social observation as well as regular feed-back sessions with project implementers.

The team has reviewed a range of documents (project documents, strategies, reviews, reports, studies, training assessments, M&E documentation, etc.) from Ipas and Sida. The secondary data reviewed has, where possible, been triangulated including with the qualitative field data collected by the evaluation team. It has not been possible for the evaluation team to verify quantitative data provided by the Ipas project, with comparable quantitative data. The MoH informed the evaluation team that the Ministry does not have such data available. The Ministry

[13] We use Sida's definition of gender transformative: "contributes to change of social norms, cultural values, power structures, and the roots of gender inequalities and discrimination". How Sida works with gender equality, November 2020, Gender Tool Box (Brief), Sida.

is presently, partly with Ipas, working on strengthening their systems. The evaluation team has been cautious when using quantitative data, to reflect the level of reliability.

Similarly, as highlighted elsewhere, Ipas works closely with other partners nationally and locally, sharing approaches, experience, and materials, and they collaborate to achieve set goals. Operating in the 'safe abortion ecosystem', Ipas as such underscores that identified change can only in very specific situations be attributed to Ipas interventions alone, whereas the Ipas contribution can be seen. Recognising such rooting with national and local partners, contributions can be considered of major importance for effectiveness and sustainable impact.

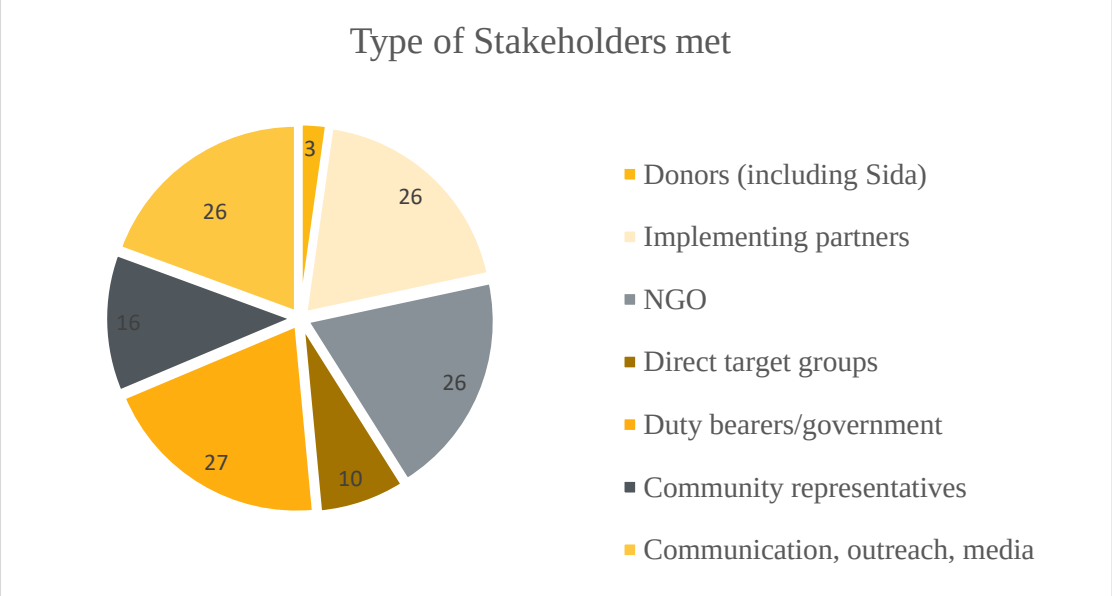
The field work took place during the second half of August and was carried out in Nampula city, and in Moma and Meconta districts; in Zambezia in Quelimane, and Mocuba and Maganja da Costa; and in Maputo. Ipas provided essential support in identifying relevant stakeholders to interview and setting up the programme. People met were generally open about their views of Ipas' work.

The data collection has primarily relied on qualitative data collection methods using interview guides tailored to the specific stakeholders as shared in the inception report, as well as available quantitative data from the projects' M&E reports and commissioned studies.

The selection of districts was based on the following criteria: (i) Programmatic; (ii) Population & Health factors and (iii) Socio-cultural & Geographic criteria, facilitating the choice of sites. Ipas agreed with the choice and helped identify the more specific locations within these six areas where Ipas perceived that work had progressed relatively smoothly and elsewhere with some difficulty, to contrast findings and assess the factors behind these trends.

Eight focus group discussions were undertaken. Interviews were conducted with a range of administrators, Comprehensive Abortion Care (CAC) providers, community mobilisation actors and users of the safe abortion services in Nampula and Zambezia provinces. In Maputo interviews were carried out with the EoS, Ipas staff (in Maputo and globally), and Ipas collaboration partners. The categories of interviewees were purposefully selected, and an overview of stakeholders met can be found in Annex 2.

FIGURE 1 - TYPE OF STAKEHOLDERS MET



The NIRAS team consulted all the above-mentioned Ipas stakeholders and target groups listed hereunder, partly through field work at provincial and national levels, through written communication, and in online workshops.

	Ipas Target groups
Direct target groups	In Nampula and Zambezia provinces: • women and girls (individual level) • health care providers and managers (organisational level) • community intermediaries (activists, community leaders, Journalists in community radios, matrons, godmothers responsible for initiation rites etc) • National level: MoH supporting implementation of policies, to realise the enabling environment
Indirect target group	• Members of youth groups and communities. The communities in general (community level)

Limitations

Given the scope and the limited timeframe of the evaluation, as well as the geographical coverage of the project, the sample of consulted stakeholders is somewhat limited. In the fieldwork we gave priority to gaining the perspectives of frontline service providers, both from the MoH and among community outreach activists, as well as from the end users of the project.

It has not been possible for the evaluation team to verify quantitative data provided by the Ipas project. The MoH informed the evaluation team that the Ministry does not have such documentation available but is working on strengthening its systems. The evaluation has built needed caution into its use of such secondary data.

As is the case in most public service in Mozambique, and very much so in the health sector, staff is being regularly rotated between locations. It did, however, also mean that no police officers and only few district prosecutors, who had taken part in the Ipas trainings were found in the locations visited, as they had moved on. The evaluation regrets this but believes to have been able to cover this area sufficiently through other information channels.

The evaluation team wishes to stress that since the project is still ongoing, it is not yet possible to assess the impact. This is only possible to measure a certain time after an intervention's completion. This means that what we report on in this evaluation is the progress towards impact

2 The Evaluated Intervention

2.1 IPAS

"We believe in a world where every person has bodily autonomy and can determine their own future."
(Opening statement on the Ipas website.)

Ipas works globally to advance reproductive justice by expanding access to abortion and contraception. This work began in 1973 with the provision of life-saving reproductive health technologies for health systems. They worked in several countries from the onset and have experienced continued growth and change as an organisation, while keeping their one, core commitment: to expand access to abortion, which has remained constant. This they do as they see abortion as an essential component in health care to which everyone has a right, and necessary to ensure reproductive justice for all.

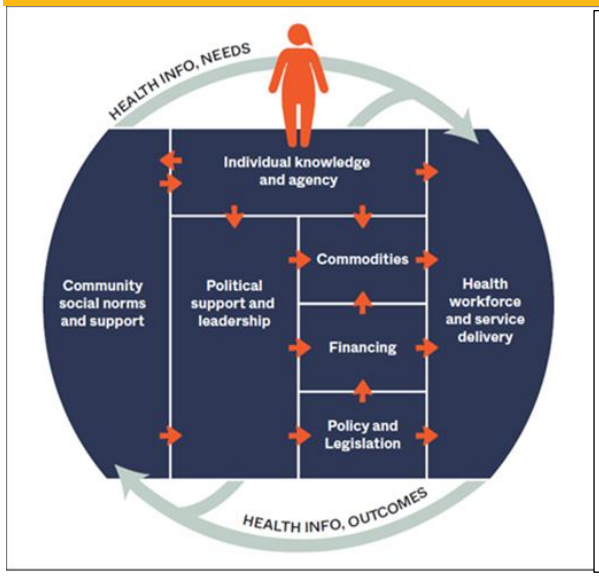
Today they work on five continents with a comprehensive approach that centres the needs of those who seek abortion care[14]. Their focus is to build what they call 'sustainable abortion ecosystems' that address all factors impacting a person's ability to access abortion—from individual health knowledge to social and community support, to a trained health workforce, to political leadership and supportive laws.

Ipas globally has developed its understanding of this ecosystem as consisting of a process building on influencing community and social norms, political support and provision of material support and services. Together this leads to desired health outcomes and understanding of the need for safe abortion. Ipas Mozambique's work is both a reflection of Ipas' deepening global understanding, and also a contribution to awareness of what a sustainable abortion ecosystem means in practice.

With the individual woman at the core and as the starting point, this is the framework Ipas International has established for the sustainable abortion ecosystem, which needs to be in place for women to, in this area, being able to have their needs met and access to their rights.

[14] This background information is partly from the Ipas website, partly from the group interview via zoom conducted by the team leader of this evaluation on August 30, 2022.

FIGURE 2 - IPAS SUSTAINABLE ABORTION ECOSYSTEM



The eight components are Individual knowledge and agency; Community social norms and support; Political support and leadership; Policy and legislation; Financing; Commodities; Health workforce and service delivery; and health Information.

In Ipas Strategic Framework narrative, a sustainable abortion ecosystem is defined as "a dynamic condition in which resilient local stakeholders and systems are actively accountable and committed to abortion rights and responsive to everyone's abortion needs." ,Ipas' work is based on rights-based principles and an intersectional and transformative gender approach.

Ipas International decolonising their organisation

Ipas has decided 'to walk their talk': when being dedicated to advancing equity and justice, Ipas has decided to also get 'their own house in order' and engaged in a years-long journey to shift power within their organisation. From the US HQ leading the policy, strategy and implementation plans with partner organisations and projects around the world, they are now in the process to transform into a global network with dispersed authority, power and leadership— sharing resources, knowledge and expertise across the many countries where Ipas works— while all remain bound by the Ipas common vision and mission. As they evolve, they vow to keep their commitment to ensure that all people have bodily autonomy and can access the essential health care they need.

2.2 IPAS MOZAMBIQUE

The Ipas Mozambique country office is based in Maputo. As the EoS-funded project works in Nampula and Zambezia, the project furthermore has an office in each of the provincial capitals here. Apart from the EoS-funded project, Ipas Mozambique has initiated a project in Niassa province with Canadian funding. While the Niassa project benefits from all the procedures and processes, the tools and documentation developed for the EoS-funded project, the two projects are presently managed separately. In addition to Niassa, the project funded by the Canadian Government is also implemented in Nampula and Zambezia. A future synergy between the two projects and an opportunity to align them completely within the province's abortion ecosystem strategy is being explored by Ipas and EoS in the drafting of the next phase.

With the need to replace the management team a year into the project (2017/2018) and return part of the Swedish funds to the Embassy, and as Ipas was met by the usual challenges in obtaining a registration in Mozambique, full project activity took off a year late, in 2018, when also the Mozambican registration fell in place and ensured that the project is in a position to work effectively together with national authorities and organisations. Ipas started out with a team

of six key positions all based in Maputo[15]. Presently, for the EoS-funded project, Ipas has a team of 8 staff based in Maputo, 13 in Nampula and 6 in Zambezia[16].

The Ipas project operates within the 'sustainable abortion ecosystem' which for the evaluated project is operationalised in four outcome areas, namely:

- **Outcome 1:** Supported the creation of an enabling and sustained policy environment for access to Safe Abortion for Women and Girls. Here Ipas has supported GoM operationalise the 2014 law, decriminalising abortion, and worked on attitudes and values surrounding abortion in Mozambique
- **Outcome 2:** Improved availability and accessibility of services for girls and young women through multiple points of care. Here Ipas has supported the upgrade of abortion facilities in 20 Health Facilities in Zambezia and 21 in Nampula. They have trained staff and supported development of effective implementation frameworks for implementing access to safe abortion and contraception.
- **Outcome 3:** Increased young women's and girls' knowledge, agency and strengthened their social support networks. Within this component Ipas research has identified the starting point and worked to ensure effective information with community outreach on many platforms and diverse channels.
- **Outcome 4:** New knowledge generated and disseminated. Research mapping the need for documentation and information, ongoing project monitoring and development of materials providing women and girls with the information needed on safe abortion and contraception.

2.3 THE IPAS PROJECT BACKGROUND

The project started in 2016, with gradual implementation from early 2017. The project's activity period ends in December 2022. The validity of the agreement for reporting, however, goes up to August 2023. The **Ipas project has, for the past six years,** worked to attain its four core objectives advocating for an enabling policy and regulatory environment; supporting the implementation of the abortion law; increasing the number of trained health-care providers and facilities; and finally ensure increased access for populations most in need of comprehensive abortion and contraceptive services (e.g., youth) through community-level outreach, using social and behaviour change communication to influence – and change – persisting social norms.

Ipas does this together with a wealth of other key actors, who in the enlarged SRHR community in Mozambique presently include the UN actors – centrally the UN Population Fund (UNFPA) - under the One UN Action Plan including work to strengthen women's rights and help to extend quality integrated sexual and reproductive health care. Other donors include the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) – DREAMS; the Global Fund focusing on SRHR through the prevention of HIV; the World Bank's investment case that includes disbursement-linked-indicators related to reduction of teenage pregnancies. In addition,

[15] Country Director, Finance and Human Resources Manager, Program Manager, Project Advisor, Health Advisor and Monitoring and Evaluation Advisor.

[16] Organigramme in Annex 5.

the first phase of the Sida funded Rapariga Biz Programme[17] was implemented in the same two provinces in Mozambique as the Ipas project evaluated here (Nampula and Zambezia). Implemented by four UN agencies[18] under the leadership of the GoM, the project focused on securing improved capacities to make informed choices and improved access to SRH services. The overall objective is to ensure SRHR of girls and young women, and the programme will start its second phase next year.

Ipas works with the health sector intending to ensure engagement in the core project objectives by all. In addition, dozens of international non-governmental organisations work in this area, including Pathfinder International and Plan International as well as social marketing companies such as DKT[19] and PSI [20]with DKT also providing abortion services as means of family planning in private health facilities.

2.4 THE PROJECT INTERVENTION LOGIC

The project intervention logic reflects the combination of factors and components making up the Ipas 'sustainable abortion ecosystem' with supportive legislation; strengthened health facilities including through both infrastructure development and training; increased knowledge and agency among girls, (young) women and communities; and finally, through research and documentation of innovative strategies and dissemination of those.

The Intervention Logic for programming in Mozambique is based on Ipas's organisational ToC and adapted[21] to match the Mozambique project and reality. The Ipas intervention logic is based on the organisation's experience, that abortion-related deaths are preventable with political will, law reform, access to training and technologies, massive use of contraception, including emergency contraceptives, and support to reduce stigma affecting women and providers. Ipas assumes that if safe, legal abortion services are widely available, affordable, and well-publicised, women's and girls' lives will be saved because they will not need to seek abortions from untrained providers in unsanitary conditions or otherwise resort to unsafe methods. The diagram in figure 3 below illustrates how these factors interact and support one another.

This translates directly into the outcomes of the Ipas Mozambique project presented above.

[17] Its full name is Action for Girls and Young Women's Sexual and Reproductive Health and Rights in Mozambique". 2016-2019, extended to December 2022.

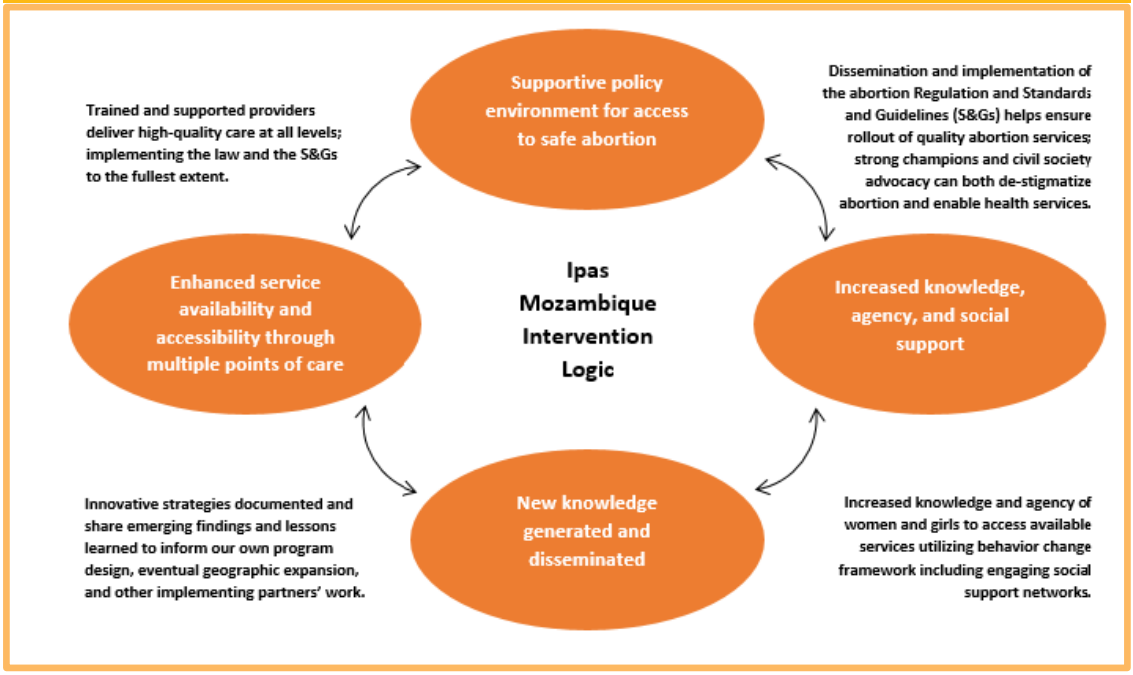
[18] https://mptf.undp.org/fund/jmz10

[19] Also financed by the Embassy of Sweden through regional program. **D**harmindra **K**umar (Deep) **T**yagi, a pioneer in family planning projects, gave name to the organisation (http://www.dktmozambique.org).

[20] PSI is commonly known by its acronym. PSI stands for Population Services International.

[21] This was presented in the grants application (2016) and is being used here as the evaluation team has not had access to any newer iterations.

FIGURE 3 - PROJECT INTERVENTION LOGIC



These outcomes in turn cover the eight key programming components making up elements of the 'abortion ecosystem' defined by Ipas as "**a dynamic condition in which resilient local stakeholders and systems are actively accountable and committed to abortion rights and responsive to everyone's abortion needs.**"

Through the theory-based approach to the evaluation, the evaluation team has looked at the underlying assumptions for how the contribution of the project will achieve the outcomes of the project, and through this, support the emergence of a sustainable abortion ecosystem.

To work effectively with the Ipas results-based framework, the evaluation team developed in close dialogue with Ipas Mozambique the below ToC[22]. We have examined how the pathways of change relate to the spheres of control, influence and interest of the project's main actors, i.e., the health care providers, women and girls in the Zambézia and Nampula provinces and other beneficiary member of youth groups and communities, but also the role of the wider SRHR community to achieve sustainable changes.

[22] Presented in the Inception Report (see Annex 7) and agreed by all.

Table 1 - Project specific Theory of Change

Sphere of control			Sphere of influence	Sphere of interest
Key Activities		**Key Outputs**	**Key outcomes**	**Impact**
Ipas implements activities contributing to the production of outputs		**Ipas provides its target group with access to:**	**Ipas expects to see target group use:**	**Ipas hopes to contribute to:**
		National plan for safe abortion prepared Safe abortion regulation finalised Safe Abortion Norms and guidelines approved Dissemination of Safe Abortion law carried out VCAT[23] carried out Mother and Child Health (MCH)[24] National Curriculum revision carried out Workshops carried out Survey carried out	Supported the creation of an enabling and sustained policy environment for access to safe abortion for women and girls	Improved sexual and reproductive health and rights of women and girls in Mozambique
		Materials prepared for public sector abortion and contraceptive provision, support Public sector providers trained Public and private sector pharmacists trained Abortion, contraceptive facilities improved Preservice training, national level, Reproductive Health/MCH Training, information provision on MA Assessment of supply chain infrastructure Ipas MVA, MA drugs on national list of essential drugs.	Improved Availability and Accessibility of Services for Girls and Young Women Through Multiple Points of Care Increased Young Women's and Girls' Knowledge and Agency and Strengthened their Social Support Networks Safe space and supportive environment created for girls and women to access quality SRH and CAC services.	
		Research on girl's KAP on abort, prevention Support capacity built to reach more vulnerable training of community leaders, community-based organisations, and Peer Educators. training of humanitarian workers on SRH and CAC for provision of services to internally displaced persons. support the work to protect safe space for SA and SRH in collaboration with feminist organisations. Youth centred service delivery points established Partnerships built RaparigaBiz, youth-led groups		
		Communication plan update based on Social and Behaviour Change Communication (SBCC) research results Media programmes developed, supported Equipment provided, Radio staff trained 21 community radios monitored Media campaign report prepared	New Knowledge Generated and Disseminated	

[23] VCAT stands for 'Values clarification and attitude transformation'. VCAT workshops encourage participants to explore their assumptions about abortion and examine their role in assuring women's safe access to abortion care.

[24] MCH = Mother and Child Health.

The overall approach to the evaluation was theory-based, looking at the underlying assumptions about the contribution of the Sida-financed Ipas programme to the emergence of a sustainable abortion ecosystem. The current Ipas Mozambique ToC has expanded on the ideas in the original implementation logic and the continually updated results framework. The ToC can as such be seen as an outcome of learning which has been underway during the period of Sida support.

Briefly summarised, Ipas inputs, in the form of material support to facilities providing CAC and developing systems for strengthening human and institutional resources, are assumed to improve the quality of services and – over time – an awareness about how these services will improve maternal health and well-being. These systems include both SRHR services and the Ipas priority engagement with the wider landscape of civil society, the media, traditional and religious leadership, and law enforcement. Risks are recognised in the form of an often-hostile environment for girls and women seeking abortion, uncertainties about future trends, and major resource deficits in the overall Mozambican SRHR (and general health) system.

Analysis of the ToC of the programme was challenging as the original implementation logic was not explicit about how activities and outputs were expected to influence ultimate outcomes and impacts. The 'missing middle' is common in many programmes related to services, in particular since many facets of the ToC are beyond the spheres of control and influence of the programmes. This was, however, in the Ipas Mozambique project design sought partly remedied through the project's – and especially outcome 3's - focus on information dissemination and participatory awareness-raising processes, so as to increase the human and social capital both at health systems level and community levels.

Furthermore, Ipas has taken a holistic approach, recognising that to be effective, efficient, and sustainable, it needs to work in full coordination with the national health system and the provincial authorities, as well as with the many the other partners active in the area of SRHR. As the Ipas team stressed in one of the KIIs with them: "The agenda of Ipas is to ensure the SRHR agenda with a focus on safe abortion. And this is only possible through strong partnerships."

Ipas Mozambique therefore now is one of three organisations leading the 'Technical Abortion Group' (Grupo técnico do aborto) operating with MoH. Ipas is furthermore active in the coordination of NAIMA+, a network of international organisations in the area of health. Finally, Ipas is also active in the Network on Sexual and Reproductive Rights (Rede de Direitos Sexuais e reprodutivos), a platform of 25 civil society organisations at central and provincial level to coordinate advocacy actions for the approval of laws and policies.

3 Findings

This chapter presents the evaluation's findings under each evaluation criteria. The evaluation questions listed in the ToR are used as the organising principle for this chapter.

An evaluation's objective is to focus on the processes, the deliverable results (sphere of control) and even more so, on the results (sphere of influence) which is where **the change**, that a project like the present is all about, happens. As mentioned with more detail below, little documentation was found about the qualitative outcomes and change. This could have further enriched our understanding among others of changed perceptions and of norms change among women and communities, and of the results emerging from the community outreach, the communication activities and the Values Clarification and Attitude Transformation (VCAT) work. The evaluation team has used our interviews to fill the gap as possible.

The evaluation's findings are based upon our extensive desk review of project documentation[25] and our combined more than 35 days of 'field work'. Our desk review includes the project's core grant document; the annual narrative and logframe-based M&E reports; the project's results presentations; the studies solicited by the project and the documentation of policy and dialogue processes; the implementation strategies (including communication and SBCC); communication products (success stories, posters, pamphlets, videos, etc.); some of the project's training materials; and the project's collaboration agreements with implementation partners for the community outreach; as well as the practical tools and guidance documents consulted by the team members during field work in Zambezia and Nampula. The team has furthermore consulted global Ipas documentation online.

3.1 RELEVANCE: IS THE INTERVENTION DOING THE RIGHT THING?

EQ 1. To what extent was the project consistent with the needs and priorities of the beneficiaries and the Government of Mozambique?

In December 2014 the law decriminalising abortion (December 35/2014) during the first 12 weeks of pregnancy and under certain other situations was approved[26] and in October 2017, the Mozambican Ministry of Health approved clinical and legal guidelines to implement the new abortion legislation. Still, many other barriers to safe abortion continue to prevent women from safely accessing SRH services at the individual, community, provider, health facility, and

25 List of documentation consulted is found in Annex 3.

26 In March 2021, the Communication Strategy for Safe Abortion was approved by the MoH.

health systems levels[27]. Strong traditional and cultural resistance to open, free, and safe abortion is found at all levels of society, as documented in this evaluation.

It is in this environment that the Ipas project started in 2017. As described above, the project aims to bring about a sustainable, holistic abortion ecosystem including (i) support to the roll-out of an enabling and sustained policy environment; (ii) ensuring improved access to and quality of health services both supporting the improvement of the abortion infrastructure in the 41 health facilities the Ipas project works with and the training of staff; (iii) increase young women's and girls' knowledge and self-confident agency and (iv) securing availability of information and knowledge around abortions for use by all.

How did Ipas meet the needs and priorities of the rights-holders?

The evidence collected from rights holders, women in reproductive age, in touch with the project in both Nampula and Zambezia, and the Ipas project's own quantitative documentation presented below in figure 5 all point to the fact that the rights-holders made use of the services. This could indicate that their needs and priorities were met. Systematic evidence documentation was, however, not available to the evaluation team. What is certain is that many people make increased use of the new access to services. In interviews, abortion users, community communicators and health practitioners alike highlight that previously, having an abortion was a risky issue that could result in infertility and death.

A group of activists working with 'Coalizão', making up a part of the Ipas Outcome 3 community awareness raising activities, met by the evaluation team at the health centre in Maganja da Costa in Zambezia stressed how they work to ensure that individual women and the communities know their rights to safe abortion and family planning, the procedures, and where to access the services. "We make sure that the young girls understand that if they don't take the safe abortion option, they may lose their lives!" A different group of activists, met in the rural hospital in Mocuba, Zambezia, told how they offer to accompany the young girls to the clinic and wait for them until the abortion is done. This support makes a safe choice much easier, the group stressed. This is a welcomed support by the abortion users in a situation where they feel insecure and vulnerable.

The women users of abortion services interviewed individually[28] all stressed that the reason why they came to the health facilities for abortion was that they received information by Ipas activists in community meetings. One woman in Nampula City was met by a hostile nurse, a conscientious objector to abortion: "I first came to the central hospital, and they told me that they were not prepared to make an abortion with me because then they would be guilty and responsible for taking the life of a child, and that I was very young and could still have a lot of children… I nearly started crying. But then an activist helped me find a different clinic. They accepted helping me and were kind. It is really a big decision to have an abortion!"

27 As documented in the Ipas study (2018): Understanding barriers and facilitators to safe abortion options in Nampula and Zambézia provinces, Mozambique.

28 7 interviews in Zambezia and 1 in Nampula.

A group of community leaders in Mocuba, working to communicate about SRHR to the community as a part of the Ipas project, stressed that the project is highly relevant: "Because it is helping us to prevent quite a lot of maternal deaths, unwanted pregnancies and it helps to clarify doubts about the laws. Safe abortion in the health facility is no longer a crime. This is a very powerful message to be sharing!". The community leaders went on to share stories of relatives who earlier had died due to unsafe abortions.

Access to SRHR, including safe and legal abortion, are fundamental for women's and girls' enjoyment of their human rights. SRHR is a key component of a transformative gender equality approach and linked to the possibility for women to gain and uphold economic empowerment, political participation, and make independent and free life choices. The Ipas project is found to be well aligned with the gender equality commitments made by the GoM including women's and girls' right to bodily autonomy, as manifested in GoM's ratification of the Maputo Protocol, the International Conference on Population and Development agenda and the Convention on the Elimination of all forms of Discrimination against Women (CEDAW), and in the national law on safe and legal abortion.

The project is also well aligned with Sweden's feminist foreign policy and priorities governing the development cooperation with Mozambique, where gender equality and SRHR are emphasised. Focus on a stronger and better compliance with the national law is relevant from both health, rights, and gender equality perspectives.

How did Ipas meet the needs of the duty bearers / Government?

Overall, all stakeholders met agree that the Ipas project with its profile, focus and orientation, came at a no less than perfect time – a phrase used many times by all met. The Safe abortion focal point in the MoH Department of Mother and Child Health (MCH), starts our interview out clarifying that: "Had Ipas not been here, then the 2017-2018 activities had not started. For a national project to have partners so close is really good. The Ministry would not have had the level of staff nor the funds to advance the implementation and roll out of the Safe Abortion plans! There are provinces that have not yet started the roll out, and where the maternal mortality is not going down, and where there are many insecure abortions. The Ipas project has helped a lot in terms of deaths."

The MoH MCH department works closely with Ipas and finds their work of a high quality – and they are the Department's only partner in Nampula province. Ipas and the MoH ensure complementary work plans at the beginning of the year and coordinate both action and M&E. Ipas' direct collaboration partners at MoH stress that the Ministry follows all the important training and while it is important for the provinces to maintain their autonomy, the Ministry wants to follow the development of new methods and capacity developments brought by Ipas.

Also at the provincial level, the relevance and importance of the Ipas project is highly valued. One key informant at the MCH department at Quelimane's central hospital said: "In my analysis, the way Ipas has been providing assistance for safe abortion is both relevant and very important because they provide direct support, provide training, update the health providers, and replicate the training. They give on-the-job training, partly by mentors and other health providers. In my health unit, these trainings are done on a monthly basis."

This was echoed in Nampula, by another MoH key informant: "The Ipas project is not only relevant, but also highly important. You know that Nampula is the most populous province in the country, it has the highest illiteracy rate, and it is a province with certain existing traditional values. A project that focuses on complete abortion care is of extreme importance to us because many women died because of complications during abortion. This project helped us to reduce maternal mortality importantly … We can say that this project helps government to achieve many of its policies and objectives."

EQ 2 To what extent have lessons learned from what works well and less well been used to improve and adjust intervention implementation?

Ipas works systematically to extract lessons learnt from what works well and less well[29]. They furthermore make use of the tools and instruments made available by Ipas International as a part of the Sustainable Abortion Ecosystem as they may serve the project's ongoing purposes. This could be specific survey models, frameworks for developing a baseline, or for testing self-efficacy. Adapting tools to fit specific needs, one interesting aspects of using these tools is being able to compare the situation in Mozambique with that in other countries.

One such example was when the project carried out a 'Mozambique National Abortion Ecosystem Assessment Results'[30] exercise, as a way to make the duty-bearers aware of persisting challenges and gaps. This was done in August 2019 in collaboration with MoH representatives, other government officials, and key civil society partners. The outcome of the assessment is shown below. The assessment results highlight gaps in three key areas of Mozambique's national abortion ecosystem:

- Individual knowledge and agency
- Community social norms and support
- Health financing

FIGURE 4 – IPAS MOZAMBIQUE'S NATIONAL ABORTION ECOSYSTEM ASSESSMENT RESULTS

Ipas Mozambique Abortion Ecosystem Assessment Dashboard

	Component	Score
1	Political support and leadership	3.3
2	Policy and legislation	3.4
3	Individual knowledge and agency	1.9
4	Community social norms and support	1.7
5	Reproductive health information	2.1
6	Health workforce and service delivery	3.0
7	Supply chain and commodities	2.4
8	Financing	1.8
	TOTAL	2.5

To achieve abortion care sustainability in the country, this exercise helped highlight how future programming should prioritise these three areas. The assessment also showed a more supportive enabling environment for service delivery as compared to other areas. This was an opportunity to continue building on Ipas's existing efforts to expand abortion care services and improve their quality as a way to ensure abortion care sustainability. *Dashboard key [legend] can be found in Annex 6.*

[29] In section 3.3 where the EQ asks into the Ipas M&E, this question is elaborated upon.

