2023:15 Sida Decentralised Evaluation

Nordic Consulting Group

End of Project Evaluation of the One UN-SRHR for girls and young women in Mozambique – Rapariga Biz Program, 2016-2019

Final Report

Sida

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June 2020

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Sida Decentralised Evaluation 2023:15 Sida

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Table of contents

Table of contents **1**

Abbreviations and Acronyms **2**

Preface and Acknowledgements **4**

Executive Summary **5**

1 Introduction **10**

1.1 Purpose, objectives and scope of the evaluation 10

1.2 Context 11

1.3 Methodology 16

2 The Evaluated Intervention **19**

2.1 Background: the Rapariga Biz Program 19

2.2 Background: Program Budget 21

2.3 Theory of Change and RBP transformation model 23

3 Answers to Evaluation Questions **31**

3.1 Evaluation Question 1 32

3.2 Evaluation Question 2 40

3.3 Evaluation Question 3 44

3.4 Evaluation Question 4 55

3.5 Evaluation Question 5 67

3.6 Evaluation Question 6 74

3.7 Evaluation Question 7 89

4 Limitations **96**

5 Evaluative Conclusions **98**

5.1 Strategic Conclusions 98

5.2 Operational conclusions 106

6 Lessons Learned **110**

7 Recommendations **113**

Abbreviations and Acronyms

AECID	Spanish development cooperation agency
ASRH	Adolescent Sexual and Reproductive Health
CSE	Comprehensive Sexual Education
CSO	Civil Society Organisation
DFID	UK Department for Development Cooperation
DHS	Demographic and Health Survey
ENSSB	National Basic Social Security Strategy
EQ	Evaluation Question
FGD	Focus Group Discussion
GAC	Global Affairs Canada
GBV	Gender Based Violence
GoM	Government of Mozambique
HOPEM	Men for Change Network
HRBA	Human Rights Based Approach
JC	Judgment Criteria
KII	Key Informant Interview
LOE	Level of Effort
M&E	Monitoring and Evaluation
MINEDH	Ministry of Education and Human Development
MINGENDER or MGCAS	Ministry of Gender, Children and Social Affairs
MINHEALTH or MISAU	Ministry of Health
MINYOUTH	Ministry of Youth and Sports
MDJ or MINJUS	Ministry of Justice
ODA	Official Development Assistance
OR	Operational Recommendations
PEA	Political Economic Analysis
ProDoc	Program Document
PGB	Geração Biz Program
RBP	Rapariga Biz Program
SRHR	Sexual and Reproductive Health and Rights
SAAJ	Youth Friendly Services
Sida	Swedish International Development Cooperation Agency
TAF	Technical Advisory Facility
ToC	Theory of Change
ToR	Terms of Reference
TVET	Technical and Vocational Education and Training
UNESCO	United Nations Educational Scientific and Cultural Organisation

UNFPA	UN Populations Fund
UNWOMEN	UN Women's Organisation
UPR	Universal Periodic Review
USAID	US Agency for International Development
WHO	World Health Organisation

Preface and Acknowledgements

Mozambique ranks among the lowest performing countries in the world on several indicators on girls and women's rights and well-being. Girls and young women face a wide range of challenges, including entrenched gender discrimination, harmful practices such as child marriage, widespread gender-based violence (GBV) and high rates of adolescent pregnancy, which affects their possibilities to reach their potential. Sweden has, since 2016, been at the forefront of a program to promote and protect the sexual and reproductive health and rights (SRHR) of young women and girls in two provinces of that country. Since then, Canada and to some extent the UK have joined as donors as well. Since the design of a second "phase" is about to begin, the Swedish International Development Cooperation Agency, (Sida), along with the key sector ministries of the Government of Mozambique (GoM) and key implementation partners in the UN family, decided to undertake this end-of-line evaluation.

The evaluation team wishes to thank the donors, ministries and agencies of the Government and the implementation partners for their support during the evaluation. A special thanks goes out to all those who agreed to be interviewed or who filled in an on-line questionnaire. We are grateful for the excellent work done by our field researchers, interpreters and field logistics support personnel, without whom this evaluation mandate could have had a quite different result.

We especially wish to single out the marvellous contribution of thousands of volunteer mentors in Mozambique who are helping young women and girls to overcome such enormous obstacles.

Executive Summary

This report contains the results of the end-of-line evaluation of the comprehensive public health program called the "One UN-SRHR for girls and young women in Mozambique – Rapariga Biz Program". It covered the period from 1st May 2016 to 30th June 2019. The evaluation led to recommendations that might help in any further expansion of the Rapariga Biz Program (RBP); they could also improve the performance of further programs of a similar nature.

At its core, the RBP is designed to ensure that targeted beneficiaries become empowered to exert their rights in making informed decisions concerning Sexual and Reproductive Health and Rights (SRHR). The Program is also designed so that SRH services are available when requested. Three donors are supporting the program, Sweden, Canada and the UK. The key implementing players are the UN family of organisations and agencies (UNFPA, UNICEF, UNESCO and UNWOMEN) as well as the Government of Mozambique (GoM), the latter represented by the Ministry of Youth and Sports (MINYOUTH) as leader, and the ministries of Health (MINHEALTH); Education and Human Development (MINEDH); Gender, Children and Social Affairs (MINGENDER); Justice (MDJ), and Religious and Constitutional Issues.

The purpose of the evaluation is to help the donors and their partners assess the progress of the on-going RBP and understand what is working well and the challenges faced in its implementation in order to make informed decisions on how program implementation may be adjusted and improved.

The objectives are to use the results of the evaluation to plan for the next phase of the program and to advise on changes needed in the program guidelines and in the general functioning of the program.

Within the current difficult development environment that characterises modern Mozambique, women are considerably worse off than men across all human development indicators such as poverty, employment, and educational attainment. This condition is notably acute in the Zambézia and Nampula provinces where the Rapariga Biz Program operates[1]. The original research on which Rapariga Biz was founded also showed that the situation concerning SRH was particularly severe in those two provinces.

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1 World Bank. "Strong but not Broadly Shared Growth": Mozambique Poverty Assessment ". 2018.

The research approach used in this evaluation is "Pragmatism" (not to be confused with the colloquial expression of "being pragmatic"). An application of the "Decision-management approach" was applied as a subset of pragmatism; more specifically, a subset of the "utilization-focused approach" was applied to ensure that lessons learned and recommendations are not only useful to the stakeholders, but that the gain trust in the results of the evaluation because they took an active part in its design and formulation. A set of evaluation questions originally found in the Terms of Reference (ToR) to the evaluation was re-structured into seven Evaluation Questions (EQs). An evaluation matrix was prepared (Annex 2) with Judgment Criteria (JC), indicators, baselines, and probable sources of information. The EQs represent the five evaluation criteria required in the ToR.

The methodology included a thorough desk review of key documents and preliminary meetings/interviews with key respondents. Quantitative data was collected through an online/telephone-based structured questionnaire, directed at stakeholders from the national and provincial level governments, the bilateral donor agencies, the UN agencies and program implementation managers and supervisors. Quantitative data was also gathered from the Monitoring and Evaluation (M&E) system and from existing reports, either prepared through the Rapariga Biz network or from reputable international sources such as the World Health Organisation (WHO). Qualitative data was collected in the form of Key Informant Interviews (KIIs) with a sub-set of the stakeholders that may or may not have participated in the survey. KIIs were also conducted with program officials at central, provincial, district and municipal levels. In the provincial and district-levels the team conducted focus group discussions (FGDs) with a total of 470 participants using qualitative analysis. These were mainly done with direct or indirect beneficiaries of the program to answer questions around the program's relevance, effectiveness, and impact (EQ 1, EQ 4, EQ 6 and EQ 7). The team also conducted visits to the project sites (schools, hospitals, clinics, etc.). Specifics of the methodology can be found in Annex 4 to this report; Annex 7: Focus Group Discussion Overview; Annex 8: Field program, and Annex 9: Focus Group Reporting Template.

The findings of the evaluation team have been grouped around the seven EQs for this evaluation which were derived from the 26 originally found in the ToR. A consolidation was made whereby all 26 were retained either as an EQ in its own right or a Judgment Criteria (JC), ensuring that each EQ in the ToR was still part of the final Evaluation Matrix (see Annex 2).
This evaluation is based on five of the six evaluation criteria defined by the OECD-DAC (relevance, efficiency, effectiveness, impact, and sustainability). "Coherence" was not required under the ToR. The set of seven EQs was developed in accordance with Sida's evaluation methodology: by targeting the most strategic management and developmental issues identified during the reconstruction of the intervention logic of the RBP.

The evaluation team reported 14 operational conclusions, 25 strategic conclusions, 13 operational and 13 strategic recommendations and a set of lessons learned. The 26 recommendations are clustered according to whether they are at a "strategic level" or "operational level".

The key strategic recommendations include (partial list):

- The core components of the RBP should be: a) the **safe spaces** (required for knowledge, skills and attitude development), b) the **community development** component (required for enabling environment development at the community level and, c) **the delivery of health services** by MINHEALTH.
- The next few years should be spent consolidating lessons learned and improving the approaches and strategies used in the RBP, not in engaging in a larger geographical scope. No effort should be made to expand into other provinces until the issues and weaknesses explained in this evaluation or in the Technical Assistance Facility (TAF) report are successfully dealt with. If deemed feasible by the donors, Reference Group and the GoM, a case could be made to expand to the last districts in the two provinces now covered, but that should only be after an adjustment period allows for improvement.
- The next phase should not expand to mainstream boys in all the components. The designers of phase 2 should, however, recognise that for some results, not including boys may present a constraint to either the transformation process or the enabling process.
- Because what unique about the RBP is its focus on behavior change, the evaluation recommends that the RBP's expected outcomes statements and indicators reflect the diverse changes sought within the diversity of targeted beneficiaries and their social ecosystems, and not a generic indication of an entire population without disaggregation.
- The logic underpinning the approaches used for safe spaces and community development should be researched to provide evidence as to: a) what works and what does not under different conditions, b) how can the approaches be contextualised, c) what are the limits to the approaches and what would be required to leverage them, d) what competencies are required and where, e) how, and when, can RBP exit the main approaches used.
- It is assumed that the behavioral change sought by RBP will affect much more than the indicators selected for the ultimate outcomes, and it is this larger picture that should be managed by the RBP.
- M&E systems must be reformed so that they are more effective as a fundamental management strategy tool. The scope and functionalities of the M&E systems should be expanded so that they cover the entire results chain, including effects and program management, both strategic and operational. The data gathered and analysed should also include those dealing with cross-cutting issues and specific development policies such as human rights.
- The approach to community-based enabling environments should be more rigorous in its raison-d'être and application, evolving from a "dialogue" mode to a "development" mode.
- The RBP should be more proactive in reaching out to Most Vulnerable Girls.

The recommendations section of the final report contains detailed description of each recommendation including the short-term action to be undertaken to help the users on the how to implement the recommendation.

The 13 operational recommendations (ORs) covered in detail several important areas including:

- Closer managerial linkages between policy level and grassroots at province, district, and community level of health services.
- Better integration of hospitals in the RBP network of the implementing partners.
- Improve the quality of training the mentors and mentees to deliver the correct messages and information and improve supervision to ensure compliance with required guidelines.
- Use the lessons learned in the RBP to improve visibility and sharing knowledge on the RBP.
- Improve the overall program-level management of the RBP.
- The GoM should be much more specific in terms of which government agency should do what in dealing with creating an enabling environment at the community level.OR6 community society management.
- Provide special attention to obstetric fistula.
- Pedagogical counsellors of accredited Technical and Vocational Education and Training (TVET) institutions should be involved in the selection much sooner than they now are.
- Further develop Short Message Service Biz (SMS BIZ) so that it becomes part of the main portal for networking for all participants.
- The responsibility for providing the services offered through School Corners should eventually be transferred to MISAU (MINHEALTH), albeit with health sector oversight and supervision.
- Install, within each group of components, a quality assurance function as part of program management.
- Since the evaluation found that there were very few norms or standards established except for clinical transactions in health, it recommends that any transformative process be accompanied by norms and/or standards.
- The Reference Group should commission a review of the remuneration paid to mentors, supervisors and other “volunteers” that are critical to the success of the RBP.

The evaluation team has learned several lessons during the process of execution of the assignment. These lessons, grouped to reflect the Theory of Change logic, are spelt out in the report. A partial list is presented below:

1) Without an effective M&E system geared to providing detailed analysis of the future actions that need to be taken in order to meet expected outcomes, decision-makers must use ad-hoc information based on input and activity management (and not information on result achievement and its causal links).

2) Assumptions are only as useful as the effort made to validate them. Monitoring at all levels is required to do that, and research into how and why things are changing informs the rationale and understanding of how change happens.
3) The sum of outputs does not necessarily equate to an outcome. Outcomes need to reflect effects in pursuance of a goal.
4) Once intermediate outcomes are identified, program managers need to know what will cause them to be transformed into higher level outcomes. Whatever that is, it needs to me managed to ensure it happens.
5) Management of the three ultimate outcomes were very important as a whole but they were not adequate as a means of monitoring behavioral change. The lesson to be learned here is that Performance Matrices must reflect what we ultimately want as an impact.
6) The risks need to be monitored and acted upon. Only a system that seeks out information on what is not likely to happen and is also able to capture any adverse effects and why they occurred, will be in a position to make the management decisions that will favor progress.
7) At the planning phase of the RBP there was tendency to define and set levels of objectives and targets that were not sufficiently reflective of the scope of the RBP's expected outcomes. This has resulted in important stakeholders not being held accountable for important parts of the results chain and has deprived the RBP managers of the means to monitor the progress towards attainment of what should have been a series of outcomes.

1 Introduction

This mandate concerns the evaluation[2] of a comprehensive public health program in Mozambique that involves the sexual and reproductive health rights of young women and girls. It also focuses on how these beneficiaries become empowered to exert their rights in that domain. The overall evaluation is an end-of-line (ex. post or summative) evaluation leading to recommendations that might improve performance in further programs of a similar nature.

The program itself has been ongoing since 2016 but is based on previous work spanning over fifteen years. At the moment there are three donors supporting the program, and the latest reports[3] indicate that the GoM has to date not been able to provide more than a third of required resource contribution. The World Bank, US Agency for International Development (USAID) and the Malaria Consortium have provided funding for SRHR in Nampula province but not in Rapariga Biz per se. No information has been obtained by the team on contributions in Zambézia or for the rest of the country, but one of the program execution agencies has reported that PEPFAR (under DREAMS program) and Save the Children (Projecto OGUMI) have also supported Adolescent Sexual and Reproductive Health (ASR) interventions in Zambézia.

1.1 PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION

The ToR notes that the project to be evaluated is called the "One UN-SRHR for girls and young women in Mozambique – Rapariga Biz Program". The evaluation covered the period from 1st May 2016 to 30th June 2019, and the Canadian and UK contributions were included to the extent possible: Canada's contribution[3] was co-mingled with that of Sweden and the UK. The latter has mainly financed the operations of a Technical Assistance Facility for the Rapariga Biz Program (RBP). The main target groups for the entire program are girls and young women in Nampula and Zambézia provinces.

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1 The program ends in a few months from the time of writing this report

2 See the 2018 Annual Report. The evaluation team did not receive requested data concerning the GoM contribution to the program, in direct monetary contribution or in-kind.

3 Canada's first tranche was defined in the AWP 2019-20 that UNFPA had submitted to GAC. It is included in Canada's Standard Administrative Arrangement (SAA)

The ToR for this mandate notes that the primary intended users of the evaluation are the program management team at the Embassies of Sweden, Canadian High Commission and DFID, the partner organisations (UNFPA, UNICEF, UNESCO and UNWOMEN) and the Government of Mozambique (Ministry of Youth and Sports as leader; Ministry of Health; Ministry of Education and Human Development; Ministry of Gender, Children and Social Affairs; Ministry of Justice, Religious and Constitutional Issues).

As stated in the ToR for this mandate, the purpose of the evaluation is to help the donors (The Embassy of Sweden, Canadian High Commission and DFID) and their partners, UN agencies (UNFPA, UNICEF, UNESCO and UNWOMEN) and Government of Mozambique to assess progress of the on-going Rapariga Biz Program to understand what is working well in the implementation of the program and the challenges being faced in order to inform decisions on how program implementation may be adjusted and improved. The objectives are to use the results of the evaluation to plan for the next phase of the program and to advise on changes needed in the program guidelines and in the general functioning of the program.

1.2 CONTEXT

Mozambique has, in the last two decades, experienced strong and sustained economic growth and was therefore seen as one of the most promising economies in the region. The 2015 drop in commodity prices, exacerbated by severe weather conditions, and the so-called "hidden debt scandal" in 2016 led to a subdued growth rate between 2015 and 2018[4]. Official Development Assistance (ODA) has been a major contributor to Mozambique's economic development, representing an average of 45 % of the annual state budget since the country's independence in 1975[5].

Mozambique remains one of the poorest countries in the world and is ranked among the lowest in terms of human development (180 out of 189) on the 2019 Human Development Index[6]. Poverty in all forms has reduced in relative terms in the last two decades, attributed to the relatively stable economic growth during this period. However, in absolute terms, the number of people living in poverty has grown[7]. To put this into perspective, while the poverty rate has been reduced by approximately 10% between 2008 and 2015, nearly half of the population (48.4%) remained below the poverty line in 2015 according to the World Bank[8]. Furthermore, inequality has been growing steadily, widening the gap between rich and poor, and urban and rural

4 Sida. Mozambique Multidimensional Poverty Analysis (MDPA). January 2019. p. 7.

5 Norwegian Institute of International Affairs (NUPI). Mozambique: A Political Economy Analysis. October 2017.

6 Sida MDPA. 2019.

7 UNDP. Human Development Index (HDI). 2019

8 World Bank Group. Mozambique Poverty and Equity Brief. 2019

areas.[9] The large rural population, which accounts for approximately 64% of the total population[10], faces difficulty gaining access to energy, transportation, water and sanitation, and is particularly vulnerable to climate risks due to a high reliance on subsistence rain-fed farming[11].