[30] Found in the 2019 "Ipas Mozambique Youth-Focused Social Norm and Behavior Change Strategy".

3.2 COHERENCE: HOW WELL DOES THE INTERVENTION FIT?

EQ 3 How compatible has the intervention been with other interventions in the country, sector or organisation where it is being implemented?

The technical teams from MoH underline that there is full alignment between the workplans, priorities and standards with Ipas. In all meetings with Ipas collaboration partners in Maputo, the senior Ipas management team was lauded as extraordinary team players, and their important role in the different coordination networks of the SRHR/health sector was recognised as of high quality and consistency. This was found for their work among others in the technical abortion group of the MoH, the CSO Network on Sexual and Reproductive Rights (Rede de Direitos Sexuais e Reprodutivos), and NAIMA+, a network of international organisations in the sector. In all of these frameworks, Ipas was seen to take on coordination duties and ensure that notes are always taken. This is seen as an important reason why these fora now manage to generate more consolidated results than before. This is well aligned with Ipas ToC and the role Ipas aspire to play within the sustainable abortion ecosystem.

Another local partner stressed how the Ipas management works to increase collaboration and coordination in the work around safe abortions and related SRHR areas. “Even the press conferences of the sector are now done together,” the partner said “And they share materials developed about safe abortions. We use the Ipas material in our work also.” Related to this finding, Ipas was considered a different international organisation in its close coordination with national players: “They think globally but act very much locally – they are ‘Mozambicanising’ global Ipas” a close local collaboration partner said. Also the provincial health authorities have conveyed that they appreciated the Ipas way of working and that they felt the activities were well organised.

Partners furthermore called the senior Ipas management ‘courageous’ and ‘extraordinary’ due to their up-front positioning of ‘safe abortion’, which according to partners used to be an area of stigma and very low recognition. The Ipas project is seen to have boldly turned this upside down – or to be on its way to do so. A feminist national organisation interviewed, recognised this role of Ipas, and further underscored that this is the kind of commitment a feminist organisation like Ipas, with gender transformation as its aim, needs to take.

The work to approach and inform the young women is central to the project and the Zambezia-based Ipas team recently realised that the management of the community activists is not functioning optimally: “We have seen many activists give up, looking for other opportunities”. Ipas is therefore working to create a more robust and sustainable system (more below in sustainability section) with likeminded organisations who also work with community outreach. This matches the observation and information from the evaluation’s field work in Nampula. At provincial level, there seems to be little concrete coordination. Activists report that they don’t interact with activists from other CSOs, and Ipas confirmed that they don’t interact with the Rapariga Biz Programme, even though Coalizão implements the mentorship carried out by both programmes. Ipas is aware of this and plans to, in phase two of the project, identify ways of collaborating more with UNFPA and Rapariga Biz. Ipas and UNFPA already have a contract to expand implementation of VCAT and other activities.

During the field work in Nampula, the field evaluator met abortion service users, who were denied Family Planning at the Health Facility. This lead the local Ipas coordinator to engage , just to realise that some of health facility staff, with a religious background, were advocating for abstinence until a certain age. On the one hand this situation exposes the uphill battle Ipas engages in regularly due to tradition or religious beliefs, on the other, that Ipas engages and finds, as was the case here, a way to advance the rights-based, gender-transformative approach employed by Ipas through dialogue.

3.3 EFFECTIVENESS: IS THE INTERVENTION ACHIEVING ITS OBJECTIVES?

EQ 4 To what extent has the intervention achieved or is expected to achieve its objectives, and its results, including any differential results across groups?

The Ipas project has taken on a huge challenge of supporting the advancement of a holistic, sustainable abortion ecosystem within what could be described as an adverse reality both at the national and community level. At MoH level 'safe abortion' advocates are found, however these are also met by conscientious objectors internally. Several of Ipas' collaboration partners have explained the seeming under-prioritisation of the SRH sector within the MoH to be partly due to a sentiment that women could simply avoid becoming pregnant. This, at the same time as some traditional cultural as well as religious understandings stress the sinful nature of abortions.

The immenseness of the challenge can be seen by the fact that the Ipas project works in 21 Health Facilities in Nampula and 20 in Zambezia, while there according to Ipas are a total of 245 health facilities in Nampula, and 279 in Zambezia. The Ipas efforts to coordinate, streamline and thus reinforce the effects of all the partners in and around this area, should also be seen in this light. To consider the extent to which Ipas has achieved its objectives and results, the four outcomes are reviewed hereunder.

Outcome 1: Supported the creation of an enabling and sustained policy environment for access to safe abortion for women and girls

This outcome relates to support to the creation of an enabling and sustained policy environment for access to Safe Abortion for Women and Girls. The evaluation finds that the outcome area has been implemented effectively and with quality. Ipas has had an important role in the advancement of an operational policy environment and further contributed to an enabling environment for access to safe abortion.

As mentioned above under 'Relevance', the Ipas project started at a time when the 2014 law, decriminalising abortion had been passed, but lacked the implementation regulations, which according to MoH itself had not been advanced, had Ipas not been there[31]. In 2017 the Ministerial Decree was approved, in 2019 Ipas supported the revision of the penal code to remove barriers for full implementation of the 2014 decriminalisation of abortion and in 2022 a number of standards, norms and guidelines were approved, supporting the day-to-day

[31] This firm opinion was expressed by a senior MoH staff member only. It, however, matched similar exclamations and positions shared by other Ipas collaboration partners at the national level.

implementation of the law. What is now missing is the final and comprehensive set of regulations, firming up the full implementation framework around safe and free abortions as a human right. Ipas is already engaging in this work and expect the finalisation in 2023 to ensure that the advances achieved cannot be reversed.

All Ipas collaboration partners met agreed that Ipas has had an important role for the advancement of an operational policy environment for access to safe abortion now in existence. The evaluation found Ipas to be an effective advocate for the implementation of the abortion law, and it was evidenced that Ipas grounds its accountability claims on a close coordination with likeminded SRHR actors, and through a constructive and respectful dialogue with the duty-bearers. The advocacy work is based on a comprehensive set of adapted tools and methods linked to Ipas ToC and the sustainable abortion ecosystem.

At the same time Ipas has worked intensely at changing the values and reinforcing a rights-based understanding of the whole issue around safe abortion and a woman's right to make her own decisions about her own body. Working to advance an enabling environment, has been an Ipas priority all along and included in all training courses at all levels, in the networks, and through the (VCAT) workshops[32] for the legal system including of the public prosecutors and police at provincial and district levels.

Whereas all evidence gathered both at national, provincial and district levels stressed the impact the Ipas work has had at policy implementation level, the longer-term effect of the VCAT trainings could not be clearly documented during the field work. This was partly due to the fact that some of the people trained in the locations where our field work took place had been transferred from there, partly as some of the past VCAT trainees met had difficulty remembering what the training had included. This was, however, not the full picture. A district prosecutor in Nampula, recalls the training he took part in last year as dealing with interesting legal issues, and he said that "I think it's a very relevant project because not many people are aware that the law has changed. So, they need to know about the new law. Personally, I didn't have any case of illegal abortion yet. It seems, that nobody is laying charges when such a situation has occurred. So, the training was not directly relevant for my job. However, I have done one or two speeches at the hospital about the new law and which abortions are legal and which ones are illegal."

In interviews with Ipas collaborators (CSOs) in Maputo, all stressed the importance of Ipas prioritising the work on values and attitudes, which has importantly contributed to the general understanding and sentiment around safe abortion having changed considerably in both Nampula and Zambezia over the past years. In the most recent VCAT refresher training events (after the actual evaluation period[33]), a heightened awareness and understanding was found

32 Ensuring, as Ipas does with all its capacity building efforts, that it is and cannot be a 'one off' event, but requiring refresher workshops, the following very recent events have been shared: Relatório das sessões on-line de Dezembro de 2021 com sector legal, para monitoria de implementação da lei do aborto. Novembro de 2022: Relatório de sessão de clarificação de valores e testagem do pacote de formação para a área legal e gestores públicos, Outubro de 2021; Relatório do workshop de CVTA para os parceiros e actores humanitários, Província da Zambézia, Outubro de 2022.

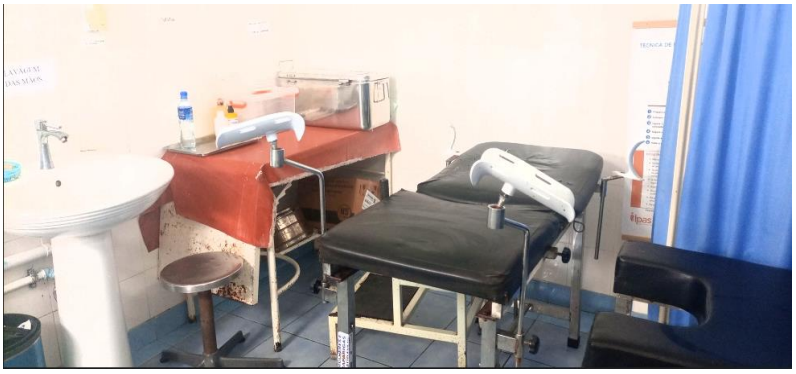
33 Op.cit.

among the workshop participants. The same picture emerged in an earlier VCAT refresher training carried out in Cabo Delgado in an Aga Khan partnership[34].

Outcome 2: improved availability and accessibility of services for girls and young women through multiple points of care

This outcome relates to the 'health workforce and service delivery' in Ipas sustainable abortion ecosystem, focusing both on the awareness, attitudes and values of health workers, and the existence of accessible SRH services. The evaluation finds that the outcome area has been implemented effectively and with quality. Some rehabilitation work is still outstanding as is the rooting of some of the routines at health facilities. VCAT work is ongoing – takes time.

In the communities visited, all stakeholders met and interviewed stressed that fewer women are dying as a consequence of unsafe abortions. Staff at the health facilities were unanimous in recounting that much fewer women were arriving with complications from unsafe abortions. Furthermore, the nurses and medical doctors underscored that they feel more confident and more comfortable doing their work: "We simply provide better abortions!" This also as they found that they now have a much better knowledge of how to manage pain and how to use the proper medication - and working in and with better facilities helps. These powerful findings were corroborated by so many different sources that it is considered factual. What is, however, always important to keep in mind, is that Ipas has contributed to these results along with other collaboration partners.



*Nampula Central Hospital **before** the rehabilitation – and a rehabilitated abortion suite **after.***

The health personnel met in the Ipas partner hospitals and health centres, expressed how important the improved facilities are for their work. They contribute to the improved abortions through better hygiene and allowing for privacy. The MoH stressed that while they agree with all four components in the Ipas project, improvement of the physical facilities inside the health facilities is one component that no-one else supports, and also therefore of high value to them. The head of the MCH department shared the following observation: "It is very good and very

[34] In this training-of-trainers' workshop focusing on Cabo Delgado, 61.5% of the participants had taken part in earlier VCAT workshops – and the level of pre-training insights documented, were very high: Relatório de formação de formadores em CVTA em parceria com Aga Khan. Abril de 2022.

welcome that the abortion rooms are upgraded, have running water, electricity – maybe even an aircon. But it naturally creates an imbalance in the health facility in general. I know this project has an abortion focus but wanted to share this."

The provincial health authorities are responsible for the improvement of the facilities. While delays had occurred due to a change of contractors for the physical infrastructure work, by the end of 2019 the project had "rehabilitated and/or equipped a total of 39 gynaecological emergency rooms…engaged 380 health professionals directly in the work with safe abortions and 295 health professionals were connected to the ongoing, active WhatsApp network"[35] functioning as a hotline and an online mentor (see more below). There is, however, still more work to do, as the Ipas coordinator in Zambezia explained: "In our province we work with 20 Health Units and only 5 have been fully completed by now [also when most have received their gynaecological emergency rooms]. The sites that are easier to access in and around Quelimane and in Mocuba have been favoured. Most of the remaining facilities are in the rural areas where we have very degraded or small infrastructures, so we will need to adjust and adapt to the local conditions."

Furthermore, support was provided to rehabilitation of the laboratories of the Institutes of Health Sciences in Nampula and Zambézia, to serve as centres for government training for the CAC. The training rooms had received equipment needed and material for simulation, including human pelvic models. Training of hundreds of health workers and 70 pharmacists partly took place at the health facilities, partly in the training centres[36].

A referral system was established by the Ministry in collaboration with Ipas to guide abortion seekers step by step through the system[37], at the same time documenting by whom an abortion seeker had been referred: an activist, a community leader. or other. These referrals are often initiated at the end of an information session, led by community activists or community leaders. This system was found by Ipas and by the community communicators in both provinces as an excellent strategy used to allow people to navigate the healthcare system better and with more security. This especially for very young girls or women, who might not want people in the community to know that they are having an abortion carried out, as highlighted by abortion users met. Ipas research[38] further documents how such barriers can make women decide to opt for an unsafe abortion: "Although users recognised the advantages of having abortions in health facilities, because they represent less risk of complications, are better equipped and safer, the majority chose to seek unsafe abortions outside health facilities due to the fear for lack of privacy and confidentiality, the associated high costs, and general discomfort with the health units."

35 Narrative report of good practices and mapping of project results: Expanding the access of women and girls to the comprehensive safe abortion and contraception services in the Nampula and Zambezia provinces' (Ipas), 2021.

36 Ibid.

37 The referral is made after community dissemination sessions to those who show interest to know more about SRH services. The process is documented in a referral book with 4 components: the 1st field identifiicies the activist and the user; 2nd, filled by the activist, indicate the service desired, upon which it is given to the user. 3rd is completed by the health professional at the health facility - original is kept there. The user returns a copy to the activist. 4th field is completed by the local public technician of social action if the user needs these services.

38Op.cit.

The evaluation found the strategies in use in the implementation of the health workforce and service delivery outcome within the Ipas sustainable abortion ecosystem, as effectively focusing both on the awareness, attitudes and values of health workers, and the existence of accessible SRH services. The evaluation found that the aim to shift discriminatory and negative attitudes towards women and girls seeking an abortion had brought important change as highlighted by staff and by users alike.

Outcome 3: increased young women's and girls' knowledge, agency and strengthened their social support networks

This outcome relates to the generation of knowledge, agency and strong social support networks as a basis for ensuring on the one hand that young girls and women know their rights and opportunities, on the other that a gradual social norms change takes place. Overall, the evaluation found limited qualitative evidence elaborated of this change-area. Nevertheless, the evaluation met significant claims by informants and Ipas collaboration partners, that the silence around abortion of the recent past had been broken by Ipas' work.

In the Ipas Sustainable Abortion Ecosystem, the individual woman is at the centre, as clearly demonstrated in the model (figure 2) presented above, where the first two of the eight ecosystem components are covered by outcome 3: "Individual knowledge and agency" and "Community social norms and support". Where each of the Ipas project's four outcome and intervention areas are needed, we can firmly say that without systematic and effective community outreach, the rest of the work will not be able to come to effective use.

Ipas bases their social and behaviour change communication work on their strategy: 'Shifting Gears', which is Ipas' social norms and behaviour change framework for safe abortion care. This helps staff determine what behavioural and social norm changes it will take to bring about increased access to and use of safe abortion options. Shifting Gears involves context analysis, prioritisation, and clear and strategic decision-making.

To implement this strategic approach, Ipas carries out community mobilisation through networks of trained young community peer-to-peer activists, through local leaders, with community radio stations in their intervention areas, as well as by training all persons in and around the health facilities to fulfil their information-sharing function. The strategy highlights the following five priority groups to engage: (i) Young girls; (ii) Parents and relatives; (iii) Traditional birth attendants and Matrons; (iv) Community leaders; (v) Journalists at community radios; and (vi) Governmental representatives at provincial level.

Being able to know that the intended central changes happen as a result of Ipas and partners' activities, the changes in knowledge, agency and networking need to be documented. It was intended, but according to the Ipas management it had not been possible to prepare a focused assessment of the effects and results of the implementation of this strategy finalised and approved in 2019[39] due to covid-related challenges. The evidence available therefore comes from this evaluation's interviews with communities and staff working in the Ipas supported

[39] The quarterly evaluation and planning meetings include the evaluation of strategies including the SBCC. A strategy evaluation has been planned, but due to COVID19 it was not possible, according to the Ipas project director.

parts of the health systems. They highlight an important decrease in unsafe abortions and a steady increase in the number of safe abortions (see figure 5), which is found to indicate that the objective of this outcome area is successful. It should be mentioned that the information about the decrease in unsafe abortions is difficult to corroborate. It is, however, an information deducted from the experienced decrease in young girls and women arriving in the health facilities with complications caused by unsafe abortions, along with a dramatic decrease in the number of deaths caused by the same. This information was shared by senior MoH staff at provincial level, by community leaders and members and by religious leaders performing less funerals of young women and by community members interviewed.

A nurse working in MCH in Maganja da Costa, Zambezia, said: “There are many challenges in communication and mobilisation because each community has different concepts about abortion, for example we find those who say that abortion is a crime. Others stress that it is a sin. Still, we found in our work that the communities and the young women are interested as soon as we explain the benefits of safe abortion.” This is further substantiated by the 2021 mapping of project results: “The decriminalisation of abortion is still recent and, therefore, its understanding is often limited. There is a lack of a feminist framework that puts the issue of abortion as part of a larger agenda that also addresses bodily autonomy, rights and freedom.”

That same report[40] concludes that Ipas managed to create an environment in which to debate and deal with abortion has become less sensitive. Through its partnerships with community radios, it is estimated that over 2,000,000 people have had access to contents related to Safe Abortion, and the report unfolds how this has had a particular importance, because through the radio, issues traditionally controversial, are talked about in people’s homes. Similarly, the evaluation has found that sensitisation of community leaders has made them more willing to talk about safe abortion: "Just the fact that girls can decide whether or not they want to carry a pregnancy forward is empowerment" (KII Community leader, Nampula).

Ipas recognises that the proportions of this work component was underestimated by them at the onset, which has contributed to some of the examples of less effectively functioning community work, reflected by informants during our field work in Nampula and Zambezia. In the Ipas Mozambique National Abortion Ecosystem Assessment[41] (August 2019) in collaboration with Ministry of Health representatives, other government officials, and key civil society partners, the key outcomes were that important gaps exist in three key areas of Mozambique’s national abortion ecosystem: (i) Individual knowledge and agency; (ii) Community social norms and support; along with (iii) Health financing. This further underscored the central role the outcome 3 area as. Having initially tagged on to the community mobilisation path so well known in Mozambique since the early HIV/AIDS communication strategies over the past 20+ years with among others household visits, Ipas

[40] ‘Narrative report of good practices and mapping of project results: Expanding the access of women and girls to the comprehensive safe abortion and contraception services in the Nampula and Zambezia provinces’ (Ipas), 2021, was produced based on two months of research in four locations – two in each province – interviewing nurses and medical doctors as well as district, provincial and national health services along with like-minded partner organisations, hosting a community dialogue with 10 women and finally individual interviews with women and girls.

41 See Figure 4 above.

Mozambique realises that as a 'project', they need to maybe leave the broader (massive!) community mobilisation efforts behind, that they have initially engaged in, in collaboration with Coalizão and other partners.

Ipas has understood that they need to be very focused on the most effective ways to (i) get the message clearly communicated, so that the core target audiences know; (ii) implanting this also with likeminded partners who continue on the mass community communication path; and (iii) that they create - or work with partners who have created - safe spaces for women's own, free exchanges. This underscores the evaluation's overall finding that Ipas works with rights-based principles and an intersectional and transformative gender approach.

Ipas has during the past 5 years organised innumerable events in real life or online to spread the message. Just in 2021, they report to have[42]: "Also during the reporting period Ipas coordinated with Coalizão and DPS (Provincial Health Directorates) to enhance the skills of community activists and leaders, religious leaders, traditional doctors, co-management committee members, preventive medicine technicians, and primary multipurpose health agents to disseminate messages about the law decriminalising abortion in Mozambique as a way to reduce stigma and discrimination through lectures, community dialogues, interpersonal counselling in the community, and referrals to facilities."

In 2021 Ipas reports that a total 473 activists and 192 community leaders were trained in the two provinces, who conducted 8,667 lectures and community dialogues. 200 activists and 192 community leaders received refresher training on this content, strengthening their capacity to debunk myths about abortion and enhance knowledge and skills to reduce barriers to SRH and CAC. In total, 551,412 girls, women and boys were reached through community interventions in Nampula and Zambézia through these spaces. Of them, 24,467 were referred to the intervention's health facilities. 11,984 of the referrals were for safe abortion services and 10,197 for contraception. Ipas and Coalizão also conducted webinars reaching 143 members of civil society organisations and government agencies to promote gender equality in the implementation districts.

What has been found to be importantly missing is that the change results at outcome level, emerging from all of these important outputs, have been documented. Ipas considers within their own realm of action, to focus on communication channels like community radios, effective sex-education in schools (training women teachers), reaching out-of-school-youths through youth clubs, music festivals and other safe spaces where the adolescent age-group and women-only fora area possible. Furthermore, they want to continue to ensure that decision-makers like police and prosecutors to have the required basic knowledge.

Outcome 4: new knowledge generated and disseminated

This outcome is about generating knowledge, building evidence, and disseminating it within the sector in Mozambique - is important within the sustainable abortion ecosystem. The evaluation has found that Ipas is playing a key role in providing the SRHR community with

[42] Ipas Mozambique - Year 5 Annual Report, 2021.

much needed evidence-based data at the same time as supporting the MoH to strengthen its knowledge management and effective data management systems.

Many of the consulted collaboration partners underscored the importance of Ipas bringing new evidence and documentation into the field. As one of the Ipas allies said: "We need evidence, evidence, evidence! Without, we cannot plan well, and Ipas really helps our area!"

The documentation includes studies such as the much referred to: "Understanding barriers and facilitators to safe abortion options in Nampula and Zambézia provinces, Mozambique"; the 2021 narrative report quoted above; the SBCC strategy; as well as a Health system baseline website. Ipas furthermore conducted a study on the Maputo protocol and advances in Nampula and Zambia; led an assessment of the status of the Mozambique abortion ecosystem as a result of a survey and workshop with partners; and then developed a national safe abortion communication strategy in collaboration with the MoH.

In addition, Ipas disseminated studies and guidance materials on various technical SRH-related issues including the training materials; regular data review and updates based on meetings with partners were shared; not to forget the so-called IEC materials (information, education, communication) such as pamphlets, posters, safe abortion success stories and guidance for community outreach. All of these were made available to partners, as one more example of the Ipas project's participatory and inclusive approach.

To ensure accurate data, information and knowledge within the sector, Ipas has worked with MoH both at the national and local levels, to improve and streamline the documentation of their work presently carried out through manual recording in books. Conscious about avoiding project-induced double administration (yet, as a project they need to be able to document its results) Ipas works with MoH on improved methods presently being tested in six health facilities. The head of the MCH department in MoH is looking forward to this important improvement. The above-mentioned studies and KIIs showed that Ipas is playing a key role in providing the SRHR community with much needed evidence-based data.

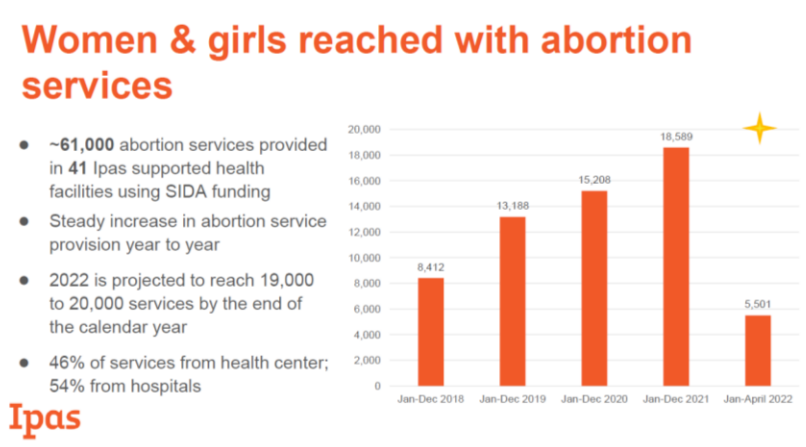
EQ 4.1 Did the intervention contribute to the availability, accessibility, acceptability and quality of comprehensive abortion care and contraception?

Based on the evaluation's findings, the Ipas project was seen to contribute effectively to availability, accessibility, acceptability and quality of CAC and Family Planning.

In terms of availability, accessibility and quality, Ipas in their 2021 research report[43] share that 39 gynaecological emergency rooms within the 41 health facilities where the Ipas project is active, had been rehabilitated and/or equipped (some rehabilitation is not yet fully finalised), and 380 health professionals were engaged in safe abortion services. This has made a significant contribution to availability and quality of CAC and family planning.

[43] *'Narrative report of good practices and mapping of project results: Expanding the access of women and girls to the comprehensive safe abortion and contraception services in the Nampula and Zambezia provinces'* (Ipas), 2021.

FIGURE 5 - WOMEN AND GIRLS REACHED WITH ABORTION SERVICES



The merged results of the annual number of women and girls reached with Sida funded abortion services from the two Ipas intervention provinces, Zambezia and Nampula can be seen here 2018 – 2022.

Senior managers at national as well as provincial levels of the MoH attest to the fact that the number of safe abortions has increased significantly more in the two provinces, compared to other provinces not similarly served. (See figure 5 above.) Furthermore, the post-abortion uptake of contraception increased in all 41 sites from 54% in 2018, to 2021's 82%, and for the four months of January-April 2022: 89%. The abortion services presented in this graph stem from the 41 Ipas partner Health facilities. It was not possible for the evaluation team to get access to statistics from MoH confirming the present picture or to comparable statistics from other provinces to make a comparison. These are figures presented by the Ipas monitoring system.

The Ipas studies and the evaluation's interviews all point to increasing acceptability of CAC and Family Planning.

EQ 4.2 Was the gender mainstreaming based on a gender analysis on SRHR and especially Comprehensive Abortion Care (CAC)?

The gender mainstreaming of the Ipas project was based on a gender analysis on SRHR and CAC carried out prior to Ipas' presentation of the 'Grant request to the EoS, Mozambique' in October 2016[44]. This was coupled with Ipas' global experience and their work developing the sustainable abortion ecosystem. Ipas furthermore monitors gender equality indicators as a part of their regular, ongoing monitoring. Ipas places abortion rights within a reproductive justice framework, based on an intersectional and gender transformative approach.

The evaluation has confirmed an Ipas focus on improving women's lives, and that the Ipas team has applied a transformative gender equality approach. The establishment of safe spaces where women can talk freely about their bodies and about their fundamental right to decide what is good and right for them in their lives, is at the core of the project. A rights-based and gender transformative approach was found in the consistent linkage to human rights and the

[44] Expanding women's and girls' access to comprehensive abortion and contraceptive care in Nampula and Zambézia provinces in Mozambique. Grant request to the Swedish Embassy, Mozambique. Ipas, 2016.

law in awareness raising efforts and sensibilisation trainings of both community leaders and health workers, challenging attitudes and values leading to gender discrimination.

This is an important foundation for the project's work to advance free and safe abortions. As the Director of Ipas Mozambique expresses it: "It is about expanding the rights of women, and basically it is about women's right to live. Too many women have died in Mozambique due to unsafe abortions, due to much too early pregnancies and during childbirth. Advancing the holistic, sustainable abortion ecosystem is one important way of strengthening women."

EQ 5 Has the M&E system delivered robust and useful information that could be used to assess progress towards outcomes and contribute to learning?

The Ipas project works with a three-tier internal results-mapping system, which informs their annual monitoring and evaluation (M&E) reports and from where the team(s) extract and build on lessons learned. The three tiers are: Monthly meetings in the provincial teams, led by the local data collectors and team leaders; quarterly M&E meetings of all staff; and finally annual meetings where all documentation and data is brought together. The Ipas project in Mozambique has a regular US-based Ipas HQ team member working with them on research and M&E. The Maputo-based senior research / M&E officer highlighted the importance of having access to the global Ipas resource of tools and instruments to strengthen their way of working in Mozambique, as well as providing the opportunity to transfer lessons learned elsewhere of relevance and usefulness in Mozambique. Besides from the three-tier monitoring routine, the Maputo-based senior Ipas management staff hold weekly office-meetings where all planning and implementation issues are treated.

The Ipas director in Mozambique underscored the fact that they all visit the sites where the project is being implemented, thus following developments closely, as highlighted in the Ipas project's annual reports through accounts and photos. This was, furthermore, referred to in several field interviews with health staff, carried out by the evaluation team.

Finally, it should be mentioned that the evaluation team found the Ipas M&E reporting primarily quantitative and output focused. The point was raised by the evaluators with the project team on several occasions, among others when soliciting additional studies documenting the outcome-level results emerging also from community radio programming, the TV programmes and the play performed, for instance. The Ipas director mentioned that such research actually had been planned but could not be implemented due to the limitations imposed during the Covid pandemic. The evaluation team recommends that the project considers ways of increasing such research and documentation.

3.4 EFFICIENCY: HOW WELL ARE RESOURCES BEING USED?

EQ 6 To what extent has the intervention delivered, or is likely to deliver results in an economic and timely way?

Overcoming a complicated start late 2016 including the need to replace the management team a year into the project, reimbursement of funds to the EoS and a lengthy registration period, the project has been in full implementation since 2018. It could be considered a sign of capable flexibility and resilience that the Ipas project has come out of this tumultuous beginning with the high level of recognition as a high quality, performing project.

Both the EoS and its main partner, the MoH at national and provincial levels, confirmed that they consider Ipas to be a professional, reliable, and accountable partner[45]. During the inception phase it was mentioned that a project operating in three locations makes the travel budget considerable. This was, however, not raised as a problem or a fact to be reconsidered during the evaluation. Domestic travel in Mozambique is costly but necessary.

As the Chief of the MoH MCH unit said: "We are really pleased with the Ipas project just the way they are. They have brought important learning on values and attitudes, they work with the communities, they share important new methodologies and share important research: we agree with their priorities and their way of applying the project's resources."

Based on our desk-review, and on interviews with the EoS, with senior level Ipas staff including their financial officers, with provincial management - both Ipas and Ministerial – the Evaluation team finds that the project has delivered and continues to deliver, results in a well-managed, cost-conscious and timely way. It should be highlighted that a cost efficiency assessment was not included in the scope of the evaluation.

EQ 7 How efficient are the management, implementation and monitoring modalities employed by Ipas in Mozambique?

The Ipas project has regular M&E meetings and the responsible staff members pay attention to any significant changes happening in and around the project on an ongoing basis. Through this, they feel that they continually have access to robust and useful information to assess progress towards outcomes and contribute to their continued learning. As the project at its core is gender transformative, evidence of both their HRBA and gender mainstreaming is included in their monitoring and documentation. There are 2 data officers per province who are responsible for data collection and ensuring data presentation and discussion with the health unit and district health authorities. A team of research, monitoring, and evaluation advisors carries out quality assurance checks and supports the data officers with quarterly performance reviews of the health facilities and CAC services.

After the first year, when Ipas had to reimburse significant funds to the EoS, both the EoS and Ipas agree that the risk and other financial management now holds a good quality. In relation to the disbursement of funds to partners (CSOs and Community Radios), none of the consulted Ipas partners reported any challenges. Funds are disbursed on time, allowing the partners to implement their activities according to plan. A few of the Community Radio partners reported that they sometimes had to wait for payment, but the evaluators understood that this had to do with their own late delivery of products and accounts.

In terms of efficiency in delivery of services, training is an important part of the project's work: training nurses at the health facilities, sensitising other categories of staff working at the health facilities (guards, cleaners, receptionists), VCAT sessions[46] with a broader range of authorities and possible points of contact by the abortion service users. Here Ipas was found to have been very efficient both in terms of securing that the training usually would take place at the renovated and upgraded training centres in the provincial capitals or at the health facilities.

[45] Reference is made to the presentation of the four outcome areas and their results, reported in the section on 'Effectiveness' above.

[46] See references to reports from recent workshops and Training of trainers' events under 'Relevance' above.

Training was often organised as a cascading process, first training trainers, who would then continue the ongoing training, refresher training and local mentoring efforts.

The evaluation team furthermore noted the important sustainability-awareness by the Ipas project: all the staff from the health system taking part in the project as trainers, workshop facilitators or in other functions, did not have their government salaries topped-up. When undertaking travels for and with the project, their travel would be paid, and they would receive the normal government per diem. Nothing in addition to that. This was found to be very important by the evaluation team, as much experience within donor-supported and project-implemented activities, including topping-up or 'sitting fees' during training activities, has meant that (government) staff would leave the service after the project ended. The regime chosen by Ipas provides the best opportunities for their contribution into the health system to remain long-term.

Based on desk-review and the information provided above, the evaluation team has found no reason to question the Ipas project's efficiency in their management, implementation and monitoring modalities.

3.5 IMPACT: WHAT DIFFERENCE DOES THE INTERVENTION MAKE?

The project is still ongoing which limits the possibility to assess its impact towards *Improved sexual and reproductive health and rights of women and girls in Mozambique*. The evaluation team has therefore focused on presenting the Ipas project's progress towards the intended project impact.

In terms of progress towards *Improved sexual and reproductive health and rights of women and girls in Mozambique*, the Ipas project is found to be successful in its work to establish the elements of a holistic sustainable abortion ecosystem, and we have found that these could be seen to work effectively together. Mindful that Ipas covers only app. 8 % of the health facilities in the two provinces[47], considering the Ipas project as a phase 1full of learning for replication, is interesting.

The Ipas Zambezia provincial coordinator stresses that: "The biggest gain we have is acceptance in the community, because this was the big challenge I thought I would have… But experiencing people speaking openly about these issues in a community, that is so significant…Seeing the 'safe abortion' acceptance at a level, where I am invited to go on television to talk about abortion without any problem and being able to be in any community meeting or in a meeting at the level of the Government and talking about the issue of abortion without any problem, I think it's one of the biggest gains we have!"

EQ 8 To what extent were the poor and underserved women and girls reached by the project and how does this compare to pre-established targets?

Ipas works in rural health units where services are precarious or non-existent and ensures that information about the free services is disseminated via community radio, activists, and

[47]According to the Ipas project Director, there are 245 Health Facilities in Nampula, 279 in Zambezia.

community leaders. Nampula as well as Zambezia report greater numbers[48] of women in general coming to the health facilities, and an important reduction in the number of women who come to the facilities with abortion complications, just like they report that there are fewer abortion-related deaths. While there is no evidence linking Ipas' engagement to these results solely, their contribution to this positive development is found to be obvious.

There is, however, no evidence available that Ipas is targeting the most vulnerable women among the rural women: women with disabilities, LGBTIQ, women living in extreme poverty, or single (adolescent) mothers without support system. The Ipas Director stressed during our interview on the matter, that Ipas finds it self-evident that where the project is present in smaller, more distant, rural areas of the two provinces, they are also meeting the needs of some of the women who could be characterised as 'poor and underserved'.

Pre-established targets for intended reach of poor and underserved women and girls are not found in the Ipas project documents or related logframes. However, in the SBCC communication strategy, one of six programming scopes has this focus: "Reduce inequities for key marginalised and vulnerable populations, which includes youth, disability, socioeconomic status, and fragile and humanitarian settings."[49] This priority does, however, not include any pre-established targets.

3.6 SUSTAINABILITY: WILL THE BENEFITS LAST?

EQ 9 Is it likely that the benefits (outcomes) of the project are sustainable?

At policy level, the Ipas work to firm up and disseminate information about the 2014 law is as sustainable as it can be. In terms of the roll out of the support to the health facilities, both provinces report that the framework is in place. This means that both infrastructure (still to be finalised), with documentation and Standard Operating Procedures is in place for continued use of the relevant protocols. Similarly, the systems to build capacity, training of health staff with continued mentoring is also in place in the 41 health facilities working with Ipas. Furthermore, systems were found to be in place to ensure availability of medicines.

All the MCH nurses interviewed in both provinces agree with this, as shared by one based in Nampula: "In my mind, all aspects of the Ipas engagement are sustainable. Systems are in place, and we all know what we should be doing. The Ipas support was good." The Ipas Health Systems Officer adds: "In my mind, the provision of services will continue, because the staff knows that the programme is not from Ipas, but from the MoH. The likelihood that they will be able to continue to offer these services is high."

One potential sustainability challenge highlighted by a number of the evaluation's informants both in the health sector and among the SRHR organisations met, was the frequent rotation taking place in many of Mozambique's Government institutions: the health sector, Rádio Moçambique and others. As a strategy to mitigate the high turnover and contribute to

[48] See Figure 5 and related narrative in section 3.3.

[49] Ipas Mozambique Youth-Focused Social Norm and Behavior Change Strategy, 2019.

sustainable abortion care services, Ipas Mozambique is supporting the inclusion of abortion content within the newly revised MCH curriculum for pre-service training of nurses. Working at the pre-service stage could help mitigate the negative impact of turn-over among health system staff, ensuring that all graduated providers have the knowledge and skills to offer CAC. Ipas is also aware that the government is exploring ways to help mitigate turnover among health system staff due to working condition and inadequate salaries, through efforts such as looking at salary scales.

Considering that the high staff turn-over can impact the performance of a health facility, particularly abortion services, the Ipas Mozambique director suggests to also consider that people transferring from one facility to another or leaving the health system to work for an INGO, is not necessarily entirely a negative situation. “When we think about this from an ecosystem lens, the contributions of these individuals continue to improve the overall abortion ecosystem wherever they are, through their greater awareness of unsafe abortion, compassion for those who need abortion services, and abortion care skills.”

Considering the sustainability of the third community outreach outcome area she continues: “In terms of community sensitisation, this component might be worse off, because in many places people are still afraid to talk about abortion, there are mobile brigades working on SRHR in general, but they don’t mention the abortion component as it is a controversial topic; they speak more easily of family planning.” Furthermore, the community radio stations informed that health staff and the community mobilisers often insisted on being paid to come to the radio station to share their safe abortion knowledge. Station managers, however, insisted and had them convinced. The Ipas project is planning to carry out some targeted research to firm up the knowledge about who the stations reach, in which way, and with which effect. This is, however, at present at the planning stage.

Ipas is furthermore encountering some implementation challenges, due partly to management weaknesses encountered with one of Ipas’ collaboration partners. Ipas is therefore presently exploring, together with other likeminded organisations also relying on community outreach, how to best find a more permanent solution. Elementary Health Care Agents (Agentes Polivalentes Elementares de Saúde /APEs) have since the 1980s been an internationally recognised Mozambican response to the need for access to public health services also in remote rural areas. These ‘APEs’ were originally a part of the national health system and funded as a part thereof. Presently they are donor-funded, and as many both public and project/donor-based activities are in need of their services, they are overburdened. For a longer-term sustainable view, Ipas believes that the APEs need to get back on the state budget. Securing health services in rural areas is needed.

Furthermore, safe and free abortions in the short term could (and should) be catered for by the presently active APEs. Within their ordinary work, they carry a state-approved basic medicine-package with HIV tests, Malaria tests, and pregnancy tests. This package ought, according to the Ipas management, include self-abortion-pills. This would be in line with the 2014 law and

it was recently promoted by WHO[50]. Ipas therefore advocates for Government's approval of this, which would mean that even APEs supported by USAid and other organisations wanting to keep a low profile on abortions, would need to carry this important 'first aid' for women testing positive with the APE's pregnancy test, and unable to carry the pregnancy forward. The discussion of such a strategy will need to happen at various levels. The Ipas field officer told that Ipas had just finished training 300 APEs on all the Safe Abortion information and protocols: 140 in Zambezia and 160 in Nampula.

A discussion on the strategy to ensure that the APE financed by USAID will carry the abortion pills will need to happen at various levels. The country has experience with GAG rule and how that has impacted the discussions on abortion rights and availability of services by organisations not least govt receiving USA funding.

EQ 10 Did the project build capacity of different structures and systems to carry on the activities beyond the project cycle? How has Ipas' capacity-building approach performed?

Ipas continues to implement the project with a solid sustainability focus, anchoring all processes within established national structures, by delegating all important project initiated and funded work to the proper national, provincial and district authorities and entities. As one partner is quoted saying above: "They think globally but act very much locally – they are 'Mozambicanising' global Ipas".

Ipas works very closely with the MoH: they coordinate annual work plans, Ministry staff at national and provincial levels accompany the training in the provinces to stay on top of the new methods shared by Ipas; in the rehabilitation of facilities, all planning and implementation is carried out by the Ministry's staff in the provinces; and for the sensitive awareness raising work including the creation of 'safe spaces' for young women's empowerment, they are working hard for APEs to become an established – and paid – part of the national health system, to mention a few examples.

Ipas' capacity building approach has been developed and implemented in line with national priorities and in collaboration with national, relevant entities. Training materials have been developed and trainers trained. These include Ipas having secured abortion content within the newly revised MCH curriculum for pre-service training of nurses ensuring that all graduated providers have the knowledge and skills to offer CAC.

Finally, Ipas recognises that building of capacity is not done in one training course but is an ongoing process and requires refresher training. In the partner health facilities, Ipas has complemented this with ongoing mentorship. In several of the health facilities visited, such mentorship events take place on a monthly basis.

In terms of additional, ongoing strengthening of capacity, a new networked capacity building (and ongoing exchange) form has been developed by the Ipas project in the form of WhatsApp groups[51]. Originally these groups were spurred by the challenges during Covid, but have been found so effective that they still operate and are being expanded.

[50] https://www.who.int/europe/news/item/09-03-2022-who-releases-new-guidelines-on-safe-abortion

[51] https://empowerhouse.dk/site/wp-content/uploads/2022/10/ANNEX_whatsapp-groups.pdf

WhatsApp Groups to follow up and reinforce VCAT and similar awareness raising

- District Attorneys' Group.
- Police group.
- Safe abortion champions group.
- Group of activists.

Activity coordination groups and technical support through WhatsApp groups

- CAC Group
- CAC monitoring group Nampula/Zambézia.
- Group of CAC mentors.
- Group of provincial trainers with the area of CAC.
- Monitoring and Evaluation Group.

Reference was made to these groups by many informants working within the health system, with community outreach – and Ipas' own staff. All highlighted that the groups are very important for the sustainability of capacity building activities – and for some of the groups, as capacity building in its own right, and for coordination.

4 Evaluative Conclusions

4.1 RELEVANCE AND COHERENCE

There is no doubt that the scale and severity of the unmet needs the Ipas project addresses in Mozambique is highly relevant, much needed and appreciated. The project came at the right time and has in a close, coordinated partnership with MoH both nationally and in the two provinces, been a dedicated partner, supporting the realisation of all the related regulatory and practical implementation frameworks from the MoH approved clinical and legal guidelines (2017); the standards and guidelines concluded this year (2022); and the final, overall regulatory framework, which will be in place next year. At the same time, the holistic sustainable abortion ecosystem implemented by Ipas has served as a well-designed package where each component supported the other. This is true for the work on attitudes and values surrounding abortion in Mozambique, for securing the upgrade of health facilities, securing operational protocols in place and training of staff in its application. These components have been coupled with outreach to ensure that women and girls, as well as the surrounding communities know about the rights and ways as a basis for women's and girls' empowered self-assured lives in freedom. This all is supported by research mapping needs and challenges, and materials in support of community outreach and information. To complement, strengthen and further reinforce a coherent national enabling environment for advancement of the sustainable abortion ecosystem, Ipas was found to be an important team player in coordination and strengthening of efforts by like-minded organisations, advancing the Ipas project's feminist and gender transformative core mission, working to challenge the roots of gender inequalities and discrimination.

4.2 EFFECTIVENESS AND EFFICIENCY

Overall, the evaluation finds that Ipas has been highly effective and efficient in reinforcing the sustainable abortion ecosystem during the period of support and with the scale of resources at its disposal. The core stakeholders demonstrate trust in Ipas, its professional quality of work and its working ethos. They are keen to continue and further advance the collaboration, so if the resources continue to be available Ipas should continue the development and consolidate existing frameworks and processes. If considering Ipas' work in the two provinces and 41 health facilities a first phase of systematic elaboration of methods and systems for replication, where all four outcome areas and all eight aspects of the sustainable abortion ecosystem have taken shape, moving further out, covering larger parts of the two provinces would be important – funding permitting. The EoS has indicated readiness and interest in continuing the partnership. Ipas' work, advocating for integrating APEs in the public health funding package is found to be an important long-term goal. Furthermore, to advance the long-term sustainability of the comprehensive changes advanced with Ipas support, and to limit the upsetting effect of the rotation of health staff, Ipas has secured abortion content within the newly revised MCH curriculum for pre-service training of nurses ensuring that all graduated providers have the knowledge and skills to offer CAC. One of Ipas' four outcome areas is to generate and disseminate new knowledge. They have prepared studies to identify barriers to

the roll out of safe abortions, prepared a communication strategy focusing on social norms change, and they have developed success stories, guidance documents, and training materials. They have supported the health facilities advance their documentation of practice. The project has an elaborate and systematic monitoring framework with regular meetings and annual, detailed M&E reports. Being a practical, hands-on project, all documentation is, however, with one small exception, quantitative and output-focused. This is important, but the monitoring system also needs to document the changes it contributes to: the increased awareness and empowerment of girls and women; changes in religious communities and religious leaders becoming advocates for safe abortions and access to contraception; and documentation of how the experienced quality of life is for the young women, who chose to not get a child, but to continue their education. The outcome monitoring is key but is still missing. If you do not monitor and document also qualitative outcomes, your will not learn from them and the process that led to the result.

4.3 IMPACT AND SUSTAINABILITY

In terms of the project's progress towards the intended project impact: *Improved sexual and reproductive health and rights of women and girls in Mozambique*, the evaluation's conclusion builds on a thorough analysis of the project's objectives and outcome areas and the realisation of the sustainable abortion ecosystem. This ecosystem has, during the 4½ years' actual implementation, managed to manifest itself, while still in need of consolidation. In terms of 'improved sexual and reproductive ***rights***', the work at the national level, solidifying and anchoring the legal framework has been effective and Ipas has played an important role in this work. The evaluation has documented that its translation into practical hands-on procedures in health facilities - including the required ongoing training and mentoring locally - has brought the legal right from the overall enabling environment into practise where the women and girls live. The next step that these services are then used and translated into 'sexual and reproductive ***health***' outcomes for girls and women, is too early to measure. The evaluation has consequently little evidence to bring towards such a conclusion. We have found important statistical increase presented in uptake of safe abortion services, and anecdotal evidence towards much fewer unsafe abortion deaths, but research documenting this field will, in due course, provide the required impact documentation. Ipas has been effective in its work, and there are many aspects of human resource development and institutional change that show signs of sustainability. Importantly, Ipas has had a clear focus on avoiding parallel implementation modes: all work in the legal area, in the health systems upgrade and in established capacity-building frameworks have been established with, through and within the national system. All work conditions have been those of the national health system (no salary top-up, no sitting fees, no additional per diems paid) which eliminates some of the risks to longer-term sustainability too often found in development work. The weakest area at present appears to be the community outreach, important for the holistic ecosystem, for reaching the women and girls, and for advancing the change of social norms. This impression may, however, not present the full picture as practically no research or outcome level documentation was available to present the change occurring, the awareness changing. This is needed for further supporting reflections on ways of strengthening this important area.

5 Lessons Learned

5.1 OWNERSHIP AT THE CORE OF A ROOTED DEVELOPMENT

The Ipas project has at the core of its implementation striven and managed to ensure government ownership of most of the project components. This intent has been central in their implementation of the sustainable abortion ecosystem. Through ongoing consultation and coordination, high quality professional collaboration and support, Ipas has succeeded in building trust, which is key for effective collaboration both at national and provincial levels. This rooting gives reason to believe that the generated change could be sustainable. A stronger outcome monitoring and evidence-based documentation, benefitting from the established trust and collaboration, would allow Ipas to engage in a normative dialogue with government on what is needed to further strengthen the work for women's human rights, and a true gender equality transformation, including safe abortions. One such area could be the urge to get the APEs on the state health budget, the other to insist on the realisation of the commitment to comprehensive sex education in schools and through youth-friendly health services.

5.2 COMMUNITY OUTREACH AT THE CORE OF CHANGE

Related to the evaluative conclusions above, is the unclear picture emerging through the evaluation of the quality and results of the community outreach work. Through the project's output documentation, it is seen that many radio and TV programmes went on air, that posters, pamphlets and success stories where disseminated, and that youth corners were established – and more. But again, documentation of the effect of these outputs, events, routines were not accessible for the evaluation. Such documentation could on the one hand demonstrate the results of project outputs, but even more importantly, they could help focus and adjust work to get this central aspect of the sustainable abortion ecosystem to work.

5.3 FOCUS AND PARTNERSHIPS FOR QUALITY AND DEPTH

Ipas recognises that it had underestimated the enormity of the community outreach task, engaging in a multi-faceted range of interventions. Some partnerships eroded, some partners might have required a closer contact and guidance, for instance. In view of this the lesson learnt is that Ipas wishes to carry out an in-depth analysis of how to achieve the community outreach, knowledge and agency generation best. It wishes to focus with more depth and engagement on fewer platforms, and to see how partnerships with other organisations working in other ways can complement this.

5.4 BOLD AND COURAGEOUS – WORKING FOR GENDER TRANSFORMATION & RIGHTS WITH CLEAR VALUES

Engaging in a field of low recognition, stigma and opposition, Ipas Mozambique has by all partners met, been characterised as a trailblazer and recognised for it. The Ipas team has been called as: extraordinary, courageous and important for the SRHR sector in Mozambique. Working with high technical quality, decency and in participatory ways - being hard-working and upright, with a clear rights-based focus for true gender-transformation - this has struck all. Feminist organisations interviewed have pointed to this as an important lesson learnt in the tough environment civil society in Mozambique presently finds itself in.

6 Recommendations

6.1 RECOMMENTATIONS TO IPAS

1. **Remain in Nampula and Zambezia for the new phase. Increase the number of partner health facilities from the present 41 up to 150 step by step**, funding permitting. Based on new inception research to be undertaken, ensure best possible coverage of the greatest number of girls and women at risk.
2. **Wind up work in the existing 41 health facilities gradually.** Some, especially outside the bigger towns without easy access, have not yet had rehabilitation work completed. Develop 'graduation' criteria. Only 'graduate' facilities with sustainability potential.
3. Along with the planning and research recommended above, it is proposed that the multi-faceted experience from the 41 health facilities of 'phase 1' is systematised into **cluster-based 'models' or 'prototypes' for the engagement in newly selected partner health facilities.** The health stations would be grouped according to categories, maybe already existing in the health sector (considering geography, accessibility, socio-economic / cultural / religious reality, etc). This to streamline and to expand efficiently and effectively. With the first phase presently under evaluation considered a successful first phase, the components are all there to build upon.
4. **Ipas needs documentation of qualitative outcome results into its M&E framework**
   4.1 **The Ipas M&E framework** needs to include the **qualitative outcome documentation** of change in attitudes, values, social norms, etc, presently not captured.
   4.2 To remedy the above-mentioned weakness in qualitative outcome reporting, the evaluation recommends Ipas to **conduct a study to follow up on the 2018 study in which Ipas documented some of the barriers and cultural challenges** when advocating for empowered women's lives, and access to safe abortions. What has changed since then in the community, among religious leaders, in women's lives and for other key stakeholders? This is much needed to inform about the project's success up until now, and to guide its way forward.
   4.3 An important part of **the sustainable abortion ecosystem is the community outreach (outcome 3).** Presently the outcome level results from the different activity areas are not documented (only the outputs). This is needed.
5. Ipas is recommended to carry out **an in-depth assessment of outcome 3, to come up with** a strong and focused community outreach framework. Evidence from the field pointed to weaknesses well known to Ipas, already planning to adjust. **Consider establishing robust partnerships with existing CBOs, organisations with (potential) safe spaces for women and community radio**, learning from some of the challenges encountered in phase 1.
6. **Ipas is recommended to continue and further strengthen the alignment with other programmes,** such as Rapariga Biz, UN and others. It will be important to learn from the challenges in the present collaboration with Coalizão, to firm up robust collaboration frameworks.
7. Ipas is recommended to continue its work to **find ways of rooting the APE services on the national health budget**;

8. Ipas is recommended to continue its important work to **ensure (re-)inclusion of sex education in schools together with likeminded partners**. Materials and trained women teachers would be a part of the solution. Consider forming women's clubs (safe spaces) at schools for adolescent girls in partner communities with a trained teacher as the mentor[52]. This could possibly be organised in partnership with some of Mozambique's powerful feminist organisations.

6.2 RECOMMENDATIONS TO EOS

The evaluation wishes to recognise the role of the Embassy of Sweden in supporting feminist CSOs in the challenging reality. The evaluation team appreciates just how important this is, in the present environment in Mozambique.

1. The Ipas project is successfully concluding its first phase. While there are some aspects to strengthen, the project can only be considered a success. The evaluation team wishes to recommend that EoS examines ways of entering into a **next phase of collaboration with a 10-year perspective**. Recognising that this is usually not possible, it is recommended to consider ways of integrating such a perspective. Mid-term evaluations could be built in, ways of securing that the project stays on track, could be built in, ways of ensuring continued coherence with EoS strategic changes onwards, considered. This is proposed for several reasons:

- Change takes time.
- The Ipas project meets the EoS goals spot on.
- A project's quality is closely linked to the quality of its staff. With uncertainty, the risks of losing key human capital and important institutional memory, should be prevented if possible.

2. It is recommended that EoS puts its weight behind the possible realisation of core recommendations to GoM / MoH: the important (re-)inclusion of sex education in schools in multi-partner collaboration.

6.3 RECOMMENDATIONS TO GOM / MOH

Despite one of the most progressive legal frameworks on the African continent, numerous barriers to accessing sexual and reproductive health services, including safe abortion, persist in Mozambique. Ipas is a close and trusted Government partner in the implementation of Government's priority to roll out safe abortions in Mozambique.

Short-term:

1. It is recommended that GoM ensures the all-important (re-)inclusion of sex education in schools and secures appropriate materials for the purpose. This will need to be done through multi-partner collaboration;

Longer-term:

2. It is recommended that GoM supports Ipas' efforts to make inclusion possible of the APEs on the national health budget. This, despite the fact that EoS, for instance, could not be a contributing funder towards this.

[52] This has been done successfully in Tanzania in half of the country's secondary schools by the organisation FEMINA - for 20 years funded by Sida. http://www.feminahip.or.tz/

Annex 1 – Terms of Reference

Terms of Reference for the End of Project Evaluation of the Sida-funded Ipas program on Access to Safe Abortion in Mozambique

Date: **Junho 2022**

1. General information

1.1 Introduction

The project began during the implementation of the strategy for Sweden's international development cooperation in Mozambique, 2015-2020, with the expectation that it would contribute to *Improved opportunities for girls and young women to take independent decisions regarding their sexuality and reproduction*, one goal under the result area *Strengthened democracy and gender equality, and greater respect for human rights*. The contribution was also judged to be in line with the Swedish Feminist Foreign Policy and was seen as a complement to the other large SRHR interventions i.e. the One UN - Improved SRHR for girls and young women intervention that is being implemented in Nampula and Zambezia. The contribution was also complemented by now closed AGIR II program, in its third theme *"Right to Accessible and Affordable Public Services of Good Quality*" under which the Oxfam sub-program specifically aimed to contribute to: i. *Duty bearers are responsive to CSO claims for approval of law on abortion and its implementation in practice*" – with indicators such as law on abortion approved"; % of sanitary units providing safe abortion; and of number of CSOs with capacity to engage with duty-bearers and moral authorities on issues related to abortion law. And to *CSOs effectively stage ICT-base advocacy campaigns to raise awareness and change attitude and practises and eliminate harmful cultural practices and prejudices that promote early marriages, unwanted pregnancies and sexual violations*.

1.2 Evaluation object: Intervention to be evaluated

The evaluation is intended to cover the project "Expanding women's and girls' access to comprehensive abortion and contraceptive care in Nampula and Zambezia provinces in Mozambique[53]."

The cooperation partner, Ipas, is a global nonprofit and nongovernmental organisation dedicated to advancing sexual and reproductive health and rights (SRHR) in more than 20

[53] Planit Nr. 51140118 Access to safe abortion in Mozambique

countries. In Mozambique, through Swidish support, Ipas has established a local office and expand support to Mozambique's health system, enhancing the provision of safe, sustainable abortion care.

The goal of this project was **to improve the knowledge, ability, opportunities, and choices of women and girls in Mozambique to access safe, high-quality abortion care and contraception**. The key objectives to achieve this included:

1. Advocate to create an enabling policy and regulatory environment for sustainable comprehensive abortion[54] and contraceptive care;
2. Implement the abortion law by providing technical assistance to the MOH in the design and roll-out of a national implementation plan;
3. Increase the number of trained health-care providers and facilities that provide high-quality comprehensive abortion and contraceptive care;
4. Increase access to populations most in need of comprehensive abortion and contraceptive services (e.g., youth) through community-level outreach.

These objectives were proposed to have been achieved if the following four outcomes were met:

- **Outcome 1:** Supported the creation of an enabling and sustained policy environment for access to safe abortion for women and girls;
- **Outcome 2:** Improved availability and accessibility of services for girls and young women through multiple points of care;[55]
- **Outcome 3:** Increased young women's and girls' knowledge and agency and strengthened their social support networks;
- **Outcome 4:** New knowledge generated and disseminated.

The geographic focus of the intervention is Nampula and Zambezia. These provinces were chosen because they are the most populated provinces in Mozambique with some of the worst health indicators related to sexual and reproductive health (SRH). It was also anticipated that Ipas would partner closely with the Embassy supported One UN SRHR, Rapariga Biz Program, also focused in these two provinces. The intention of Ipas was to obtain funding from other donors to expand this work over time to the remaining provinces, including Tete, Manica, Sofala, and Niassa, where there are also little to no services. The total contribution for this intervention is SEK 79 996 880 and its activity period started in December 12, 2016 and goes until December 31, 2022. Sweden has been the only donor to the program.

For further information, the intervention proposal is attached as Annex D.

The intervention logic or theory of change of the intervention may be further elaborated by the evaluator in the inception report, if deemed necessary.

[54] Comprehensive abortion care includes safe induced abortion for all legal indications, treatment of abortion complications, postabortion contraception, and pain management.

[55] Points of care may include formal health facilities but additionally include "informal" locations for abortion and contraceptive information and care, including homes of traditional/trained birth attendants, locations of drug sellers, websites and hotlines.

1.3 Evaluation rationale

Ipas was a new partner for the Embassy of Sweden (EoS) in Maputo and Ipas had just opened their office in Mozambique. Therefore, an end-term evaluation was planned in the EoS' initial appraisal and was a condition in the agreement. The EoS took responsibility to procure and fund the evaluation.

2. The assignment

2.1 Evaluation purpose: Intended use and intended users

The purpose or intended use of the end of program evaluation is to help the Embassy and its partner Ipas Mozambique to learn from what works well and less well, and provide input to upcoming discussions concerning the preparation of a new phase of intervention on Access to safe abortion in Mozambique.

The primary intended users of the evaluation are the Embassy of Sweden in Maputo, Ipas Mozambique and the Government of Mozambique through the Ministry of Health (central and decentralised levels - Provincial Health Secretariat and Provincial Health Directorate in Nampula and Zambezia Province). central and decentralised levels in Nampula and Zambezia).

The evaluation is to be designed, conducted and reported to meet the needs of the intended users and tenderers shall elaborate in the tender how this will be ensured during the evaluation process. Other stakeholders that should be kept informed about the evaluation include Ipas Mozambique partners organisations and donors supporting safe abortion interventions in Mozambique.

During the inception phase, the evaluator and the users will agree on who will be responsible for keeping the various stakeholders informed about the evaluation.

2.2 Evaluation scope

The evaluation scope is limited to January 2017 to June 2022. In terms of geographical coverage, it will be Nampula and Zambezia Provinces and Maputo for the Central level engagement. Target groups to be included in the evaluation are health care providers, women and girls in the Zambezia and Nampula provinces and other beneficiaries members of youth groups and communities.

If needed, the scope of the evaluation may be further elaborated by the evaluator in the inception report.

2.3 Evaluation objective: Criteria and questions

The objective of this evaluation is to evaluate the relevance, coherence, effectiveness, efficiency, impact, and sustainability of intervention Ipas Project and formulate

recommendations as an input to upcoming discussions concerning the preparation of a new phase of the intervention.

The evaluation questions are:

Relevance: Is the intervention doing the right thing?

- To what extent did the project conform to the needs and priorities of the beneficiaries and the Government of Mozambique?
- To what extent have lessons learned from what works well and less well been used to improve and adjust intervention implementation?

Coherence: How well does the intervention fit?

- How compatible has the intervention been with other interventions in the country, sector or organisation where it is being implemented?

Effectiveness: Is the intervention achieving its objectives?

- To what extent has the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups?
    - Did the intervention contribute to the availability, accessibility, acceptability and quality of comprehensive abortion care and contraception?
    - Was the gender mainstreaming based on a gender analysis on SRHR and especially Comprehensive Abortion Care (CAC)?
    -
- Have the M&E system delivered robust and useful information that could be used to assess progress towards outcomes and contribute to learning?

Efficiency: How well are resources being used?

- To what extent has the intervention delivered, or is likely to deliver, results in an economic and timely way?
- How efficient are the management, implementation and monitoring modalities employed by Ipas in Mozambique?

Impact: What difference does the intervention make?

- To what extent were the poor and underserved women and girls reached by the project and how does this compare to pre-established targets?

Sustainability: Will the benefits last?

- Is it likely that the benefits (outcomes) of the project are sustainable?
- Did the project build capacity of different structures and systems to carry on the activities beyond the project cycle? How has Ipas's capacity-building approach performed?

Questions are expected to be developed in the tender by the tenderer and further refined during the inception phase of the evaluation.

2.4 Evaluation approach and methods

It is expected that the evaluator describes and justifies an appropriate evaluation approach/methodology and methods for data collection in the tender. The evaluation design, methodology and methods for data collection and analysis are expected to be fully developed and presented in the inception report. Given the situation with Covid-19, innovative and flexible approaches/methodologies and methods for remote data collection should be suggested when appropriate and the risk of doing harm managed.

The evaluator is to suggest an approach/methododology that provides credible answers (evidence) to the evaluation questions. Limitations to the chosen approach/methodology and methods shall be made explicit by the evaluator and the consequences of these limitations discussed in the tender. The evaluator shall to the extent possible, present mitigation measures to address them. A clear distinction is to be made between evaluation approach/methodology and methods.

A *gender-responsive* approach/methodology, methods, tools and data analysis techniques should be used[56].

Sida's approach to evaluation is *utilisation-focused*, which means the evaluator should facilitate the *entire evaluation process* with careful consideration of how everything that is done will affect the use of the evaluation. It is therefore expected that the evaluators, in their tender, present i) how intended users are to participate in and contribute to the evaluation process and ii) methodology and methods for data collection that create space for reflection, discussion and learning between the intended users of the evaluation.

In cases where sensitive or confidential issues are to be addressed in the evaluation, evaluators should ensure an evaluation design that do not put informants and stakeholders at risk during the data collection phase or the dissemination phase.

2.5 Organisation of evaluation management

This evaluation is commissioned by Embassy of Sweden in Maputo. The intended users are Ipas Mozambique, the Government of Mozambique through the Ministry of Health (central and decentralised levels - Provincial Health Secretariat and Provincial Health Directorate in Nampula and Zambezia Province). The intended users of the evaluation form a steering group, which has contributed to and agreed on the ToR for this evaluation. The steering group is a decision-making body. It will approve the inception report and the final report of the evaluation. The steering group will participate in the start-up meeting of the evaluation, as well as in the debriefing/validation workshop where preliminary findings and conclusions are discussed.

[56] See for example UNEG United Nations Evaluation Group (2014) Integrating Human Rights and Gender Equality in Evaluations http://uneval.org/document/detail/1616

2.6 Evaluation quality

All Sida's evaluations shall conform to OECD/DAC's Quality Standards for Development Evaluation[57]. The evaluators shall use the Sida OECD/DAC Glossary of Key Terms in Evaluation[58] and the OECD/DAC Better Criteria for Better Evaluation[59]. The evaluators shall specify how quality assurance will be handled by them during the evaluation process.