Within this very difficult development environment, women are considerably worse off than men across all human development indicators such as poverty, employment, and educational attainment. This condition is notably acute in the Zambézia and Nampula provinces where the Rapariga Biz Program operates[12]. There, poverty levels remain particularly high. The gendered dimension of poverty contributes to the vulnerability of girls and young women, including with regard to sexual health and reproductive rights. Lack of economic opportunities, poverty, and poor bargaining power within society exposes them to a higher[13] level of subservience and marginalisation and they bear the brunt of risks to life and health in general.

A 2017 Political Economy Analysis (PEA) commissioned by the Norwegian Ministry of Foreign Affairs notes that corruption remains significant at all levels of government, and consequently the quality of public services is low[14], including any service related to SRHR.

Education. Mozambique has the third lowest educational attainment rate in the world, with a national average of 2.5 years of schooling completed by adults over 15 years old[15]. Educational attainment rates also point to a significant gender gap as the average years of schooling (1.9 years) for females over 15 years of age is 1.3 years lower than their male counterparts (3.2 years).[16] One of the factors behind the low educational completion for women is related to the high drop-out rate among girls, due to adolescent pregnancies and/or early marriage[17] The factors leading to poor education performance in the country are many and very complicated and include unqualified teachers, poor GoM financial support, poor educational infrastructure, the inability of parents to pay for school-related expenses and poor incentive mechanisms to entice parents to send their children to school. A GoM official noted that SHR-related topics are part of the Country's curriculum at least at the primary school level and the MISAU is active, mostly through its mobile teams and mobile clinics in

9 Sida MDPA. 2019. P. 5

10 World Bank Data, 2018.

11 African Development Bank (AfDB). 2018.

12 World Bank. "Strong but not Broadly Shared Growth": Mozambique Poverty Assessment ". 2018.

13 Rapariga Biz Program Document, p. 10.

14 NUPI, Mozambique PEA. 2017.

15 Sida MDPA, 2019. p. 12.

16 Prospects and Challenges: Mozambique's Growth and Human Development Outlook to 2040. Porter et al., January 2018. p. 24.

17 Sida MDPA, 2019.

providing health services in schools, and vaccination campaigns in schools and communities.

Population Growth. Mozambique has experienced significant population growth over the last two decades, with a current population of approximately 31.4 million[18]. Economic growth and development are unable to keep up with the rapid rise in population, which presents a challenge for the government's provision of basic services, including healthcare and education.[19] Moreover, according to a technical training and employment institute in Mozambique, much of the employment that does take place is based not on meritocracy but on ties to family or friends. The fertility rate remains among the highest in the world, with an average of 5.1 births per woman (2019)[20]. Urbanisation is a key driver of fertility reduction, reflected in a higher fertility rate among women living in rural areas (6.1) compared with the fertility rate among women in urban areas (3.6)[21]. Higher levels of education and wealth are also correlated with lower fertility rates.

The population is youthful, with 66.3 % of the population being below 25 years of age.[22] With youth composing such a significant proportion of the population, Mozambique currently has a dependent population that is larger than the working-age population. The high proportion of dependents poses a difficulty for the Government to invest adequately in key social services such as education and healthcare, which are fundamental to socio-economic development. In the coming years, and with the right policies in place to support (and take advantage of) a decline in fertility rates and an increase in the benefits of its investment in human capital, Mozambique's demographic transition is noted to have the potential to lead to a demographic dividend.[23] To this end, the country is now negotiating for large loans for employment and employability to be provided by International Financial Institutions (IFIs).

Sexual Health and Reproductive Rights. While girls' and young women's lack of resources and employment opportunities contribute to unsafe sexual practices, social norms and certain social practices also have an influence on SRHR. Violence against women and girls, for example, is often normalised by families, communities, and women themselves, particularly Intimate Partner Violence.[24] On average one in every five women aged 15-49 has experienced physical intimate partner violence and/or

18 There are various figures in print concerning population., A Rapariga Biz GoM official informs the team that the "State" figure was 29M.

19 Porter et al., January 2018.

20 UNFPA State of World Population 2019 ("SWP 2019")

21 UNFPA State of the World Population 2018 ("SWP 2018")

22 There was a discrepancy between two key references for this statistic. The UNFPA SWP Report 2019 had a higher percentage in the same age group. We have used the 2017 Census figures as furnished by the UN.

23 UNFPA, Mozambique - The Demographic Dividend: Invest in Human Capital. 2017.

24 Rapariga Biz Program Document

sexual violence, but the statistic is always considered to be an underestimate, largely due to under-reporting.[25]

Child marriage is widespread, with roughly one out of every two girls married before their 18th birthday (48% between 2006 and 2017)[26], and physical intimate partner violence is more common in early marriages[27]. The practice of early marriage, which is rooted in social norms, is linked to early pregnancy, serious complications with pregnancy and childbirth such as obstetric fistula, and ultimately maternal morbidity and mortality. A recent law has forbidden the practice, but compliance is not absolute. Mozambique has a very adolescent birth rate, with 167 births by girls aged 15-19 for every 1000 births between 2006 and 2017[28].

Unmet needs for family planning remain high, and even though the prevalence of contraceptive use has grown significantly in the past decade, the contraceptive prevalence rate remains low. Only 30% of women (currently married or in union) between the ages of 15 and 49 used contraception in 2019[29], which can be attributed to a low level of knowledge about modern contraceptive methods in the country and poor access both physically and financially. Women typically have less bargaining power than men when it comes to use of contraceptives, as supported by the 2011 Demographic and Health Survey (DHS) which indicated use of contraceptives is positively correlated with women's participation in decision-making processes within the household[30]. The next DHS will take place shortly.

HIV prevalence has increased in the past two decades, with 12.6% of the population (ages 15-49) living with the virus[31]. The virus affects women disproportionately in Mozambique, with the prevalence among women aged 15-24 (7.2%), more than double that of their male counterparts (3%) in 2018.[32] Further, women tend to become infected at a younger age than men.

Data regarding suicide in Mozambique, like that of the rest of Africa, is limited. In 2011, there were 2,667 recorded suicides in Mozambique, accounting for approximately 0.9% of all deaths in the country for that year. Nonetheless, the country's suicide rate of 18 per 100,000 was the 19th-highest worldwide in 2011; it increased to sixth-highest in 2015[33] Mozambique had the most suicides in the entire

25 Sida MDPA, 2019. p. 23.

26 ibid

27 Sida, MDPA, 2019. P. 23.

28 UNFPA, SWP 2019

29 UNFPA Data Mozambique.

30 Rapariga Biz Program Document. P. 18.

31 WB – World Development Indicators Database

32 World Bank, Gender Data Portal, Mozambique.

33 Ronald W. Maris (4 March 2019). Suicidology. Guilford Publications. pp. 145–. ISBN 978-1-4625-3698-6

African continent, according to a 2014 World Health Organization report[34], and high rates commonly indicate unmet mental health needs and a high prevalence of depression. Even though suicide deaths are more prevalent among men, attempts are more common among women. A study from 2014 from rural districts in central Mozambique found that 14% of the women in female-headed households were clinically depressed, possibly as a consequence of experiencing food insecurity, more often living far away from clinics and frustration over limited opportunities in life[35].

Policy and Legal Framework[36]. A document analysis has indicated that most texts on the policy and legal frameworks for Mozambique are outdated or poorly enforced. At this juncture in time, available documentation indicates that the Government of Mozambique's Agenda 2025 presents a framework for the country's poverty reduction strategy, with the complementary Five-Year Plan for 2015-2019. The National Basic Social Security Strategy (ENSSB) 2016 – 2024 reiterates the importance of, and supports, the national overarching poverty reduction framework with improved nutrition and access to basic health and education services, particularly for poor and vulnerable groups as one of its four pillars.[37]

The National Youth Policy, approved in December 2013, provides an outline of how the Government plans to increase youth development and participation in the country, including the promotion, and provision of sexual and reproductive health information and services. Adolescents are likewise in focus in the HIV National Plan 2015-2019, as there is a high prevalence and burden of HIV in this group. In 2016 Mozambique launched a National Strategy on Prevention and Fight against Child Marriage.

The Mozambique Penal Code has, since 2009, included a law on domestic violence against women, and more recently, in 2019, a law was passed to make adolescent marriage illegal. In the framework of this new law, an adult citizen in Mozambique who marries a child under the age of 18 can now face a prison sentence of 8 to 12 years.[38] The criminal justice system in Mozambique separates the investigation of crime (the responsibility of the police which is part of the Ministry of the Interior) from the prosecution of the accused (part of the Ministry of Justice, composed of two separate functions, notably the prosecutors' service and the Judges' service).

Regional government structure in Mozambique. The central government (in this case its bureaucracy) in Maputo provides all policy and guidance to the rest of the country. Provincial and district levels of bureaucracy are essentially limited to implementation. Community-level governance is carried out at three levels: a top-

34 https://www.enca.com/mozambique-no-1-suicide-nation-africa

35 MDPA p. 66 Reference provided by UNFPA Feb 21,2020

36 These frameworks will be updated during the field mission.

37 Republic of Mozambique. National Basic Social Security Strategy (ENSSB) 2016- 2024.

38 Human Rights Watch, "Mozambique Passes Law to End Child Marriage". Published July 19, 2019.

level that covers an entire community, a mid-level that covers a neighbourhood, and a third level that covers what could be called a "block". These three are subject to elections and at the moment the top and bottom levels are held by different parties, this seriously reducing the cooperation that would be necessary for "Community development". The lower levels cater mostly to the people who are in the "blocks" including the parents of young women and girls.

Civil society. Most analysts divide the Civil Society Organisations (CSOs) into three main categories[39]. In the capital, Maputo, there are elite-based, academically oriented organisations which act as interlocutors for many donors and enjoy international support. Not always ideologically based, they do not advocate on behalf of a specific community but respond to the demand of public participation in policy dialogs, either from a push (e.g. by donors or special interest groups) or a pull perspective (e.g. by political opportunities for dialogue). A second group are issue-based (e.g. health, climate change, poverty reduction) and is mainly service oriented, in the sense that they seek out contracts for outsourcing of services. The third and most numerous group is community-based organisations which are characterised by weak organisational capacities and a chronic lack of funding support. The latter two provide essential services in places where state structures remain absent or lack capacity. There are fewer CSOs represented at the local level and almost all are service providers.

A recent analysis[40] of Mozambique's civil society has highlighted its quite limited engagement in policy dialogue. The same research pointed out the absence of proactive dynamics or a vision of Mozambique's civil society as a counterforce against an overwhelmingly "dominant" government. Civil society has been characterized as "domesticada" (domesticized) in a framework of politically accorded parameters which camouflage the lack of civic participation.

1.3 METHODOLOGY

The philosophical approach used in this evaluation is "Pragmatism" (not to be confused with "being pragmatic"). An application of the "Decision-management approach" was applied as a subset of pragmatism; more specifically, a subset of the "utilization-focused approach" (ref. M.Q. Patten) was applied in order to ensure that lessons learned and recommendations are not only useful to the stakeholders, but that they gain trust in the results of the evaluation because they took an active part in its design and formulation.

39 For example, see https://www.bti-project.org/en/reports/country-reports/detail/itc/MOZ/ published by the Bertelmann/Stiftung Institute.

40 Ibid.

A set of evaluation questions originally found in the T of R to the evaluation was re-structured into seven Evaluation Questions (EQ). An evaluation matrix was prepared (Annex 2) with Judgment Criteria, indicators, baselines, and probable sources of information.
The EQs represent the five evaluation criteria required in the ToR. The latest OECD-DAC set of criteria has six and not five. The "Coherence" criteria were not applied in this case.

The methodology included a thorough desk review of key documents and preliminary meetings/interviews with key respondents.

In order to complement existing secondary data in the form of documentation, reports and data from the M&E system and other sources, the team conducted a two-week field mission, collecting a range of primary data that helped to fill existing information gaps. This primary data collection took a mixed-methods approach, collecting both quantitative and qualitative data. An Inception Mission was cancelled due to time restrictions.

Quantitative data was collected through an online/telephone-based structured questionnaire, directed at stakeholders from the national and provincial level governments, the bilateral donor agencies, the UN agencies and program implementation managers and supervisors. Quantitative data was also gathered from the M&E system and from existing reports, either prepared through the Rapariga Biz network or from reputable international sources such as the World Health Organisation (WHO).

The qualitative data was collected in the form of Key Informant Interviews (KIIs) with a sub-set of the stakeholders that may or may not have participated in the survey. KIIs were also conducted with program officials at central, provincial, district and municipal levels.

In the provincial and district levels the team conducted focus group discussions (FGDs) with a total of 470 participants using qualitative analysis. These were mainly done with direct or indirect beneficiaries of the program in order to answer questions around the program's relevance, effectiveness and impact (EQ 1, EQ 4, EQ 6 and EQ 7). The team also conducted visits to the project sites (schools, hospitals, clinics, etc.).

Because they provided practical insights based on experience in the field and contextual interpretation of observations made by the evaluation team, the participation and involvement of key parties, in particular the UN agencies involved and their implementing partners as well as the GoM at central, provincial and district levels, added quality to the assessment and validation of the analysis and the findings. The use of this "Parallel Combination Mixed Method", combined with the participative and user-focused approaches described above, allowed for a high level of complementarity between quantitative and qualitative assessment methods. Most

interviews started by a discussion of what the "user" would appreciate receiving from the evaluation, and each interview was conducted as a learning exercise with the team sharing insights and experiences gained in the evaluation and in past experiences.

In order to be able to identify effects that heretofore had not been collected by the various monitoring systems used in RBP, the evaluation team applied an Outcome Harvesting method to all field interviews and focus groups.

Specifics of the methodology can be found in Annex 4 to this report: Methodology; Annex 7: Focus Group Discussion Overview; Annex 8: Field program; and Annex 9: Focus Group Reporting Template.

2 The Evaluated Intervention

2.1 BACKGROUND: THE RAPARIGA BIZ PROGRAM

From Geração Biz to Rapariga Biz. The Rapariga Biz program builds upon the Geração Biz program (PGB) that was launched in 1999 by the GoM, UNFPA and Pathfinder, targeting adolescent and youth SRH in Mozambique. The Geração Biz program was supported financially and technically by Sida, Danida, Norad and Pathfinder from 1999 to 2012, and by UNFPA up until 2015. When support from donors ended in 2013, the management of PGB was handed over to the GoM, which led to a decline in program results.

Rapariga Biz was borne out of the Government of Mozambique's desire to improve upon the Geração Biz[41] program's conclusions including the need to develop approaches to reach the most vulnerable girls and young women. It was also based on key lessons from the 2012 external evaluation of PGB, a 2015 academic review of the program, and challenges identified by the GoM. While a few of the pillars of PGB persist in the Rapariga Biz program (i.e. the peer-to-peer approach to spreading awareness of SRHR, strengthening of SRH services delivery in Mozambique, and the inter-sectoral approach of PGB that draws on key ministries), PGB was also designed to cover three levels for SRH, namely community, school and health facilities. The RBP includes a broader approach that also aims to address behavior change by targeting young girls as active agents of change. Furthermore, the RBP was designed to address issues related to institutional capacity development at the central, provincial and district levels that contribute to the sustainability of the Government-led Geração Biz program.[42].
Rapariga Biz operates across 20 districts in two provinces, one in the center, Zambézia, and the other in the north, Nampula, and is jointly implemented by UNFPA as the lead agency (with UNESCO, UNICEF and UNWOMEN), with key ministries (originally named the Ministry of Youth and Sports; Education and Human Development; Health; Gender, Children and Human Social Affairs, and Justice with its involvement with the police and social documentation the Ministry of the Interior). Civil society organisations are contracted as implementing partners. The program has been supported technically and financially by Sweden since it was launched in 2016, and more recently DFID (October 2018) and Canada (2019) have joined.

41 In an oversimplified description, PGB can be said to be focussed on awareness, not behavioural action and changes.

42 Extracts of the Embassy Internal Appraisal/ Memo on Rapariga Biz, March 2016.

Targeting one million vulnerable girls, Rapariga Biz works at the individual, family/community, service, and policy levels to support girls' and young women's capacity to make informed choices and improve their access to sexual and reproductive health services.

To this end, the program places girls and young women at the center of four strategic outcomes:

a) Empowerment and agency of girls and women (supported by UNFPA and UNICEF).

Girls and young women's knowledge, agency and capacity strengthened to enable them to make informed decisions on their sexual and reproductive health. The demand for, and uptake of, essential SRH services was to be generated through the "Safe Space" approach, which includes mentorship to influence attitudes and behaviors related to sexual and reproductive health and rights and the promotion of life skills. Other strategies promoted SRHR through mass media.

b) Access to sexual and reproductive health services (supported by UNFPA, UNESCO and UN Women).

Quality integrated adolescent sexual and reproductive health (ASRH) services and Comprehensive Sexuality Education (CSE) were to be made available for girls 10-24 and young women. Activities under this component supported the increase in the supply and quality of sexual and reproductive health services and information at all levels, including capacity development for SRH services provided by GoM agencies and ministries. This component also included supporting improved economic opportunities through skills development, access to financial services and other economic empowerment strategies.

c) Mobilize families and communities (supported by UNFPA and UNICEF)

An enabling, free and safe environment for increased participation of girls and young women and the promotion of their sexual health and reproductive rights (SRHR) was to be created. A strategic focus meant the involvement of families, community and religious leaders, the social services provided by communities, and boys and men; all being part of the social ecosystem that needed to change or dismantle the barriers and behavioral challenges that restrict or even prevent the agency of the target population. Activities also focused on keeping girls and young women in school and for those who have abandoned to return to the classroom.

d) Policy, advocacy and participation (supported by UNFPA, UNESCO and UNICEF):

For this outcome, governance and coordination for integrated SRH programming at all levels were to be strengthened. A focus was placed on influencing the policy framework dealing with SRHR, through activities that were to include capacity development for SRHR service strategies; policy advocacy; data and research and coordination, management, monitoring and evaluation.

The implementation of the Program involves many players, including four different camps: 1) the GoM and its agencies and organisations (including the health, youth and education service providers); 2) the donors and the UN family or agencies; 3) civil society organisations and enabling bodies such as communities, and finally 4) the ultimate beneficiaries themselves guided through a transformative mentoring structure.