2.7 Time schedule and deliverables

It is expected that a time and work plan is presented in the tender and further detailed in the inception report. Given the situation with Covid-19, the time and work plan must allow flexibility in implementation. The evaluation shall be carried out **6th July to 14th October, 2022**. The timing of any field visits, surveys and interviews need to be settled by the evaluator in dialogue with the main stakeholders during the inception phase.

The table below lists key deliverables for the evaluation process. Alternative deadlines for deliverables may be suggested by the consultant and negotiated during the inception phase.

Deliverables	**Participants**	**Deadlines**
1. Start-up meeting in Maputo	Embassy of Sweden, Ipas, Ministry of Health at Central and decentralized levels, and Evaluators	6th July 2022
2. Draft inception report	Evaluators	Tentative, 28th July 2022
3. Comments from intended users to evaluators and inception meeting in Maputo	Embassy of Sweden, Ipas, Ministry of Health and Evaluators	Tentative, 11th August 2022
4. Data collection, analysis, report writing and quality assurance	Evaluators	12th August to 9th September 2022
5. Debriefing/validation workshop (meeting)	Embassy of Sweden, Ipas, Ministry of Health at Central and decentralized levels, and Evaluators	9th September 2022

[57] OECD/DAC (2010) Quality Standards for Development Evaluation.

[58] Sida OECD/DAC (2014) Glossary of Key Terms in Evaluation and Results Based Management.

[59] OECD/DAC (2019) Better Criteria for Better Evaluation: Revised Evaluation Criteria Definitions and Principles for Use.

6. Draft evaluation report	Evaluators	Tentative, 23rd September 2022
7. Comments from intended users to evaluators	Embassy of Sweden, Ipas, Ministry of Health at Central and decentralized levels	Tentative, 7th October 2022
8. Final evaluation report	Evaluators	14th October 2022

The inception report will form the basis for the continued evaluation process and shall be approved by Sida before the evaluation proceeds to implementation. The inception report should be written in English and Portuguese and cover evaluability issues and interpretations of evaluation questions, present the evaluation approach/methodology *including how a utilisation-focused and gender-responsive approach will be ensured*, methods for data collection and analysis as well as the full evaluation design, including an *evaluation matrix* and a *stakeholder mapping/analysis*. A clear distinction between the evaluation approach/methodology and methods for data collection shall be made. All limitations to the methodology and methods shall be made explicit and the consequences of these limitations discussed.

A specific time and work plan, including number of hours/working days for each team member, for the remainder of the evaluation should be presented. The time plan shall allow space for reflection and learning between the intended users of the evaluation.

The final report shall be written in English and Portuguese and be professionally proof read. The final report should have clear structure and follow the layout format of Sida's template för decentralised evaluations (see Annex C). The executive summary should be maximum 3 pages.

The report shall clearly and in detail describe the evaluation approach/methodology and methods for data collection and analysis and make a clear distinction between the two. The report shall describe how the utilisation-focused approach has been implemented i.e. how intended users have participated in and contributed to the evaluation process and how methodology and methods for data collection have created space for reflection, discussion and learning between the intended users. Furthermore, the gender-responsive approach shall be described and reflected in the findings, conclusions and recommendations along with other identified and relevant cross-cutting issues. Limitations to the methodology and methods and the consequences of these limitations for findings and conclusions shall be described.

Evaluation findings shall flow logically from the data, showing a clear line of evidence to support the conclusions. Conclusions should be substantiated by findings and analysis. Evaluation questions shall be clearly stated and answered in the executive summary and in the conclusions. Recommendations and lessons learned should flow logically from conclusions and be specific, directed to relevant intended users and categorised as a short-term, medium-term and long-term.

The report should be no more than 35 pages excluding annexes. If the methods section is extensive, it could be placed in an annex to the report. Annexes shall always include the Terms of Reference, the Inception Report, the stakeholder mapping/analysis and the Evaluation Matrix. Lists of key informants/interviewees shall only include personal data if deemed relevant (i.e. when it is contributing to the credibility of the evaluation) based on a case based assessment by the evaluator and the commissioning unit/embassy. The inclusion of personal data in the report must always be based on a written consent.

The evaluator shall adhere to the Sida OECD/DAC Glossary of Key Terms in Evaluation[60].

The evaluator shall, upon approval by Sida/Embassy of the final report, insert the report into Sida's template för decentralised evaluations (see Annex C) and submit it to Nordic Morning (in pdf-format) for publication and release in the Sida publication database. The order is placed by sending the approved report to Nordic Morning (sida@atta45.se), with a copy to the responsible Sida Programme Officer as well as Sida's Evaluation Unit (evaluation@sida.se). Write "Sida decentralised evaluations" in the email subject field. The following information must always be included in the order to Nordic Morning:

1. The name of the consulting company.
2. The full evaluation title.
3. The invoice reference "ZZ980601".
4. Type of allocation: "sakanslag".
5. Type of order: "digital publicering/publikationsdatabas.

2.8 Evaluation team qualification

In addition to the qualifications already stated in the framework agreement for evaluation services, the evaluation team shall include the following competencies:

- Knowledge and experience working with sexual and reproductive health and rights of young people including experience working with abortion and extensive/in-depth experience in conducting evaluations covering this area
- Knowledge and experience working with gender equality and women's rights.
- Knowledge and experience with the use of mass and interpersonal communication for social change and as a tool for enhancing governance and social development
- Experience with the Mozambican context
- Fluency in Portuguese

It is desirable that the evaluation team includes the following competencies

- Experience with gender equality and social norms

[60] Sida OECD/DAC (2014) Glossary of Key Terms in Evaluation and Results Based Management.

A CV for each team member shall be included in the call-off response. It should contain a full description of relevant qualifications and professional work experience.

It is important that the competencies of the individual team members are complimentary. It is highly recommended that local evaluation consultants are included in the team, as they often have contextual knowledge that is of great value to the evaluation. In addition, and in a situation with Covid-19, the inclusion of local evaluators may also enhance the understanding of feasible ways to conduct the evaluation

The evaluators must be independent from the evaluation object and evaluated activities, and have no stake in the outcome of the evaluation.

Please note that in the tender, the tenderers must propose a team leader that takes part in the evaluation by at least 30% of the total evaluation team time including core team members, specialists and all support functions, but excluding time for the quality assurance expert.

2.9 Financial and human resources

The maximum budget amount available for the evaluation is SEK 900 000 (Nine Hundred Thousand krona). This includes all fees and reimbursables. The Consultant should submit a detailed budget showing the appropriate costs.

Invoicing and payment shall be managed according to the following:

The Consultant may invoice a maximum of 40 % of the total amount after approval by Sida/Embassy of the Inception Report and a maximum of 60% after approval by Sida/Embassy of the Final Report and when the assignment is completed.

The contact person at Embassy of Sweden in Maputo is Luisa Fumo, Programme Officer – Rights Based Social Development. The contact person should be consulted if any problems arise during the evaluation process.

Relevant Sida documentation will be provided by Embassy contact.

Contact details to intended users (cooperation partners, Swedish Embassies, other donors etc.) will be provided by Ipas Country Director

The evaluator will be required to arrange the logistics such as preparation on interview guides and other relevant tools; arranging for interviews in consultation with Ipas and the Embassy of Sweden; and plan field visits in consultation with Ipas and the Embassy of Sweden including any necessary security arrangements.

3. Annexes

Annex A: List of key documentation

1. Ipas Programme Document
2. Ipas Annual reports (from 2017-2021)
3. Study Report on Understanding barriers and facilitators to safe abortion options in Nampula and Zambézia provinces, Mozambique (December 2018).

Annex B: Data sheet on the evaluation object

Information on the evaluation object (i.e. intervention)	
Title of the evaluation object	End of project evaluation for the Ipas project: Expanding women's and girls' access to comprehensive abortion and contraceptive care in Nampula and Zambezia provinces in Mozambique
ID no. in PLANIt	Access to safe abortion in Mozambique 51140118
Dox no./Archive case no.	UM2016/30414
Activity period (if applicable)	2016-2022
Agreed budget (if applicable)	79 996 880 SEK
Main sector	Health, Democracy
Name and type of implementing organisation	Ipas Mozambique, NGO
Aid type	Project Type
Swedish strategy	Mozambique 2015-2020

Information on the evaluation assignment	
Commissioning unit/Swedish Embassy	Embassy of Sweden in Maputo
Contact person at unit/Swedish Embassy	Ms Luisa Fumo
Timing of evaluation (mid-term, end-of-programme, ex-post, or other)	End of project evaluation
ID no. in PLANIt (if other than above).	

Annex C: Decentralised evaluation report template

Annex D: Project/Programme document

Annex 2 – People Consulted

List of people consulted

Community level

- Ten Nurses
- Nine users of abortion services
- Three Social Activists
- Two Clinic Directors
- One District Director of Health
- One Medical Doctor
- One Mentor
- One Secretary of the Management Committee

District level

- Nine Community Leaders from the District Authorities
- Six Representatives of Community Radios
- Three District Attorneys
- Two Directors from the District Health Service
- Two Pharmacists
- One Mentor from the District Health Service
- One Teacher
- One Elementary Health Care Agent
- One Partner from Pathfinder International

Provincial level

- Eight Representatives from Ipas Partners for Reproductive Justice
- One Obstetrician from the Mozambican Association of Obstetricians and Gynecologists, in Portuguese: Associação Moçambicana de Obstetras e Ginecologistas (AMOG)
- Five Representatives from the Provincial Health Directorate, in Portuguese: Direcção Provincial de Saúde (DPS)
- Three Representatives from Nampula Central Hospital, in Portuguese: Hospital Central de Nampula (HCN)
- Two Representatives from the Provincial Health Services
- Two Provincial Delegates from the Mozambican Youth Coalition Association, in Portuguese: Associação Coalizão da Juventude Moçambicana
- Two Representatives from the General Hospital of Quelimane
- Two Representatives from the Communications Institute, in Portuguese: Instituto de Comunicação Social (ICS)
- One Representative from the Network of Men for Change, in Portuguese: Homens pela Mudança (Rede HOPEM)

National level

- Six Representatives from Ipas Partners for Reproductive Justice
- Three Representatives from the Ministry of Health (MoH)
- Three Representatives from the Mozambican Association for Family Development, in Portuguese: Associação Moçambicana para o Desenvolvimento da Família (AMODEFA)
- Three Representatives from the National Forum of Community Radio Stations – later 'Community Media' (FORCOM)
- Two Representatives from the Mozambican Association of Women in Legal Careers, in Portuguese: Associação Moçambicana das Mulheres de Carreira Jurídica (AMMCJ)
- One Representative from the Mozambican Association of Obstetricians and Gynecologists, in Portuguese: Associação Moçambicana de Obstetras e Ginecologistas (AMOG)
- One Representative from the Mozambican Midwives Association, in Portuguese: Associação de Parteiras de Moçambique (APARMO)
- One Representative from the Mozambican Youth Coalition Association, in Portuguese: Associação Coalizão da Juventude Moçambicana
- One Representative from Dharmindra Kumar (Deep) Tyagi (DKT)
- One Representative from Coordination for Women in Development, in Portuguese: Coordenação para a Mulher no Desenvolvimento (Forum Mulher)
- One Representative from the International Center for Reproductive Health, in Portuguese: Centro Internacional para Saúde Reprodutiva (ICRH-M)"
  National
- One Representative from the Women, Law and Development Association, in Portuguese: Associação Mulher, Lei e Desenvolvimento (Muleide)
- One Representative from Communication for Health, in Portuguese: Comunicação para a Saúde (N´weti)
- One Representative from Population Services International (PSI)

International level

- Five Representatives from Ipas Partners for Reproductive Justice
- Two Representatives from United Nations Population Fund (UNFPA)
- The Deputy Head of Development Cooperation, Embassy of Sweden in Maputo

Annex 3 – Documents Consulted

List of documents consulted

- Abortion-stigma-ends-here-ABSTTKE18
- Annex A Ipas Mozambique Logframe
- Annex I - Ipas Proposal to Embassy of Sweden in Mozambique Nov 2016-Dec 2019
- Barriers and facilitators to health care seeking behaviours in rural Mozambique 2016
- Climate change cooperation in Southern Africa_Zam_Mal_Moz
- Coalizão Nampula relatorío de actividades Ano 2019
- Coalizão Zambezia – Relatorio Anual 2019
- Contracto assinado Coalizão e Ipas Zambezia
- Contracto assinado com Ipas e Coalizão Nampula
- Copy of Unidades Sanitarias e seu inicio de actividades
- Dialogos Informais_ Coalizão Nampula
- Estrategia de Comunicacao AS_Documento
- Estrategia de Comunicacao do Ipas Moçambique
- FEMNET Evaluation - Annica Holmberg et al
- Folheto_aborto seguro
- Grupos WhatsApp de trabalho Ipas Mocambique screenshot
- Guião para activista
- Handbook_on_Communication_for_Development
- Health Centres by district
- Historia de Sucesso Chelsea
- Historia de Sucesso Merina Domingos
- Historia de Sucesso Sonia
- Historia Sucesso Isanilda
- Historias da documentacão do projecto Sida
- Implementation sites
- Informação solicitada
    - Comments on technical proposal
    - Contact list Government and Ipas
    - Year 2 Logframe Results Achievement
    - Year 3 Logframe Results Achievement
    - Year 4 Logframe Results Achievement
    - Year 5 Logframe Results Achievement
- Ipas Mozambique - Sida Project - Year 2 Logframe Results Achievement Report - 15 March 2019
- Ipas Mozambique - Sida Project - Year 2 Narrative Report - 15 March 2019
- Ipas Mozambique - Sida Project - Year 3 Logframe Results Achievement - 2 April 2020
- Ipas Mozambique - Sida Project - Year 3 Narrative Report - 2 Apr 2020
- Ipas Mozambique - Sida Project - Year 4 Logframe Results Achievement

- Ipas Mozambique - Sida Project - Year 4 Narrative Report
- Ipas Mozambique - Sida Project - Year 5 Logframe Results Achievement
- Ipas Mozambique - Sida Project - Year 5 Narrative Report
- Ipas Mozambique Country Brief - Oct 2021 Sida
- Ipas Mozambique Country Brief - Oct 2021 Sida
- Ipas Mozambique Logframe Update - 22 October 2018
- Ipas Mozambique Risk Assessment Matrix
- Ipas organisation nationally, by province and district
- Ipas_Mozambique Overview March 2017
- Media Tracking Mozambique
- Memorando com ICS
- Mozambique SBCC strategy
- Mozambique NGOs battle for civic space. CIVICUS. https://www.civicus.org/index.php/fr/medias-ressources/122-news/interviews/2661-mozambique-ngos-battle-for-free-civic-space
- Organisational Chart 12072021 Ipas Mozambique
- Posters IPAS Moçambique com logo do MISAU
- Radio collaboration by district
- Rapariga biz Evaluation Final
- Relatorio Coalizão julho a Setembro 2021 Nampula
- Relatorio Nampula _Jan-Mar 2020
- Relatorio Trimestral Janeiro a Marco 2022 Nampula
- Relatorio Coalizão Zambezia Julho a Setembro 2021
- Relatorio Final Janeiro a Junho 2021 Nampula
- Relatorio Final Semestral Nampula Julho a Dezembro 2021
- Relatorio I semestre 2022 Nampula
- Relatorio narrativo da documentacão do projecto Sida
- Relatorio Semestrial Sida Zambezia 2022
- Relatorio Trimestral da Coalizão Zambezia – Ipas 2021 Janeiro a Marco
- Relatório das sessões on-line Novembro 30, 2021 com sector legal para monitoria de implementação da lei do aborto. Dezembro 2021
- Relatório sessão de clarificação de valores e testagem do pacote de formação para área legal e gestores públicos, Outobro 2021
- Relatório do workshop de VCAT aos parceiros e actores humanitários Província da Zambézia, Setembro 2022
- Relatorio de formacão de formadores em VCAT em parceria de Aga Khan. Avril 2022
- Sida key results slides preliminary results
- Sida Mozambique 2017 Annual Narrative Report
- Sort - Unidades Sanitarias e seu inicio de actividades
- Traditional birth attendants - Mozambique study
- Understanding barriers and facilitators to safe abortion options in Nampula and Zambézia provinces, Mozambique

Annex 4 – Field Work Programme

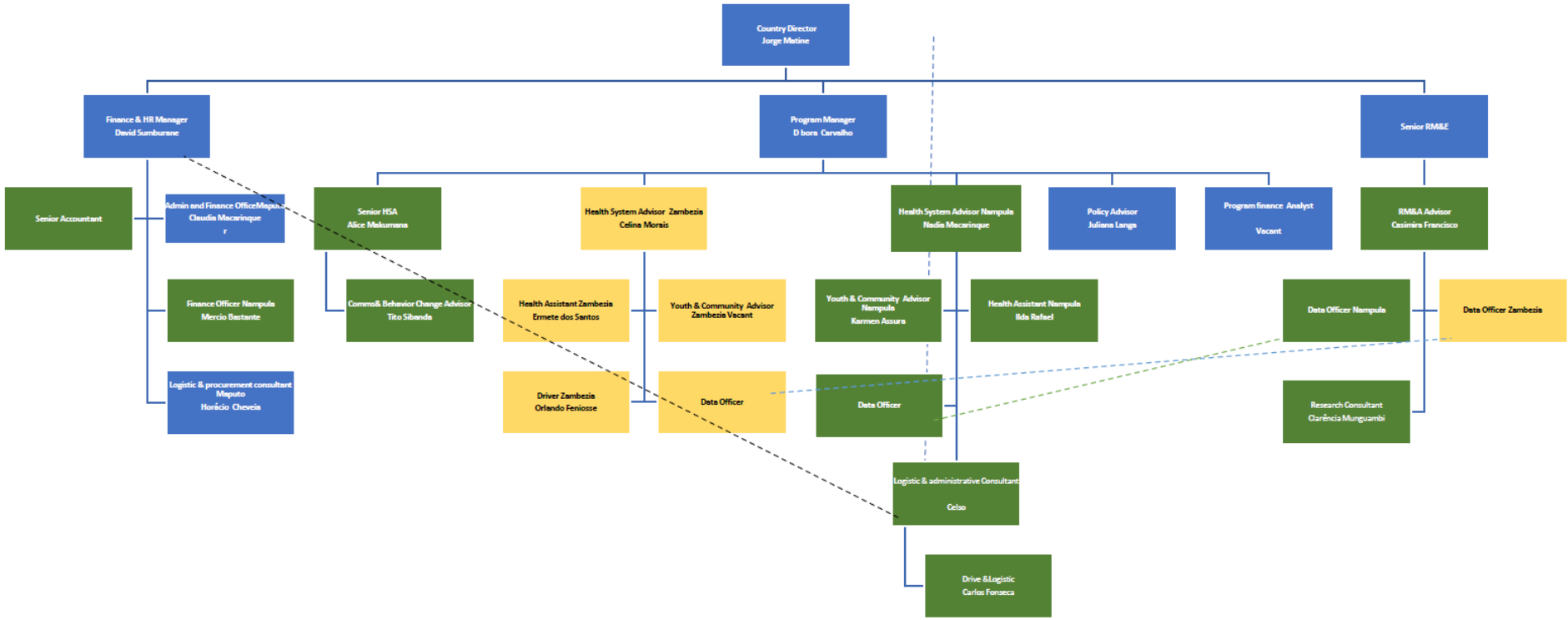
End of Project Evaluation of the Sida-funded Ipas program on Access to Safe Abortion in Mozambique				
Actual Programme implemented				
Dates	Birgitte Jallov	Cristiano Matsinhe	Marion Baumgart dos Santos	Remarks
aug-14				
aug-15		Arrival in Quelimane		
aug-16		Maganja da Costa	Arrival in Nampula	
aug-17			Nampula	
aug-18		Mocuba		
aug-19				
aug-20		Quelimane		
aug-21			Travel to Moma	
aug-22	Working in Maputo. First two days focusing on the Core Ipas project actors: Embassy, Ministry and Ipas. The rest of the time interviewing Ipas (implementation) partners			
aug-23				
aug-24			Travel to Meconta	
aug-25				
aug-26			Return to Maputo evening	
aug-27				
aug-28				
aug-29				
aug-30				
aug-31				
sep-01	Debriefing in the morning			

Annex 5 – Organigramme

Ipas Mozambique – Org Chart

Maputo 2021

- Positions based in Maputo = blue
- Positions based in Nampula = green
- Positions based in Zambezia = yellow



Annex 6 – Ipas Mozambique Abortion Ecosystem Assessment Dashboard

Dashboard with key

National Abortion Care Context Assessment

High Enabling Environment (3.5-4.0)
Abortion is supported for any reason.
Stakeholders feel empowered and confident in provision and access to safe abortion options.
Opposition presence and impact is limited, and where present, it is monitored/mitigated well.

Moderately Enabling Environment (3.0-3.4)
Abortion is supported under certain circumstances.
Growing and/or evolving support for access to induced abortion care;
Opposition still present/active in some structures.

Somewhat restrictive environment (2.0-2.9)
Emerging support for abortion, although efforts at expansion of support may not be well-coordinated.
Some structures support access to safe care.
Pockets of strong resistance exist in some structures.

High Restrictive Environment (1.0-1.9)
Little or no support for abortion access.
General silence on abortion and high abortion-related stigma in most structures.
Organised opposition and/or open hostility towards expanded access to abortion care is common.

DASHBOARD

	Component	Score
1	Political will and leadership	**3,3**
2	Policy and legislation	**3,4**
3	Knowledge, ability and social support	**1,9**
4	Community and societal norms	**1,7**
5	Reproductive health information	**2,1**
6	Health Systems	**3,0**
7	Commodities and technology	**2,4**
8	Financing	**1,8**
	TOTAL	**2,5**

Annex 7 – Inception Report

End of Project Evaluation of the Sida-funded Ipas program in Mozambique: Access to Safe Abortion in Mozambique

Inception Report, Draft

Birgitte Jallov, Annica Holmberg
Crisitano Matsinhe,
Marion Baumgart dos santos

12 AUGUST 2022

Table of Contents

Abbreviations and acronyms

AIDS	Acquired immunodeficiency syndrome
AMODEFA	Mozambican Association for Family Development
AMOG	Associação Moçambicana de Obstetras e Ginecologistas, in ENG: The Mozambican Association of Obstetricians and Gynecologists
APE	Agentes Polivalentes Elementares
AU	African Union
CAC	Comprehensive Abortion Care
CfP	Call for Proposals
Covid	'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease (WHO creation[1])
CS	Civil Society
CSO	Civil Society Organisation
DKT	**D**harmindra **K**umar (Deep) **T**yagi, a pioneer in family planning projects, gave name to the organisation (http://www.dktmozambique.org)
DLI-indicators	Disbursement Linked Indicators
DPS	Direcções Províncias de Saúde (DPS), in ENG: Provincial Health Directorates (DPS)
EQ	Evaluation Questions
FEMNET	The African Women's Development and Communication Network (FEMNET)
FGD	Focus Group Discussions
GA	Gender Analysis
GM	Gender mainstreaming
GOM	Government of Mozambique
HF	Health Facility
HRBA	Human Rights-Based Approach
HQ	Headquarters
ICS	Instituto de Comunicação Social, in ENG: The communication institute
INE	Instituto Nacional da Estatistica, in ENG: National Statistics Institute
INGO	International Non-Governmental Organisation
KII	Key informant interviews
LGBTQI+	Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI)
LOGFRAME	Logical Framework
MA	Medical Abortion
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MISAU	Ministério de Saude, in ENG: Ministry of Health
MoH	Ministry of Health
Muleide	Associação Mulher, Lei e Desenvolvimento
MVA	Manual Vacuum Aspiration
NAIMA	[Not an acronym] Network of NGO's working on HIV and Health in Mozambique
NGO	Non-Governmental Organisation

[1] https://www.cdc.gov/coronavirus/2019-ncov/cdcresponse/about-COVID-19.html

OECD/DAC	Organisation for Economic Co-operation and Development(Development Assistance Committee
PEPFAR	President's Emergency Plan for AIDS Relief
PGB	Programa Geração Biz, in ENG ~ Busy Generation Programme
PSI	Population Services International
QA	Quality Assurance
RBM	Results Based Management
RH	Reproductive Health
RM	Radio Mocambique
SBCC	Social and Behaviour Change Communication
SDMAS	Serviço Distrital de Saúde, Mulher e Acção Social, in ENG: District Health service, women and social work
SPS	Serviços Provinciais de Saúde (SPS), in ENG: Provincial health services
SRHR	Sexual and Reproductive Health and Rights
Sida	Swedish International Development Agency
ToC	Theory of Change
ToR	Terms of Reference
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
USA	United States of America
WRO	Women's Rights Organisations

1. Assessment of scope of evaluation

1.1 Evaluation context and purpose

The evaluation is an end-of-project evaluation, procured by the Embassy of Sweden in Mozambique[2]. Since December 12, 2016, Ipas[3] Mozambique[4] has received support from Sida, represented by the Embassy of Sweden in Maputo, for the project 'Access to Safe Abortion in Mozambique'. The project goes until December 31, 2022, while the evaluation scope is limited to the period January 2017 to June 2022. The project has not been evaluated earlier. It is noted that whereas Ipas was a new partner to the Embassy of Sweden in Maputo in 2016, the grant proposal refers to the long-term strategic partnership Ipas has had with Sida since the late 1990s. Initially the partnership took the form of restricted grants, replaced in 2010 and again in 2014 by 'generous core organisational support'.

Sweden's bilateral development cooperation strategy with Mozambique

The project is aimed to align with both the Strategy of Sweden's Development Cooperation in Mozambique 2015-2020 in operation at the time of the design of this project, and its successor covering 2022-2026[5]. The project's overall objective is to contribute to "Improved opportunities for girls and young women to take independent decisions regarding their sexuality and reproduction". This corresponds to one goal under the result area "Strengthened democracy and gender equality, and greater respect for human rights" in the Swedish strategy. The contribution is furthermore judged to be in line with the Swedish Feminist Foreign Policy 2015-2018 and Sweden's priority to promote Sexual and Reproductive Health and Rights (SRHR), including access to safe and legal abortion.

Furthermore, the project works in full alignment with the Swedish regional SRHR strategic focus[6] as also spelled out in the Swedish Ministry of Foreign Affairs' 'Strategy for sexual and reproductive health and rights (SRHR) in Sub-Saharan Africa, 2015 – 2019'[7], highlighting women and girls' rights to improved health, a reduced number of unwanted pregnancies and improved access to safe and legal abortions.

The evaluation's purpose

The evaluation is intended to cover the project 'Expanding women's and girls' access to comprehensive abortion and contraception care in Nampula and Zambezia provinces in Mozambique' with the goal to improve the knowledge, ability, opportunities, and choices of women and girls in Mozambique to access safe, high-quality abortion care and contraception. The Terms of Reference (ToR) for the evaluation includes 10 evaluation questions (EQ) presented and discussed in Chapter 2.

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[2] Please find the Terms of Reference as annex 1
[3] Ipas is the name of the organisation, and its brand. There is no history to the name or the letters known (www.Ipas.org)
[4] Please find a presentation of the Ipas team and organisation as well as the NIRAS evaluation team in annex 2
[5] https://www.swedenabroad.se/en/about-sweden-non-swedish-citizens/mozambique/development-and-aid-mozambique/development-cooperation-strategy-2022-2026/
[6] https://www.sida.se/en/sidas-international-work/thematic-areas/sexual-and-reproductive-health-and-rights
[7] https://www.government.se/country-and-regional-strategies/2015/09/strategy-for-sexual-and-reproductive-health-and-rights-srhr-sub-saharan-africa-in/

The results of the evaluation will be used for future program design and for ongoing activities by Ipas, Sida and the Swedish Embassy in Mozambique. Both Ipas and Sida furthermore plan to use the learning emerging from the evaluation in their other SRHR programmes globally, including by engaging with other stakeholders and donors in the field of SRHR in Mozambique.

For these reasons the evaluation is expected to be utilisation focused, ensuring that it is helpful to the work of the Embassy and its partner Ipas Mozambique. Highlighting what works well and less well and provide input to upcoming discussion on the preparation of a new phase of the project. The intended users of the evaluation are the Embassy of Sweden in Maputo, Ipas Mozambique, and the GoM through the Ministry of Health (MoH) - central and decentralised levels. The NIRAS team will work with these groups through field work at provincial and national levels, through written communication, and in online workshops.

The national context

Mozambique has one of the highest rates of teenage pregnancies in the world[8] and has continued to show an upward trend in the past two decades across both rural and urban populations. Hand in hand with the high teenage pregnancy rate goes the elevated number of teenage marriages. According to the 2017 Census (INE, 2019), 3,11%, of the girls between 10 and 14 were either married/in union or already divorced/widowed and 49,46% of the group between 15 and 19 are or were married/in union.

Despite having one of Africa's most liberal abortion laws, access to abortions and contraceptive advice in Mozambique has been limited not least in rural areas with limited health infrastructure. The scope of Ipas work therefore aims to increase women's and adolescent girls' access to abortion and contraceptive services closer to their own communities, where they are most likely to seek care. With a youth-driven and youth-focused profile, the project set out to reach those most in need with a goal to improve the knowledge, ability, opportunities, and choices of women and girls in Mozambique to access safe, high-quality abortion care and contraception.

The project

It is in this reality that the Ipas project for the past six years has worked to attain its four core objectives advocating for an enabling policy and regulatory environment; supporting the implementation of the abortion law; increasing the number of trained health-care providers and facilities; and finally ensure increased access to populations most in need of comprehensive abortion and contraceptive services (e.g., youth) through community-level outreach, using social and behaviour change communication to influence – and change – persisting social norms.

Ipas does this together with a wealth of other key actors, who in the enlarged SRHR community in Mozambique presently include the UN actors – including centrally UNFPA - under the One UN Action Plan including work to strengthen women's rights and help to extend quality integrated sexual and reproductive health care. Other donors include, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) – DREAMS; the Global Fund focusing on SRHR through the prevention of HIV; the World Bank's investment case that includes DLI-indicators related to reduction of teenage pregnancies. In

[8] Please find a more comprehensive presentation of the national context in annex 3

addition, the first phase of the Rapariga Biz Programme ended last year and will start with a new phase in January 2023.

Ipas works with the health and medical sectors, intending to ensure engagement in the core project objectives by all. In addition, dozens of international NGOs work in this area, including Pathfinder International and Plan international as well as social marketing companies such as DKT[9] and PSI with DKT also providing abortion services as means of family planning. Besides from funding the present project of Ipas, the Swedish Embassy in Maputo also extends funding to the One-UN implemented Rapariga Biz programme and it was anticipated that the Ipas project would work closely with them.

The project's key objectives and outcomes:

To achieve this overall purpose, the project's key objectives and outcomes are:

Objectives	Outcomes
1. Advocate to create an enabling policy and regulatory environment for sustainable comprehensive abortion and contraceptive care;	Outcome 1: Supported the creation of an enabling and sustained policy environment for access to safe abortion for women and girls;
2. Implement the abortion law by providing technical assistance to the MoH in the design and roll-out of a national implementation plan;	Outcome 2: Improved availability and accessibility of services for girls and young women through multiple points of care
3. Increase the number of trained health-care providers and facilities that provide high-quality comprehensive abortion and contraceptive care;	Outcome 3: Increased young women's and girls' knowledge and agency and strengthened their social support networks;
4. Increase access to populations most in need of comprehensive abortion and contraceptive services (e.g., youth) through community-level outreach	Outcome 4: New knowledge generated and disseminated.

1.2 Stakeholders and target groups

An initial overview of key documents reveals the project's extensive collaboration with and outreach to a range of stakeholders at different levels. The initial mapping of stakeholders is presented in the table below. This initial mapping may be revised and confirmed by the Ipas project following the submission of the draft inception report and during the commenting period.

The NIRAS team will work with these groups partly through field work at provincial and national levels, through written communication, and in online workshops.

The Ipas project's stakeholders

We will during the evaluation engage and listen to many of the Ipas project's core stakeholders, to build on the experiences and reflections by those who are and will be impacted by the project. These include:

[9] DKT is also financed by the Embassy of Sweden through the regional program.

Ipas Stakeholders	What is their level of interest in the evaluation?	How will they be kept informed / engaged in the evaluation?	Will they be participants or respondents in evaluation?
Ipas – The implementing team	The implementer. They are interested in a good, fair and useful forward-looking eval.	They will participate as evaluation clients and participants in the participatory evaluation process	The most narrowly engaged team (see Appendix 2) will both take part and be respondents.
Ipas – The International level	Supporting the Ipas project managers	They may not directly participate in the evaluation	They will be respondents – and may also be participants
GoM – ministry of health Central level Provincial levels	The immediate Ipas partner. Very important in the realisation of the Ipas project.	Through an important place in the Steering Committee meeting at crucial times during the evaluation.	They will be both.
Sida and the Embassy	The core funder of the Ipas project up for evaluation	The Sida programme officer working with Ipas will take part in all validation meetings as a steering group member	The Sida programme officer will be one of the evaluation's KIIs and could be capped on as a participant by the Embassy in Maputo
Collaboration partners at national and provincial levels - The framework of stakeholders – likeminded organisations and activities	They are part of the environment	They will not play an active part in the evaluation. They will receive a public version of the report upon finalisation	They will be informants, i.e. respondents.

The Ipas project's target groups are:

	Ipas Target groups
Direct target groups	In Nampula and Zambezia provinces: • women and girls (individual level) • health care providers and managers (organisational level) • community intermediaries (activists, community leaders, Journalists in community radios, matrons, godmothers responsible for initiation rites etc) • National level (policy[10] level): MoH supporting implementation of important policies, to realise the enabling environment
Indirect target group	• other members of youth groups and communities. These will include some male groups, partners of the women (community level) • The communities in general (community level

2. Relevance and evaluability of evaluation questions

This section focuses on the framework for the evaluation set in the ToR from criteria over an assessment of the questions, presenting our evaluation matrix, concluded by a reflection of the realistic possibility by the team to cover the ground desired, and the evaluability of the framework presented.

[10] This is at the level of coordination and policy making.

2.1 Evaluation criteria

The ToR in section 3.2 presents the evaluation criteria as the six OECD/DAC criteria namely relevance, coherence, effectiveness, efficiency, impact and sustainability. While it may be too early to assess impacts at a larger societal level, we will consider the results experienced by the intended users and participants when assessing this.

The ToR underscore that the main purpose of this evaluation is to evaluate the extent to which the project has succeeded in achieving its goal, namely to improve the knowledge, ability, opportunities, and choices of women and girls in Mozambique to access safe, high-quality abortion care and contraception.

Focus on key outcomes

The Evaluation will focus on understanding the degree to which the Ipas outcomes have been reached, along with an exploration of which Ipas interventions contributed to making this happen, as detailed in the section above.

2.2 Evaluation questions and evaluability

The number of evaluation questions is realistic to cover, and while the evaluation questions are clear and concrete, the evaluation team is mindful of the constraints we may encounter in reaching all the relevant potential informants and documentation to provide full answers to these questions. In addition to our work with the evaluation criteria and evaluation questions, the overall evaluation objective and the intended outcomes of the Ipas project will guide our work.

The ToR contain 10 evaluation questions (EQs) with two additional specifications. They are clustered within the six OECD evaluation criteria as seen here:

Evaluation criteria	Evaluation questions
Relevance	To what extent did the project conform to the needs and priorities of the beneficiaries and the Government of Mozambique?
	To what extent have lessons learned from what works well and less well been used to improve and adjust intervention implementation?
Coherence	How compatible has the intervention been with other interventions in the country, sector or organisation where it is being implemented?
Effectiveness	To what extent has the intervention achieved or is expected to achieve its objectives, and its results, including any differential results across groups? • Did the intervention contribute to the availability, accessibility, acceptability and quality of comprehensive abortion care and contraception?
	• Was the gender mainstreaming based on a gender analysis on SRHR and especially Comprehensive Abortion Care (CAC)?
	Has the M&E system delivered robust and useful information that could be used to assess progress towards outcomes and contribute to learning?
Efficiency	To what extent has the intervention delivered, or is likely to deliver, results in an economic and timely way?
	How efficient are the management, implementation and monitoring modalities employed by Ipas in Mozambique?
Impact	To what extent were the poor and underserved women and girls reached by the project and how does this compare to pre-established targets?

Sustainability	Is it likely that the benefits (outcomes) of the project are sustainable?
	Did the project build capacity of different structures and systems to carry on the activities beyond the project cycle? How has Ipas's capacity-building approach performed?

The evaluation questions, as defined in the ToR, are reproduced above, and have been organised and discussed by the evaluation team during the inception phase. Together with the evaluation matrix, indicating which data sources each evaluation question will rely on (see annex 4), the 10 target group segmented interview guides in annex 7, present the operationalisation, based on which information will be collected for the evaluation's analysis.

Relevance

- To what extent did the project conform to the needs and priorities of the beneficiaries and the Government of Mozambique?

The first question relates to the project design and its adequacy. While the team's analysis will include project documentation and studies, and will, along with the qualitative nature of this evaluation, seek to respond to this question through in-depth KIIs with Ministry representatives in both Maputo and in the two implementation provinces Nampula and Zambezia. Furthermore, project participants, users and service providers' views will complement the evaluation's understanding. The assessment of relevance of the project design will also include assessment of the gender analysis applied in the project and how this analysis has informed strategies and methods used in the implementation and monitoring of the project. This is also related to the EQs on effectiveness.

To further complement this understanding a contribution analysis will seek to map the components of the process through which the Ipas project has met – and continually conformed to – the needs and priorities of the beneficiaries of the project and the Government of Mozambique.

- To what extent have lessons learned from what works well and less well been used to improve and adjust intervention implementation?

This EQ is included in most of the planned engagements with implementers, partners and users of the project services of the Ipas project. We will continue our analysis of the existing monitoring and evaluation systems and examine how project management processes have ensured that lessons learnt are contributing to decision making and adjustments have taken place.

This EQ will also be informed by the contribution analysis workshop carried out day 2 of the team leader's stay in Maputo.

Coherence: How well does the intervention fit*?*

- How compatible has the intervention been with other interventions in the country, sector or organisation where it is being implemented?

This question will be examined through desk research and in KIIs at national and provincial levels – to bring forth the degree to which Ipas' intended value-addition is being realised. Through a considerable number of interviews planned at both national and provincial levels with Ipas collaboration partners in the sector, we foresee a clear image to emerge. It will be important to validate the project's coherence

against priorities identified by rights-based and feminist SRHR actors and Women Rights Organisations (WROs).

Effectiveness: Is the intervention achieving its objectives?

- To what extent has the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups?
  - Did the intervention contribute to the availability, accessibility, acceptability and quality of comprehensive abortion care and contraception?

This assessment will be anchored in an analysis of the theory of change of the programme. The intended outcomes such as increased availability, access and awareness among women and girls, in all their diversity, along with the access to services, awareness, and attitudes in the support system as well as with the use of these, will be assessed and analysed with relation to the different groups.

  - Was the gender mainstreaming based on a gender analysis on SRHR and especially Comprehensive Abortion Care (CAC)?

This documentation and analysis will be based on the desk review, through KIIs with Ipas staff, and through assessment on the ground of the degree to which gender mainstreaming (GM) took place , if it was based on a contextual gender analysis (national, provincial and local), and to which extent the gender analysis informed the choice of strategies and methods.. The evaluation will also assess to which extent the GM was based on a gender sensitive or gender transformative approach).and on which basis (including assessing to which extent the GM was based on a gender sensitive or gender transformative approach).

- Have the Monitoring and Evaluation (M&E) system delivered robust and useful information that could be used to assess progress towards outcomes and contribute to learning?

Based on the inception period's added study and engagement with the Ipas team, the priority during the data collection will be to understand how progress towards outcomes have been mapped and identified – and how any identified weaknesses have been addressed. Furthermore, the ways in which learning has been extracted and implemented will be assessed.

Efficiency: How well are resources being used?

- To what extent has the intervention delivered, or is likely to deliver, results in an economic and timely way?

Recognizing the 'efficiency' centrally is an assessment is how effectively the activities of the project have resulted in successfully finalised deliverables and outputs. Depending on availability of data, our work will include mapping of emerging results of the four project objectives, including advocacy at the enabling policy level; the implementation of the abortion law; increase in the number of trained health-care providers and facilities that provide high-quality comprehensive abortion and contraceptive care; and an increase in access to populations most in need of comprehensive abortion and contraceptive

services, through community-level outreach; and comparison with the costs of other likeminded service systems in Mozambique. We will furthermore evaluate the usage of these services, and how acceptance of abortion within the communities is advancing along with de-stigmatisation. In our evaluation we will start with the results that are within the spheres of control and influence of the project.

- How efficient are the management, implementation and monitoring modalities employed by Ipas in Mozambique?

The evaluation will assess the scope and added value of Ipas while working to understand how Ipas operates at all levels.

Impact: What difference does the intervention make?

- To what extent were the poor and underserved women and girls reached by the project and how does this compare to pre-established targets?

Depending upon availability of clear and SMART pre-established targets, and the availability of clear monitoring results, this analysis and reflection will be important – also in terms of recommendations for a next phase. Answers to the question will be emerge through the findings from our combination of KIIs and FGDs, and the subsequent analysis.

Sustainability: Will the benefits last?

- Is it likely that the benefits (outcomes) of the project are sustainable?

Responding to this EQ will involve gaining an overview of the factors that pertain to sustainable CAC and SRHR services in general and assessing whether Ipas modalities are generating ownership and institutional rooting of practices among relevant service providers and authorities and whether there is a plausible theory of change for ensuring that resources are available in the future to cover recurrent costs. The sustainability of the media and communications efforts will need to be assessed in relation to integration in the health systems as well as in the overall media landscape and the extent to which interventions are sufficiently agile to adapt to changes.

Did the project build capacity of different structures and systems to carry on the activities beyond the project cycle? How has Ipas's capacity-building approach performed? It will also include an assessment of the degree of a gender transformative approach both in the design and the actual implementation, and the plausibility that the strategies to address gender and age-based discrimination in use and norm changing efforts will sustain.

- Did the project build capacity of different structures and systems to carry on the activities beyond the project cycle? How has Ipas's capacity-building approach performed?

This question will be anchored in an understanding of the assumptions about human resource and organisational development needs and if an appropriate balance and level of investment has been provided to respond to these needs and contribute to capacities to maintain this momentum in the future. The findings here will importantly inform the previous EQ as well.

Access to safe abortion in Mozambique for individuals, communities, organisationally, at national level.

Looking to the intended results of the project we have classified the interview questions into four levels as elaborated in the table below. The intention of having these different levels is to be able to better capture and appreciate results created for different stakeholders at different levels. It is worth noting that the content of these synthesised results is not ordered in the same logic as the result frameworks/intervention logic of the projects but are aligned to them. We will use this categorization when we report on our work to evaluate the project.

	Access to Safe Abortion in Mozambique
Individual level	Young women and girls have increased knowledge and agency around contraception opportunities and free abortion; and they have strengthened social support networks Young women and girls have been reached by a variety of communications products such as journal articles, briefs, presentations, and web stories using mixed methods including Social Media.
Organisational level	Materials, tools and sites prepared for public sector abortion, contraceptive service provision and support; Public-sector providers trained and facility improvements supported[11]; Pre-service training initiatives developed with national focus and in select Reproductive Health (RH)/ Maternal and Child Health (MCH) institutions; Select intermediaries from points of care outside the formal health have the skills, knowledge and attitudes to provide effective information about potential risks and harm in connection with medical abortion using a harm-reduction model; Relevant information about supply chain infrastructure and commodity procurement for MVA, medical abortion (MA) and contraceptives obtained through assessments and disseminated; Ipas MVA® and high quality MA drugs registered and available. Communication intermediaries: RM, ICS, others
Community level	Partner relationships built and relationships established with key community stakeholders. Understanding of girls' knowledge, attitudes, motivations, desires, intentions, and practices around pregnancy termination mapped, analyzed Partner relationships built, especially with Programa Geracão Biz, and relationships established with key community stakeholders, inclusive of youth-led and youth serving groups. Community communication intermediaries: community radio stations[12], National radio and TV stations, leaders of community conversations

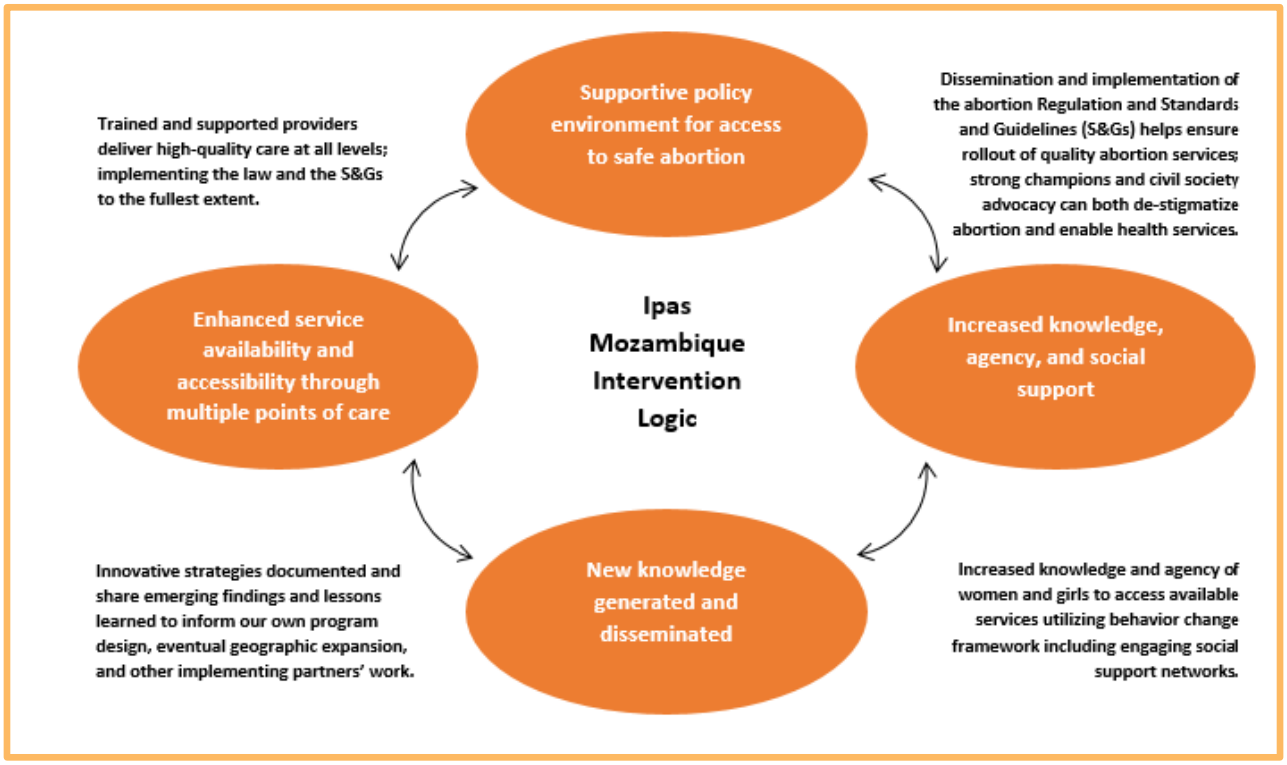
[11] In addition to health providers, Ipas established a network of clinical mentors and provincial CAC trainers who guarantee technical support to providers and managers (replacement of qualified staff and sustainability); Program managers at district and provincial level were also trained on safe management models for CCA inputs and materials.
[12] Ipas collaborated with 21 community radios, these radios belonging to ICS, FORCOM and the Ministry of Science and Technologies (managed by local associations). With RM and TVM the collaboration was with the provincial delegations-emissions.

National level	An enabled and sustained policy environment for access to Safe Abortion for Women and Girls MoH's national plan for safe abortion services prepared; stakeholders committed to roles for carrying it out Ensuring the integration of CAC and long-term contraceptive methods into the maternal and child health nursing professional qualification curriculum Government safe abortion regulation finalized and approved Youth-focused social and behaviour change communication (SBCC) developed and implemented - Including the national communication strategy for safe abortion Key stakeholder groups from relevant sectors are sensitized and support both the new law and service implementation.

The achievement of the above synthesised results will also be assessed against the extent to which the outcome processes have been mainstreamed with rights-based principles and gender equality.

2.3 Theory of Change

The Ipas's Intervention Logic for programming in Mozambique is based on Ipas's organizational ToC and adapted[13] to match the Mozambique project and reality.



The Ipas intervention logic is based on the organisation's experience, that abortion-related deaths are preventable with political will, law reform, access to training and technologies, massive use of contraception, including emergency contraceptives, and support to reduce stigma affecting women and providers. They assume that if safe, legal abortion services are widely available, affordable, and well-

[13] This was presented in the grants application (2016) and is being used here as the evaluation team has not had access to any newer iterations.

publicized, women's and girls' lives will be saved because they will not need to seek abortions from untrained providers in unsanitary conditions or otherwise resort to unsafe methods. The diagram illustrates how these factors interact and support one another.

The model does not illustrate the role of different actors, their relationship with each other, or their different levels of control, influence and interest in contributing to the desired outcomes. The narrative reports do not explicitly refer to the ToC which makes it difficult to understand how well the roles and relationships between different actors engaged in the project implementation correspond to the envisioned changes.

The narrative below describes the strategies to be used and include both different level of action and different actors, but Ipas' role in the different steps of the pathways of change could be clearer. During the start-up of the data collection the evaluation team will engage in a in-depth discussion with Ipas to clarify these relationships.

To achieve **Ipas's ultimate goal of improving the knowledge, ability, opportunities, and choices of women and girls in Mozambique to access safe, high-quality abortion care and contraception**, Ipas has in this project concentrated on four main areas of work, which can be seen as four pathways for change:

1. Supporting the creation of an enabling and sustained policy environment for access to safe abortion for women and girls;
2. Improving availability and accessibility of services for girls and young women through multiple points of care;
3. Increasing young women's and girls' knowledge and agency, and strengthening their social support networks;
4. Generating and disseminating new knowledge.

The Ipas intervention logic builds on the following assumptions followed by strategic drivers of change for each of the work areas:

Assumptions:

- Supportive laws and policies will embolden health systems to provide high-quality care, and result in implementation of the laws and policies and creation of a supply of safe abortion providers in communities.
- When women and girls are informed of their reproductive rights, pregnancy prevention and abortion care, and barriers are reduced to their seeking care, they will utilize the best options for themselves.

Strategies to improve the enabling environment include:

- Partnering with existing coalitions and networks to promote the implementation of abortion-care standards and guidelines and the approval of regulations and related policies that support women's and girls' reproductive rights;

- Training young leaders and advocates, and the adults who will be working with them, on new skills required to ensure strong youth-responsive CAC services and barrier reduction;
- Documenting the ill effects of restrictive laws;
- Working with the judicial and legal sectors along with law enforcement to encourage their support of the new abortion law.

Strategies to improve service availability through multiple points of care include:

- Training and equipping providers and managers, especially MCH nurses to provide a range of contraceptive methods (including long-acting methods) and to perform high-quality abortion care for women and girls in their communities;
- Ensuring that reproductive health technologies for abortion and contraception are available;
- Ensure the continuity and sustainability of quality services (1. Ipas established the network of clinical mentors and provincial CAC trainers who guarantee programmatic support to providers and managers; 2. Ensured the integration of CAC in the qualification curriculum SMI professional)
- Ensure the link between the services offered within the health unit (SAAJ, CPN, and other ports, mainly SSR) and reference to CCA services
- Supporting providers and systems to maximize quality of care;
- Strengthening referral networks between informal and formal health sectors;
- Assisting health systems in implementing laws permitting abortion to the fullest extent possible;
- Promoting established clinical protocols and regulations that reduce barriers to care.

Strategies to increase knowledge, agency, and social support of women and girls in their communities include:

- Engaging with existing communication programs to promote social behavioural change;
- Working with community leaders and peer mentors;
- Building capacity of civil society organizations (CSOs), including youth groups, on pregnancy prevention and abortion;
- Addressing myths and misconceptions and resulting social norms that affect women's and girl's agency to access and use of contraception and safe abortion;
- Addressing abortion stigma.

Strategies to generate and disseminate new knowledge include:

- Developing a strategic communications plan informed by key implementing partners;
- Ongoing data monitoring, analysis, and engagement of and critical reflection with key project stakeholders to inform project adjustments;
- Documenting monitoring data, analysis, and results;
- Developed a survey together with ICRH-M on barriers to accessing Abortion services for adolescents and youth.
- Developed an assessment of the abortion ecosystem together with input from key partners.
- Sharing lessons learned, including how the work unfolds, programmatic inputs, and results, with project stakeholders, other SRH implementing partners in Mozambique, and regional and global SRHR policymakers and implementers.

To work effectively with the Ipas ToC and results-based framework, the team hereunder propose a further developed ToC, which will be used as the reference point in the evaluation. We will examine how the pathways of change relate to the spheres of control, influence and interest of the project's main actors, i.e. the health care providers, women and girls in the Zambézia and Nampula provinces and other beneficiary member of youth groups and communities, but also the role of the wider SRHR community to achieve sustainable changes.

The evaluation will thus explore how the project has addressed both the components and strategic choices in the ToC, and the different levels of control, influence and interest embedded in the results framework, and understand how Ipas and its partners work with this.

<table>
<tr><th colspan="2">Sphrere of control</th><th>Sphere of influence</th><th>Sphere of interest</th></tr>
<tr><th>Key Activities</th><th>Key Outputs</th><th>Key outcomes</th><th>Impact</th></tr>
<tr><td rowspan="4">Ipas implements the following activities:</td><td>Ipas provides its target group with access to:</td><td>Ipas expects to see target group use:</td><td rowspan="4">Ipas hopes to contribute to:</td></tr>
<tr><td>National plan for safe abortion prepared
Safe abortion regulation finalised
SA Norms and guidelines approved ,
Dissemination of SA law carried out
VCAT carried out
MCH National Curriculum revision carried out
Workshops carried out
Survey carried out</td><td>Supported the creation of an enabling and sustained policy environment for access to safe abortion for women and girls</td></tr>
<tr><td>Materials prepared for public sector abortion and contraceptive provision, support
Public sector providers trained
Public and private sector pharmacists trained
Abortion, contraceptive facilities improved
Preservice training, national level, RH/MCH
Training, information provision on MA
Assessment of supply chain infrastructure
Ipas MVA, MA drugs on nat'l list essential dr</td><td>Improved Availability and Accessibility of Services for Girls and Young Women Through Multiple Points of Care</td><td rowspan="2">Improved sexual and reproductive health and rights of women and girls in Mozamique</td></tr>
<tr><td>Research on girl's KAP on abort, prevention
Support capacity built to reach more vulnerable
training of community leaders, CBOs and Peer Educators.
training of humanitarian workers on SRH and CAC for provision of services to IDPs.
support the work to protect safe space for SA and SRH in collaboration with feminist organizations.
Youth centered service delivery points establish'd
Partnerships built RaparigaB, youth-led group</td><td>Increased Young Women's and Girls' Knowledge and Agency and Strengthened their Social Support Networks
Safe space and supportive environment created for girls and women to access quality SRH and CAC services.</td></tr>
</table>

		Communication plan update based on SBCC research results Media programmes developed, supported Equipment provided, Radio staff trained 21 community radios monitored Media campaign report prepared	New Knowledge Generated and Disseminated	

The application of the components and strategies used will also be assessed against the degree of gender transformative approach, including to which extent the knowledge production and awareness raising have been built on a rights-based and feminist gender perspective.

2.4 Contribution Analysis

During the inception period, the team has worked with the project documentation including the Annual "Logframe results' achievement" documentation as well as the annual reports. Searching for summaries, reflecting project results emerging at the outcome levels pointing back to the Ipas ToC and Intervention Logic, we realised that much of the M&E documentation is at activities' and outputs level.

To capture the change that the Ipas project aims to generate, we propose to hold a half day workshop in Maputo at the beginning of the Team Leader's mission there, going through the steps of the contribution analysis, to capture the project's 'contribution story' emerging.

- The workshop will have the participation by the Ipas project's management team, representing the four Ipas project outcome areas. The workshop will create a shared understanding of the Ipas project's contribution to the changes that have taken place. The workshop will be led by the Evaluation's team leader with the participation by the 4-5 relevant Ipas managers. The workshop's process will follow the sequence of the following key questions: What were the perceived deficiencies that the project was intended to address?
  What roles do the community belief and support system play with regard to the information flows, acceptability and access to services; What impact do current gender norms have on willingness to seek abortion care and acceptance of abortion rights?)
- What is Ipas' 'niche' and added value (i.e., the contribution) expected to be in addressing these factors in relation to other actors;
- How were the SRHR service provision and information factors expected to come together to generate greater gender equality and overcome negative social norms;
- What were expected to be (and what materialised as) major obstacles to making these contributions;
- How were these changes expected to be supported by capacity development support, policy reforms or other key aspects of institutional change;
- What is the Ipas intervention's contribution to desired change? What is the Ipas Contribution Story?
- Which results have been attained and are there still any outstanding areas?

3. Proposed approach and methodology

In this section we present our overall approach, the design and conceptual framework of the evaluation, and the data collection strategies we intend to apply.

3.1 Overall approach

The evaluation is seen as a learning process and invites for open and transparent dialogue with the Embassy, Ipas and partners. This process is also a way of enhancing the utility of findings and recommendations for end users. While a fully participatory approach has been challenged by time constraints, the evaluation team held inception meetings with the Embassy, MoH representatives at national and provincial levels and Ipas, and has established a framework for this ongoing communication with two levels of coordination and a feed-back/dialogue mechanism during field work. See more in annex 5.

In the field, the evaluation team will strive to ensure the participation of a variety of key stakeholders in the evaluation to give different categories of stakeholders a voice while concurrently triangulating findings. It will do so by limiting the number of selected sites taking into account the logistical challenge of long distances in Mozambique, time and budget constraints. This will allow for more in-depth encounters, ensuring to the extent possible a 360-degree view of the situation in a given site.

Overall, the evaluation will strive to give voice to rights-holder representatives of target groups in communities/districts in rural and urban areas. As the project has been systematically documented in the ongoing monitoring process, the evaluation will have an opportunity to dive deeper into the many aspects of abortion care and contraception work carried out by the Ipas project in selected sites and realities in Zambezia and Nampula provinces. To document the extensive communication work carried out to inform, to change norms and to ensure access to the services being provided, field work will be carried out to evaluate this aspect in Nampula.

In line with the project priorities and the principles of the human rights-based approach, the evaluation will seek to optimise the inclusion and participation of marginalised and discriminated rights-holders in the evaluation exercise and give them opportunity to share their experiences and feedback. In the context of the project, this is understood to particularly include young women and girls. A **gender-sensitive approach** will make sure women and girls, men and boys, can freely speak by giving them their own separate spaces and – as and where deemed useful or needed – hold sensitive interviews individually. During field visits, the evaluation will also ensure transparency vis à vis consulted stakeholders by informing them of the objective of the evaluation and the possibility of accessing the final evaluation report after its publication.

Gender equality Gender considerations are integrated into the evaluation questions in line with the ToR, as described above in 2.2 and in relation to the theory-based approach 2.3. The evaluation will assess to which extent a gender analysis has informed Ipas the choice of strategies and methods, as well as the degree of gender mainstreaming both in the project design, implementation and monitoring of results. It will also assess to which extent the applied gender equality approach is transformative

or not[14] . As already mentioned, it will also be relevant to explore the project's alignment to priorities defined by feminist SRHR actors and WROs.

3.2 Data collection methods

Data collection will primarily rely on qualitative data collection methods using interview guides tailored to the specific stakeholders (Annex 7), as well as available quantitative data from the projects' M&E reports and commissioned studies. This will include:

3.2.1 Document review

The desk review, already initiated, comprises the project related documents. This includes a literature review of existing Mozambique national strategic plans, policies and regulations relevant to IPAS program areas of interventions; relevant Sida documentation; Sida and Ipas project agreements, project-documents, opera-tional plans, M&E Framework, financial data, training assessments and progress reports. Furthermore, the evaluation team will consider other partners and key stakeholders active in the same area of intervention as Ipas, for the purpose of activating the key steps of a sound contribution analysis. In our desk review we will review national and international relevant documents for a holistic evaluation of the Ipas project.

The literature review will also look at studies that have analysed CAC and gender norms and socio-cultural and economic barriers to achieve expected outcomes at the community and institutional levels in Mozambique MoH and other relevant institutions), besides other relevant country contexts documents, in order to broaden the evidence-base on critical factors linked to the project's contribution to the outcomes of CAC /SRHR in Mozambique.

Documents and data sources to be subject to desk review will be collected through multiple channels, in-cluding institutional contact and request to Sida, Ipas, and explicit request during interviews, as well as country, regional and international level databases, as appropriate.

3.2.2 Interviews and focus group discussions

Interviews – open-ended or semi-structured, in groups (Focus Group Discissions – FGD) and/or with individuals (Key Informant Interviews – KII) – will be a key form of data collection throughout the evaluation to capture contribution narratives and validate emerging findings.

We recognise the need to take a highly sensitive approach based on both safeguarding principles and contextual power analysis to create safe spaces for stakeholders to discuss sensitive and in some cases, contested, issues. We will carry out interviews with Ipas; KIIs with SRHR community stakeholders; interview women's rights organisations (WRO) and health providers, and local and national duty-bearers MoH, religious and traditional leaders.

[14] We will use Sida's definition of gender transformative: "contributes to change of social norms, cultural values, power structures, and the roots of gender inequalities and discrimination". How Sida works with gender equality, November 2020, Gender Tool Box (Brief), Sida

The final beneficiaries, meaning the women who used abortion services, will only be interviewed individually. We will, however, if time allows, try to arrange focus group discussions with people who already had contact with a concert abortion services like champions or role models in the community.

The perception of the users will predominantly be gathered through individual interviews. We are mindful that the focus of the Ipas project includes very sensitive areas in the lives of the beneficiaries we will meet in the field. For, interviews to be conducted with women and girls, sharing their abortion experience, we will therefore ensure that these are conducted in appropriate spaces and in settings one-on-one. Participants will be identified through the activists working for Coalizao or any other partner from IPAS. They, the activists, will approach the users, ask them if they are willing to give an interview and, once they agreed, we will meet them at a place of their convenience. This might be their home, a health facility or at our Hotel.

For other users of SRH services we plan to conduct FGDs with adolescent girls and young women. Knowing that Ipas is working with activists to raise awareness and enable access to safe abortion, we will rely on the Ipas project's network and identify beneficiaries who a willing to join a small FGD. We will not request a list of beneficiaries form the Health Facility. Participants of the focus group discussion with community members will also mainly be identified through the activists. They are politically neutral and know best the neighbourhoods they are working in. A snowball sampling approach will be used to identify additional beneficiaries willing to participate as needed.

Furthermore, we plan to arrange FGDs with stakeholders in the media (both those benefiting from the project and others). We are aware of media actors trained on SRHR through Sida funded intervention by FEMNET and would like to include them both as reference and to reach out to the broader media community. Among those women rights-holders receiving CAC/SRHR services, confidentiality and discretion will be given high priority and one-on-one interviews will be the main modality. All interviews will be private and confidential unless the interviewee agrees to be cited. Detailed interview guides will be developed in the inception phase.

Bearing in mind the current situation of Covid-19 pandemic in Mozambique, FGD's will be conducted in Zambézia and Nampula provinces with limited number of participants (Ipas Staff) and program beneficiaries, safeguarding all Covid-19 prevention measures as stipulated by the national authorities.

3.2.3 Site visits and observation

In-depth field work will be carried out in Nampula and Zambézia with the opportunity to conduct interviews in person, as well as collect data and observations.

Our two evaluators based in Mozambique will travel to Nampula and Zambezia: Marion to Nampula and Cristiano to Zambezia. These site visits are expected to include e.g. health centres, communities, police stations, media outlets, Ipas partner organisations working with SRHR and similar.

The team leader is foreseen to travel to Mozambique and will take on the higher-level interviews with the Ministry of Health, the Embassy and Ipas staff and partners in Maputo, as well as – through a 4-day mission to Nampula, the Ipas provincial head office there, along with relevant media entities working with Ipas (see the section above). We note that the current Covid-19 travel guidelines in force in

Mozambique allows entry with an electronically verifiable full vaccination certificate. Should this change, we will adapt the data collection to reflect this.