In principle, the services are planned and delivered through the GoM, and the donors provide financial assistance and technical assistance. There are coordination mechanisms set up at various levels: a) all the GoM agencies in Maputo, b) provincial level and district level coordination, c) intra-United Nations coordination, and 4) various coordination structures between the CSOs involved and the Communities that are being served (not to mention intra-community coordination committees).

The centerpiece of the program is the promotion and protection of the sexual and reproductive health and rights (SRHR) of girls and young women in two provinces of Mozambique in a first phase and the roll-out of the "perfected" RBP to other provinces at a later date. The RBP is aligned with all focal Government policies and strategies and reflects the renewed attention that Government had given to international equality and health agendas. As a consequence of the evaluation, and adaptation of the Geração Biz initiative in Mozambique, the RBP was promoted as an opportunity to refocus national youth strategies towards the underlying causes of the marginalization and increased vulnerability of girls and young women – as a vector for greater progress for society at large[43]. The RBP aims at providing the most vulnerable girls and young women with opportunities for social participation, leadership, citizenship, life skills, literacy, economic empowerment and information on sexual and reproductive health and rights", notes a briefing document.

Details on the nature of the expected outputs and outcomes and the extent to which they were attained as of the end of 2019 can be found in the section dealing with the analysis of EQ 4.

2.2 BACKGROUND: PROGRAM BUDGET

In terms of financial inputs, Sweden is by far the largest donor of the Rapariga Biz Program, having committed USD 13.27 million (M) to the program. DFID has committed USD 2.55 M and Canada has committed USD 7.1 M.[44] The One UN contribution to the program is USD 500,000.[45] The table below indicates the donor

43 RBP is directly linked to the Geração Biz (PGB), a nationwide program on young people's access to sexual and reproductive health services and information initiated in 1999 with funding from Sweden, Denmark, Norway, and UNFPA with technical assistance from Pathfinder International

44 United Nation Multi-Partner Trust Fund Office Overview of donor contributions to Rapariga Biz between 2016 and 2020.

45 Program Brief, Rapariga Biz

commitments and disbursements to the program between 2016 and 2020, as well as the re-allocation of funding to UN agencies by donor.[46]

Multi-donor Trust Fund contributions by donor 2016 – 2020 Values in USD Data as of 30 Jan 2020			
Contributor/Partner	Commitment	Deposits	Deposit rate
SIDA	13,267,699	13,267,699	100%
DFID	2,550,543	1,758,223	68.94%
CANADA	7,198,000	1,799,500	25%

UN / NGO Allocation of Funds by donor Values in USD Data as of 30 Jan 2020					
Organisation		Year	Approved budget	transferred to the organisation by funding agencies	Expenditure in calendar year
SIDA	NGO/UNDP	2016	0	0	0
	NGO/UNDP	2017	0	0	0
	NGO/UNDP	2018	0	0	0
	NGO/UNDP	2019	0	0	0
	UNESCO	2016	175222	175222	0
	UNESCO	2017	85600	85600	257602.7
	UNESCO	2018	108898	108898	18857.86
	UNESCO	2019	132196	132196	107196.00
	UNWOMEN	2016	255709	255709	67438.94
	UNWOMEN	2017	375035	375035	282939.2
	UNWOMEN	2018	364335	364335	226510.8
	UNWOMEN	2019	375035	375035	272793.3
	UNICEF	2016	1297154	1297154	409909.7
	UNICEF	2017	955510	955510	921225.7
	UNICEF	2018	861350	861350	758044.9
	UNICEF	2019	797150	797150	0
	UNFPA	2016	1860340	1860340	1549858
	UNFPA	2017	2012535	2012535	1622254
	UNFPA	2018	1925451	1925451	1991997
	UNFPA	2019	1553483	1553483	558679.6
DFID	NGO/UNDP	2019	-	-	0
	UNICEF	2018	67,465	67,465	0
	UNICEF	2019	96,940	96,940	0
	UNESCO	2018	78,573	78,573	0

46 United Nation Multi-Partner Trust Fund Office

	UNESCO	2019	116,751	116,751	76662
	UNWOMEN	2018	90,773	90,773	6487.94
	UNWOMEN	2019	388,345	388,345	291957.15
	UNFPA	2018	916,149	916,149	570398.26
	UNFPA	2019	1,138,604	1,138,604	745457.64
CANADA	NGO/UNDP	2019	0	0	0
	UNWOMEN	2019	163,105	163,105	10,670
	UNESCO	2019	210,386	210,386	0
	UNICEF	2019	570,765	570,765	0
	UNFPA	2019	937,147	937,147	82,727

The evaluation team was unsuccessful in obtaining details of the resource contribution of the GoM, its agencies or of any other partner such as NGO's or communities. It is clear that the GoM does contribute (reference is made to supervisory and technical personnel at all levels, teachers, health workers and the provision of goods and assets at all levels). What remains missing is an account of the monetary value of these contributions.

2.3 THEORY OF CHANGE AND RBP TRANSFORMATION MODEL

2.3.1 Theory of Change

The following analysis identifies the change process logic of the Rapariga Biz Program. The Program Proposal Document (PD) prepared by the UNDP at the time of start-up was well structured and documented in terms of the results chain, and the evaluation team merely had to complement that information with its analysis of the assumptions, risks and context factors at play. Many of these were extracted from the same proposal and from the report of the RBP implementation team. Finally, validation and expansion of the risks, assumptions and contexts were accomplished by the team during its mission in the field. A Theory of Change analysis was presented in the Inception Report for this mandate.

Overall, that analysis showed that the results chain was progressive but there was a notable lack of evidence-based assumptions that linked the outputs to the intermediate outcomes. Ultimate outcomes covered only a part of the intermediate outcomes and there was a gap where other variables and assumptions of external actions would be required to convert intermediate to ultimate outcomes (e.g. value-added coordination and program management applied across all stakeholders; access to physical assets such as clinics, acceptance by social ecosystems, political support that would be transformed into monitored actions, access to redress and to compliance when rights and services were not provided).

The context at start-up was very complex and highly dominated by intangibles such as social acceptance and desires to change social and cultural norms. There was a

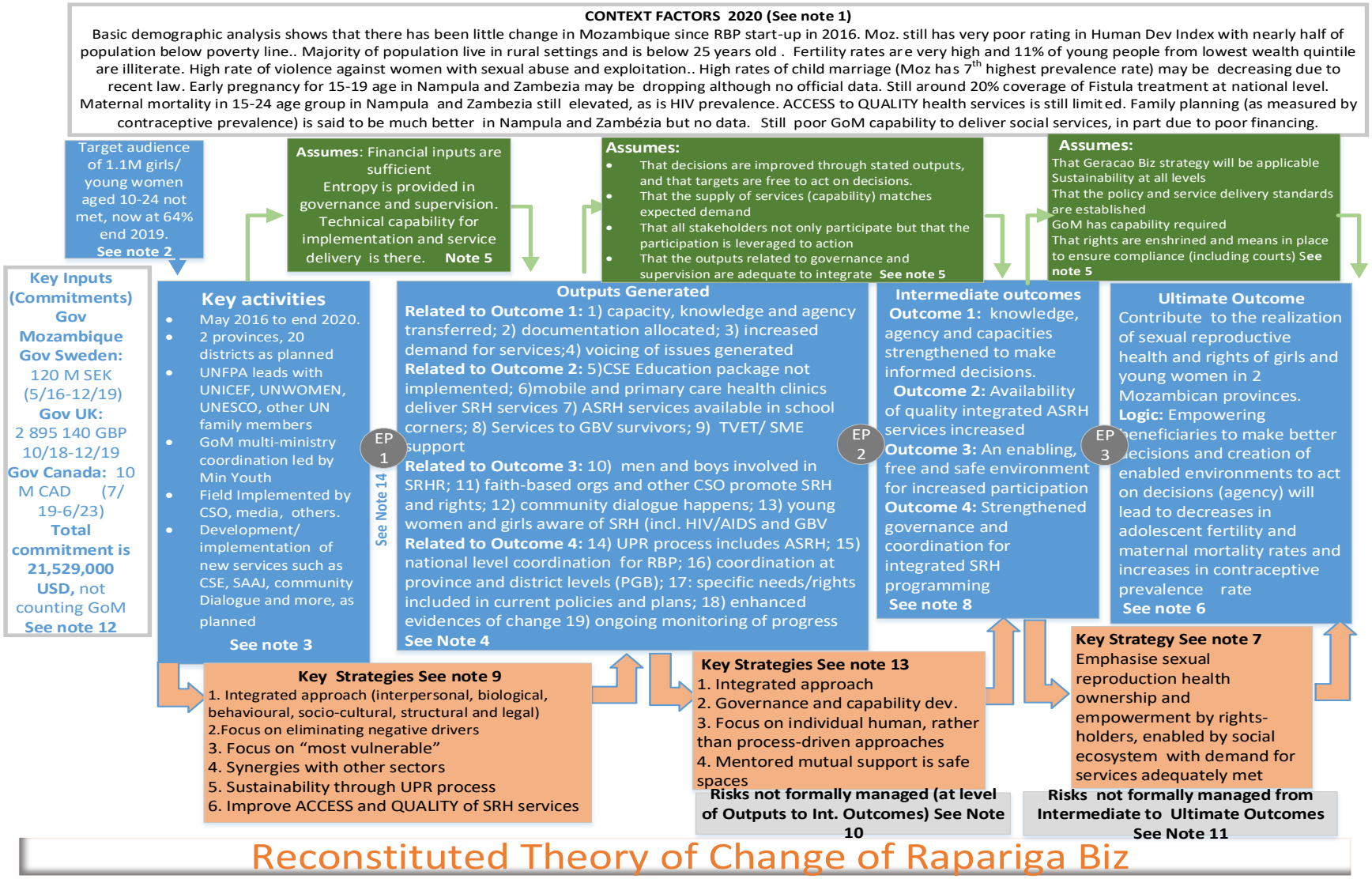
great deal of emphasis on the mentoring approach based on experience in other Biz programs, and there were many unspoken assumptions concerning sustainability.

The hypothesised "change" process presented by the UN was clear, if simplified. The implementation and management were assumed to be the domain of GoM agents when, in fact, there were many documented reports of capability gaps including the risk of non-funding from national sources. Importantly, sustainability was therefore left to the assumption that donors would continue to fund for the foreseeable future.

The following is a reconstructed Theory of Change diagram that represents what the Rapariga Biz change logic is at the time of this evaluation. It is followed by a brief note of the major findings of the evaluation team concerning the logic. There are few differences between the initial and the reconstructed Theory of Change diagrams. Key differences are pointed out in the notes that follow.

In terms of girls' and young women's capacity to make informed choices, it is important to note that Rapariga Biz builds upon previous SRHR programming in Mozambique which has found that 'cultural factors' limit their (the 'targets') power to control their sexual and reproductive rights, meaning that just building awareness or rights and risks is insufficient (reference to program document, pp. 22 and 26). The whole aspect of capacity and empowering young girls and women (i.e. through improved economic opportunities that will contribute to greater bargaining power or agency over SHRH) is not reflected in the logic of the diagram because that was not a specific part of the results chain in the original program documentation. Annual reports clearly show that there has been capacity development. There are also quite a few assumptions linked to this logic that will be important for the team to investigate.

Annex 3 presents expanded analysis of both the start-up and the reconstituted Theory of Change. It is important to note that the notes and diagrams are meant to convey the strategy and not the implementation details. In that sense they are not filled with activity descriptions or outputs that were not specifically identified at the start. Some details are thus not in the diagram and report, mostly in an attempt to simplify and present a "holistic overview".


CONTEXT FACTORS 2020 (See note 1)
Basic demographic analysis shows that there has been little change in Mozambique since RBP start-up in 2016. Moz. still has very poor rating in Human Dev Index with nearly half of population below poverty line.. Majority of population live in rural settings and is below 25 years old . Fertility rates are very high and 11% of young people from lowest wealth quintile are illiterate. High rate of violence against women with sexual abuse and exploitation.. High rates of child marriage (Moz has 7th highest prevalence rate) may be decreasing due to recent law. Early pregnancy for 15-19 age in Nampula and Zambezia may be dropping although no official data. Still around 20% coverage of Fistula treatment at national level. Maternal mortality in 15-24 age group in Nampula and Zambezia still elevated, as is HIV prevalence. ACCESS to QUALITY health services is still limited. Family planning (as measured by contraceptive prevalence) is said to be much better in Nampula and Zambézia but no data. Still poor GoM capability to deliver social services, in part due to poor financing.
Target audience of 1.1M girls/ young women aged 10-24 not met, now at 64% end 2019. See note 2
Assumes: Financial inputs are sufficient
Entropy is provided in governance and supervision.
Technical capability for implementation and service delivery is there. Note 5
Assumes:
That decisions are improved through stated outputs, and that targets are free to act on decisions.
That the supply of services (capability) matches expected demand
That all stakeholders not only participate but that the participation is leveraged to action
That the outputs related to governance and supervision are adequate to integrate See note 5
Assumes:
That Geracao Biz strategy will be applicable
Sustainability at all levels
That the policy and service delivery standards are established
GoM has capability required
That rights are enshrined and means in place to ensure compliance (including courts) See note 5
Key Inputs (Commitments)
Gov Mozambique
Gov Sweden: 120 M SEK (5/16-12/19)
Gov UK: 2 895 140 GBP 10/18-12/19
Gov Canada: 10 M CAD (7/19-6/23)
Total commitment is 21,529,000 USD, not counting GoM
See note 12
Key activities
May 2016 to end 2020.
2 provinces, 20 districts as planned
UNFPA leads with UNICEF, UNWOMEN, UNESCO, other UN family members
GoM multi-ministry coordination led by Min Youth
Field Implemented by CSO, media, others.
Development/ implementation of new services such as CSE, SAAJ, community Dialogue and more, as planned
See note 3
EP 1
See Note 14
Outputs Generated
Related to Outcome 1: 1) capacity, knowledge and agency transferred; 2) documentation allocated; 3) increased demand for services;4) voicing of issues generated
Related to Outcome 2: 5)CSE Education package not implemented; 6)mobile and primary care health clinics deliver SRH services 7) ASRH services available in school corners; 8) Services to GBV survivors; 9) TVET/ SME support
Related to Outcome 3: 10) men and boys involved in SRHR; 11) faith-based orgs and other CSO promote SRH and rights; 12) community dialogue happens; 13) young women and girls aware of SRH (incl. HIV/AIDS and GBV
Related to Outcome 4: 14) UPR process includes ASRH; 15) national level coordination for RBP; 16) coordination at province and district levels (PGB); 17: specific needs/rights included in current policies and plans; 18) enhanced evidences of change 19) ongoing monitoring of progress
See Note 4
EP 2
Intermediate outcomes
Outcome 1: knowledge, agency and capacities strengthened to make informed decisions.
Outcome 2: Availability of quality integrated ASRH services increased
Outcome 3: An enabling, free and safe environment for increased participation
Outcome 4: Strengthened governance and coordination for integrated SRH programming
See note 8
EP 3
Ultimate Outcome
Contribute to the realization of sexual reproductive health and rights of girls and young women in 2 Mozambican provinces.
Logic: Empowering beneficiaries to make better decisions and creation of enabled environments to act on decisions (agency) will lead to decreases in adolescent fertility and maternal mortality rates and increases in contraceptive prevalence rate
See note 6
Key Strategies See note 9
1. Integrated approach (interpersonal, biological, behavioural, socio-cultural, structural and legal)
2.Focus on eliminating negative drivers
3. Focus on "most vulnerable"
4. Synergies with other sectors
5. Sustainability through UPR process
6. Improve ACCESS and QUALITY of SRH services
Key Strategies See note 13
1. Integrated approach
2. Governance and capability dev.
3. Focus on individual human, rather than process-driven approaches
4. Mentored mutual support is safe spaces
Key Strategy See note 7
Emphasise sexual reproduction health ownership and empowerment by rights-holders, enabled by social ecosystem with demand for services adequately met
Risks not formally managed (at level of Outputs to Int. Outcomes) See Note 10
Risks not formally managed from Intermediate to Ultimate Outcomes See Note 11
Reconstituted Theory of Change of Rapariga Biz
Model: LeBlanc/Beaulieu 2017 ®

Notes to reconstructed ToC diagram

The RBP has a relatively unique management characteristic in that the component parts of the Theory of Change reflect the Performance Framework that was generated for the program. That Performance Frame has been used with only minor variation for reporting (see the Annual Reports since 2016). The 2019 Annual Report will be published within the next two or three months (from the date of this evaluation final report), but the UNFPA has sent the evaluation team the first draft of the 2019 Performance Framework, and it has been used to generate the reconstructed Theory of Change and to respond to the Evaluation Questions, especially EQ 4, dealing with effectiveness. It is expressly noted that there is still a full year to go for reporting purposes, and so the comments below must be analysed in that light.

1. The context is not being managed as well as it should be, according to basic principles of management science which contends that complex ecosystems need to be managed through complex systems, especially in terms of cybernetic feedback and value-added coordination. M&E systems are overly focussed on only a few components of RBP and do not gather data on leveraging effects or effects generally. Inputting of data is significantly behind schedule. As will be described much more in detail later in this report, coordination at all levels is overly weak for a variety of reasons[47], and leadership is overly passive.
2. There is no means of testing of the extent to which the girls have absorbed the knowledge or developed the skills and attitudes. These numbers represent the number of girls that have participated in the safe space program. Intelligence could have been gathered from data mining the entry, weekly and exit fiches that are filled in by mentees, but this has not happened yet.
3. This list is not complete. All the activities noted in the original Start-up proposal document were executed, some with better results than others. It is interesting to note that almost everyone met by the evaluation team regretted that there was not sufficient coordination of the activities so that many were done in a stove-pipe manner and had little or no leveraging effect on the others. Some activities (ex. Comprehensive Sexual Education (CSE), and health service delivery) were not fully implemented at the time of the evaluation (ex. CSE) or were not sufficiently resourced to meet demand (ex. Health clinical services or obstetric fistula management).
4. These 19 outputs are those found in the RBP performance matrix. All have been generated but some in quantities and quality less than required or have not met demand or requirement (ex. Documentation, CSE, boy's involvement, coordination at GoM level).
5. Some of these assumptions were not correct:

47 Two key reasons for the lack of coordination is the weak leadership from the Ministry of Youth due to the absence of formal lines of authorities between ministries. A second is the weakness of the management of the process at the local level due to the poor resource base that encourages an "individual approach to problem solving at a case level" rather than a "systemic" approach.

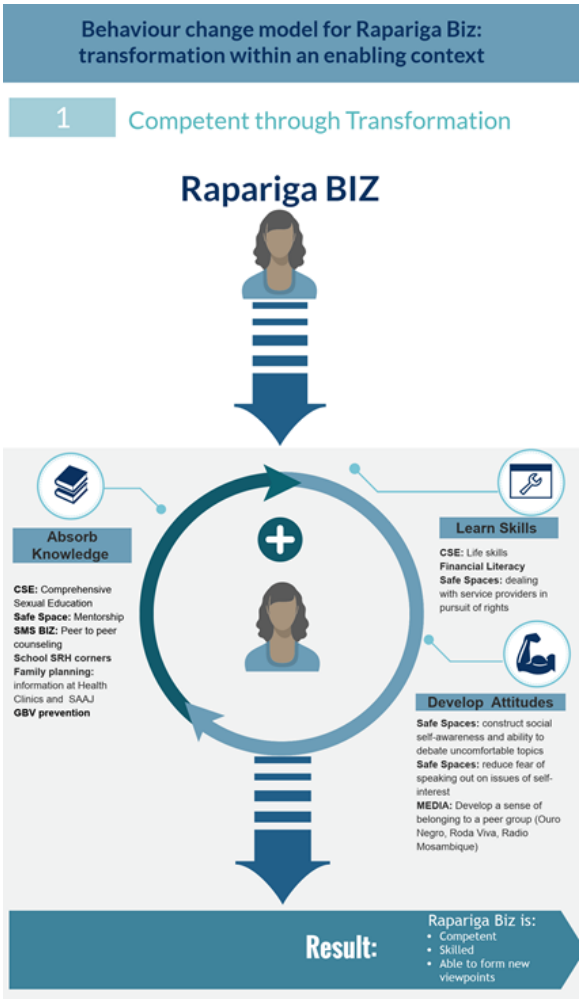
   a. Most ministries noted that they were significantly short of financial resources.
   b. The coordination that was to provide leveraging and entropy was not sufficiently effective.
   c. Most GoM players lacked the full capacity to implement.
   d. Too little delegation and no authority to reallocate resources meant that decisions were not taken where they should have been.
   e. Demand outstripped supply in health and education as well as in community development leading to an enabling context.
   f. Governance and supervision were inadequate except to monitor the past.
   g. Sustainability of future progress is dependent upon donor financing, but past behavioral change is sustainable given local support for change.
   h. Rights are enshrined but are not necessarily protected through the justice system.
6. veThis strategy has been shown to have worked.
7. Many of the outcomes have been generated. The RBP performance framework for 2019 notes that:
   a. Two of the indicators for Outcome 1 are not yet met. Notably the Couple Years of Protection by PGB.
   b. One of the three indicators for Outcome 2 (% institutional deliveries) has been surpassed. Data on the other two dealing with school corners are not available but were far from being met at the end of 2018.
   c. Of the four indicators for Outcome 3, two require national-level data that needs to be gathered: Safe spaces, this is not yet available. Two others (early marriages and early pregnancies) are easily met.
   d. As for Outcome 4, all three indicators were met. As will be seen in the EQ analysis, the definitions of key terms need to be examined (ex. “donor instruments” and “national commitment”).
8. The strategy to go from activities to outputs is based on a comprehensive approach to SRHR. The strategy elements were all implemented effectively with the possible exceptions of “most vulnerable” and cross-sector synergies (most stakeholders speak of stove-pipes).
9. Overall, the management functions for the transformation from Outputs to Intermediate outcomes for the program were not based on risk management.
10. As for the transformation from intermediate to ultimate outcomes, risk management was not formally managed. (i.e. through a formal structure).
11. It was not possible to obtain details of the Dfid contribution. The figure quoted could not be checked to see what had been spent and on what.
12. Strategies to go from Outputs to Intermediate outcomes were well selected.
13. With respect to Evaluation processes, the reconstructed Theory of Change notes that:
   a. For EP 1, the RBP had adequate monitoring systems in place, but could have had much better formal systems in place to monitor the performance of GoM partners.
   b. For EP 2, the monitoring systems in place for the transformation of Outputs to Intermediate Outcomes were quite weak. Indicators in the

performance matrix relating to the four outcomes were insufficient when considering the dynamic context. Many of the outcomes are stated in terms that leave much to interpretation (such as "strengthened", "availability' and 'enabling". These are not specified and so it is virtually impossible to use them to guide management decisions that will lead to the achievement of expected outcomes.

c. For EP 3, the RBP relied on three indicators that could not be monitored except through large-scale surveys (ex. Household) that could only be done every five years or so. Surveys in Nampula and Zambézia on a longitudinal basis would have helped, but the ideal would have been to select more surgical indicators.

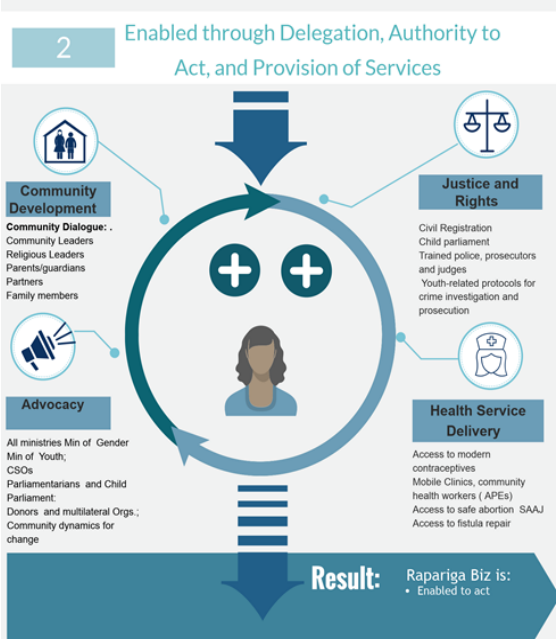
2.3.2 Conceptual Model

To better understand the logic and interactions between the key parts (components) of the approach that was put into place for the RBP, the evaluation team developed a model. The model is primarily used to compartmentalise the stages that were envisaged to transform a pre-RBP participant to a fully empowered person capable of making her own decisions concerning SRH and then being able to act on them. The model is meant to communicate how the evaluation considered the interplays of the components and their importance, and the model therefore does not represent the complexities and causal relationships inherent in the RBP "process".



The following diagram indicates that the model has three "stages". In the first, a young woman or girl is taken on and "transformed" through the acquisition of knowledge, the honing of skills and the development of attitudes. The diagram indicates the key components and strategies that were implemented to accomplish these improvements. For example, the participant can absorb knowledge through the educational system (CSE, school corners, safe space mentoring sessions, etc.). The objective of this transformation stage is to provoke change within the individuals so that they are a) competent (i.e. possess the body of knowledge and able to apply skills required to be able to act), b) skilled in managing or executing the interactions required to deal with her social ecosystem in terms of her own SRHR,

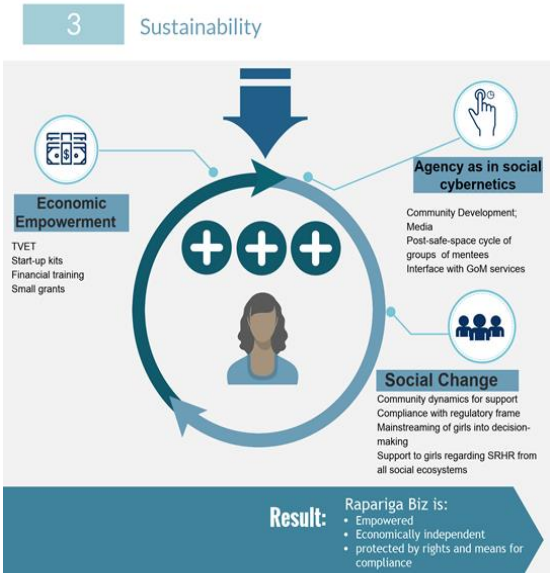
and c) able to form new viewpoints and perspectives and thus decide on what she wants to do with her own SRHR issues.



The "transformed" girl or young woman cannot act unless she is endowed with the authority and delegation to do so. That "enabling" environment must be specific enough to enable the decisions to have effect (i.e. the girl can affect "agency") and must be paradigmatic (i.e. everyone involved agrees that the decision can be taken as stated). These authorities and delegations come from several sources: the authority to decide when to marry is defined by law; the decision to use contraceptives must be made possible through societal decisions concerning ease of access. Clearly, a decision to act is useless unless there is a facility to enable that decision to become real. The generation of that "enabling environment" is the subject of the second phase.

The Model has, somewhat arbitrarily, defined four poles within the enabling stage: a "Community Development" pole supports the decisions being taken through the congress of religious, political and other leaders, along with parents and other society members. It should be noted that the evaluation here speaks of "development" and not "dialogue". The "justice and rights" pole deals with compliance to laws and deals with rights and privileges. It also deals with the officialization of the legal status of girls and young women.

Due to the importance of the availability of health services in the execution of decisions taken in SRHR, there is a special pole devoted to "Health services delivery". A fourth pole deals with the interactions between the various parts of the Mozambican society that are required to convince political and other structures to change in a way that will better frame the SRHR regulatory and support functions. This pole has been called "advocacy".



Once the young women and girls have been transformed and an enabling environment has been created, the third stage involves making sure that they are able to thrive within social structures and do not need to become entirely dependent on others for their well-being. This stage relies on three poles: constant social change that supports SRHR, the provision of means to become economically empowered, and the ability of girls to engage in, and eventually lead the social cybernetics required for sustainable and irrevocable access to SRHR rights.

The diagram illustrates the essentials of the model wherein three stages are the progression where young women and girls become:

a) competent through transformation,
b) enabled through delegation; are provided with the authority to act, and have access to SRH services by their communities and their government, and
c) able to exercise their own agency in an environment that is sustainable.

3 Answers to Evaluation Questions

The seven EQs for this evaluation are derived from the 26 originally found in the Terms of Reference. A consolidation was made whereby all of the 26 were retained either as an EQ in its own right or a Judgment Criteria, ensuring that each EQ in the ToR was still part of the final Evaluation Matrix (see Annex 2).

This evaluation is based on five of the six evaluation criteria defined by the OECD-DAC (relevance, efficiency, effectiveness, impact and sustainability). "Coherence" was not required under the ToR.

The set of seven EQs was developed in accordance with Sida's evaluation methodology: by targeting the most strategic management and developmental issues identified during the reconstruction of the intervention logic of the RBP.

The Evaluation Questions approved for this evaluation are the following:

EQ 1	To what extent has the RBP design and implementation strategies conformed to the stated needs and priorities of the targeted beneficiaries (at the individual, community and national levels)? (RELEVANCE) Note: takes into account the ToR EQs: 1,2,3,7
EQ 2	To what extent has the RBP conformed to donor policies, on cross-cutting issues and the human-rights-based approach? (RELEVANCE)
EQ 3	To what extent have the resources allocated to the RBP (including financial, human resources, oversight and management) been cost-effective in terms of achieving expected results? (EFFICIENCY) Note: takes into account the ToR EQs:8, 9, 10, 11, 12
EQ 4	To which extent has the RBP contributed to intended outcomes? (EFFECTIVENESS) Note: takes into account the ToR EQs: 14,15, 22,23, 26
EQ 5	Have the RBP's knowledge and performance management systems (notably M&E and lessons learned management system) delivered robust and useful information (including rights-based data) that was used by oversight and supervisory bodies to assess progress towards outcomes and take corrective action where required? (EFFICIENCY) Note: takes into account the ToR EQs: 13, 16
EQ 6	To what extent has the RBP had an effect on policy generally and gender equality and social norms specifically? (EFFECTIVENESS) Note: takes into account the ToR EQs:24, 25,
EQ 7	Is it likely that the benefits (higher-level outcomes) of the RBP are sustainable? (SUSTAINABILITY) Note: takes into account the ToR EQs:18, 19, 20, 21

These seven evaluation questions are analysed in the next seven sub-sections of this report. Each EQ is provided with an answer that is referenced to its Judgment Criteria

(JC), along with a graphic representation of the extent to which JCs have been realised. Arrows provide an "indicative" appreciation and not an exact answer. A more detailed analysis then follows where, for each Judgment Criteria, findings are presented to support the assessment of the Judgment Criteria[48].

3.1 EVALUATION QUESTION 1

Statement of Evaluation Question 1: To what extent have the program design and implementation strategies conformed to the stated needs and priorities of the targeted beneficiaries (at the individual, community and national levels)?

3.1.1 Answer to Evaluation Question:

There is strong evidence to show that the needs and priorities of the targeted beneficiaries were in the forefront of the design of the RBP. It was built upon the evidence-based analysis of the Geração Biz that demonstrated the state of SRHR and the needs of young women and girls aged 10 to 24 (JC 1.1). The selection of the two provinces was based on credible data and rational criteria. The entire RBP is aligned to the GoM's relevant strategies (JC 1.2) and the policies and strategies of Sida and Canada as expressed in the country program documents and their policies on SRHR (JC 1.3).

Visual indication of extent to which the JC have been realized:

	Little	Just Acceptable	A lot
EQ1. To what extent has the program design and implementation strategies conformed to the stated needs and priorities of the targeted beneficiaries (at the individual, community and national levels)?		→	
JC 1.1 Program design and objectives (RBP performance matrix) directly addresses the needs of stated beneficiaries (individual, community and national levels) as determined by empirical research on an ongoing basis.		→	
J.C 1.2 Program objectives are aligned to relevant GoM policies and priorities.		→	
J.C 1.3 The program design and implementation incorporate Sida's and Canada's priorities and strategies (strategy for dealing with multi-dimensional poverty, Country Strategy, HRBA).		→	

48 In short, an "Evaluation Question" is a management or content concern that is asked to be investigated. (ex. To what extent has gender been mainstreamed in the program?). To answer the question, a series of criteria is prepared against which the observations and findings will be compared (ex. The monitoring systems gather data on gender). The idea is to compare the observations and findings to these "judgment criteria". If, for example, there are five judgment criteria and research indicates that they jointly point to the same answer (for the EQ), then the EQ can be answered without qualification(s). If some JC do not support other JC, then the answer to the EQ must be qualified.

3.1.2 Justification for the Answer

JC 1.1 The RBP design and objectives (performance matrix) have directly addressed the needs of stated beneficiaries (individual, community and national levels) as determined by empirical research on an ongoing basis.

In line with the recently updated OECD/DAC definitions and principles for evaluation criteria, the **relevance criterion** places much more focus in the extent to which interventions' objectives and design *respond to the **beneficiaries'** global, country, and partner/institution and individual **needs.*** In other words, if the program design is sensitive to the economic, environmental, equity, social, political economy, and capacity conditions in which it takes place[49].

The evaluation team thus examined the following question: "What are the needs of stated beneficiaries of the RBP?"

The RBP's objectives and design evolved from nation-wide SHR program Geração Biz (PGB) and was based on its major lesson learned: that increased awareness and knowledge of adolescent of SRHR does not necessarily translate into **change of behavior.** The process of identification of needs of stated beneficiaries in the RBP (2016-2019) was embedded in refocusing its objectives into strengthening girls' agency and empowerment, improving the quality of SRH services and strengthening community-based interventions.

The empirical research utilized to identify the needs of beneficiaries at the inception phase comprised of two studies: a baseline KAP survey 2016[50] and a PGB needs assessment[51].
The KAP 2016 survey indicated that the needs of the beneficiaries were:

- An increased awareness about the need for the use of contraceptives for STIs/ HIV prevention and early pregnancies, especially in rural areas.
  Recommendation against the baseline: While 91% of the young people have heard about HIV, only 37% have the necessary knowledge about its transmission.
- A decreased school dropout level due to early marriages/unions and pregnancies
  Recommendation against the baseline: Of the group of girls who stated that they did not attend school during the study, about 15% dropped out of school due to early marriage. Most of them live in the rural area, about 23% against 9% registered in the urban area. 21% of the respondents dropped out of school due to pregnancy.

49 OECD/DAC. Better criteria for better evaluation. December 2019.

50 UNFPA, KAP survey. February 2016

51 UNFPA. Levantamento de Necessidades do Programa Geracao BIZ. May 2016

- An increased involvement of community leaders, religious leaders, parents, guardians and sexual partners, to reduce girls' dropout rate due to early marriages/unions and pregnancies.
- An improved access to SAAJ and other facilities and services by increasingly expanding to rural areas and facilitating access.

Main findings related to the JC:

- The results of baseline studies (including elements of needs assessment) were incorporated into the program design. Program outcomes and activities were grouped around the three main needs-based pillars: 1) Agency and Empowerment; 2) Access to health services; and 3) Enabling environment; are aligned with the needs of stated beneficiaries.
- There are serious problems in the reporting of the number of girls and young women that have gone through, or are going through, the mentorship program. The team was not able to consolidate these numbers. The Annual report for RBP notes that the number is 699,066 girls and young women age 10-24 as of the end of 2019. However, the most recent data entry in KiriBiz database for April 2020 registered 530,294 girls and young women aged 10-24 years[52] (299,362 in Nampula and 230,932 in Zambézia) having been reached through the mentorship sessions. The overall target in ProDoc for the end of cycle 10 (March 2020) was to reach 1,085,442. The target in the Annual Report is 1.085,447. Thus, using the Annual Report as the definitive reference (a decision made by the evaluation team), 64% of the target has been reached[53].

The general finding, derived from studying program design and underlying empirical research, is that at a programmatic level the objectives and components of the RBP are well aligned with recognized needs for stated beneficiaries, or rights-holders. However, the needs would only be realized if the behavior of the rights-holders were to change. The indicators selected for that related to consequences of decisions (e.g. Early marriage), and not the change in behavior per se. In other words, proxy indicators of change were selected instead of the behaviors themselves. This is a common use of proxies, but, as the Canadian contribution has shown, there were more precise ways to define outcomes and these would have helped to define direction and operational strategies for the RBP, possibly helping the GoM in its public programming and leadership.