Observation

The team will, besides from paying general attention to body language and relations between stakeholders in the Ipas project, systematically use observation in the following ways:

At health facilities we will be observing: 1) The layout of health facility (to check privacy of the available spaces); 2; Availability of the equipment provided with Ipas support; 3) Availability/display of IEC material in the wall on in any other places.

At community level we will be observing: 1) availability of safe spaces where the activists work; 2 availability/display of IEC material

Should team members have the opportunity to **participate in a community awareness raising meeting or some community outreach activity,** the team will observe what the facilitators transmit to the community; the interaction with the community; who talks and who listens: is there a dialogue or is it all just the facilitator speaking? Furthermore, we will be interested in what kind of visual material is being used.

3.2.4 Mixed-Method Data Triangulations and Analysis

We will adopt a mixed-method evaluation approach to deliver the expected outputs of this evaluation. In our analysis, we will assess outcome-level and situate our assessment in the analysis and interpretation of the logical consistency: linking project activities and outputs with changes in higher level outcome areas, based on desk review, KII, FGD observations and data collected along the results chain. This analysis will serve as the basis for the evaluation team's judgment on how well Ipas has contributed to the achievement of the project document's intended results in for instance linking investment to outcomes. Given varied regional and country contexts, we will take account of the links between context, intervention mechanisms and outcomes at each level (national and sub-national) including differences between provinces.

While our approach is also grounded in contribution analysis as a tool for establishing links between outputs and outcomes, a combined assessment of a wide range of data sources and evidence will be triangulated to support robust analysis of project outcomes, as defined in the Program Document and Logical Framework. Qualitative evaluation methods will be used to collect first-hand information and perspectives from different stakeholders, service providers and rights holder / beneficiaries. Triangulation of data collected through desk review and qualitative data collection will enable the team to generate a sound contribution analysis.

The data collection tools are further elaborated in the table below summarising what tool will be used for the different types of stakeholders.

Interview guides – for KIIs and FGDs

Interview guides have been developed for each of the above foreseen data collection interview process (please find them in annex 7).

3.3 Evaluation process

3.3.1 Inception phase

With the presentation of this inception report, the inception phase is coming to a close, to be concluded when an approved inception report is approved. The phase has included the following activities: establish overview of available data followed by a preliminary document review of background documents and available data; identification and mapping of known stakeholders; Analysis of the ToC and implementation logic of Ipas; analysing the evaluation questions and preparation of the evaluation matrix; refining the approach and develop the methods, the data collection tools and the planning of data collection phase. Finally, a detailed plan for the data collection has been prepared in order to finalise the work plan and identify key dates.

3.3.2 Data collection phase

During the date collection phase, the evaluators will, apart from informing Ipas and Embassy step-by-step, ensure a continued flow of information, sharing of observations and reflections between the evaluators to ensure a further refinement of the data collection tools and the process. This, to ensure the quality and depth desired and required to meet the evaluation objectives.

The evaluation will unfold

- **in Maputo,** at the national level of implementation and coordination with Ipas National head office, MoH, the Swedish Embassy and other actors in the area of SRHR.
- **In the two provinces** which the Ipas project focuses upon: **Nampula and Zambezia.**

Field work focus on the technical work in and around the health systems in the two provinces, and on the communication and outreach work carried out (see more sections 3.4 and 3.5)

In Maputo, interviews will be carried out with the Embassy, Ministry of Health, Ipas and collaboration partners[15]:

The circle around the project:

- The Swedish Embassy (Management and staff)
- The Ministry of Health's National Directorate of Public Health- Department of Women's Health, Safe Abortion Program
- Ipas project implementors.

[15] Please find more details on some of these organisations in Annex 5

Partners, contributing to the implementation of the project

- Contributors to the Information, communication and SBCC component, including community conversations and peer-to-peer communicators
  - FORCOM;;
  - Coalizão representation in Maputo
  - Implementors of VCAT workshops[16].

Ipas collaboration partners[17]

- The Technical Abortion Group is part of MoH and its close collaboration partners. Responsible for coordination of activities at the national level including the National Plan of Activities, Discussions and Assumptions around Policies and Procedures for the Implementation of the Comprehensive Abortion Care (CAC).
- Network on sexual and reproductive rights (DSR)- is a platform of civil society and congregates around 25 non-governmental organizations at central and provincial level. It is a space for coordination of advocacy actions for the approval of laws and policies that protect the south of the country.
- The Mozambican Association of Obstetricians and Gynecologists (AMOG18), is a non-profit scientific socio-professional organization whose purpose is to represent and bring together health professionals who are dedicated to sexual and reproductive health.
- The Coalition (Associação Coalizão da Juventude Moçambicana / Coalizão) is a non-profit Youth Organization with activities in various parts of Mozambique within the area of Sexual and Reproductive Health. 'Coalizão' implements parts of Ipas' activities.
- NAIMA+ is a platform where INGOs operating in Mozambique collaborate. The platform serves as an Information / Coordination, Coordination, Lobbying and Advocacy Mechanism for INGOs working in the health sector. It here ensures effective coordination and communication between the civil society, institutions of the Government and Cooperation Partners. Through NAIMA, Ipas participates in various coordination groups with the MoH (Medicines Group, Health Partners' Group, Global Fund Coordination Mechanism, Global Humanitarian Team)
- Staff and collaboration partners working with the communication, information and SBCC.

Ipas HQ lead staff, based in North Carolina, USA, will also be interviewed – in particular Valerie Acre, who is the Ipas Mozambique Senior advisor in research, monitoring and evaluation. Furthermore, from the Ipas HQ Pearl Friedberg, Senior Program Manager and Guilermo Ortiz, Senior Medical Advisor.

The data collection phase will conclude by holding a debriefing in Maputo on September 1.

3.3.3 Analysis and reporting

The final phase of the evaluation is for the team to write up the findings, continue with document review and analysis, which will be presented as the evaluation's final draft report. Ipas and the Embassy

[16] VCAT workshops were conducted with key actors for the dissemination of the law, clarification of values and reduction of stigma or institutional barriers through increasing knowledge, particularly with professors from the Institutes of Health Sciences, Judges, Prosecutor's Office and provincial and district command. These were important actors in creating the enabling environment and support for expanding access to CAC services.

[17] We could include NGOs and local NGOs that have collaborated with Ipas through partnership coordination groups or technical advisory groups to DPS-SPS: Nampula - group of partners such as Hopem, Ophenta, PLAN and INGD. Zambezia: Nafeza, AMODEFA, FGH.

[18] AMOG is 'A Associação Moçambicana de Obstetras e Ginecologistas'

will provide written and consolidated comments to the draft report, after which the evaluation team will revise the draft and submit a final draft. A matrix over how comments have been managed will be shared together with the final evaluation report. The draft and final reports will be submitted in both English and Portuguese. After a process of comments and conversations, the final report will be shared.

3.4 Selection of locations for the work in Nampula and Zambezia

The site selection will be presented hereunder partly for the field work to be carried out, focusing on the abortion and contraception-focused work, partly on the field work to be carried out with a focus on the communication activities of the Ipas project.

The project targets women and girls in two of Mozambique's ten provinces: Nampula and Zambezia. They have since the project inception been selected because they are the most populated provinces in Mozambique with some of the worst health indicators related to sexual and reproductive health. They had at the time of project planning the most significant shortage of health-care providers of any of the provinces. Ipas' efforts in these two provinces will serve as models for a roll out to the remaining provinces over time, including Tete, Manica, Sofala, and Niassa, where services are also very limited.

It has been agreed that one evaluator will work in Nampula, the other in Zambezia. To identify where the actual work will be carried out, a series of site selection criteria were developed:

Criteria for selection of locations to visit in Nampula and Zambezia

The evaluation team proposes the following criteria for the selection of sites:

Programmatic criteria (program implementation related criteria)

- Oldest implementation sites X newest implementation sites
- Most effective X least effective sites based on Annual Reports[19]
- Site covered with radio station X not covered with radio station

Populational, health status and access criteria

- Sites with more X less numbers of safe abortion cases
- Health facilities catering specifically for more vulnerable segments of the overall target group
- Foreseen density and potential of contact with / mobilisation of different key stakeholders
- Major Health Facility (tertiary and quaternary level) X Small HF (primary and secondary levels)
- Availability X non Availability of other partners related interventions on SRHR/Safe Abortion

Sociocultural and Geographic criteria

- Religious influence: Cristian X Muslim X other religion areas
- Urban X rural
- Transport feasibility for the team within a maximum of 4 hours' time traveling

[19] In conversation with Ipas we learned that in some sites/locations, the intervention started earlier that other, and the dynamic of implementation of the interventions were different, for example. By more or less effective we want to capture the early adopting sites as well as the later comers, the sites that implement full package of services and those that were not in time to implement the full package. This will enable the evaluators to balance our judgement better.

Both consultants will work in three sites: the provincial capital and in two districts. With the above selection criteria in mind, the evaluation team has mapped all Ipas intervention sites in Nampula and Zambezia and chosen the field work sites presented hereunder (see details in annex 8):

For Zambezia, the above three criteria by location and health facility, resulted in the selection of the following sites:

- **Quelimane**: Capital city with Central Hospital (Quaternary) and multiple Primary and secondary health facilities in urban and peri-urban areas; mixed religious populations (Christians and Muslims); Radio services available; Two sites (1 Quaternary and 1 Primary HF) and respective catchment areas will be visited, besides the provincial health authorities.
- **Maganja da Costa:** Rural and Costal District with District Hospital; Predominantly Muslim population; From the Ipas annual Reports, there is no indication of working with Community Radio; The district is reachable within 3/4hours driving from Quelimane. One Health facility and catchment area will be visited.
- **Mocuba:** Interior and Central District; Municipality Village; District Hospital and District Health centre; Predominantly Christian population; High density and mobility area; reachable within 2/3 hours driving from Maganja da Costa District. Two health facilities and catchment areas will be visited.

In Nampula, the following two sites have been selected in addition to the provincial capital:

- **Nampula:** Capital city with Central Hospital (Quarternary) and multiple other primary and secondary health facilities in urban and peri-urban areas; mixed religious populations (Christians and Muslims); Radio services available; Two sites (1 Quaternary and 1 Primary HF) and respective catchment areas will be visited, besides the provincial health authorities.
- **Moma:** Coastal province with a huge Muslim population The Moma district has been an Ipas partner since 2018. The mining company working in the district, has among others resulted in an increase of Female Sex Workers. There is a community radio station in Momo, who partners with the Ipas project.
- **Meconta**: interior district with a predominantly Christian population. The Meconta district is the most recent Ipas partner in Nampula province. There is not a community radio station in Meconta, but one in neighbouring Namialo, who partners with the Ipas project.

3.5 Field work outline and Evaluation sampling size

During the field work, overall, the evaluation team is planning to conduct 104 KII with different stakeholders, service providers and beneficiaries and 12 FDG with female beneficiaries, covering the two provinces and 6 district sites, including the provincial capitals. . In Maputo, additional KIIs, group dialogues and consultative meetings will take place.The teams will have each a nine-day field visit to cover three districts (including the provincial capital). It will allocate 2 to3 days per district (including travel time) for data collection (depending on availability of respondents during the weekend). The ambition is to do one site per day, a total of two sites per district, depending upon the final choice of sites for the evaluation.The proposed structure of field consultations per district/ward is as follows:

- *Province/District level*: (one – 1,5 day)
    - One meeting with provincial health officer
    - One meeting with district health officer
    - One visit to health centres/meeting with health workers
    - One meeting with project staff/volunteers (could be after working hours if this is feasible for respondents)
    - One meeting with KII with Community radio
    - One KII with stakeholders / partners working in SRHR
    - One meeting with representative of NGO and other actors
    - 1 meeting with other stakeholders who also work in the area of abortion
- *Community level:* (1 – 1,5 days)
    - One face-to-face focal discussions with key influencers in community (village chief, local leaders, parents, teachers)
    - 1 FGD with activists
    - Meeting with school management
    - 1 FGDs with beneficiaries
    - 2 KII with beneficiaries
    - 1 KII with Community radio
    - 1/2 KII with stakeholders / partners working in SRHR
    - 2 KII with men and women from the community to check the acceptance.

PROFILE	LOCATION	KII	FGD	Observations
Ipas Team				
• Provincial representative		1		
• Provincial team			1	
Health Managers				
• Provincial Director of Health	Provincial Capital	1		
• DPS SRHR team	Provincial Capital		1	
• Training of trainers	Provincial Capital	2		Important to also consider the mentores clínicos de CCA, qui garantem o suporte programático dos provedores (capital e distritos)
• District Director of Health	Capital and 2 districts	3		The provincial capital is also a decentralized level. the team will interview the SDMAS representative in Quelimane and in 2 additional district sites.
Health Providers				
• Nurses	Capital and 2 districts	6		At least 2 nurses will be interviewed in each district sites
• Other Health Providers (Gynaecologists, Pharmacists)	Capital and 2 districts	6		At least 2 other health providers will be interviewed in each district sites
Activists				
• Provincial representative	Capital and 2 districts	1		
• Activists			1	
Stakeholders (Organizations working on SRHR / Safe Abortion)	Capital and 2 districts	3		At least 1 representative of an organization working on SRHR/Safe Abortion will be interviewed in each District Site
Mass media communication		1		
• Radio program Radio journalists	Capital and 2 districts	3		At least 1 radio program representative or team will be interviewed in each district
• Other?				
Opinion / Policy makers				
• Community Leaders	Capital and 2 districts	3		At least one per district
• Religious leaders	Capital and 2 districts	3		At least one per district
• School teachers		3		At least one per district
• Others (Traditional birth attendants / traditional healers / 'godmothers' of initiation rites, APEs)	Capital and 2 districts	3		
• Legal entities (Including provincial and district prosecutors, police officers)	Capital and 2 districts	3		
Beneficiaries				
• Female	Capital and 2 districts	9	3	At least 3 beneficiaries will be interviewed per district and 1 FGD will be conducted per district (Coalizão activists will assist in identifying beneficiaries' champions willing to join a FGD)
• Male	Capital and 2 districts	3		
Total		**54**	**6**	

3.6 Proposed Mission Schedules

With the information at hand, and based on dialogue with Ipas, the team proposes the following preliminary plans for field visits. The plans may be adjusted depending on the prioritisation of stakeholders together with the Embassy and Ipas. It will be finalised prior to the submission of the final inception report in consultation with Ipas.

Evaluation team mission plan

Both evaluators are planning to travel to the Provincial capitals, Nampula and Quelimane, on the 16th of August. The work will start on the 17th with an introductory meeting with Ipas to plan for the logistics of the mission. During this meeting, all the logistics related to the work in the province will be clarified. In general, the team will propose to conduct interviews with government representatives early, with representatives from the health facilities after 11 h when the work is a bit less and with the communities in the afternoon during their leisure times. Below, a table with the preliminary travel dates. It is planned to work three days in each district, the exact travel times might have to be adapted to the circumstances in each province.

Data	Team Zambézia	Team Nampula
August 16	Arrival Quelimane	Arrival Nampula
Aug. 17 – 19	Work in Quelimane	Work in Nampula
August 20, Saturday	Saturday	Saturday
August 21, Sunday	Trip to Maganja da Costa	Trip to Moma
August 22-23	Work Maganja da Costa	Work Moma
August 24	Travel Maganja da Costa to Mocuba, start work Mocuba	Travel Moma – Meconta, start work in Meconta
August 25 – 26	Work Mocuba	Work in Meconta, return to Nampula
August 27, Saturday	Return to Quelimane	Work in Nampula
August 26, Sunday	Return Maputo	Return Maputo

Securing a good flow of communication during the field work

Securing the utilization-focused approach, one aspect in the evaluation team's agreed continued communication approach during the field mission[20] includes the 'Field findings feed-back and dialogue'. As the purpose and intended use of the end of program evaluation is to help the Embassy, its partner Ipas Mozambique and MoH (central and decentralized levels) learn from what works well and less well, the field work will observe the following guidelines:

- Further to Ipas preparation of the field visits through required letters and approvals, the team will, where feasible, pay a courtesy call to the local authorities to ensure that the work can be carried out respectful of tradition and expectations;

[20] See annex 4 referred to earlier in the report

- At the beginning of every meeting, the team ensures to clearly present the framework within which the meeting / interview takes place, and what the role of the meeting is;
- Where relevant, the meaning, purpose and implementation of the required confidentiality is clarified;
- Every three days, the team will have a 'field findings and feed-back and dialogue' meeting with the Ipas team, as agreed prior to setting off on the field mission. This to ensure maximum depth and quality of the evaluation on the one hand, benefiting from the insights of all, on the other.

3.7 Communication, information and social norms change

The Ipas project intervention logic for Mozambique (see more about this and the ToC in section 3) focuses on securing an enabling policy environment for access to safe abortions, and all the elements going into enhanced service delivery. For this to become operational, for women and girls to have access to the services and to provide alternatives to traditional, cultural ways, communication is at the core. This stands out through especially two of the four outcome areas of the Ipas ToC and intervention logic: 'Increased knowledge, agency and social support' and 'New knowledge generated and disseminated'.

Working with the Ipas overall 'Communication Strategy' (2021) and its 'Youth-Focused Social Norm and Behavior Change Strategy' (2019) and review of further Ipas documentation, the evaluation will ensure, both during the field work in Nampula and Zambezia, and through work with strategic implementation partners in Maputo, to assess the *relevance, the coherence, the effectiveness, efficiency and sustainability* of the communication components.

SBCC reinforces the notion that people must take ownership of and act as active agents in their own change processes. This means that effective social and behaviour change programs must create opportunities and platforms for people to actively participate in a process of dialogue, reflection, negotiation and mobilization, we will also look to elements of *impact* to the extent that it will be possible, including indications of (young) women and girl's increasing empowered agency and rights holder awareness.

The following principles[21], widely accepted as attributes of effective health communication practice and message development, will be one of the cross-cutting ways in which we will consider the communication work of Ipas:

Accuracy:	the content is valid and without errors of fact, interpretation, or judgment.
Availability:	the content (whether targeted message or other information) is delivered or placed where the audience can access it.
Balance:	where appropriate, the content presents the benefits and risks of potential actions or recognizes different and valid perspectives on the issue.

[21] https://www.ecdc.europa.eu/en/health-communication/facts

Consistency:	the content remains internally consistent over time and also is consistent with information from other sources.
Cultural competence:	the design, implementation, and evaluation process that accounts for special issues for select population groups and also educational levels and disability.
Evidence base:	relevant scientific evidence that has undergone comprehensive review and rigorous analysis to formulate practice guidelines, performance measure, review criteria, and technology assessments.
Reach:	the content gets to or is available to the largest possible number of people in the target population.
Reliability:	the source of the content is credible, and the content itself is kept up to date.
Repetition:	the delivery of/access to the content is continued or repeated over time, both to reinforce the impact with a given audience and to reach new generations.
Timeliness:	the content is provided or available when the audience is most receptive to, or in need of, the specific information.
Understandability:	the reading or language level and format (including multimedia) are appropriate for the specific audience.

4. Limitations

Well aware that it is always possible to spend more time in the field realities, having even more time cross analysing project data with documentation of comparable realities outside the Ipas project in Mozambique, the evaluation team is confident that with the experience of the team and the approach and methods designed, we will – in close collaboration with the project, donor and partners, be alert to build in mitigation measures when challenges – and limitations - appear. They always do.

Concretely, the evaluation team is mindful of the constraints we may encounter in reaching all the relevant potential informants especially in field locations, where emergencies of many different makings might occur. Furthermore, the team hopes to get access to the documentation required to provide full answers to the questions and issues raised in the evaluation.

While a fully participatory approach has been challenged by time constraints, the evaluation team has with the Embassy, Ipas and the Ministry held inception meetings with the enlarged steering committee including Embassy, MoH representatives at national and provincial levels and Ipas, and we have established a framework for this ongoing communication with two levels of coordination and a feedback/dialogue mechanism during field work. See more in annex 5.

Finally, we are gratefully no longer in neither lock-downs nor states of emergency, still, we have all become aware that rising infection numbers and other health related issues might occur and change established plans. Should such circumstances arise, we will design an alternative approach and modified data collection methods. We hope and trust this will not be needed.

5. Proposed overall work plan

A detailed work plan will have been elaborated by the time this inception report has been approved, so that the evaluation team and all others engaged are ready to move on with the work in a systematic and effective manner.

For now, the work schedule looks like this:

2022					July				August					September				October				November					December			
	BJ	AH	CM	MB	w27	w28	w29	w30	w31	w32	w33	w34	w35	w36	w37	w38	w39	w40	w41	w42	w43	w44	w45	w46	w47	w48	w49	w50	w51	w52
Inception Phase																														
Start-up meeting with the Embassy of Sweden, Ipas and MoH, tentative 6th of July	0.25	0.25	0.25	0.25																										
Documents review and methods development	5	2	2	2																										
Inception meeting/workshop with the Embassy of Sweden, Ipas and MoH, tentative, 13th of July	0.25	0.25	0.25	0.25																										
Drafting incpetion report	4	1																												
External quality assurance of draft inception report 21st July																														
Translation of draft inception report to Portuguese 25-28th of July																														
Submission of draft inception report, 29th July									S																					
Comments/no-objection sent by Stakeholders 9th of August , call to discuss comments as needed																														
Finalisation and submission of the final inception report 12th of August	1										S																			
Data Collection Phase																														
Field visit to Maputo, Nampula and Zambezia Province /key informant interviews (inclusive travel), 17th of August-1st of September	13		9	9																										
Preliminary data analyis and findings, internal team discussions	0.25	0.25	0.25	0.25																										
Debriefing and validation meeting with Embassy of Sweden, Ipas and MoH, 1st of September	0.25	0.25	0.25	0.25																										
Data Analysis and Reporting Phase																														
Analysis and report writing	8	3	3	3																										
External quality assurance of draft inception report 10th of October																														
Translation of draft report, 12th-20th of October																														
Submission of Draft Report, tentative 21st of October																				S										
Feedback from stakeholders on draft report 3rd of November																														
Adjustment and finalisation of the report (both versions), 4-11th of November	2	1	1	1																										
Submission of Final Report in English, tentative 14th November																									S					
Approval of Final Report in English 28th of November																														
Total days	**34**	**8**	**16**	**16**																										

5.1 Deliverables

Below is our proposed implementation plan with confirmed dates:

Deliverables	Participants	Time plans[22]
1. Draft inception report	**Evaluators**	**Tentative, 29 July 2022**
2. Comments from intended users to evaluators, a meeting to discuss the comments as necessary	Embassy of Sweden, Ipas, Ministry of Health and Evaluators	Latest, 9th August 2022
3. Adjustment of the inception report (both versions)	Evaluators, Translator	10-12th August
4. Submission of revised inception report	Evaluators	12th August 2022
5. Approval[23] / 'Go ahead' of inception report	Embassy of Sweden, Ipas, Ministry of Health	15th August 2022
6. Data collection, analysis, report writing and quality assurance	Evaluators	15th August Zambezia; 16th August Nampula. Ends 1st September 2022
7. Debriefing/validation workshop (meeting)	Embassy of Sweden, Ipas, Ministry of Health at Central and decentralised levels, and Evaluators	1st September 2022
8. Draft evaluation report	Evaluators	21st October 2022
9. Comments from intended users to evaluators	Embassy of Sweden, Ipas, Ministry of Health at Central and decentralised levels	3rd of November 2022
10. Adjustment of the final report (English and Portuguese version)	Evaluators, Translator	4th-11th November 2022
11. Submission of final evaluation report	Evaluators	14th November 2022
12. Approval of final report	Embassy of Sweden	28th November 2022

[22] Agreed by the Deputy Head of Cooperation of the Swedish Embassy by mail on July 21, 2022
[23] This applies if there are no major issues that NIRAS will need to address, as per mail correspondence mentioned above.

6. Annexes

- 6.1. Annex 1 – Terms of Reference
- 6.2. Annex 2 – The NIRAS and Ipas Teams
- 6.3. Annex 3 – The national context
- 6.4. Annex 4 – Evaluation matrix
- 6.5. Annex 5 – Communication structure to ensure utilization focus of evaluation
- 6.6. Annex 6 – Coordination mechanisms used by Ipas
- 6.7. Annex 7 – Interview guides
- 6.8. Annex 8 – Mapping for field work site selection in Nampula and Zambezia

6.1. Annex 1 – Terms of References

Terms of Reference for the End of Project Evaluation of the Sida-funded Ipas program on Access to Safe Abortion in Mozambique

Date: **Junho 2022**

1.General information

1.1 Introduction

The project began during the implementation of the strategy for Sweden's international development cooperation in Mozambique, 2015-2020, with the expectation that it would contribute to *Improved opportunities for girls and young women to take independent decisions regarding their sexuality and reproduction*, one goal under the result area *Strengthened democracy and gender equality, and greater respect for human rights*. The contribution was also judged to be in line with the Swedish Feminist Foreign Policy and was seen as a complement to the other large SRHR interventions i.e. the One UN - Improved SRHR for girls and young women intervention that is being implemented in Nampula and Zambezia. The contribution was also complemented by now closed AGIR II program, in its third theme *˝Right to Accessible and Affordable Public Services of Good Quality*" under which the Oxfam sub-program specifically aimed to contribute to: i. *Duty bearers are responsive to CSO claims for approval of law on abortion and its implementation in practice*" – with indicators such as law on abortion approved"; % of sanitary units providing safe abortion; and of number of CSOs with capacity to engage with duty-bearers and moral authorities on issues related to abortion law. And to *CSOs effectively stage ICT-base advocacy campaigns to raise awareness and change attitude and practises and eliminate harmful cultural practices and prejudices that promote early marriages, unwanted pregnancies and sexual violations*.

1.2 Evaluation object: Intervention to be evaluated

The evaluation is intended to cover the project "Expanding women's and girls' access to comprehensive abortion and contraceptive care in Nampula and Zambezia provinces in Mozambique[24]."
The cooperation partner, Ipas, is a global nonprofit and nongovernmental organization dedicated to advancing sexual and reproductive health and rights (SRHR) in more than 20 countries. In Mozambique, through Swidish support, Ipas has established a local office and expand support to Mozambique's health system, enhancing the provision of safe, sustainable abortion care.

[24] Planit Nr. 51140118 Access to safe abortion in Mozambique

The goal of this project was **to improve the knowledge, ability, opportunities, and choices of women and girls in Mozambique to access safe, high-quality abortion care and contraception**. The key objectives to achieve this included:

1. Advocate to create an enabling policy and regulatory environment for sustainable comprehensive abortion[25] and contraceptive care;
2. Implement the abortion law by providing technical assistance to the MoH in the design and roll-out of a national implementation plan;
3. Increase the number of trained health-care providers and facilities that provide high-quality comprehensive abortion and contraceptive care;
4. Increase access to populations most in need of comprehensive abortion and contraceptive services (e.g., youth) through community-level outreach.

These objectives were proposed to have been achieved if the following four outcomes were met:

- **Outcome 1:** Supported the creation of an enabling and sustained policy environment for access to safe abortion for women and girls;
- **Outcome 2:** Improved availability and accessibility of services for girls and young women through multiple points of care;[26]
- **Outcome 3:** Increased young women's and girls' knowledge and agency and strengthened their social support networks;
- **Outcome 4:** New knowledge generated and disseminated.

The geographic focus of the intervention is Nampula and Zambezia. These provinces were chosen because they are the most populated provinces in Mozambique with some of the worst health indicators related to sexual and reproductive health (SRH). It was also anticipated that Ipas would partner closely with the Embassy supported One UN SRHR, Rapariga Biz Program, also focused in these two provinces. The intention of Ipas was to obtain funding from other donors to expand this work over time to the remaining provinces, including Tete, Manica, Sofala, and Niassa, where there are also little to no services. The total contribution for this intervention is SEK 79 996 880 and its activity period started in December 12, 2016 and goes until December 31, 2022. Sweden has been the only donor to the program.

For further information, the intervention proposal is attached as Annex D.

The intervention logic or theory of change of the intervention may be further elaborated by the evaluator in the inception report, if deemed necessary.

1.3 Evaluation rationale

[25] Comprehensive abortion care includes safe induced abortion for all legal indications, treatment of abortion complications, postabortion contraception, and pain management.

[26] Points of care may include formal health facilities but additionally include "informal" locations for abortion and contraceptive information and care, including homes of traditional/trained birth attendants, locations of drug sellers, websites and hotlines.

Ipas was a new partner for the Embassy of Sweden (EoS) in Maputo and Ipas had just opened their office in Mozambique. Therefore, an end-term evaluation was planned in the EoS' initial appraisal and was a condition in the agreement. The EoS took responsibility to procure and fund the evaluation.

2.The assignment

2.1 Evaluation purpose: Intended use and intended users

The purpose or intended use of the end of program evaluation is to help the Embassy and its partner Ipas Mozambique to learn from what works well and less well, and provide input to upcoming discussions concerning the preparation of a new phase of intervention on Access to safe abortion in Mozambique.

The primary intended users of the evaluation are the Embassy of Sweden in Maputo, Ipas Mozambique and the Government of Mozambique through the Ministry of Health (central and decentralized levels - Provincial Health Secretariat and Provincial Health Directorate in Nampula and Zambezia Province). central and decentralized levels in Nampula and Zambezia).

The evaluation is to be designed, conducted and reported to meet the needs of the intended users and tenderers shall elaborate in the tender how this will be ensured during the evaluation process. Other stakeholders that should be kept informed about the evaluation include Ipas Mozambique partners organizations and donors supporting safe abortion interventions in Mozambique.

During the inception phase, the evaluator and the users will agree on who will be responsible for keeping the various stakeholders informed about the evaluation.

2.2 Evaluation scope

The evaluation scope is limited to January 2017 to June 2022. In terms of geographical coverage, it will be Nampula and Zambezia Provinces and Maputo for the Central level engagement. Target groups to be included in the evaluation are health care providers, women and girls in the Zambezia and Nampula provinces and other beneficiaries members of youth groups and communities.

If needed, the scope of the evaluation may be further elaborated by the evaluator in the inception report.

2.3 Evaluation objective: Criteria and questions

The objective of this evaluation is to evaluate the relevance, coherence, effectiveness, efficiency, impact, and sustainability of intervention Ipas Project and formulate recommendations as an input to upcoming discussions concerning the preparation of a new phase of the intervention.

The evaluation questions are:

Relevance: Is the intervention doing the right thing?

- To what extent did the project conform to the needs and priorities of the beneficiaries and the Government of Mozambique?
- To what extent have lessons learned from what works well and less well been used to improve and adjust intervention implementation?

Coherence: How well does the intervention fit?

- How compatible has the intervention been with other interventions in the country, sector or organisation where it is being implemented?

Effectiveness: Is the intervention achieving its objectives?

- To what extent has the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups?
    - Did the intervention contribute to the availability, accessibility, acceptability and quality of comprehensive abortion care and contraception?
    - Was the gender mainstreaming based on a gender analysis on SRHR and especially Comprehensive Abortion Care (CAC)?
    -
- Have the M&E system delivered robust and useful information that could be used to assess progress towards outcomes and contribute to learning?

Efficiency: How well are resources being used?

- To what extent has the intervention delivered, or is likely to deliver, results in an economic and timely way?
- How efficient are the management, implementation and monitoring modalities employed by Ipas in Mozambique?

Impact: What difference does the intervention make?

- To what extent were the poor and underserved women and girls reached by the project and how does this compare to pre-established targets?

Sustainability: Will the benefits last?

- Is it likely that the benefits (outcomes) of the project are sustainable?
- Did the project build capacity of different structures and systems to carry on the activities beyond the project cycle? How has Ipas's capacity-building approach performed?

Questions are expected to be developed in the tender by the tenderer and further refined during the inception phase of the evaluation.

2.4 Evaluation approach and methods

It is expected that the evaluator describes and justifies an appropriate evaluation approach/methodology and methods for data collection in the tender. The evaluation design, methodology and methods for data collection

and analysis are expected to be fully developed and presented in the inception report. Given the situation with Covid-19, innovative and flexible approaches/methodologies and methods for remote data collection should be suggested when appropriate and the risk of doing harm managed.