At a level of implementation, however, our evidence gathered through KIIs as well as FGDs and stakeholders survey shows that there are points of agreement as well as divergence of opinion in the perception of the needs between different groups of the

52 Kiri Biz database. https://rapariga.biz/pt-PT/Account/LogOn. Data accessed April 2020

53 The reader will find that different sources provide different numbers for this metric. Where numbers are mentioned in this report, the reference to the source is provided.

respondents; GoM, UN family, front-line implementers, beneficiaries (girls), mentors and community.

Some trends in the need perception can be noticed based on the analysis of our sources:

- Front-line implementers (CSOs) see the need to empower girls (see the definition of empowerment in section 2.3) to make informed decisions about their life choices as a priority (KII; CSOs, Maputo) and hypothesize that the supply of services will increase to meet demand.

- Implementing Ministries (MINYOUTH, MDJ, MINEDH, MGCAS, MISAU) follow their own mandates in relation to the RBP, but there is a certain degree of agreement between them as to the priority need to address the growing school dropout rate; and to reduce adolescent pregnancy prevalence, and early marriage prevalence (KIIs; GoM, Maputo). The operational strategies and plans to bring this about are not based on consensus, even if the *Strategy on Child Marriage* engaged all ministries; respondents noted that priorities were set centrally and that some ministries had more resources to apply to the issues than others. Most respondents noted the shortage of resources to apply both the strategy and plans adequately.
- The FGDs with mentees showed that the psychological need to belong to the social group as well as the need to be prepared to participate the in the modern life of adolescents, where sexual relations are an important determinant, are the priority motivators of RB girls interviewed (FGDs, Mentees, Nampula). When asked, key implementers noted that they did not have specific strategies to build on this point. Interviews with KII and a few FGD sessions pointed out that this sense of belonging to clearly identifiable groups would have been helped with some visible signs, such as T-Shirts that would refer to the RBP program or to the "mentorship" component. The respondents noted that some of the requests for simple signs of "Peer groupings" such as T-shirts had been made but were not yet agreed to within RBP.
- The mentors interviewed in both Nampula and Zambézia agreed that the RBP addressed the needs of the girls by providing access to information as well as "comfort" and psycho-emotional support (FGDs Zambézia).
- The FGDs with Godmothers (*Mandrinhas*), midwives and counselors showed divergence in the perception of RB girls' needs. The main motivation of the adolescent girls to initiated early sexual relations is related to improvement of economic situation and it's seen as a load off solution for the girl and her family. The material and economic support is therefore seen as priority need of the targeted girls. Another key message is that there is a need at individual as well as community level that the girls take a decision to postpone sexual initiation. The efforts and resources should therefore be invested not into raising the awareness about contraception but rather into promoting sexual restraint/and self-interest in protecting against the consequences. (FGDs, God mothers (*Mandrinhas*), counselors, midwifes, Nampula).

- The FGDs with boys in the districts of both Nampula and Zambézia confirmed that boys express strong need to participate in the RBP to address various issues related to masculinity patterns, responsible fatherhood, relationships, contraception but also family planning. The boy respondents perceived it as wrong that the RBP only responds to girls' needs of empowerment and acknowledge the fact that in order to address the main issues of early pregnancies and early marriages the change of boys' attitudes and behaviors is essential. "*We agree that girls should talk to girls, but in terms of prevention and risk, boys should also be part of the conversation*" (FGDs Nampula, Zambézia).

The following table is a summary of different perspectives on stated beneficiaries' priority needs (for illustration of the diversity of perception of needs only). This is not meant as a comprehensive list:

RBP objectives	Front line implementers (CSOs)	GoM	RBP girls	Mentors	Community female influencers	Community leaders	Boys
Need for strengthened agency. Need for access to SRH services. Need for enabling environment.	Need to make inform-ed life deci-sions	Need to reduce school dropout rate	Need to belong to social groups. Security.	Need access to information and psycho-emotional support	Need to restrain from initiating early sexual relations	Need to improve material status	Same need as girls for being able to make decisions

One of the recommendations from TAF inception support was to ensure the inclusion of women living with disabilities[54]. The evaluation team collected evidence during interviews in the provinces with officials there, from FGD participants and from CSOs on how the RBP addresses the needs of most vulnerable beneficiaries and more specifically girls and young women with disabilities. Some of the specific findings were:

- According to MINEDH and UNESCO the needs of adolescents with disabilities are integrated into the CSE curriculum. The roll-out of CSE in Mozambique included the training of the teachers who teach adolescents with disabilities (KIIs, GoM, UN Family, Maputo). Unfortunately, the evaluation showed that the CSE roll-out is far from being complete and that few teachers have been trained on CSE.
- Seemingly, there is a data gap in the existing RBP's M&E system. The Kiri Biz database does not collect data disaggregated by disability, or the indicators on the prevalence of girls with disabilities among the population of girls reached exist in the performance matrix. The only available data on inclusion of adolescents with disabilities is stated in 2017 RBP report: "Girls and young women with physical or mental disabilities make up 0.45% (445) of the total of 98,084 adolescents and young women between 10 and 24 years reached". The needs of this group are not being met.

54 UNFPA. Rapariga Biz Report, July 2019

- One of the stated roles of MGCAS, is to create a link between the most vulnerable adolescents, including girls with disabilities and fistula survivors, and paving their way to the RBP services. The MGCAS however is lacking information /data from the field on how many targeted girls with disabilities are reached by the RBP. The process of identifying targeted girls with special needs and recruiting them to the RBP is not effective towards reaching the targets. (KIIs, Maputo)

- Outcome harvested evidence shows some successful initiatives for adolescents with disabilities supported by the RBP. NAFESA has developed activities specially tailored for adolescents with various disabilities. The meetings session/support groups were organized to discuss aspects related to SRH, disability rights, stigmatization, as well as gender equality and GBV against persons with disabilities. One of the main needs identified by the respondents, who participated in these sessions, was enabled access to health services tailored to their needs. The ACCAMO (Associacao dos Cegos e Ambliopes de Moçambique) has signed a memorandum of understanding with the SAAJ to provide services tailored to the needs of adolescents with visual impairments.

- Three case stories ('life stories') gathered during the FGDs with mentees with disabilities (one with visual impairment, one wheelchair user and one dwarf) in Nampula showed that an inclusive approach to RBP implementation can have remarkably positive effects on mentees with disabilities, as it strengthens their self-esteem, empowers them against discrimination, satisfies the basic need of social belonging, and very often removes some of the barriers related to the access to SRH services. The girls with disabilities are developing close bonds with their mentors and other girls from the community; they feel integrated and protected. Some of these bonds evolve into friendships and girls with disabilities benefit as the new friends help them overcome the barriers with, for example, transportation to the health units. The interviewees reported that during some of the safe space sessions they discussed the topics of relevance such as inclusion of people with disabilities in the public sector, GBV against adolescents with disabilities, dealing with stigmatization and discrimination. The challenges mentioned by all respondents was related to poor financial conditions, lack of funds for transport to the sessions and failure of the RBP to provide support in receiving poverty certificates by the most vulnerable and marginalized beneficiaries (single mother with disability unable to work). The case studies are presented in Annex 13.

JC 1.2 Program objectives were aligned to relevant GoM policies and priorities

Both qualitative and quantitative data show that the alignment of the RBP objectives with relevant GoM strategies and national plans of the GoM is very high. The evaluation did not consider alignment with provincial plans.

More specific findings are: The documentary review as well as conducted KIIs identified key overarching GoM strategies of implementing Ministries as main pillars of RB policy framework, namely:

- National Youth Policy: Politica Da Juventude (2015) (MINJUD)
- National Strategy on Early Marriage (under the MGCAS), in 2016
- Law to combat and prevent early marriage approved in 2019
- National Health Sector Strategy (PESS) 2014-2019 (MISAU)
- Regional "Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern Africa (ESA)" endorsed in 2013 (MINED)
- Law on domestic violence against women (2009) (MINJUS)
- Liberalization of abortion law (2014)

- It has been noted that the policy framework is continuously evolving also as a result and by contribution to the RB's stakeholders (UN Family) advocacy efforts.
- Several informants highlighted that Mozambique is very progressive in terms of policy framework, nevertheless the law enforcement (compliance) related to SRHR remains problematic and ineffective in most of the country lacking long-term actionable implementation strategies, resources and adolescent-specific protocols.
- In terms of legislative framework there exists a window of opportunity as the GoM is progressive and collaborative and has, for example, recently passed a law on early marriage in 2019, (KII; Maputo).
- The stakeholders' survey demonstrates some differences in the opinion about the alignment. As per stakeholders' survey, 70% of respondents working for UN family, donors and CSOs agreed that the RBP's objectives are very aligned with GoM's strategies and policies and 30% of respondents think that they are aligned. Whereas 28% of respondents from public sector (GoM) believe that RB's objectives are very aligned and 61% have the opinion that they are aligned. Part of the issue here is the definition of alignment with the term often being used in its exclusive sense (i.e. "everything must be aligned for two things to be aligned". Our analysis shows that relative to the commonly understood definition the sets of policies and strategies in place in Mozambique show a high level of alignment (i.e. one thing reflects another).
- The analysis of a program documents and underlying studies has shown that the lessons learned, conclusions and recommendations from the implementation of Geração Biz Program (PGB) were incorporated in RBP's program design. The RBP continues to pave the way in terms of alignment to the GoM's policies and overall strategic framework.
- The opinions on to what extent the RBP design process was participatory and included GoM stakeholders and central, provincial and district levels differ significantly among the respondents. The results of the survey show that there seems to be little clarity as to what extent provincial and district-level officials from the public sector were involved in the creation of the program. It is hypothesized, but has not been proven by the evaluation team, that part of this problem may be due to the fact that there is a considerable amount of mobility of GoM officials, and many were not in their present posts at the start of the RBP. About half of all respondents (49%) say they participated actively, while the other half was not sure, or said they did not participate actively. This finding has been

triangulated by the KIIs with several GoM representatives. Some key informants from GoM claimed not being involved in the proposal design and that their participation was limited only to the consultation on the choice of districts.

JC 1.3 The RBP design and implementation incorporated Sida's priorities and strategies (including its strategy for dealing with multi-dimensional poverty, its Country Strategy and its policies on HRBA).

- The evaluation showed that there is a large body of evidence confirming that RBP is aligned with key Sida's strategies and the Human Rights Based Approach (HRBA). The key signposts guiding the RBP with the framework of:
  1) Swedish Aid policy framework (2013), are its specific sub-objectives and corresponding results of the "1.4 Greater gender equality, rights and empowerment of women and girls" and "4.1 Improved access to SRHR and reduced vulnerability to HIV and AIDS";
  2) Feministic foreign policy; and the
  3) Mozambique country strategy.
- The Embassy is engaged in the RBP implementation within its strategic framework: **Swedish Strategy for development cooperation with Mozambique 2015-2020** under the Cooperation area: *Strengthened democracy and gender equality, and greater respect for human rights*, with the objective of "Improved opportunities for girls and young women to take independent decisions regarding their sexuality and reproduction" [55]. The Embassy is currently in the process of formulating new country strategy and there are indications that strengthened democracy, gender equality, greater respect to human rights and focus on improving opportunities for girls and young women to take independent decisions regarding their sexuality and reproduction will continue to be high of the priority list. This consequent commitment to improving ASRHR creates a solid platform for the design of the next phase of the program.
- With regards to the HRBA, it can be concluded that the RBP was designed with response to the HRBA principles: non-discrimination, participation, openness and transparency, and accountability. However, some of the principles might require strengthening in the next phase. The sample evidence was gathered that the process of RBP design as well as some implementation strategies were not considered participatory by various GoM stakeholders.
- There is very little evidence on the participation of the most vulnerable girls and young women[56] in the RPB and on needs assessment of this target group[57]. The

55 Sida. Extract to the internal memo.2016

56 As noted in numerous places in this report, the evaluation team was not able to find a document that defined clearly (i.e. with objectively verifiable indicators) what "most vulnerable" means.

57 It is important to note that the National Basic Social Security Strategy (ENSSB) 2016 – 2024 reiterates the importance of- and supports the national overarching poverty reduction framework with improved nutrition and access to basic health and education services, particularly for poor and vulnerable groups, as one of its four pillars. The RBP targeted one million "vulnerable" girls but this is not to be confused with the "most vulnerable". The evaluation did not find targets for the latter.

RBP is not considered discriminatory but lacking proper actionable strategies for inclusion of the most vulnerable beneficiaries.

3.2 EVALUATION QUESTION 2

Statement of Evaluation Question 2: To what extent has the RBP conformed to donor policies, on cross-cutting issues and the human-rights-based approach?

3.2.1 Answer to Evaluation Question:

The RBP's detailed project implementation documents were not specifically designed based on the donor policies or strategies and they do not indicate or define the concepts and crosscutting issues of the program, leaving it for individual judgement and interpretation according to the program subject and activities. The team did not receive access to requested implementation partners' agreements in order to assess their level or commitment and accountability in the implementation of the RBP.

	Little	Just Acceptable	A lot
EQ2: To which extent has the RBP conformed to donor policies, on cross-cutting issues and the human-rights-based approach?	→		
JC 2. 1 The RBP was designed taking in consideration key issues of high importance for the donors' international policies on human rights and crosscutting issues in Sexual and Reproductive Health	→		
J.C 2.2 The RBP adjusted taking into consideration new donors (DFID and CIDA) policies on HR and Crosscutting issues in Sexual and Reproductive Health	→		
J.C 2.3 The RBP was implemented in a manner that ensured a human-rights approach applied in the program activities and reporting	→		
JC 2.4 The RBP was implemented in a manner that will ensure that a gender approach is applied	→		

3.2.2 Justification for the Answer

JC 2.1 The RBP was designed taking in consideration key issues of high importance for the donors' international policies on human rights and crosscutting issues in Sexual and Reproductive Health

Despite the fact that RPB addresses a number of issues that fall on Sweden's areas of intervention[58], such as gender[59], gender-based violence, human rights[60], health[61],

58 Sweden Government Offices, Government Communication 2013/14:131, Aid policy framework, – the direction of Swedish aid, Stockholm, 13 March 2014

59 Sida, Gender Tool box [Brief], Gender-Based Violence and Education, March 2018

60Methods and Tools, Human Rights Based Approach at Sida - https://www.sida.se/English/partners/methods-materials/human-rights-based-approach-at-sida/ Updated: 29 September 2015

61 Sweden Government Offices, Sweden's work on global health – implementing the 2030 Agenda, 2018;

women's and girls' sexual and reproductive health rights[62], the ProDoc and subsequent design documents do not refer to Sida's international commitments, policies or strategies in any of the program areas; the same finding also applies to DFID and Global Affairs Canada
(GAC). This is the basis for the conformity analysis and conclusion of the consultants.

The ProDoc does not contain specific definitions of the concepts used in the program, regardless of of the fact that a brief introduction is made for each topic. Lack of definitions of program concepts, as well as what crosscutting issues are for the program, leads to general, instead of precise and clear knowledge and understanding of these issues as they apply to the RBP. One practical example refers to "environment sustainable" as indicated in the TORs for this assignment. This can have at least two interpretations. As the program aims to create a proper social environment for the behavior changes within the communities – understanding, support, and so on, it can be perceived as a "proper and sustainable social environment created". However, the program also refers to the creation of economic empowerment to the girls and young women. In this case, "environmentally sustainable" can be related to any activity that should consider the biophysical environment sustainability. The consultants considered the social environment approach when undertaking the program assessment.

The definition of clear concepts in the program, and making the contracted partners bound by the program and such concepts, facilitates the process of monitoring and assessing the program development and results. Up to the close of this report, the consultants had not received the implementation partners' agreements, as requested, inhibiting the assessment of the kind of commitments the implementing partners were bound by under the program.

JC 2.2 The RBP adjusted taking into consideration new donors (DFID and Canadian-GAC) policies on HR and Crosscutting issues in Sexual and Reproductive Health

Although GAC joined the program in July 2019, it had begun its process of understanding the issues and negotiating its participation in the program since 2018. Despite the fact that GAC did not impose specifically any of its policies or strategies to RBP and that there was no specific agenda towards the RBP except to support the program *writ large*, the objective of GAC's participation was to contribute to the

62 Sida, [Brief] Sexual and Reproductive Health and Rights, Feb 2016; Sida, Strategy for Development Cooperation, Sexual and Reproductive Health and Rights, June 1997 – Re-edited and printed in 2020

behavior change, gender equality and the expansion of the program. What GAC did, however, was to revise, together with UNFPA, the M&E indicators in order to have them measure more precisely the intent and goals of the RBP and the specificities of the GAC SRHR policies. This evaluation does not address this change as it falls out of the scope of analysis (i.e. was done at the very end of the temporal scope), but the team had access to the changes proposed by GAC and found them to be well thought out, comprehensive and should be useful for the rest of Phase 1 and possibly for Phase 2, depending on the program performance frame. Hopefully they will be considered in full of the 2020 RBP implementation report onward (they are not reflected in the 2019 Performance Framework prepared for the annual report).

JC 2.3 The RBP was implemented in a manner that ensured a human-rights approach applied in the program activities and reporting

The RBP had direct agreements with three main civil society organizations (CSOs) to implement the program in the two provinces. Each of the organisations would have local partners to implement their activities in each area of responsibility.

The evaluation team did not have access to implementation agreements with partner organizations to assess the level of commitment in ensuring a rights-based approach and crosscutting teams. Document analysis and interviews have indicated, however, that the reporting and project management deliverables were not specifically based on human rights. In fact, the term “rights” rarely appears as a deliverable or a fundamental approach result. To be sure, perhaps the management of “rights” has been mainstreamed, but in examining the intent of the RBP, it should not have been “assumed” to exist when SRH services were generated. They are quite distinct and are not necessarily linked in a causal relationship.

Transparency is dealt with in a number of EQs in this report. For this JC, it is important to state that the evaluation considered that transparency has many manifestations, including the sharing of the program document with key stakeholders in the process, mainly at provincial, district and community levels, which was not the case. It should also be noted that many interviewees noted that they were not aware of the norms or standards used in the RBP processes and that they could not understand the rationale in the selection of beneficiaries for economic empowerment support.

JC 2.4 The RBP was implemented in a manner that will ensure that a gender equality approach is applied

The program has a context description and describes the situation in which the program is implemented and the constraints it aims to overcome. The ProDoc has a brief risk assessment and mitigation table, has faced the identified risks during implementation of the program and in some cases was able to overcome these, based on the mitigation strategies.

However, in terms of gender equality, the program focused more on girls’ and young women’s needs and rights and neglected boys and men with a similar approach as part of the process of social transformation towards gender equality. Only in the past

few years has any significant discussion been held on that topic, and it appears to have been initiated by other interventions that are adopting a multi-gender approach. There are still lots of perceptions and practices that discriminate against girls and young women for their actions, like blaming them for getting pregnant or suspecting them of infidelity if they want to use condoms. Young girls who get pregnant and have an abortion are still discriminated against in a number of communities and the boys' accountability for their participation is neglected, as all the responsibility is appointed to the girl who, in addition, is also forced to drop out of school due to the additional responsibility of having a baby. RBP had managed to invert this situation. In a number of places, they have an intervention, but the tangible results cannot be generalized yet. To ensure a gender equality approach it is important to consider the cross-gender dynamics.

Culturally constructed relations have been for years the basis of gender relations, but to make transformations means to have both male and female actors understand their role in the process of change. They need to know themselves too. It is valid to give a greater emphasis on women's and girls' empowerment, but it is important to avoid discrimination against boys and men that might jeopardize all the work due to jealousy and having their masculinity questioned, instead of fortifying it. These are important aspects that need definition when starting a program of this nature, or in fact, any other nature. We need to ask: What do we mean? What do we want? Why do we want that? How can we support the change? Social transformations take time and there is nothing better than having a very good basis to start speaking the same language of objectives and approaches.

The RBP M&E system has a significant backlog of data that has not been digitized yet. A more simplified way of capturing the data has been suggested by interviewees in terms of managing the data entry forms in a more rapid way to allow speedy analysis of the progress done in the program. All the data also needs to be assessed in terms of gender bias, as they only record activity level transactions for girls and young women, and not men or boys. It also does not deal well with changes at the community or organisational levels.

Beyond the delay in completing the data capture, the system is not able to track participants over time (i.e. to measure or observe the evolution of change at the individual level). A simple example is that when the consulting team tried to select people from the database provided by the implementation partners, more than 50% of the selected people had not left a trace. Is it possible that the program lost track of all of them? If so, any measurement of effect is limited to short-term changes and not "behavioral" changes over the long term. The substitution of the people the team had selected was then made by the implementation partner itself, but the team noted that its database is not at all reliable.

In order to have a clear impact assessment, the implementation sites should have the possibility to track down the participants and the changes based on the registration forms that are used, linked to Kiri Biz database. This does not happen, even on a

sample basis. It is not reasonable to expect that almost a million people will be tracked for years, but a longitudinal study would select a random sample or two at the beginning of their participation and track and study them over time.

3.3 EVALUATION QUESTION 3

Statement of Evaluation Question 3: To what extent have the resources allocated to the RBP (including financial, human resources, oversight and management) been cost-effective in terms of achieving expected results?

3.3.1 Answer to Evaluation Question:

Overall, the resources allocated to the RBP were sufficient in quantity and quality to enable the first phase to take place. Oversight and program management have been less effective than they could have been, and unified (program-focussed) direction and decisive leadership were weak. The individual components were executed with good levels of probity and efficiency; however, the efficiency analysis is conditioned by the critical question of whether the most appropriate approaches were adopted and how, and if, they need to be adapted to changing realities.

Visual indication of extent to which the JC have been realized:

	Little	Just Acceptable	A lot
EQ3: To what extent have the resources allocated to the RBP (including financial, human resources, oversight and management) been cost-effective in terms of achieving expected results?			
JC 3.1 The RBP was designed and managed on a risk-based approach that was appropriate and sufficient in scope.			
J.C 3.2 The technical and financial management approaches, as well as the resources allocated and used in the RBP, were adequate and sufficient to contribute to the achievement of expected results in a timely manner.			
J.C 3.3 The management systems in place were adequate and responsive in terms of transforming inputs into results.			
JC 3.4 The resources consumed were appropriate for the performance of the RBP.			
JC 3.5 All partners provided the quantity and quality of HR, financial resources, and management direction necessary to generate expected results.			

3.3.2 Justification for the Answer

JC 3.1 The RBP was not, on the whole, managed using a risk-based approach. That would have implied the use of a program management system and its accompanying protocols which were not put into effect. The level and nature of supervision were not adequate, leaving many to their own devices for technical support and quality improvement, and depriving implementing agencies of strategic monitoring feedback to enable them to improve delivery systems.

In terms of risks, the RBP is not managed under a risk frame. Basically, each RBP stakeholder relies on their own stovepipe description of responsibilities and scope (in the case of the GoM, this could be represented through a decree or law; in the case of the UN Family, it can be based on broad definitions of mandates), and the reporting and management is activity based, with references to indicators and performance where they can be obtained. Risk Management Systems are not used to assist in the resource allocation function, as they should be, the idea being that resources should be allocated to the functions or tasks that are likely to cause blockages or weaken the entire program. Risks are not generally the basis of oversight either, with meeting minutes not mentioning that.

In terms of supervision, there are important weaknesses in the organisational architecture of the RBP. The ministries being "independent", no ministry can direct another unless that ministry is a central powerhouse such as Finance. The ministry responsible for Youth and Sports has been the leader of RBP for some time but is not engaged in program management. Effective coordination is not taking place, in that the constant search for value-added collaboration for the generation of higher levels of quality expected effects is not happening. The ministry responsible for youth has relied on quarterly meetings in Maputo as a means of managing the program, but that has shown to be insufficient and ineffective since ministries execute their mandates the way they see fit. Various versions of Policy Boards and ad hoc Committees are not perceived as being useful. The same coordination and management structure is repeated in the provinces, but then again, the lack of delegation of authority to decentralized agencies is a serious constraint to inter-ministerial collaboration, and the provincial leadership has no authority to force any other organisation to do something else. At most they coordinate logistics and try to save money through joint tasks.

Although the UN family works under the "One UN" umbrella, there are instances where they do not leverage each other. For example, the UNESCO efforts to assist the MINEDH could be leveraged through the radio and SMS BIZ efforts, but they apparently are not. The work of Coalizao (UNWOMEN) should be leveraged through economic empowerment, but the links are not as strong as they could be.

One CSO noted that: "In everything you do with RBP, it has to be coordinated with the government, to ensure that the "government leads" the program/project, to ensure some sustainability in terms of continuity". The close collaboration that would allow this relationship to happen is shown through weekly meetings between UNFPA and MINYOUTH but the coordination and program management is not transparent to other ministries, UN Agencies and CSOs. It is certainly not transparent to district-level and community leaders and those that work with them.

Part of the problem is that the GoM does not yet have in place a means of ensuring a common approach and a common set of priorities. The main GoM strategy for bringing about social change appears to be the publication of decrees which, as perceptions have noted almost unanimously, does not work because there is no way to identify examples of non-compliance. Other delivery mechanisms (ex. direct political supervision) must be designed and used to motivate for change, lest the lower level organisations involved in RBP (such as communities, SAAJ officials, school corner technical staff and teachers) be allowed to interpret the GoM intent and strategies the way they want.

JC 3.2 Outcome harvesting has shown that technical approaches used in the RBP, including safe spaces, community dialogue, SAAJ and others, have been shown to generate SRHR effects, but the degree to which these approaches are as efficient at producing required change as they should be is not yet understood largely because the RBP has not researched the generation of effects. Financial management approaches adopted by the RBP are not based on results, and implementing agencies are not

demonstrably held accountable for effects. The resources allocated and used in the program were adequate and sufficient to contribute to the achievement of expected results in a timely manner, but the supply of public services by GoM ministries is not keeping up with demand (it is recognised that GoM ministries receive only very small contributions).

As shown in the analysis of EQ 4, the RBP has generated a wide variety of effects; unfortunately, it was not proactive in identifying and measuring these effects and the causal and leveraging interfaces between them. The technical approach to assurance management (i.e. providing information to management concerning a continuum of functions ranging from: a) Are their decisions being implemented in the right way? and b) Ae they ensuring that the right thing is being done?) has therefore not met the needs of the program. There has not been any direct monitoring of behavioral effects, and the ultimate outcome indicators have had to wait for nnational-levelsurveys to be conducted in a few years' time before being reported on[63]. Data inputting has been backlogged; data mining for trends and effectiveness improvement has not taken place. Discussions with the M&E unit indicate that this concern is on the table, but as of yet has not been prioritized.

Overall, the evaluation found a considerable body of evidence that showed that the technical approaches in place were not as well researched and understood as they should have been and that managers were generally accepting activity analysis/output reporting instead of managing outcomes. For example, almost all the reporting taking place within the GoM is based on activity. Even after many years, the outcome targets have not been revised. There is no evidence of research on what approach works (or not) for community dialogue. There is no record of follow-up on the effects of economic empowerment or why it works or not. There is no record of proposed solutions on what to do with the very tardy roll-out of Comprehensive Sexual Education (CSE) and how to prepare the teachers and administrators for its implementation. All of the foregoing are technical approaches that, like any other, need to be understood in depth to ensure that they are the most appropriate and what can be done to improve them (in terms of effectiveness and efficiency) and their implementation (specifically on how to contextualize them so that they become surgical rather than generic applications).

Many respondents in field interviews noted that the resources they would require are not being allocated to them. These include sufficient competent human resources (e.g The two social workers in Nampula that cannot possibly deal with the demand, or the large percentage of unqualified teachers and school administrators all through the education system that find it difficult to adapt to "modern" SRH pedagogy for a variety of reasons), and financial resources that often arrive too late to be used in the

63 Even then, it will still be very difficult to indicate any level of contribution to changes that could be specifically credited to the RBP. By using disaggregated data by province or (better) by districts, a stronger case could be made.

manner in which they must be spent (reference the MINYOUTH in Nampula that had not received a financial transfer since November 2019, curtailing most supervision and management activities in the province).

The evaluation found that some resources were not leveraging each other. A simple example was the perception that HOPEM was dealing with behavior changes amongst boys but not interfacing adequately with the safe spaces component managed by Coalizao which was working in the same domain, but with girls. Our interviews identified (triangulation via many respondents) that this weakness was real, but other evaluation participants identified that HOPEM was also a "partner" in the RBP implementation. That term or any of its synonyms was not used by interviewees or in documents we examined. The evaluation did not have the time to try to gather data to prove or disprove either perception. We believe that there is some overlap between the two, but not enough considering the similarities in scope of their mandates. (It is noted that HOPEM does not work through a mentoring or sponsorship approach.)

At this point it is appropriate to note again that most of the GoM service delivery ministries, including those of health, education, gender and police are under-equipped, under-staffed, under-funded or just poorly provided with an appropriate policy frame and working protocols to deal with SRH demands. It is also important to note again that the EBP was not to fund GOM ministries in any significant way, nor to provide major equipment or material inventories (see the budget allocations in this report).

Finally, as a complement to the ToC analysis presented earlier in this report, the evaluation notes the disconnect between the results chain logic inherent in the RBP and the nature of the assumptions and risks that were presented at start-up. In essence, the sum of the outputs in the ToC do not necessarily add up to the ultimate outcomes presented unless a significant number of assumptions are added to the chain. It is quite possible, and indeed quite probable, that the results identified by individual components are the result of causal phenomena that were not originally considered as being part of the technical approaches adopted for RBP. These phenomena, not being known or understood, are not being managed for effectiveness, improvement or efficiency. For example, many focus group participants that were selected from the "mentees", "mentors", or "supervisors" groups referred to the sense of well-being and bonding that was available during sessions. The peer support and group-belonging that was felt provided motivation, an environment for free exchange of ideas and a place where one could see that others shared the same concerns and experiences. That is what made it a "safe" place. The mentors are facilitators of that experience, but the evaluation team hypothesizes that the change in attitude that occurs in that process may largely be enabled by the relationships. However, the evaluation team was not able to find references to "research" on the transformation process other than the "safe spaces" process generated effects; while that may be sufficient for some, the evaluation team believes that most of the technical approaches would be improved if they were better understood and if the key change triggers were better managed. It is

further suggested that this is a strategic management function that should be carried out constantly, and that a program management approach to RBP would have included that type of thinking. It should be an integral part of the program planning exercise for the next phase.

JC 3.3 Many of the (program) management systems in place were adequate in terms of transforming inputs into results, but many were not. Supervision64 was generally rather weak and ineffective, and results-based systems were not used as a rule.

The evaluation found that the links between the Performance Framework, the monitoring systems, and the resource allocation process were weaker than they should have been except annually when budgets were defined. After that, the evaluation could not discover any strong correlation between the resource requirements for achieving outcomes and the resources allocated. It further found that it was almost impossible to re-allocate between agencies and/or ministries. The Technical Advisory Facility (TAF) report was interesting in many ways, particularly because it provided some level of detail on cost per unit of generated output and input, but this information had to be contextualized for two main reasons:

1. The cost per unit provided did not necessarily reflect the marginal cost of producing the next unit. Since the RBP is a new program with untried approaches, the learning curve was and is steep, but the per unit cost in the future needs to reflect what those units need to be and that depends on what they are going to be asked to do. For example, the approaches to "enabling environment through community dialogue" component will need to be adapted in the future, partly based on the experience of RBP, so far and partly because of this evaluation and its findings. The cost projections of the TAF report do not necessarily deal with these revised requirements.

2. The TAF report generally dealt with the cost of producing outputs, not necessarily effects.

The evaluation team gathered a considerable body of evidence to support the overall conclusions it reached concerning the poor level of supervision in the RBP. CSOs have indicated that they cannot supervise as much as they should, and have explained that: "we fix problems and do not provide much in the way of performance support to individuals (e.g. who work for RBP)".

64 For the purpose of clarity, the following is a working definition of how the Evaluation team considers the function of supervision: Winterton, J., et al, " Developing Managerial Competence", New York, Ruthledge Publishing, 2002: "Supervision is the task of ensuring that expected outcomes (results) are achieved by means of intelligent utilisation of resources placed at the disposal of individuals or organisations and for which the latter will be held accountable. Resources include human talent, financial assets, information and knowledge and delegation and authority to act. It is concerned with analysing eco-systems and identifying trends and risk, generating plans of action, initiating the action, and putting into effect plans and decisions by stimulation and appropriate allocation of the resources provided."

A ministry in Maputo noted that it did not supervise in the common sense of the word; instead, it assumes that its directives are being implemented and that everything works. Another Maputo interview with the GoM noted that the ministry did not have any effective supervision function in place. Almost all of its budget goes directly to front-line service delivery, and hardly any goes to ensure compliance of directives and guidelines or technical support to its employees. The supervision function gets less and less attention as one leaves urban settings and travels to rural ones, noted all ministries.

The team also noted that there are so many agents involved in the RBP that are independent of each other, (GoM ministries, representatives of two parties at the municipal level [65], CSOs, non-RBP agents from other initiatives) the concept of supervision becomes moot. It takes a sophisticated management architecture based on accountability (such as matrix management) for supervision to take place when there is no direct hierarchical link between people or organisations. Mozambique does not display these architectures in place for RBP.

The evaluation found examples where a support mechanism had been generated where no official hierarchies existed. For example, it found that in most communities there is a "functional multisector committee" composed of various actors including the representatives of MINEDH, MINHEALTH, MINYOUTH, and others. This committee discusses specific cases in order to resolve problems but does not monitor or plan for broad-based actions by its members. Cases could involve dropouts in the school system, parents that won't let their daughters go to safe space meetings, violence in the home, etc. There is a record of decisions (apparently), but it is not distributed widely. On the other hand, since it is sent to the provincial MINYOUTH offices, it should be available to RBP for analysis.

In the same vein, the evaluation was informed that mentors regularly provide information to the Functional Multi-sectoral Committee, thus enabling the members of that Committee to be informed and to take action. This is not necessarily supervision but can lead to supervision by members since the committee has no official synthesis or aggregation role. In theory, mentors work in partnership with community leaders but are aware (based on interviews and focus group discussions) that top levels of community leaders do not work well with lower levels because they are not of the same political party. When a new group begins in a community using safe space concepts, the mentors and supervisors must meet community leader class 1(highest) and obtain support to do so. After that, the mentors "report" to that community leader. This causes two types of problems: the first is that the sanctity of the safe space needs to be maintained and guaranteed if a free dialogue is to take

65 Many KIIs described examples of political influence. No mention was made of influence by the Governors or Secretaries at the provincial level, but "rivalry" between the three layers at the "community" level were often noted.

place; the second, if the mentor reports concerning what is happening, this is a serious problem because it is the class 3 person (lowest) that works directly with parents, schools and clinics. It is clear that supervision between and amongst community political leaders is not functioning in a way that would advance RBP objectives.

Interviews with CSOs brought to light other problems of supervision including one that involves the strategic level, where changes to approaches and strategies should be identified by program managers and steps taken to implement changes when indicated. Coalizao noted that although the girls work with communities, and therefore are providing information to feed the change needed in enabling environments at that level, and although FDC is working directly with communities to help facilitate any desired change, the process is not strategized in the sense of having a plan and a structured approach. There is no structured means of measuring or of being informed of change, and it is practically impossible to know what further changes or adaptations need to be brought about. When asked by the evaluation team, CSOs noted that there is no top-level body that directly supervises what goes on, decides on what is required and instructs organisations on what to do. A version of this analysis also applies to all the components of RBP (ex. supervision of case workers by the MINGENDER or the supervision of police practices by the Ministry of the Interior).

JC 3.4 Overall, the resources consumed were appropriate for the performance of the program, but there are questions concerning the level of financial resources consumed by implementing agencies for "support".

This evaluation report will not duplicate the analysis of the TAF report and its annexes since the Reference Group has agreed that its findings could be used without reservation wherever this evaluation had reason to believe that the data on which the findings were based are valid.