The evalutor is to suggest an approach/methododology that provides credible answers (evidence) to the evaluation questions. Limitations to the chosen approach/methodology and methods shall be made explicit by the evaluator and the consequences of these limitations discussed in the tender. The evaluator shall to the extent possible, present mitigation measures to address them. A clear distinction is to be made between evaluation approach/methodology and methods.

A *gender-responsive* approach/methodology, methods, tools and data analysis techniques should be used[27].

Sida's approach to evaluation is *utilization-focused*, which means the evaluator should facilitate the *entire evaluation process* with careful consideration of how everything that is done will affect the use of the evaluation. It is therefore expected that the evaluators, in their tender, present i) how intended users are to participate in and contribute to the evaluation process and ii) methodology and methods for data collection that create space for reflection, discussion and learning between the intended users of the evaluation.

In cases where sensitive or confidential issues are to be addressed in the evaluation, evaluators should ensure an evaluation design that do not put informants and stakeholders at risk during the data collection phase or the dissemination phase.

2.5 Organisation of evaluation management

This evaluation is commissioned by Embassy of Sweden in Maputo. The intended users are Ipas Mozambique, the Government of Mozambique through the Ministry of Health (central and decentralized levels - Provincial Health Secretariat and Provincial Health Directorate in Nampula and Zambezia Province). The intended users of the evaluation form a steering group, which has contributed to and agreed on the ToR for this evaluation. The steering group is a decision-making body. It will approve the inception report and the final report of the evaluation. The steering group will participate in the start-up meeting of the evaluation, as well as in the debriefing/validation workshop where preliminary findings and conclusions are discussed.

2.6 Evaluation quality

All Sida's evaluations shall conform to OECD/DAC's Quality Standards for Development Evaluation[28]. The evaluators shall use the Sida OECD/DAC Glossary of Key Terms in Evaluation[29] and the OECD/DAC Better Criteria for Better Evaluation[30]. The evaluators shall specify how quality assurance will be handled by them during the evaluation process.

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[27] See for example UNEG United Nations Evaluation Group (2014) Integrating Human Rights and Gender Equality in Evaluations http://uneval.org/document/detail/1616

[28] OECD/DAC (2010) Quality Standards for Development Evaluation.

[29] Sida OECD/DAC (2014) Glossary of Key Terms in Evaluation and Results Based Management.

[30] OECD/DAC (2019) Better Criteria for Better Evaluation: Revised Evaluation Criteria Definitions and Principles for Use.

2.7 Time schedule and deliverables

It is expected that a time and work plan is presented in the tender and further detailed in the inception report. Given the situation with Covid-19, the time and work plan must allow flexibility in implementation. The evaluation shall be carried out **6th July to 14th October, 2022**. The timing of any field visits, surveys and interviews need to be settled by the evaluator in dialogue with the main stakeholders during the inception phase.

The table below lists key deliverables for the evaluation process. Alternative deadlines for deliverables may be suggested by the consultant and negotiated during the inception phase.

Deliverables	**Participants**	**Deadlines**
1. Start-up meeting in Maputo	Embassy of Sweden, Ipas, Ministry of Health at Central and decentralized levels, and Evaluators	6th July 2022
2. Draft inception report	Evaluators	Tentative, 28th July 2022
3. Comments from intended users to evaluators and inception meeting in Maputo	Embassy of Sweden, Ipas, Ministry of Health and Evaluators	Tentative, 11th August 2022
4. Data collection, analysis, report writing and quality assurance	Evaluators	12th August to 9th September 2022
5. Debriefing/validation workshop (meeting)	Embassy of Sweden, Ipas, Ministry of Health at Central and decentralized levels, and Evaluators	9th September 2022
6. Draft evaluation report	Evaluators	Tentative, 23rd September 2022
7. Comments from intended users to evaluators	Embassy of Sweden, Ipas, Ministry of Health at Central and decentralized levels	Tentative, 7th October 2022
8. Final evaluation report	Evaluators	14th October 2022

The inception report will form the basis for the continued evaluation process and shall be approved by Sida before the evaluation proceeds to implementation. The inception report should be written in English and Portuguese and cover evaluability issues and interpretations of evaluation questions, present the evaluation approach/methodology *including how a utilization-focused and gender-responsive approach will be ensured*, methods for data collection and analysis as well as the full evaluation design, including an *evaluation matrix*

and a *stakeholder mapping/analysis*. A clear distinction between the evaluation approach/methodology and methods for data collection shall be made. All limitations to the methodology and methods shall be made explicit and the consequences of these limitations discussed.

A specific time and work plan, including number of hours/working days for each team member, for the remainder of the evaluation should be presented. The time plan shall allow space for reflection and learning between the intended users of the evaluation.

The final report shall be written in English and Portuguese and be professionally proof read. The final report should have clear structure and follow the layout format of Sida's template för decentralised evaluations (see Annex C). The executive summary should be maximum 3 pages.

The report shall clearly and in detail describe the evaluation approach/methodology and methods for data collection and analysis and make a clear distinction between the two. The report shall describe how the utilization-focused approach has been implemented i.e. how intended users have participated in and contributed to the evaluation process and how methodology and methods for data collection have created space for reflection, discussion and learning between the intended users. Furthermore, the gender-responsive approach shall be described and reflected in the findings, conclusions and recommendations along with other identified and relevant cross-utting issues. Limitations to the methodology and methods and the consequences of these limitations for findings and conclusions shall be described.

Evaluation findings shall flow logically from the data, showing a clear line of evidence to support the conclusions. Conclusions should be substantiated by findings and analysis. Evaluation questions shall be clearly stated and answered in the executive summary and in the conclusions. Recommendations and lessons learned should flow logically from conclusions and be specific, directed to relevant intended users and categorised as a short-term, medium-term and long-term.

The report should be no more than 35 pages excluding annexes. If the methods section is extensive, it could be placed in an annex to the report. Annexes shall always include the Terms of Reference, the Inception Report, the stakeholder mapping/analysis and the Evaluation Matrix. Lists of key informants/interviewees shall only include personal data if deemed relevant (i.e. when it is contributing to the credibility of the evaluation) based on a case based assessment by the evaluator and the commissioning unit/embassy. The inclusion of personal data in the report must always be based on a written consent.

The evaluator shall adhere to the Sida OECD/DAC Glossary of Key Terms in Evaluation[31].

The evaluator shall, upon approval by Sida/Embassy of the final report, insert the report into Sida's template för decentralised evaluations (see Annex C) and submit it to Nordic Morning (in pdf-format) for publication and release in the Sida publication database. The order is placed by sending the approved report to Nordic Morning (sida@atta45.se), with a copy to the responsible Sida Programme Officer as well as Sida's Evaluation Unit (evaluation@sida.se). Write "Sida decentralised evaluations" in the email subject field. The following information must always be included in the order to Nordic Morning:

[31] Sida OECD/DAC (2014) Glossary of Key Terms in Evaluation and Results Based Management.

1. The name of the consulting company.
2. The full evaluation title.
3. The invoice reference "ZZ980601".
4. Type of allocation: "sakanslag".
5. Type of order: "digital publicering/publikationsdatabas.

2.8 Evaluation team qualification

In addition to the qualifications already stated in the framework agreement for evaluation services, the evaluation team shall include the following competencies:

- Knowledge and experience working with sexual and reproductive health and rights of young people including experience working with abortion and exensive/indepth experience in conducting evaluations covering this area
- Knowledge and experience working with gender equality and women's rights.
- Knowledge and experience with the use of mass and interpersonal communication for social change and as a tool for enhancing governance and social development
- Experience with the Mozambican context
- Fluency in Portuguese

It is desirable that the evaluation team includes the following competencies

- Experience with gender equality and social norms

A CV for each team member shall be included in the call-off response. It should contain a full description of relevant qualifications and professional work experience.

It is important that the competencies of the individual team members are complimentary. It is highly recommended that local evaluation consultants are included in the team, as they often have contextual knowledge that is of great value to the evaluation. In addition, and in a situation with Covid-19, the inclusion of local evaluators may also enhance the understanding of feasible ways to conduct the evaluation

The evaluators must be independent from the evaluation object and evaluated activities, and have no stake in the outcome of the evaluation.

Please note that in the tender, the tenderers must propose a team leader that takes part in the evaluation by at least 30% of the total evaluation team time including core team members, specialists and all support functions, but excluding time for the quality assurance expert.

2.9 Financial and human resources

The maximum budget amount available for the evaluation is SEK 900 000 (Nine Hundred Throusand krona). This includes all fees and reimbursables. The Consultant should submit a detailed budget showing the appropriate costs.

Invoicing and payment shall be managed according to the following:

The Consultant may invoice a maximum of 40 % of the total amount after approval by Sida/Embassy of the Inception Report and a maximum of 60% after approval by Sida/Embassy of the Final Report and when the assignment is completed.

The contact person at Embassy of Sweden in Maputo is Luisa Fumo, Programme Officer – Rights Based Social Development. The contact person should be consulted if any problems arise during the evaluation process.

Relevant Sida documentation will be provided by Embassy contact.

Contact details to intended users (cooperation partners, Swedish Embassies, other donors etc.) will be provided by Ipas Country Director

The evaluator will be required to arrange the logistics such as preparation on interview guides and other relevant tools; arranging for interviews in consultation with Ipas and the Embassy of Sweden; and plan field visits in consultation with Ipas and the Embassy of Sweden including any necessary security arrangements.

3. Annexes

Annex A: List of key documentation

1. Ipas Project Document
2. Ipas Annual reports (from 2017-2021)
3. Study Report on Understanding barriers and facilitators to safe abortion options in Nampula and Zambézia provinces, Mozambique (December 2018).

Annex B: Data sheet on the evaluation object

Information on the evaluation object (i.e. intervention)	
Title of the evaluation object	End of project evaluation for the Ipas project: Expanding women's and girls' access to comprehensive abortion and contraceptive care in Nampula and Zambezia provinces in Mozambique
ID no. in PLANIt	Access to safe abortion in Mozambique 51140118
Dox no./Archive case no.	UM2016/30414
Activity period (if applicable)	2016-2022
Agreed budget (if applicable)	79 996 880 SEK
Main sector[32]	Health, Democracy
Name and type of implementing organisation[33]	Ipas Mozambique, NGO
Aid type[34]	Project Type
Swedish strategy	Mozambique 2015-2020

[32] Choose from Sida's twelve main sectors: education; research; democracy, human rights and gender equality; health; conflict, peace and security; humanitarian aid; sustainable infrastructure and services; market development; environment; agriculture and forestry; budget support; or other (e.g. multi-sector).

[33] Choose from the five OECD/DAC-categories: public sector institutions; NGO or civil society; public-private partnerships and networks; multilateral organisations; and other (e.g. universities, consultancy firms).

[34] Choose from the eight OECD/DAC-categories: budget/sector support; core contributions/pooled funds; project type; experts/technical assistance; scholarships/student costs in donor countries; debt relief; admin costs not included elsewhere; and other in-donor expenditures.]

Information on the evaluation assignment	
Commissioning unit/Swedish Embassy	Embassy of Sweden in Maputo
Contact person at unit/Swedish Embassy	Ms Luisa Fumo
Timing of evaluation (mid-term, end-of-programme, ex-post, or other)	End of project evaluation
ID no. in PLANIt (if other than above).	

Annex C: Decentralised evaluation report template

Annex D: Project/Programme document

6.2. Annex 2 – The NIRAS and Ipas teams

The NIRAS evaluation team

NIRAS head office:

- **Matilda Svedberg**, Evaluation Manager
- **Nils Dabelstein,** Quality Assurance Advisor

NIRAS evaluation team:

- **Birgitte Jallov**, Team Leader
- **Annica Holmberg,** Senior evaluator, SRHR expert
- **Cristiano Matsinhe,** Evaluator, Public health expert based in Mozambique
- **Marion Baumgart,** Evaluator, SRHR expert based in Mozambique

The Sida HQ representatives in the Steering Committee

- **Sarah Gharbi,** Evaluation advisor
- **Ulrika Hertel**, Senior Policy Specialist – Health and SRHR

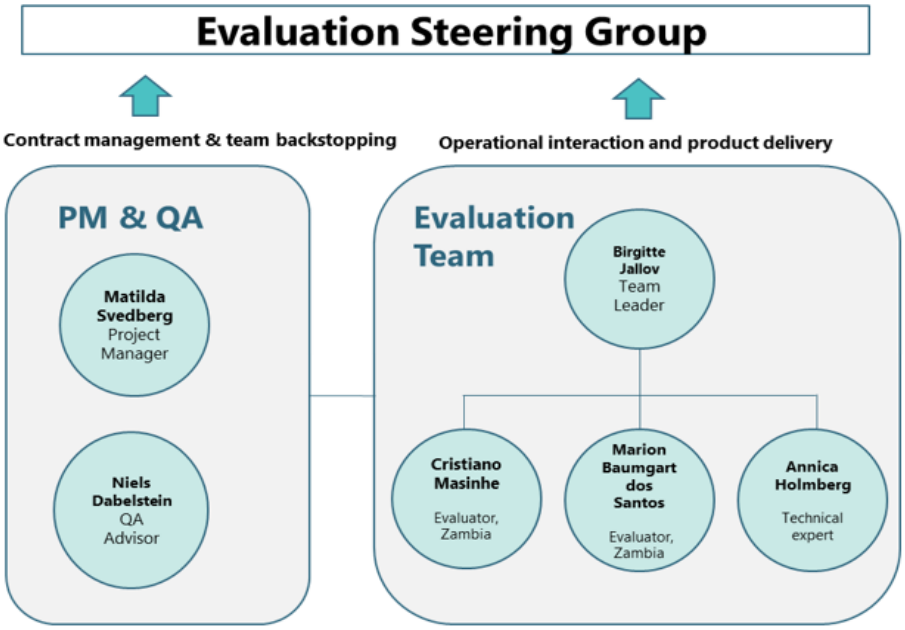
The Swedish Embassy in Maputo focal point for evaluation

- **Luisa Fumo,** Deputy Head of Cooperation

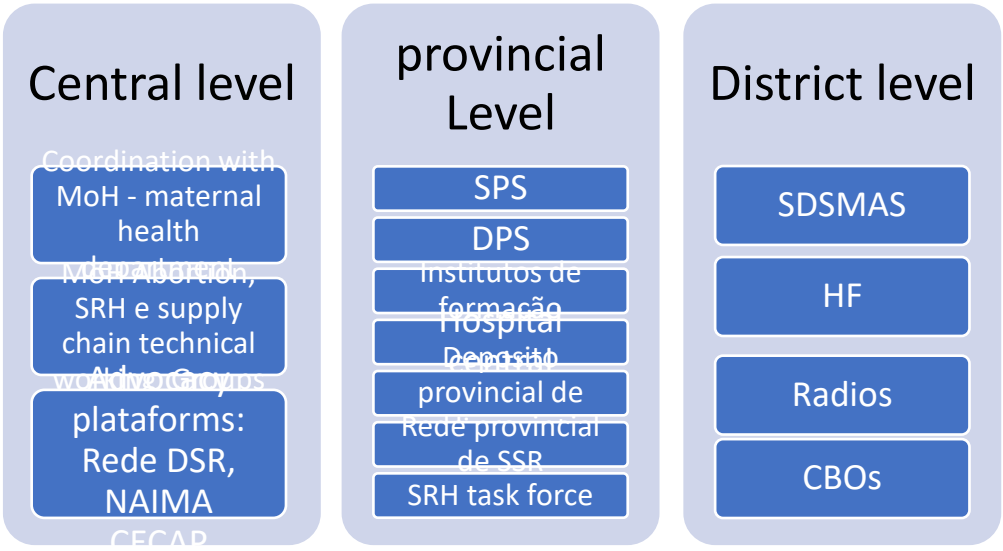
The Mozambique team, collaborating with the Evaluation (GoM, Ipas)

Place	Province	Contact name	Title	Occupation
MoH		Vania Benzane	Doctor	Safe abortion focal point
		Gizela Azabuja	Doctor	Head of Department, Mother and child health
SPS	Nampula	Gilda da Graça	Superior Nurse	Focal Point for Safe Abortion Care at the SPS
DPS		Noardine Noa	Maternal and Child Health Nurse	Focal point for Safe Abortion Care at DPS
DPS	Zambezia	Ofélia Menezes	Degree in Statistics	Provincial Head of cooperation
SPS		Tiburcio Baptista	Preventive Medicine, Environmental Sanitation Technician	Head of planning and development of infrastructure
Ipas	Maputo	Jorge Matine	Doctor	National Director
		Juliania Langa	Lawyer	Senior policy adviser
		Sérgio Gomane	Master in Epidemiology	Senior advisor for Research, M&E
		D'bora de Carvalho	sociologist	Program Manager
	Nampula	Alice Mukamana	Doctor	Senior Advisor on Health Systems
		Nádia Macaringue	Doctor	Provincial Team Leader, Health Systems Advisor
	Zambezia	Celina Morais	Senior Surgeon	Provincial Team Leader, Health System Advisor
	US	Valerie Acre	MSc in Health Sciences	Senior Advisor Research, M&E

The NIRAS team:



The Ipas operational framework:



6.3. Annex 3 – The National Context

The national context

In 1994, the International Conference on Population and Development (ICPD) affirmed that Sexual and Reproductive Health and Rights (SRHR) are human rights. Pursuant to this, several international instruments contributed to global consensus on how reproductive health rights are intrinsically linked to other fundamental human rights. The Government of Mozambique was one of the first member state to sign the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, the so-called Maputo Protocol, in 2003 after it was adopted by the African Union (AU) on July 11, 2003, at its second summit in Maputo, Mozambique. The Protocol entered into force on November 25, 2005, after being ratified by the requisite 15 AU member states of which Mozambique was one. The Maputo Protocol is a progressive women's human rights instrument that includes provisions on access to safe and legal abortion.

In 2014, a new law legalised all abortions performed by a health professional, with the consent of a pregnant woman in the first 12 weeks of pregnancy. While this law was ground-breaking, some health care providers in Mozambique had been providing abortion services prior to its passage since 1985, where the Ministry of health (MoH) issued a circular, informally known as The Gentleman's Agreement, which authorised Maputo Central Hospital to provide early abortion in case of contraceptive failure.

Despite having one of Africa's most liberal abortion laws, access to abortions and contraceptive advice in Mozambique has been limited not least in rural areas with limited health infrastructure. The scope of Ipas work therefore aims to increase women's and adolescent girls' access to abortion and contraceptive services closer to their own communities, where they are most likely to seek care. With a youth-driven and youth-focused profile, the project set out to reach those most in need with a goal to improve the knowledge, ability, opportunities, and choices of women and girls in Mozambique to access safe, high-quality abortion care and contraception.

At the time of submitting the project proposal (2016) to Sida, Ipas highlighted that while reliable data on unsafe abortion in Mozambique were not available, the abortion rate in Africa being 34 procedures per 1,000 women of childbearing age (15-44). The proportion of pregnancies ending in abortion was at the time 14% in Eastern Africa. Furthermore, at least 9% of maternal deaths annually in Africa were due to unsafe abortion with about 1.6 million women in the region treated annually from unsafe abortion.

Among all women aged 15-49 in Mozambique, 3,200,000 want to avoid a pregnancy: 1,700,000 (54%) whose need for modern methods is met and 1,500,000 (46%) who have an unmet need. The same numbers for adolescent girls aged 15-19 are that of the 560,000 who want to avoid a pregnancy, the need for modern methods is met for 230,000 (42%) and 330,000 (58%) have an unmet need. The national health sector plan has identified access to contraception as its second highest priority because of a combination of high unmet need (29% for sexually active women) and a high fertility rate, an average of 5.9 births per woman. In addition, 122 per 1,000 births are to adolescent mothers aged 15-19.

In a 2018 study, prepared by the Ipas project (for which the end evaluation is being prepared here): "Understanding barriers and facilitators to safe abortion options in Nampula and Zambézia provinces, Mozambique" the prevalence of contraception in Mozambique is described as low, with only 42% of women of reproductive

age (15-49 years) using a modern contraceptive method and an estimated 58% of the country's female population has an unmet need for contraception, resulting in many unwanted pregnancies. In addition, unsafe abortions are likely to contribute significantly to Mozambique's high maternal mortality rate of 289 maternal deaths per 100.000 live births.

Mozambique has one of the highest rates of teenage pregnancies in the world and has continued to show an upward trend in the past two decades across both rural and urban populations. Hand in hand with the high teenage pregnancy rate goes the elevated number of teenage marriages. According to the 2017 Census (INE, 2019), 3,11%, of the girls between 10 and 14 were either married/in union or already divorced/widowed and 49,46% of the group between 15 and 19 are or were married/in union.

The table below provides an overview over the marital status of girls between 10 and 14 and 15 to 19 years old.

Age Group	Total No. of girls	Married		Union		Separated / Divorced		Widow		Single	
		No	%	No	%	No	%	No	%	No	%
10-14	10,673	8,201	0.48%	38,403	2.24%	3,001	0.18%	3,534	0.21%	1.657.534	96,89%
15-19	13,483	124,151	8.20%	582,392	38.48%	36,187	2.39%	5,785	0.38%	764.968	50,54%

According to the same source (INE, 2019), 1.27% (21,793) of the girls between 10 and 14 were mothers and about 46% (10,061) of the girls had already 2 children. Almost 1 in 3 of teenagers (28.83%) in the 15 to 19 age group were mothers, and 28.15 % of those teenage mothers have had at least 2 children. The table below provides an overview over the numbers of children of teenage mothers disaggregated by age group between 10 and 14 and 15 – 19 years of age.

Table 2: Number of pregnant teenage girls who became and the number of children they had at a certain age

Age Group	Total No. of girls	Number of children per girl						Total mothers	% Mothers
		0	1	2	3	4	5		
12-14	1,710,688	1,688,880	11,732	10,061	0	0	0	21,793	1.27%
15-19	1,513,483	1,076,502	313,954	89,118	24,723	5,706	3,480	436,981	28.89%

Issues affecting women's and girls' Sexual and Reproductive Health and Rights (SRHR) in Mozambique include high vulnerability to HIV-infection, low education levels, child marriage, and gender-based violence. While 94 percent of girls in Mozambique enrol in primary school, more than half drop out by the fifth grade, only 11 percent continue on to study at the secondary level, and just 1 percent continue on to college. Among children who finish primary school, nearly two-thirds leave the system without basic reading, writing, and math skills. Nationally, the HIV prevalence rate according to UNAIDS in Mozambique is 11.5%, but 14.4% among women , and in Zambezia it is even higher, at 15.5% among girls and young women ages 15-24. Mozambique has one of the highest rates of child marriage in the world, affecting almost one in every two girls, and has the second highest rate in the Eastern and Southern African sub-region. Some 48 per cent of women in Mozambique aged 20–24 were first married or in a union before the age of 18, and 14 per cent before the age of 15 . Thirty-six percent of women in Nampula and 31% of women in Zambézia report to have suffered physical violence since the age of 15 years . Eight percent of women in Nampula and 7% of women in Zambézia report having been sexually violated in the last 12 months.

Though Mozambique has one of the most liberal SRHR realities on the African continent, a recent withdrawal by the Ministry of Education of a set of Grade 7 textbooks from its education curriculum following push-back from parents regarding inclusion of LGBTQ+ issues, jeopardising the State's commitment to comprehensive sexuality education (CSE), demonstrates that SRHR are contested also in Mozambique.

Despite Mozambique's open legislation, abortion is generally seen as something inherently wrong, dark and hidden in society. In a recent study, girls frequently referred to abortion as killing a living being. They also felt that it goes against community expectations of women's and girls' roles as child-bearers. Abortion was also referred to by some as a sinful and criminal activity, resulting in girls that have abortions often being humiliated and stigmatised in the community, including by their peers, young men, and society in general. However, due to the serious negative impact that unwanted pregnancy was seen to have on girls' lives, abortion was seen by many as the best choice for a girl in certain situations, particularly if she is unmarried or her partner does not assume responsibility for the pregnancy, if she comes from a poor family, or is still studying.

6.4. Annex 4 – Evaluation Matrix

Please find Interview Guides in Annex 7

Questions raised in ToRs (revised EQs)	Indicators to be used in Evaluation	Methods	Sources	Availability and Reliability of Data /comments
Relevance				
EQ1. To what extent did the project conform to the needs and priorities of the beneficiaries and the Government of Mozambique?	Existing description of GoM needs at the beginning of the project. Evidence of adjustments made during implementation based on regular M&E and feed-back from target group Existence of gender analysis and that it has informed the project design Examples of specific actions taken to integrate women and girls' perspectives Statements from health workers, key decision-makers at MoH (different levels) confirming relevance Statements from rights-holders confirming relevance	Document review Semi structured Interviews (SSI) Focus Group Discussions (FGD)	Government strategies from 2016 Project document Annual progress reports Partners in provinces SRHR community stakeholders Direct target group (girls, women)	Assessed as available and reliable if findings are well triangulated There might be different views on priorities, in that case it will important to assess how Ipas has managed the different positions.
EQ2. To what extent have lessons learned from what works well and less well been used to improve and adjust intervention implementation?	Adjustments made during implementation based on regular M&E and feed-back from target group and coordinating partners (including radio stations, CSOs in the two provinces) documented. Adjustment of work plans based on above	Document review SSI Key Informant Interview (KII)	Monitoring reports Annual Progress reports Field staff in health stations, others who have benefited from training, improved facilities, documents Ipas senior staff	Assessed as available and reliable
Coherence				
EQ3. How compatible has the intervention been with other interventions in the country, sector or organisation where it is being implemented?	Existing national overview of actors in the sector Evidence of coordination within sector Evidence of adjustment of action based on coordination with others Evidence of sharing lessons learned with sector actors Evidence of joint advocacy and dialogue with other	Document review SSI KKI	Annual Progress Reports Minutes of coordination meetings between Ipas and MISAU,; between Ipas and SRHR allies at provincial and national level Advocacy campaigns and similar public documents	Assessed as reliable if meetings can be held

	SRHR actors Degree of cohertencse with priorities identified by rights-based and feminist SRHR actors and Wom-en Rights Organisations (WROs).		MISAU collaboration partners national + provincial level Ipas staff	
Effectiveness				
EQ4. To what extent has the intervention achieved or is expected to achieve its objectives, and its results, including any differential results across groups?	Documented change at • individual level (knowledge, ability, opportunities, choices of women and girls); • organisational level (systems, routines, performance in quality and numbers) • community level (change in attitude and behaviour of key influencers/ audience; change in community debate, critical mass of local activists/SRHR defend-ers) • policy level (policy environment, budget allocations, guidelines adopted, etc.)	FGD SSI KKI Document review	Groups of young women, girls Health station staff, trained nurses etc. Annual Progress Reports Reports from Annual Review meetings with the Embassy	Assessed as available and reliabl.e
EQ4.1.Did the intervention contribute to the availability, accessibility, acceptability and quality of comprehensive abortion care and contraception?	# of abortions carried out for young women and girls compared to baseline \# of available abortion clinics (formal, informal) compared to baseline Degree of availability and accessibility for women and girls in distant rural areas Degree of availability and accessibility for women and girls with disabilities Evidence of changed acceptance of abortions – and of quality of services (rights-holders statement, and self-assessment among health workers)	Document review Observation FGD SSI	Public Health statistics before, after Ipas Ipas study / monitoring reports Health staff Groups of young women and girls	Assessed as available and reliable if findings are well triangulated Access to public statistical data corresponding to the project period might pose a challenge
EQ4.2. Was the gender mainstreaming based on a gender analysis on SRHR and especially Comprehensive Abortion Care (CAC)?	Existence of gender analysis i(GA) n project document and linkage to the GA in work plans Examples of gender mainstreaming (GM) in Ipas policy notes Human resources specialists in GM	Document review KII	Annual progress reports Minutes from annual review meetings with Embassy Sida policies and strategies on gender analysis and SRHR	Assessed as available and reliable if findings are well triangulated

	System and tools for GM in place Monitoring of gender equality indicators Evidence that the GA informed the choice of strategies and methods.. GM based on a gender sensitive or gender transformative approach.		M&E manuals and tools Gender Policy/strategy Ipas staff MISAU staff at provincial level	
EQ5.Has the M&E system delivered robust and useful information that could be used to assess progress towards outcomes and contribute to learning?	Existence of regular Monitoring results, documented Existence of analysis and discussion of monitoring results and subsequent adjustment of plans Referral to the TOC and progress of outcomes Evidence of monitoring of HRBA and gender mainstreaming.	Document review KII	M&E reports Annual progress reports Ipas senior management staff, with special focus on M&E responsible	Assessed as reliable if meetings can be held
Efficiency:				
EQ6.To what extent has the intervention delivered, or is likely to deliver, results in an economic and timely way?	Availability of budgets, accounts, action plans Resources used for the project – quick value for money analysis Resources from other projects/donors benefitting the project # monthly/quarterly/annual reports delivered on time	Document review KII SSI	Minutes from annual review meet-ings with Embassy Annual progress reports, annual financial reports Budgets and accounts Director and financial manager	Assessed as available and reliable if documentation is available and findings are well triangulated
EQ7.How efficient are the management, implementation and monitoring modalities employed by Ipas in Mozambique?	Staff is aware of roles and responsibilities – levels of delegated authority, Existence of organisational chart and job descriptions Existence of monitoring strategy, plans and documentation	Document review KII SSI Group interview	Project documentation Ipas Director and HR responsible M&E responsible Ipas staff	Assessed as reliable if meetings can be held
Impact				
EQ8. To what extent were the poor and underserved women and girls reached by the project and how	Reduction in unwanted pregnancies and unwanted births	Document review KII SSI FGD	Aggregated health statistics Ipas M&E information Health staff in the field Groups of young women, girls	Assessed as available and reliable if all meetings can be held and findings are well triangulated.

does this compare to pre-established targets?			Community radio staff	
Sustainability				
EQ9. Is it likely that the benefits (outcomes) of the project are sustainable?	Systems and Standard Operating Procedures (SOPs) in place for continued use of protocols and methods in health system and for advocacy communication. Institutionalisation of a structure that ensures continued relations among target group and duty bearers is found Assessment of the relevance of the ToC and its assumptions Assessment of the degree of a gender transformative approach and the plausibility that the strate-gies to address gender and age-based discrimina-tion in use and norm changing efforts will sustain	SSI FGD KII	Implementing partners' management and project staff Progress reports Direct target groups Indirect target groups Key informants	Assessed as available and reliable if sufficient information can be collected. Access to public statistical data corresponding to the project period might pose a challenge
EQ10. Did the project build capacity of different structures and systems to carry on the activities beyond the project cycle? How has Ipas's capacity-building approach performed?	Capacity building strategy and plan in place Organisations have institutionalised/are likely to institutionalise project outputs and outcomes into their daily procedures, plans, structures, systems and/or budgets Examples of recipients of capacity building have carried innovations forward Community structures (peers/intermediaries, etc.) are likely to continue Assessment of the relevance of the capacity-building approach in the ToC and its assumptions	Document review SSI FGD	Capacity building strategy and plans Evaluations from capacity building efforts, follow-up reports and changes carried out Field health staff Ipas management, trainers, coaches and mentors	Assessed as available and reliable if all meet-ings can be held and findings are well trian-gulated.

6.5. Annex 5 – Communication channels for evaluation partner participation

Ongoing communication – utilization focus

ToR says: "during the inception phase, the evaluator and the users will agree on who will be responsible for keeping the various stakeholders informed about the evaluation."

There are two levels of coordination groups and a feed-back/dialogue mechanism during field work:

The steering group

The Steering Group is made up by full group taking part in first kick-off meeting, with representatives from Ipas, the Embassy, Sida HQ, GoM/MISAU from national and provincial levels

This group meets four times during the evaluation:

(i) kick-start meeting;
(ii) debriefing Maputo Sept 1;
(iii) presentation of draft report – and comments;
(iv) final presentation meeting to a broader group: final report

The Ipas management team – made up by

- Jorge Matine, National Director
- Julânia Langa, Senior policy advisor
- Sérgio Gomane, Senior advisor for research and M&E
- Alice Mukamana, Senior advisor on health systems

On occasion, the Ipas HQ responsible

- Valerie Acre, based in North Carolina, could be invited.