The Reference Group instructed the evaluation team to not take the conclusions and recommendations of the TAF into account in defining its own conclusions and recommendations, since many of them were not accepted by the Reference Group. Overall, the evaluation team found that the TAF value-for-money prospective analysis may have been developed based on scenarios that are very specific to the thinking of the TAF group but not this evaluation; they are not discussed here. Retrospective analyses, however, are based on expenses and costs provided by component managers and are considered to be valid, given the assumptions made by the TAF evaluation. It is noted that while the TAF speaks often of "value for money analyses", this evaluation believes that most of the costing analyses do not deal with value, but costs per unit.

Annex 12 contains a table of income and expenditures for the RBP for 2016 to 2019. It is disaggregated by donor and cost center. Overall, it shows that the entire revenue stream from Sweden and Canada was 8,289,021 USD. Of that, approximately 5,736,000 USD was spent on direct RBP costs by various implementation agencies in

the UN Family, by CSOs and by the Population Council, and an additional approximately 845,000 USD was transferred to GoM ministries.

An additional approx. 1,570,000 USD was spent on internal salaries and support costs.

By far, the cost of the safe spaces' component was the largest expenditure, at a little over 3,630,000 USD, followed by the management and program costs of UNFPA at a little over 1,000,000 USD.

Some findings of the evaluation dealing with cost efficiency include:

1. This evaluation agrees with the TAF report when it notes that compared to the cost of training CORE project "employees" in other countries, the cost of training mentors at $120 per person for an entire week (2016-18), is low. Moreover, it has stabilized at around that figure over the last three reported years. The complexity and demands of the mentoring "job" is increasing, so these costs are not likely to decrease in the next phase.
2. It is not possible to calculate the cost per unit of the vast majority of the indicators used in the performance matrix, in part because while the RBP has contributed to the change in indicators, the results cannot be entirely attributed to the RBP (ex. Couple Years of Protection by method PGB, and the percentage of girls who do not get married early).
3. When the total cost of safe spaces component (approximated by the cost of the Coalizao contract), or 3,600,000 USD is compared to the number of girls that have participated, or who will participate in the safe spaces program (700,000 girls and young women have participated as at end of 2019, compared with the target of 1,100,000 approx.), we get an average figure of 3.30 USD per girl, a very low figure when the effects are taken into account. The 3.30 USD figure is calculated on the basis of the value of the contract with Coalisao and the number of girls predicted to pass through the system by RBP end[66].
4. The TAF analysis and the above analysis are both based on "present approaches and effectiveness levels". There are many ways that the components can be improved, including through increased competency of supervisors, focal points and mentors, improved levels of quality supervision, better linkages with community development actions to leverage the effects generated in safe spaces, the improved access to quality counselling and clinical assistance in the health domain, etc.
5. The issue of cost efficiency is also highly dependent on the indicator loading decisions that are used by RBP. Expanding the reach of TAF to much more vulnerable girls will increase the cost per unit, as will focussing on girls that are more at risk of adopting behaviors that will result in pregnancies or marriage (ex. older girls and women), or girls that have dropped out of secondary school). Moreover,

66 Figures of participation are from the RBP draft Annual Report for 2019

success targets the higher-level outcomes of the RBP are almost all going to be influenced by variables that are only marginalised by RBP (ex. fertility rate or the percentage of deliveries that take place in "institutions").

6. The TAF calculations point to the cost of training the SAAJ personnel at just over 400 USD, a very low per unit cost for training. Ongoing costs are not mentioned in the TAF report or in the cost data the evaluation received. The evaluation showed that the SAJJs are critical to the SRH service delivery process.
7. The cost for school corners could not be determined, and the evaluation noted that the scope of contraception services offered had been reduced over the past year. Focus group discussions noted that teachers do not generally use the school corners and so that facility is relatively not linked to the sexual education function. It serves mostly as a counselling service, a means of access to "modern contraception" (with limitations on new prescriptions for pills) and as a support to mentors. The TAF figures report on the number of girls that have adopted modern methods in 14 districts, but it is not clear if these girls made their decisions based solely on school corners.
8. The cost per SMS BIZ user is unknown because the number of users is unknown. The start-up costs have been expensed and the ongoing costs are principally related to the technology costs of the service and the cost of the counsellors. Users must, of course, have access to phones, but focus group participants noted that girls without their own phones are able to use the service by borrowing the phones of others for brief periods. The evaluation was unable to verify the claim made by TAF that only 34% of registered users in the two provinces were females below the age of 21. Before entering into phase 2, the market for SMS BIZ should be checked. That should be relatively easy using a combination of SMS BIZ survey applications and a survey of safe space mentees.
9. The community dialogue costs, determined by the costs of the NEFAZA and FDC contracts, is very low when compared to community development and dialogue projects across the region (refer to AECID/NEPAD Women Empowerment grants program), but the evaluation is concerned that there may not be any valid benchmark for this component because no other program it is aware of is doing the same.

The evaluation believes that the work done by the TAF team in identifying the cost of the outputs of the RBP is of critical importance and should be continued as part of the M&E function. There are elements that can be enhanced, but that is an ongoing responsibility of the M&E function. It also believes that the list of indicators (refer to Table 6 of the TAF report for examples) should be considerably expanded. The evaluation team also wants to make it perfectly clear that the objective of such an exercise is not to stop at the calculation of the cost of inputs or outputs, but the allocation of resources where they will be most effective at generating outcomes.

The evaluation team has requested further clarification on the benefits of the "support" that have accrued to RBP stakeholders. It was not able to gather that data while in the field. If it does not receive that information, the Reference group should examine that issue with great diligence, using the result of that analysis to inform its design of Phase 2.

JC 3.5 Most partners provided the quantity and quality of human resources, financial resources and technical direction necessary to generate expected results, but the GoM just passed through a financial crisis that constrained its financial freedom, and the capability of GoM ministries in terms of the implementation of SRHR service delivery (notably by the ministries of Education, Health, Interior, Gender and Youth) is a long way from being adequate to meet requirements.

The contribution of the GoM in terms of human resources was less than what it should have been considering the scope of the RBP. Interviews and observation in the field showed that the MINYOUTH and MINGENDER operations in the provinces and districts were understaffed (too few social workers to handle the community requests for services, too few to attend critical meetings, and a structure that had a big shortage of supervisors, for example). MINHEALTH also had issues with shortages: there were shortages of technical personnel in SAAJs and in School Corners, for example. The evaluation asked certain ministries how they calculated the number and type of personnel they would need for RBP but was not provided with an answer except for a description of how across-the-board loading works for budgeting.

The various CSOs involved were not as constrained, insofar as the evaluation could observe. Funds were available to take on more personnel as required, but they did not describe how they would go about calculating Level of Effort (LOE) required. The added LOE involved in evolving from a dialogue to a development model was not specified, nor was there a description provided of the specialist HR loading required to continue with Community Dialogue. The model now in use favours resource allocation on a community coverage basis (i.e. how many communities can a person handle based on current practice), rather than a client-response model (i.e. what is needed to make the enabling environment become a functioning reality based on evolving needs). The evaluation noted that the nature of the support needed in the future will not be the same as that provided in the past. Communities evolve and as time passes the nature of the changes that still need to be brought about will also change. As discussed elsewhere in this report, at some point there needs to be an answer to the following questions: “What constitutes an enabling environment”? Will “dialogue” be sufficient to bring it about? Based on the approach that will be applied, what skills, systems and processes are required? Only then will there be an answer to the question of the types and loading of HR resources required. One observation, based on the experience of the evaluation team and the development praxis, is that the skills required for community dialogue are not necessarily the same as those required for community development.

One issue that has not been raised in interviews is the timeline for enabling environment support. Is there a time when communities (however defined) will be able to stand on their own in this domain? Is there a time in the foreseeable future when the communities and the GoM will be able to continue the transition without external support? Is the best model for community-based change the one that is

internally or externally driven[67]? Undoubtedly, the transition (evolution) needs to happen and so it needs to be planned for. The evaluation found no description of this "transformation" in its research.

The HR LOE for the safe spaces has been well-managed. As RBP evolves, the mentors and supervisors will need to become competent in different domains as well as in those they now master, and this has been shared by CSOs in interviews. For example, mentors need to be better equipped for counselling, whereas their training to date has mostly (but not only) been on knowledge and skills acquisition (reference: The Mentor's Guidelines Handbook). Focus group discussions showed that they also need more training in dealing with case-based interventions with individuals, and not only the "in-class" mentoring within a group setting). The cost for "upgrading" can be found in the TAF report, although the evaluation team finds that their description of the new "competencies" that will be generated is not very specific.

Financial resources have not been a major issue for most stakeholders since there are only a small number of contracts that require transactions. However, interviews and focus group discussions have brought up a cash flow problem: many field operatives and organisations are not provided with funds they should rightfully receive when those funds are scheduled to arrive. This comment applies to managers of CSOs, district and provincial ministries and others. Since most cash-based expenditures are tightly planned and time-defined (e.g.. to pay for salaries, travel, workshop fees, etc.), not receiving the transfer on time can only lead to delays, cancellations or the inability of employees or contractors to pay their bills on time. The evaluation took note of this issue but was not able to do a detailed audit or assessment of the issue. Since there are thousands of people and many organisations that are dependent upon a stable and predictable source of cash to continue to execute the RBP as planned, this issue should be examined in more detail and appropriate action is taken.

3.4 EVALUATION QUESTION 4

Statement of Evaluation Question 4: To what extent has the RB project contributed to intended outcomes?

3.4.1 Overall Answer to the Evaluation Question:

Evidence and observations show the positive changes that Rapariga Biz Program has made in the target groups in the societies of Nampula and Zambézia provinces. These changes vary in strength and effects on the achievement of the outcomes. Achievements of two of the three of the ultimate outcome (goal) indicators used in

67 For example, where do the positive messages come from? Is change politically led (through community leaders) or socially driven (by the members of society and its cultural and religious leaders)? Just how far can the ministry officials bring about change or are they only there to handle the "cases" that arise on an ad hoc basis? Can civil society agents on contract have real legitimacy in defining the trajectory and velocity of social change?

the RBP performance framework will not be known until MISAU results are published in a few years' time (i.e. adolescent fertility and contraception prevalence). The research done by the evaluation team indicates that there is a consensus of perception that these two indicators will show significant progress towards targets, but the specific results are not yet known. The rate for adolescent fertility has clearly been affected by a recent law on early marriage, evaluation results show. The third target, Maternal Mortality, has almost been reached in Nampula Province (210 per 100,000 compared to a target of 190). No results are known for 2019 yet.

A comparison of the country's demographic indicators with those of other countries in the region and the less developed countries is enlightening. Current indicators include the total fertility rate (TFR) of Mozambique at 5.1 children per woman for 2019. This figure is very high when compared with other less developed countries where the mean TFR is 3.9 children per woman. In more developed countries the ratio would be approximately 2.5 children per woman, based on UNFPA 2019. The GoM speaks of there being a "demographic dividend" in place based on its high rate of population growth, but this dividend is going to be extremely hard to realize unless there is improvement in dozens of other indicators, including the health of its population and the ability of Mozambicans to be able to decide whether or not they want to be part of the wellness solution or part of its problem. The RBP was designed to provide the behavior changes that would enable those decisions (whatever they were) to be acted upon. The GoM and other donors are also working to provide other means of managing the economic and wellness (e.g. the health-related definition, not to be confused with well-being) growth in Mozambique. The evaluation indicated that the linkages and leveraging between the RBP and these other initiatives (Safe Abortion Initiative being implemented by IPAS, the National Fistula Prevention Program and the National Contraceptive Program to mention some) were not strong and needed to be much more integrative.

The evaluation team found that the Hospital in Quelimane, Zambézia is a competently functioning Safe Abortion Center that IPAS has established with support from the Swedish embassy. Also, the hospital has the capacity to perform surgical repair for most fistula cases. The next phase of RBP has a great opportunity to invest in these resources and assets through engaging the hospital staff and strengthening the advocacy for better utilization and access to safe abortion services. Advocacy for that should be in line with saving the lives of women and girls who are victims or survivors of rape, incest, and pregnant women with fetal anomaly based on Mozambique Law. For fistula, the hospital can strengthen its capacity by increasing the number of operations of fistula repairs as the waiting lists are so long, and particularly for women living with fistula in the remote rural areas. The next phase of RBP is recommended to benefit from the technical skills and knowledge of the hospital staff to expand to cover many more districts in each province.

As noted elsewhere in the report, the evaluation found that RB mentors need booster rounds of training to better understand key technical aspects and the limits of their responsibilities. For example, in Zambézia, some mentors, unwittingly, have gone

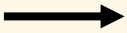
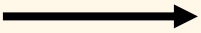
beyond the scope of their responsibilities and were counselling the girls who are seeking safe abortion, advising them ‘not to terminate their pregnancies’. Instead, they should have referred them to the specialist at the safe abortion unit in the hospital where IPAS has recently established and equipped a safe abortion unit with support from the Swedish government. RB mentors and their supervisors should know that Mozambique is among the African countries that enacted a law for legalization of Abortion to save the life of women or preserve their physical health. The direct indications for performing safe abortions would include rape, incest and/or fetal anomaly (congenital abnormality).

RBP is a flagship program that accommodates several portfolios and would assist the GoM in effectively implementing the existing and influencing relevant new policies that incorporate ASRH services at all levels. For example, Mozambique enacted policies supporting SRHR needs including raising the age of marriage to 18 years, legalization of abortion, national fistula and contraceptive programs. UNFPA has the Spotlight Initiative focusing on prevention of GBV and rape, for a long-term impact and sustainability the RBP must harmonize the functions of all the stakeholders to work in synergy and have a complementarity approach rather than being in competition. The RBP has established a strong database system entitled ‘the Kiri Biz Data Base’. This plays a key role for expanding and scaling up of the program in a forward-looking concept.

The RBP has had a level of relative success in achieving the other (intermediate) outcomes as described below. There is considerable room for improvement, but the essential strategies and approaches have been shown to generate the desired effects. Four of the most important challenges are: a) improving the means and approaches used for community development; b) ensuring that the level of service delivery for all aspects of SRHR meets demand; c) significantly improving the effectiveness of program management within both the GoM and UN families of agencies; and d) ensuring that monitoring systems are in place to provide program-level information, including on effects and on the performance of implementation strategies.

The evaluation team suggests the need for effective coordination of the different SRHR components and portfolios to develop a detailed comprehensive implementation plan that integrates the various topics of the SRHR components. For example, RBP implementers, hospitals and clinics, safe abortion and Fistula repair and prevention, Family planning programs, HIV/AIDS experienced government staff, MCH, staff from Ministry of Gender. At first there would be challenges of bringing a multidisciplinary team together until each portfolio group recognizes that others have significant roles in achievement of the common objectives and goals.

Visual indication of extent to which the JC have been realized:

		Little	Just Acceptable	A lot
EQ4. To what extent has the RB project contributed to intended outcomes?				
	JC 4.1 Implementation strategies reflect RB program expected outcome			
	JC 4.2 UN agencies in Mozambique are fully coordinated			
	JC 4.3 Right target groups are being targeted: Knowledge and capacities strengthened to make informed decision; sexuality education, demand and uptake of ASRHR services			
	JC4.4 Good Program Governance (accountability, responsibility and justice)			
	JC 4.5 Ownership by GoM achieved and sustainable			
	JC 4.6 Ownership by communities achieved and sustainable			

3.4.2 Justification for the findings:

JC 4.1 Implementation strategies reflect program expected outcomes. Main strategic components of RBP include safe spaces and mentorship, CSE, economic empowerment, capacity strengthening, universal access to integrated SRH services and community dialogue.

The 2019 performance data for Outcome 1: "Girls' and young women's knowledge, agency and capacities strengthened to make informed decisions on their SRH, demand for and uptake of essential SRH services" indicate that: a) the 2020 target of 20% "unmet needs for family planning" will not likely be reached since the baseline of 27% has only decreased to 24% at the end of 2019. As for b) "Couple Years of Protection", the 2020 target of 700,000 will not be reached since the figure for 2019 is still at a little over 400,000 (the baseline figure is not accurate). The target number of girls indicated in output 1 has not yet been reached even though the total number of girls is very high (approximately 700,000 girls have completed mentorship at the end of 2019, representing 64% of the target of 1,085,447). That represents an increase of 370,000 over 2018. The target figure for 2010 could therefore be reached if present trends continue. The number of girls participating in safe spaces needs to be put into context: there is a significant proportion of girls that have not been involved. The evaluation shows that RBP has not selected all the most vulnerable groups of girls who are handicapped, already married or hard to reach and living in remote areas, although some have been involved.

The main direct causes of maternal mortality are severe bleeding, infections after childbirth, high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications from delivery (obstructed labour, haemorrhage), and unsafe abortion. In Mozambique unsafe abortion claims 403 maternal deaths every year comprising 13% of the total maternal deaths countrywide. In large measure to reduce maternal deaths due to unsafe abortion, Mozambique enacted and implemented the legalization of abortion law, making it considerably safer to terminate pregnancies. It should be noted that other organisations such as KDT are also in the business of counselling on safe abortions and of referring girls to professional private sector surgeons. The evaluation asked if RBP girls were seeking out KDT-referred services, but that information is not collected. The RB mentorship component clearly is a major contributor to the utilization to these services through strengthening and further mobilizing the mentees and the communities at grassroot levels. All interviewees that were asked indicated that beneficiaries of the RB Program need to be mobilized to avoid unsafe abortion at all costs. To support the safe health thrust, the RBP has been addressing the social determinants of maternal mortality through reducing child and early marriage. The long-term impact of reduction of early marriage on reduction and prevention of maternal mortality and obstetric fistula could be calculated through more than one method including assessing the number of maternal deaths averted and the number of averted pregnancies as a result of the program. Also, through estimating maternal deaths averted from contraceptive prevalence data[68].

The evaluation team notes that the determination of Maternal Mortality Ratio is typically done at the national level through a household survey and is not something that is typically updated annually.