This group meets in principle every Friday at 11am

Field findings feed-back and dialogue:

During the field work Cristiano and Marion will – individually - hold feed-back & dialogue meetings with Ipas and MISAU colleagues related to the province in question

These meetings will be held at the end of each field work stage

- The evaluator team will discuss with the DPS or SPS when starting their field work in Nampula (Marion) and Zambezia (Cristiano) respectively how, with whom and when the debriefing meetings will take place at the end of each field work stage at each location (at the end of work in the provincial capital and in each district).

In Maputo, Birgitte will have two feed-back meetings with Ipas and the Embassy at the end of the day on August 25 and 30. On August 29 Birgitte will have a feed-back meeting with the Ministry.

6.6. Annex 6 – Coordination mechanisms used by Ipas

Tecnical Abortion Group (Grupo técnico do aborto)

This group is a part of the MoH and implementation partners (PSI, Pathfinder, DKT, AMOG, APARMO, OMS, UNPF, ICRH +, Rede DSR….). It is a space for coordination of activities at the national level including the National Plan of Activities, Discussions and Assumptions around Policies and Procedures for the Implementation of the Comprehensive Abortion Care (CAC).

Network on Sexual and Reproductive Rights (Rede de Direitos Sexuais e reprodutivos)

- is a platform of civil society and congregates around 25 non-governmental organizations at central and provincial level. It is a space for coordination of advocacy actions for the approval of laws and policies that protect the south of the country.

- Associação de Parteiras de Moçambique (APARMO),
- Associação Moçambicana Mulher e Educação,
- Associação Moçambicana das Mulheres de Carreira Jurídica (AMMCJ)
- Associação Moçambicana de Obstetras e Ginecologistas (AMOG),
- Associação Moçambicana para o Desenvolvimento da Família (AMODEFA),
- Associação Coalizão da Juventude Moçambicana,
- AMME-Associação Moçambicana Mulher e Educação,
- Associação das Raparigas da Zambézia (ARZ),
- FORCOM (national forum of community radio stations – later 'community media')
- Coordenação para a Mulher no Desenvolvimento (FORUM Mulher),
- Centro Internacional para Saúde Reprodutiva (ICRH-M),
- NTIYISO,
- LAMBDA,
- Associação Mulher,
- Lei e Desenvolvimento (MULEIDE),
- Comunicação para a Saúde (N´weti),
- Núcleo das Associações Feministas da Zambézia (NAFEZA),
- Pathfinder International,
- PLAN Internaciotional,
- Movimento pela Cidadania,
- Promura- Associação de Protecção á Mulher e Rapariga em Cabo delgado,
- Population Services Internationa (PSI),
- Rede Open,
- Mulher e Lei na África Austral (WLSA),
- ASCHA- Associação Socio Cultural Horizonte Azul
- DKT

NAIMA+

is a platform where INGOs operating in Mozambique collaborate. The platform serves as an In-formation / Coordination, Coordination, Lobbying and Advocacy Mechanism. As the main mis-sion of reforming the par-ticipation of INGOs International in the health sector, it ensures effec-tive coordination and communication between the civil society, institutions of the Government and Cooperation Partners. Through NAIMA, Ipas par-ticipates in various coordination groups with the MISAU (Medicines Group, Health Partners' Group, Global Fund Coordination Mechanism, Global Humanitarian Team)

- AKF - Aga Khan Foundation
- AHF Mozambique
- AIFO
- APOPO,
- AURUM Institute,
- ChildFund,
- CUAMM Médicos com África ,
- DREAM - Comunidade de Sant´Egidio ,
- CUAMM - Médicos com África,
- DMI - Development Media International,
- DSF - Douleurs Sans Frontiéres ,
- EGPAF - Elizabeth Glaser Pediatric,
- AIDS Foundation,
- FGH - Friends in Global Health,
- FHI 360,
- FHA - Food for the Hungry ,
- GAIN - Global Alliance International ,
- HelpAge International,
- ICAP - International Center for AIDS Care and Treatment Programs,
- Ipas,
- ITECH - International Training & Education Center on Health,
- JHPIEGO,
- Malaria Consortium,
- Médicus del Mundo,
- Medicus Mundi,
- Medicus Mundi – Itália,
- M2M - mothers2mothers
- MSF - Médicos sem Fronteiras,
- NLR - Netherlands Leprosy Relief,
- Path,
- Pathfinder,
- Plan International
- PSI,
- Save the Children,

- Solidar Med,
- TearFund,
- United Purpose ,
- Village Reach ,
- VSO,
- Light for the World
- ADPP,
- Fundação Ariel Glaser Contra o SIDA Pediátrico,
- Girl Child Rights ,
- H2N,
- KULIMA ,
- MIDIA LAB,
- N´weti
- Oasis,
- CCS,
- TV SURDO,
- ICRH

6.7. Annex 7 - Interview Guides

The interview guides have been prepared mindful of the Evaluation Matrix in Annex 4. During our evaluation work in Maputo, Nampula and Zambezia, all team members have access to all interview guides and will adapt terminology and the ways questions are asked to the actual interviewees / groups met.

The below interview guides are partly in English, partly in Portuguese, and they are directed at:

1. The Swedish Embassy
2. Ipas
3. Ipas' cooperation partners
4. Radio Mozambique / ICS / Community radio stations
5. Ministry of Health: National, provinces, districts
6. Ministry of health workers in the provinces and districts – including trainers
7. Moderators of community conversations
8. Local leaders,authorities and communities
9. Users of abortion services
10. Young women and men (to be interviewed separately)
11. Communities in general

1 – Interview guide – Swedish Embassy		
Criteraa	**Themes, questions**	**Notes**
Relevance	**1.** According to the Swedish strategies the Ipas project matches many of the Swedish MFA's special policies and focus areas. How would you describe Ipas' relevance for you, the Embassy, in terms of: • Your overall policy • Your focus on and implementation of the country strategy in Mozambique • Your experienced needs in Mozambique	
Coherence	**2.** How do you see the Ipas project's added value in a sector full of organisations and donors prioritizing this area? **3.** The Ipas project claims in some ways to be a networker, coordinating with many, how to meet the existing needs. How do you see this playing out?	
Efficiency	**4.** How do you see government's opinion (MoH, DPS, SDMAS) of the application of program resources? Or Ipas investments? Are there differences between the four components? **5.** How do you analyze the contribution of Ipas in terms of the support provided in each of the components? **6.** Was the technical assistance provided by Ipas done efficiently – cost and time efficiently? Do you have any concrete examples?	

1 – Interview guide – Swedish Embassy		
Criteraa	**Themes, questions**	**Notes**
Effectiveness	**7.** During the project implementation period, since its inception in 2016, was it implemented in accordance with the objectives? **8.** Have there been any challenges/difficulties in implementing each of the program components? If yes, which component? a) Strengthening the legal framework on abortion and contraception in Mozambique? Examples? (What are the most relevant legal and regulatory aspects?) b) Provision of Technical Assistance for the development of the Implementation Plan? Training of human resources / Logistics of medicines and supplies. Improved availability and accessibility of services for girls and young women through multiple points of care? d) Communication and community mobilization – new knowledge generated and disseminated? **9.** Has the Ipas program contributed effectively to achieving the overall objectives? Have funds been well spent? **10.** How has the project managed to cope with the Covid-related challenges, delays? **11.** What is the Swedish Embassy's perception of Ipas' M&E systems? What were gaps and strengths they perceived? Do you find the Ipas M&E systems robust? How? Why?	
Impact	**12.** In these approximately 5+ years of implementation of the Ipas program in support of government priorities (national, provincial, district) what impacts will the program have produced (or in the process of producing)? **13.** Analyzing the components individually, which one has contributed the most to the desired impacts? **14.** What would the Abort and (un)safe and contraception situation be like if the country (province, district) if it did not count on the contribution of Ipas?	
Sustainability	**15.** In the way that the Ipas contribution was made, do you consider that the results achieved so far are sustainable? Can you explain why? **16.** Looking at each of the components of the Ipas contribution, which one seems more sustainable? because? **17.** What can be done to ensure the sustainability of the activities implemented?	
Lessons learnt	**18.** What are the main lessons learned from the implementation of safe abortion interventions supported/contributed by Ipas?	
Other questions	**19.** Is there any aspect that we haven't mentioned that you want to add to better understand the performance of the program?	

1 – Interview guide – Swedish Embassy		
Criteraa	**Themes, questions**	**Notes**
Recom-menda-tions	**20.** What would your recommendations for a possible next phase be?	

2 – Interview guide – Ipas		
Criteraa	**Themes, questions**	**Notes**
Relevance	**1.** According to the overall Ipas objectives and the situation in Mozambique today, how would you describe Ipas's relevance and added value? Why Ipas in Mozambique today?	
Coherence	**2.** What other interventions related to SRH are being implemented in the health sector (that you are aware of)? In the community-level? In SRH advocacy and policy/law reform? Does the Ipas intervention have any linkages or connections with those interventions? If so, how? Provide an example. **3.** Are there any other SRH interventions that Ipas has not been able to collaborate with? Why? What has been the barrier or challenge? **4.** The Ipas project claims in some ways to be a networker, coordinating with many, how to meet the existing needs. How do you see this playing out? What may challenges be? How would you describe Ipas' added value?	
Efficiency	**5.** How do you see your project's way of maximizing impact through the resources brought in by the Swedish Embassy to your project? **6.** Has the Ipas program contributed effectively to achieving the overall objectives? Have funds been well spent? **7.** How did you tackle the challenges to efficiency (and everything else) during Covid? Which measures did you take?	
Effectiveness	**8.** During the program implementation period, since its inception in 2016, was it implemented in accordance with the objectives? **9.** How have the M&E systems been used to assess progress towards outcomes and contribute to learning? Concrete examples? **10.** Reflecting on the past 5 years, what are some areas of improving/strengthening your M&E systems? **11.** Have there been any challenges/difficulties in implementing each of the program components? If yes, which component? a) Strengthening the legal framework on abortion and contraception in Mozambique? Have examples? (What are the most relevant legal and regulatory aspects?) b) Provision of Technical Assistance for the development of the Implementation Plan? Training of human resources / Logistics of medicines and supplies. Improved availability and accessibility of services for girls and young women through multiple points of care?d) Communication and community mobilization – new knowledge generated and disseminated?	

2 – Interview guide – Ipas		
Criteraa	**Themes, questions**	**Notes**
Impact	**12.** In these approximately 5+ years of implementation of the Ipas program in support of government priorities (national, provincial, district) what impacts will the program have produced (or in the process of producing)? **13.** Analyzing the components individually, which one has contributed the most to the desired impacts? **14.** What would the Abort and (un)safe and contraception situation be like if the country (province, district) if it did not count on the contribution of IPAS?	
Sustainability	**15.** In the way that the Ipas contribution was made, do you consider that the results achieved so far are sustainable? Can you explain why? **16.** Looking at each of the components of the Ipas contribution, which are the institutional 'rootings' for the future, ensured? Which one seems more sustainable? Why? **17.** What can be further done to ensure the sustainability of the activities implemented?	
Lessons learnt	**18.** What are the main lessons learned from the implementation of safe abortion interventions supported/contributed by Iyou/PAS? **19.** Has Ipas learnt things in Mozambique, which it plans to implement in their programmes and projects in other countries? **20.** Which recommendations could you present for the future?	
Other questions	**21.** Is there any aspect that we haven't mentioned that you want to add to better understand the performance of the program?	
Recommendations	**22.** What would your recommendations for a possible next phase be? Which components should be further strengthened? Why? How? **23.** With a plan – and hope – to roll out the 2-province programme further, what will the impacts for the programme be? Have you thought about a different management and coordination set-up? Would the different provincial programmes become more 'autonomous' / decentralised – or the opposite? How will / would you avoid loosing some of the quality of the 'first phase'?	

3 – Interview guide – Ipas CSO partners		
Criteraa	**Themes, questions**	**Notes**
Relevance	**1.** How would you describe Ipas' relevance in the Mozambican reality, today? **2.** With respect to sexual and reproductive health and rights, what do you think are the high priority needs of women and girls in Mozambique? For the women and girls in YOUR community? Do you think Ipas' efforts contributed to addressing those needs? In what ways did Ipas address those needs? In what ways did Ipas NOT address those needs?	
Coherence	**3.** How do you see the Ipas project's added value in a sector full of organisations and donors prioritizing this area? **4.** What other interventions related to SRH are being implemented in the health sector (that you are aware of)? In the community-level? In SRH advocacy and policy/law reform? Does the Ipas intervention have any linkages or connections with those interventions? If so, how? Provide an example. **5.** Are there any other SRH interventions that Ipas has not been able to collaborate with? Why? What has been the barrier or challenge? **6.** The Ipas project highly values networking, coordinating with many, how to meet the existing needs. How do you see this playing out?	
Efficiency	**7.** How do you see Ipas adding value in this sector? **8.** How do you analyze the contribution of Ipas in terms of the support provided in each of the components? **9.** Was the technical assistance provided by Ipas done efficiently? Could you share some examples? **10.** Has the Ipas program contributed effectively to achieving the overall objectives? Have funds been well spent?	
Effectiveness	**11.** How do you see the Ipas project adding benefit to the sector. What in particular stands out in the project's strife to turn objectives into real life positive changes? **12.** Was data on progress shared back with you? Was feedback collected from you routinely? Was it used to make improvements? In which components? a) Strengthening the legal framework on abortion and contraception in Mozambique? Have examples? (What are the most relevant legal and regulatory aspects?) b) Provision of Technical Assistance for the development of the Implementation Plan? Training of human resources / Logistics of medicines and supplies. c) Improved availability and accessibility of services for girls and young women through multiple points of care? d) Communication and community mobilization – new knowledge generated and disseminated?	

3 – Interview guide – Ipas CSO partners		
Criteraa	**Themes, questions**	**Notes**
Impact	**13.** In these approximately 5+ years of implementation of the Ipas program in support of government priorities (national, provincial, district) what impacts will the program have produced (or in the process of producing)? **14.** Analyzing the components individually, which one has contributed the most to the desired impacts? **15.** What would the Abort and (un)safe and contraception situation be like if the country (province, district) if it did not count on the contribution of Ipas? **16.** Which are the tangible results, changes resulting from Ipas' intervention?	
Sustaina-bility	**17.** In the way that the Ipas contribution was made, do you consider that the results achieved so far are sustainable? Can you explain why? **18.** Looking at each of the components of the Ipas contribution, which one seems more sustainable? because? **19.** What can be done to ensure the sustainability of the activities implemented?	
Lessons learnt	**20.** What are the main lessons learned from the implementation of safe abortion interventions supported/contributed by IPAS? **21.** Do you have any specific examples of excellence?	
Other questions	**22.** Is there any aspect that we haven't mentioned that you want to add to better understand the performance of the program?	
Recom-menda-tions	**23.** What would your recommendations for a possible next phase be? How could Ipas become an even more productive partner of yours in the Mozambican reality?	

4 – Interview guide – RM, ICS, community radio stations		
Criteraa	**Themes, questions**	**Notes**
Rele-vance	**1.** In which ways has the Ipas project and your collaboration been relevant to the discussions of safe abortion among your target audiences? **2.** Why did you decide to collaborate with Ipas? How could the Ipas project and approach amplify what you were already doing	
Coherence	**3.** How does the Ipas funded activities match with / further amplify what you are already doing? **4.** Are you working with other partners in similar areas (health, SRHS)? How would you compare their focus and way of working? **5.** Do you see the Ipas collaboration add value to the information and dialogue created in your community / among your audiences?	
Effi-cien-cy	**6.** N/R – Not relevant here	
Effectiveness	**7.** Have you noted any different reactions, engagements, empowerment happen through the Ipas approach compared to your other programmes in this area? **8.** How does the Ipas programme match with others information, communication and social norms change programmes that you engage in? **9.** Have you seen young women and girls become more empowered? How? **10.** Why do you think this is so?	
Impact	**11.** In these approximately 5+ years of implementation of the Ipas program in support of government priorities (national, provincial, district) what impacts will the program have produced (or in the process of producing)? **12.** Analyzing the components individually, which one has contributed the most to the desired impacts? **13.** Have you experienced any more empowered engagement by audiences, volunteers, collaboration partners - being more mindful of their position as a rights holder, calling duty bearers to account?	
Sustaina bility	**14.** How could you see the Ipas programme focus areas, engagements, become rooted in ordinary praxis in your station / programme?	
Lessons learnt	**15.** What are the main lessons learned from the implementation of safe abortion interventions supported/contributed by Ipas?	
Other questions	**16.** Is there any aspect that we haven't mentioned that you want to add to better understand the performance of the program?	

4 – Interview guide – RM, ICS, community radio stations		
Criteraa	**Themes, questions**	**Notes**
Recom-menda-tions	**17.** What would your recommendations for a possible next phase be?	

	5 - Interview script MISAU representatives Central, Provincial and District Level	
CRITERION	**TOPICS / ISSUES**	**NOTES**
Relevance	**1.** How do you analyze the alignment of the program in relation to the objectives of strengthening the (provincial) government's policies and priorities? And in relation to, specifically: **a)** Strengthening the legal framework on abortion and contraception in Mozambique? Do you have examples? **b)** Provision of Technical Assistance for the development of the Implementation Plan? **c)** Human resource training / assistance in logistics and medical supplies (supply chain). **d)** Communication and community mobilization **2.** How do you analyze the community component of Ipas interventions? Does it have any connection with the (provincial) government's priorities **3.** Are the interventions implemented by Ipas relevant. Why?	
Coherence	**4.** Is the way the program was designed the most appropriate in alignment with government (province/district) priorities? Why? **5.** Was the way the Ipas program was implemented consistent with what was planned? Why?	
Efficiency	**6.** During the implementation period of the program, since its inception in 2016, was it implemented in accordance with the objectives? **7.** Have there been any challenges / difficulties in implementing each of the program components? If yes, which component? **a)** Strengthening the legal framework on abortion and contraception in Mozambique? Do you have examples? (What are the most relevant legal and regulatory aspects?) **b)** Provision of Technical Assistance for the development of the Implementation Plan? **c)** Training of human resources /Logistics of drugs and supplies **d)** Communication and community mobilization **8.** Has the Ipas program contributed efficiently in achieving the proposed objectives? Do you have specific examples per component?	

	5 - Interview script MISAU representatives Central, Provincial and District Level	
CRITERION	**TOPICS / ISSUES**	**NOTES**
Effectiveness	**9.** What is the opinion of the government (MoH, DPS, SDMAS) on the application of program resources? Or of the Ipas investments? Are there differences between the components? **10.** How do you analyze the Ipas contribution regarding the support provided in each of the components? **11.** Was the technical assistance provided by Ipas done efficiently? Do you have examples?	
Impact	**12.** In the 5 years or so of implementation of the Ipas program in support of government priorities (national, provincial, district) what impacts has the program produced (or is in the process of producing)? **13.** Analyzed the components individually, which one has contributed more to the desired impacts? **14.** What would the (un)safe abortion and contraception situation be like if the country (province, district) did not have the Ipas contribution?	
Sustainability	**15.** In the way the Ipas contribution has been made, do you consider that the results achieved so far are sustainable? Can you explain why? **16.** Looking at each of the components, of the Ipas contribution, which one seems more sustainable? why? **17.** What can be done to ensure the sustainability of the implemented activities?	
Lessons Learned	**18.** What are the main lessons learned from implementing safe abortion interventions with Ipas support/contribution?	
Other Issues	**19.** Are there any aspects that we haven't yet addressed that you would like to add to better understand the program's performance?	
Recommendations	**20.** Would you have any recommendations for this final stage of the Ipas program contribution?	

	6 - Interview guide MISAU's Technical Teams Provincial and District (Including Trainers)	
CRITERION	**TOPICS / ISSUES**	**NOTES**
Relevance	**1.** Which activities for strengthening the legal framework for access to safe abortion and contraception do you consider most relevant? Why? **2.** How do you analyze the way Ipas has been providing technical assistance? is it relevant and/or complementary to DPS/SDMAS activities? **3.** How do you analyze the way Ipas contributed to the training of health technicians and nurses? Was it relevant from a technical point of view or was it more of an administrative process? Why was it relevant? **4.** Was the content of the trainings given important/necessary for the technicians/nurses? Can you explain with examples? **5.** What do you think of the interventions that Ipas (through NGOs like Coalition and Radios implement in the community)? Do these activities have any relevant links with the services provided in the USs? Which ones? **6.** Are the interventions implemented by USs with the support of Ipas relevant. Why?	
Coherence	**7.** Are Ipas-supported activities aligned with the routine activities? If they are not aligned with routine activities, why not? Probe on how these new activities were received by others to see if this concept of being 'overloaded' emerges from interviewees.Do you have examples?	
Efficiency	**8.** Have there been any challenges / difficulties in implementing each of the program components? If yes, which component? **e)** Strengthening the legal framework on abortion and contraception in Mozambique? Do you have examples? **f)** Provision of Technical Assistance for the development of the Implementation Plan? **g)** Human resource training (request information on how the trainings were done, from participant selection, participant profile, and implementation of the learnings from the trainings) **h)** Communication and community mobilization	

	6 - Interview guide MISAU's Technical Teams Provincial and District (Including Trainers)	
CRITERION	**TOPICS / ISSUES**	**NOTES**
Effectiveness	**9.** How do you analyze the Ipas contribution regarding the support provided in each of the components? **10.** Was the technical assistance provided by Ipas done efficiently? Do you have examples?	
Impact	**11.** Analyzed the components individually, which one has contributed more to the desired impacts?	
Sustainability	**12.** Looking at each of the components, of the Ipas contribution, which one seems more sustainable? why?	
Lessons Learned	**13.** What are the main lessons learned from the implementation of the safe abortion interventions with Ipas support/contribution? Specify by component?	
Other Issues	**14.** Are there any aspects that we haven't yet addressed that you would like to add to better understand the program's performance?	
Recommendations	**15.** Would you have any recommendations for this final stage of the Ipas program contribution?	

7- Interview Guide / FGD with Facilitators of Community Dialogues		
CRITERION	**TOPICS / ISSUES**	**NOTES**
Relevance	**1.** How important are the activities you are implementing in the communities with the support of Ipas (Coalition)? **2.** Do these activities have any relevant connection with the services provided in the USs? Which ones? **3.** Are the interventions implemented by Activists/Moderators with the support of Ipas relevant. Why?	
Coherence	4. Are you engaged in activities working in the same thematic area as Ipas? Could you describe? Are they complementing each other?	
Effectiveness	**5.** Have you had any training to carry out your activities? (If yes, please ask to specify and detail)? **6.** Do you have support material to perform your activities? **7.** How do you carry out your activities? How do the referral systems work for the USs? **8.** Is there anything (steps/steps) that you think you could do better?	
Eficiency	**9.** What resources do you have to carry out your activities? **10.** Was/is the technical assistance provided by Ipas done effectively? Do you have examples?	
Impact	**11.** What are the main results allied with the implementation of your activities? **12.** With the Implementation of your activities have you noticed any changes about (un)safe abortion and SRH? If yes, which ones? Can you specify?	
Sustainability	**13.** What do you think will happen if/when Ipas can no longer support your activities? Will they continue? How? Are they sustainable? (request explanation).	
Lessons Learned	**14.** What are the main lessons learned from the implementation of the safe abortion interventions with Ipas support/contribution? Specify by component?	

7- Interview Guide / FGD with Facilitators of Community Dialogues		
CRITERION	**TOPICS / ISSUES**	**NOTES**
Other Issues	**14.** Are there any aspects that we haven't yet addressed that you would like to add to better understand the program's performance?	
Recommendations	**15.** Do you have any recommendations that could contribute to the improvement and sustainability of your activities?	

	8. Interview Guide - Local Leaders, Authorities, Communities	
CRITERION	**TOPICS / ISSUES**	**NOTES**
Relevance	**1.** Do you know the Ipas program? Can you tell me what it does? Where did you hear about this program? How did you interact with the program? **2.** What do you do here in the district/suburb/community? **3.** Before the program began, were the residents involved in the design of this program? **4.** In your opinion, is it relevant to this community? Why-why not? What is particularly relevant and what is less relevant? Why? To whom is it more/less relevant? **5.** With respect to sexual and reproductive health and rights, what do you think are the high priority needs of women and girls in local community **6.** Do you think Ipas' efforts contributed to addressing those needs? In what ways did Ipas address those needs? In what ways did Ipas NOT address those needs?	
Coherence	**7.** Do you know of other programs that work in this area? Which ones? **8.** Can you tell me the difference between these? **9.** Do these programs spread the same messages? Do you remember which ones? **10.** Were they compatible with it other?	
Effectiveness	**11.** Since the beginning of the program, have you noticed any differences in perceptions about women's health, contraception, and abortion? **12.** Since the program started, are more people agreeing to take contraceptives? Can you explain a little more, please, which ones and which ones? What beliefs exist about contraceptives? **13.** Since the beginning of the program, has the availability of contraceptives changed? Can you explain more? Which ones have increased, decreased? **14.** What about the availability of safe abortions? Has anything changed? How and why? **15.** What are the perceptions about abortion? Can you say if perceptions have changed? Which ones and by whom?	
Efficiency	**Not relevant to the community group**	

	8. Interview Guide - Local Leaders, Authorities, Communities	
CRITERION	**TOPICS / ISSUES**	**NOTES**
Impact	**16.** Who was most involved in this Ipas program? Can you tell me who benefited the most from the activities? **17.** What has changed here as a result of the program activities? **18.** Do these changes meet your expectations? And those of the community?	
Sustainability	**19.** If Ipas was to leave tomorrow, what would the community be like? **20.** What would remain here and what would not? Why? Who would benefit and who would be harmed? **21.** >What could be done to ensure that the positive aspects remain?	
Lessons Learned	**18.** What are the main lessons learned from implementing safe abortion interventions with Ipas support/contribution?	
Other Issues	**19.** Is there any aspect that we have not yet addressed that you would like to add to better understand the performance of the program?	
Recommendations	**20.** Would you have any recommendations for this final stage of the Ipas program contribution?	

9.Case study - abortion service user	
TOPICS / ISSUES	**NOTES**
• We are here to talk about your experience with abortion, can you tell me, please? • When did you seek health services for an abortion? • Who was it that referred you? • What would be the alternatives of the health services? • How did you make the decision to go for health services? What are the advantages of these? And the disadvantages? • Have you talked to anyone about this decision? • What is the opinion of people in your family/community/religious congregation about abortion like? • How did you feel you were treated in the US? Was there counseling and any kind of emotional support? Before? And after? • How did you feel afterwards? Who supported you? • Would you have needed any other kind of support? Which one? From whom? • Have you heard of an organization called Ipas or any other organization that promotes or advocates for secure and safe abortion? • What do they do here in the community? Did you have any role in your abortion? How do you evaluate their role? • If you could give one piece of advice to Ipas or any other organization that promotes safe abortion, what would it be? • Anything else you wanted to add?	

10 - Interview Guide - FGD young men and women/separately		
CRITERION	**TOPICS / ISSUES**	**NOTES**
Relevance	**1.** Do you know the Ipas program? Can you tell me what it does? Where did you hear about this program? **2.** Did you know the safe abortion service or program carried out by the HF?" **3.** What do you do here in the district/suburb/community? **4.** Before the program began, were community members involved in the design of this program? **5.** Did you participate in any Ipas activity? If yes, please explain which ones. if not explain why not. **6.** Was the Ipas program relevant to you? why or why not? What was particularly relevant and what was less relevant? **7.** In your opinion, is it relevant to this community? Why-why not? What is particularly relevant and what is less relevant? Why? To whom is it more/less relevant?	
Coherence	**8.** Do you know of other programs that work in the areas of family planning and safe abortion? Which ones? **9.** Can you tell me the difference between these? **10.** Do these programs spread the same messages? Do you remember which ones? **11.** Have you participated in these other programs? Do you think those other programs and the 'Ipas program' work well together?	
Efficiency	**12.** Since the beginning of the program, have you noticed any differences in perceptions about women's health, contraception, and abortion? **13.** Since the program started, are more people agreeing to take contraceptives? Can you explain a little more, please, which ones and which ones? What beliefs exist about contraceptives? **14.** Since the beginning of the program, has the availability of contraceptives within this community changed? Can you explain more? Which ones have increased, decreased? **15.** What about the availability of safe abortions? Has anything changed? How and why? **16.** What are the perceptions about abortion within your community? Can you say if perceptions have changed? Which ones and by whom?	
Effectiveness	**Not relevant to the community group**	

10 - Interview Guide - FGD young men and women/separately		
CRITERION	**TOPICS / ISSUES**	**NOTES**
Impact	**17.** Who was most involved in this Ipas program? Can you tell me who benefited the most from the activities? **18.** What has changed here as a result of the program activities? **19.** Do these changes meet your expectations? And those of the community?	
Sustainability	**20.** If Ipas was to leave tomorrow, what would the community be like? **21.** What would remain here and what would not? Why? Who would benefit and who would be harmed? **22.** What could be done to ensure that the positive aspects remain?	
Lessons Learned	**23.** What are the main lessons learned from implementing safe abortion interventions with Ipas support/contribution?	
Other Issues	**24.** Are there any aspects that we have not yet addressed that you would like to add to better understand the performance of the program?	
Recommendations	**25.** Would you have any recommendations for this final stage of the Ipas program contribution?	

6.8. Annex 8 – Mapping for field work site selection in Nampula and Zambezia

Zambezia Province

Location	Health Facility	Programmatic Criteria						Population & Health Criteria							Socio-cultural & Geographic Criteria				
Distrito	Unidade sanitaria – CCA	Old site	New site	High Perfor-mance	Low perfor-mance	Radio	No radio cover-age	High # of abor-tion	Low # of Abortion	High Pop. Density	Low pop. Density	Hos-pital	Health center	Partner pres-ence	Cris-tian	Musil m	Urban	Rural	Traveling accessibil-ity
Quelimane	1. Hospital Central de Quelimane					Radio mocambique - Delegação						X					X		X
	2. Hospital Geral de Quelimane											X					X		X
	3. Centro de Saúde 24 de Julho												X				X		X
	4. Centro de Saúde de Coalane												X					X	X
	5. Centro de Saúde 17 de Setembro												X					X	X
Mocuba	6. Hospital Distrital de Mocuba					Radio Co-munitária de Mocuba						X			X		X		X
	7. Centro de Saúde de Mocuba Sede												X		X		X		X
Maganja da Costa	12. Hospital Distrital Maganja da Costa											X				X		X	

Nampula Province

Loca-tion	Health Facility	Programmatic Criteria						Population & Health Criteria							Socio-cultural & Geographic Criteria				
District	Health Facility - CAC	Old site	New site	High Perfor-mance	Low perfor-man-ce	Radio cov-erage	No ra-dio cov-erage	High # of abor-tion	Low # of Abor-tion	High Pop. Density	Low pop. Density	Hospital	Health Cen-ter	Partner presence	Cristian	Musilm	Urban	Rural	Traveling accessi-bility
Nam-pula	1. Hospital Central de Nampula					Radio Moçambiqu e – Delegacao de Nampula													
	2. Centro de Saúde 25 de Setembro																		
	3. Centro de Saúde Muhala-Expansão																		
Moma	10. Hospital Distrital de Moma					Radio Co-munitária de Moma													
Mogo-volas	20. Centro de Saúde de Nametil																		

End of Project Evaluation of the Ipas project:

Expanding women's and girls' access to comprehensive abortion and contraception care in Nampula and Zambezia provinces in Mozambique

The end-evaluation assessed relevance, coherence, effectiveness, efficiency, impact and sustainability of the Ipas project Expanding women's and girl's access to comprehensive abortion and contraception care in Nampula and Zambezia provinces in Mozambique. The Sida-supported project was assessed as highly relevant in the Mozambican context and in line with Sida's strategic SRHR priorities. The project was found effective in reinforcing the sustainable abortion ecosystem, including roll-out and operationalisation of abortion legislation within 41 partner health facilities in Zambezia and Nampula. Focusing on values transformation and social norms change at all levels within the stigmatised field, the Ipas project was seen as a courageous and trusted trailblazer. The project had an important sustainability focus with effective capacity building frameworks, operating within the national system for onward continuation and continuity. A core recommendation of the evaluation is to introduce documentation of qualitative outcomes, which could help focus the project's community outreach to women and girls and support the work on social norms change in communities in need of reinforcement.

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