The analysis of the performance matrix for Outcome 2: “Availability of quality integrated ASRH services for girls and young women increased” shows that two of the three indicators do not yet have 2019 data: “continuation of new FP acceptors” and “percentage of pregnant women who attend 4 ANC”. The 2018 figures were significantly lower than targets for both indicators. The third indicator dealt with the percentage of deliveries that take place within institutions. The 2019 performance matrix shows the figure to be 95% for Nampula. No figures are available for Zambézia. This is a significant result since the target was 90% and the baseline was 70%.

Overall, this outcome has been difficult to achieve. Firstly, RBP has generated demand that the GoM ministries specifically and the decentralised democratic structure of the country have found hard to meet. The evaluation has identified a

68 The evaluation team received a reference to an internet site where a way to estimate maternal deaths averted from contraceptive prevalence data is available: (https://www.mariestopes.org/resources/understanding-and-using-impact-2/) so they technically do not have to only rely on maternal death statistics from the MoH.

clear demand for professional-level support for the change process created by the RBP community-level mobilization components as well as by the health, education, and social services facilities. It has found that the CSE is not able to act as a pillar to the knowledge and skills building requirements of the RBP as planned. School Corners programs have not been integrated into the information-captured routines of teachers and are becoming less relevant as a venue for a storefront for the RBP's "access to contraceptives" strategies. The evaluation also found that there was a low level of program management on the part of Ministry of Gender and Ministry of Youth and Sport in that they were not able to provide the level of service or direction required by their mandate on the ground. For example, the Quelimane provincial hospital was not engaged in RBP in Zambézia, and the hospital director and staff expressed their opinion that it would have been more useful for the girls and young women targeted by RBP to know about and to use the services available at that facility. In return the hospital could have used the feedback provided through that service to improve the nature and quality of its SRH services. The absence of such links has meant that the Hospital is not on target with its service offering: The Safe Abortion unit is under-utilized, and the fistula repair units are not working to capacity. The evaluation team noted that there should be much stronger links between RBP and these services, especially given that IPAS is a key player. An initial step could be to develop a "program theory" analysis and define what outcomes are required and expected. Then a capability or feasibility analysis would show the extent to which the institutions involved are able to generate the results. A further step would define what players should do what and which players should add complementarity to the others.

FGDs in Nampula and Zambézia have underscored the unmet demand for surgical repair, rehabilitation, and social reintegration. In one FGD, 6 of the participants were cases of fistula between 19 years and 23 years old, and another FGD revealed that cases of fistula were communicating with each other and trying to seek care by themselves because they had no access to health services otherwise. There is clearly a need to support such cases to have an easy access to the services of health facilities that have the capacity and capability of performing fistula repair. Several FGD in Nampula and Zambézia revealed that girls are angry because their parents may know about the occurrence and causes of fistula but still daughters were subjected to the risk of that issue because of early marriage. While it is getting better, most ministries agreed that there is still a need for the communities to get directly involved to put peer pressure on such parents who still try to get their daughters to leave the home for economic or other reasons.

Medical protocols need to be better integrated into health and social service protocols: for example, fistula survivors need to complete their care at home with specialised care and a family-oriented care protocol. These do not exist per se and will not exist as long as the clinical strategies are disassociated from the community care and well-being (including empowerment and cultural) protocols.

Other components of a comprehensive SRH program include integrated quality control of services; the availability of emergency obstetric care (for women with obstetric complications); the availability of information and counselling on family planning, and the provision of contraceptives. While emergency contraceptive pills are available in Maputo, they are not often available at provincial and district levels. However, when discussing (albeit briefly) with the hospital authority the evaluation team observed that the hospital seemed to have the capacity of solving this issue and ensure availability and access to this commodity. The evaluation team was not in a position to assess whether a partnership form of arrangement with DKT International would be of use, but that could be envisaged if the hospitals (i.e. the Ministry) thought that that would be useful for capability development.

Analysis of Outcome 3: "An enabling, free and safe environment for increased participation of girls and young women and the promotion of their SRH rights created" shows that the RBP has contributed to spectacular results in both preventing early marriage and in lowering the percentage of unwanted pregnancies. While the national average for the former was close to 50% at baseline (N=61% and Z=48%), RBP girls posted a result of 0.9% for 2019. The National average for unintended pregnancies was 46% (N=60% and Z=46%) at baseline, but RBP participants registered a very low 0.31%. These results[69] cannot be completely attributed to RBP (for example, the recent law on early marriage has had an important effect), the evaluation has heard evidence from numerous sources that the law has helped to enable the girls to make the decisions, but the decisions were made and would largely have been made in any case, following their participation in the RBP. While it's too early to report the impact of the Law on Early marriage enacted in 2019, the RBP mentors and supervisors have anecdotal evidence that the Law has facilitated the creation of an enabling environment for strong advocacy and awareness raising against the harmful practice of early marriage. RBP mentors and supervisors have noted that they have not heard of cases of early marriage in their areas for months or more.

The two indicators for Outcome 4: "Strengthened governance and coordination for integrated SRH programming" have given the evaluation team some concern. The first deals with the "percentage of implementation of coordination instruments" which registers a 100% performance rating in 2019. The concern is that the evaluation team has triangulated evidence of a very weak coordination system. Furthermore, our research indicates that there are no indicators to monitor the effectiveness of the coordination within RBP other than decisions of CIADAJ being implemented and the number of district committees with regular meetings rising to 20. None of these two "output" indicators reflects on "coordination" per se in a management science sense.

69 The results are not necessarily comparable with the national average as it was applicable only in the RBP catchment area which is half (or less than half) of the population of the provinces of Nampula and Zambézia. Therefore, it should be considered as a facility-based measure (i.e. project geographic scope) rather than a community-based (i.e. entire population) measure. It may not be fully representative.

The former is an oversight function (i.e. deciding) and the latter does not deal with the ability of distributed organisations to provide value-added to coordination. It is not surprising that the oversight group can make decisions, and the evidence shows that distributed organisations were not able to coordinate effectively. Instruments may have been implemented, but their effect has not been significant. The second outcome indicator deals with "National commitment on ASRH and GBV issues" and again the ratings in the performance frame is 100%. The evaluation has found that the specific needs and rights of young women and girls have, in fact, been largely included in policies and plans and budgets of the GoM. The evaluation disagrees with the ratings given to the CSE indicator of Output 17: it has found that CSE is a long way from being implemented across the board, and this finding was shared with the CSE evaluation being sponsored within UNESCO at this moment. A problem may be the definition: whereas the reporting deals with the extent to which the CSE is included in primary school curricula, the evaluation sought to ascertain the extent to which the CSE was rolled out in the 20 districts in order to contribute to RBP objectives and goals. The evaluation found that CSE has not been widely introduced at the school or classroom levels and that the teachers are not being trained as quickly or as thoroughly as the Ministry of Education had planned by using "Train-the-Teacher" approaches. The CSE evaluation now taking place through UNICEF will provide much more detailed assessments in its own report.

Regarding the second outcome stated as "Availability of quality integrated ASRH services for girls and young women increased", this outcome has not been achieved across the board because of: a) the dissociation between the high demand created by RB community mobilization component and the quality services at the health facilities; b) the weakness of the CSE and School Corners programs; and c) the poor level of access to Ministry of Gender and Ministry of Youth services on the ground in the communities. While the RBP has been successful in creating demand for selected SRH components and being addressed by SAAJ facilities, the mobilization of women suffering from obstetric fistula was inadequately addressed in both provinces.

In addressing the third outcome stated as "Enabling, Free and Safe Environment for Increased Participation of Girls and Young Women and the Promotion of their SRH Rights Created", the RBP has made a commendable positive change among girls which participated in the mentorship component. While the girls recruited and participated in the mentorship program are among the vulnerable group, RBP overlooked girls and young women who are disadvantaged in one way or another or are most vulnerable because they live in remote areas and cannot obtain information or services related to SRHR.

Overall, the demand for quality SRHR services continues to grow, as do the demands to improve access in more locations and to provide a higher level of support in terms of budget, technical professionals and physical space. Implementation officials are also demanding that supervision be stronger in terms of "content" management. The IPAS Initiative supported by the Swedish Embassy addressing the need for safe abortion represent a great start that must be generalized far beyond the current 40

facilities that are adequately equipped and prepared to provide quality service. SAAJ centers are playing a good role in providing contraceptives in their catchment areas which needs to be expanded to reach girls and young women in far remote areas.

JC 4.2 UN agencies in Mozambique are fully coordinated

The evaluation found that while the heads of UN agencies met regularly to discuss the progress of the RBP, the coordination of these agencies has essentially been executed at low value-added levels (information exchange mostly). The agencies would benefit from a much tighter matrix approach (with one agency acting as the "client" and the others acting as "service providers" responsible for specific deliverables. Another approach would be to generate a "task force" approach where people who were working in the same or closely linked domains were physically under the same roof, even if they owed their organisational and contractual/administrative allegiance to another agency, not under the same roof.

For example, it would have been much better if all the agencies that were involved in community development were managed and harmonised from one focal point. The evaluation noted that at the moment that domain is of interest to UN Women, UNICEF, and UNFPA all have different models. There is also a GoM standard model, but no one is strictly following it.

Evidence shows that regular planning and oversight meetings are held within the UN family of agencies. The evaluation noted that the UN agencies have an agreed action point; they share the minutes of their meetings through emails. Archived minutes are not used. However, interviews showed that each agency tended to closely guard its sector of influence, with few examples of multi-agency collaborative work on approaches or models. Some interviewees noted that the family was promoted as being coherent and focused but were averse to sharing resources (e.g. expenses and vehicles). Overall though, the evaluation found that these small inefficiencies were not sufficient to cause important weaknesses in the search for outcomes. But such weaknesses should be addressed before the next phase, noted many interviewees.

JC 4.3 Right target groups (most vulnerable) are being targeted so that knowledge and capacities can be strategically strengthened in order that key RBP managers can make informed decisions on (for example) sexuality education, demand and uptake of ASRHR services, etc.

This judgment criteria is intended to reflect the sub-objective of the RBP dealing with the development of the capacity of public and civil society agencies involved in the design and management of SRHR strategies, approaches and activities. The evaluation was informed that there had not been a capability gap analysis performed for the RBP, and although the various UN agencies work closely with, and sometimes provide technical assistance to, their GoM counterparts, the RBP did not design what would be called a "capability or capacity development plan" with specific competencies being targeted.

The evaluation also found that the bureaucratic structure and legal frame under which ministries and agencies (at all levels) work has not enabled the GoM to implement program-based management approaches or results-based approaches. The RBP leader for the GoM (Ministry of Youth and Sport) has limited capacity to monitor programs or to implement its own agenda and has limited ability to make decisions based on evidence or to enforce decisions it might want to make that would involve others.

The next phase would need this programmatic approach and this ability to make and deploy implementation decisions that will improve effectiveness and efficiency across the organisational landscape of the GoM.

JC 4.4 Effective program governance and management in place (accountability, responsibility and justice to ensure rights are protected)

The fourth RBP outcome of the Performance Framework was "Governance and coordination for integrated SRH programming at all levels strengthened". The evaluation noted that RBP Governance and coordination are weak and in need of considerable attention and reforms for the next phase. Despite political direction, there was still no consensus on which GoM agency should lead the program. There was considerable consensus that the Ministry of Heath had much more to provide the RBP program than the present leader because it had more sector experience; it understood the sector issues much better; it was more respected than most other ministries and could therefore offer "moral suasion" to the population at large and to communities in particular; it was a major provider of GoM services involved in SRHR, and was much more present in all parts of the country. Discussions also showed that that ministry had a lot more experience in managing multi-donor and multi-sector programs.
More than a few ministries noted that the Ministry of Youth & Sport was not providing leadership or direction, either in terms of content or coordination. Some complained of not being invited to coordination meetings.

There are no accountability frames in place against which individuals or organisations would have to account (in the performance against resources sense). Monitoring for governance is not widely practiced because almost the entire set of reports and data that are generated are activity referenced and past-focussed, with tendencies and risks not being in the forefront.

JC 4.5 Ownership by GoM sustainably achieved

The online survey carried out for this evaluation noted that both GoM officials and Program implementers (including the UN family) believed that the GoM was committed to the RBP specifically and SRHR generally. Against that backdrop, the evaluation looked for evidence of commitment as a proxy indicator of "ownership".

In support of the survey results, it is important to note that the political leadership has included SRHR in its plans and strategies. It has passed laws concerning early marriage. It continues to engage in advocacy with organisations such as FDC on

matters that deal with SRHR, and it has authorised the creation of school corners and SAAJ facilities.

The evaluation team sought evidence of factors that would place the extent of that commitment in doubt. It identified a) the lack of political direction enabled effective coordination and program effectiveness to take hold, and b) an absolute lack of clear direction of intent and direction to the three layers of leadership in communities. Both of these have resulted in confusion, but the latter has caused local conflict and a lack of communication and coordination between the top layer and the lowest layers. The CSE is not being implemented as planned due in some measure to the lack of budget allocation in Parliament. The budget for the delivery of health services is not sufficient. The Ministry of Interior's police force is not provided with specific protocols dealing with SRHR; it is also seen as a possible predator and not as a protector of victims or potential sexual and GBV victims. It has not established unambiguous lines of delegation as authority for the leadership of the RBP and SRHR as a whole. It has not defined how it plans to strategize about a rationalisation of the focus of SRR by, perhaps going from girls only to boys and girls and potentially to youth, thereby providing direction and ending discord and disputes in implementation.

The evaluation follows the maxim of management science that posits: "commitment is as commitment does" and must agree with the many interviewees that noted that the GoM may be committed in theory, but it is not sufficiently demonstrating that commitment in practice. That lack of visible commitment has significant consequences: some officials feel free to downgrade the priority it gives to RBP; conflicting persons involved in community leadership feel free to use public displays of disagreement as a political expediency; budgets are not managed as if there were one ultimate result and there is very little motivation to "deliver the deliverables" that are required.

The evaluation found that many GoM and non-GoM interviewees suggested that RBP phase 2 planners and designers should further analyse this issue of commitment-in-practice and find means of generating a focussed message to all involved, from leaders to beneficiaries.

JC 4.6 Ownership by provinces, districts and communities sustainably achieved

The evaluation found that the officials that work for GoM agencies and ministries fully reflect the ownership and commitment characteristics of their Maputo-based home offices. Moreover, all the interviews carried out with those officials showed that they fully understood the demographic indicators dealing with SRHR and the challenges they were facing in trying to help resolve the problems. The implementation function they managed was described by them in detail and they often offered examples of what they were doing to contribute to their ministerial objectives. So, in that context it is clear that they were committed as were their localised organisations. That sense of ownership was disturbed by examples of problems that they encountered with what they often saw were examples of lack of

direction or support from headquarters. Some noted that they had a mandate like that adopted by other agencies of GoM (especially in dealing with communities). Some noted that the resources they needed to execute their mandate were lacking. Some GoM agencies spoke of the failure of Maputo headquarters to transfer money on time, thereby making it difficult to pay contractors. Even more spoke of the fact that CSOs were being paid to do what should have been their responsibility (ex. Work done by CSOs in conflict resolution of gender issues at community level should have been done by MINGENDER). Even in that context, there was no doubt that they were "committed" to helping resolve the societal level "problématique" (i.e. the main issue of concern). What they mostly requested was direction on approaches, the resources to implement the approach and a larger delegation of implementation authority.

Insofar as the communities are concerned, the evaluation found that the first level leaders of the Communities were prepared to begin the "enabling" process in their communities. Religious leaders were also committed in so far as basic precepts were respected (ex. Muslim girls dealing with sex before the age of 18 should be forbidden). What was found by the evaluation was that the application of this "ownership" was not perceived as being driven by either direct political direction or a consensus on the approaches to be used, but by an ad hoc and Brownian (apparently random, ad hoc) movement with little in the way of a common approach that everyone in the community would know and understand how it would play out. It is not easy to deal with conflict or vagueness or arbitrary decisions if every case (i.e. problem to be resolved) is different, and especially when there is an absence of a framework of guidelines, regulations and approaches to support a decision committed to a case-by-case process, noted a few community leaders.

3.5 EVALUATION QUESTION 5

Statement of Evaluation Question 5: Have the program's knowledge and performance management systems (notably M&E and learning management system) delivered robust and useful information (including rights-based data) that was used by oversight and supervisory bodies to assess progress towards outcomes and take corrective action where required?

3.5.1 Answer to the Evaluation Question:

While a great deal of information is being gathered within the safe spaces, education, and health components of RBP, the information is not analysed to improve efficiency, effectiveness or sustainability. Knowledge management within and between the RBP partners is at a low level of value, mostly concentrated on the sharing and synthesis of raw data. Lessons learned are not used for strategic purposes.

Visual indication of extent to which the JC have been realized:

3.5.2 Justification for the Answer

	Little	Just Accepta-ble	A lot
EQ 5 Have the program's knowledge and performance management systems (notably M&E and learning management system) delivered robust and useful information (including rights-based data) that was used by oversight and supervisory bodies to assess progress towards outcomes and take corrective action where required?			
JC 5.1 Program oversight, supervision and implementation managers have been able to make timely and evidence-based decisions based on the RBP's M&E and other knowledge-based systems and their subsequent adaptations.			
J.C 5.2 The RBP's M&E system is comprehensive to meet GoM policy and service delivery need now and in future (in the domain of the program)			
J.C 5.3 Lessons-learned are systematically gathered, managed, analyzed, distributed and used.			

JC 5.1 Since the essential characteristic of the RBM's monitoring systems is the capture of past performance at the activity and output levels, the evaluation found that that type of information is readily available to all levels of RBM management, albeit not in real-time, and has been useful as sources of information concerning activity targets; they are not a source of information on outcome-level effects. The evaluation

also identified that although the intent of the RBP is to generate behavioral change, the monitoring and reporting systems very rarely dealt with behavior, although they did capture demographic phenomena that clearly require modifications in behavior. For example, early marriage is not a behavioral manifestation per se, but the result of a large number of social decisions. In this context, the concepts involving "behavior" in the RBP would require further refinement. The absence of this type of key effects-specific information was signalled by Canada in its list of proposed new indicators. The RBP does not systematically make available information on systems performance or on effects to decision-makers because it does not a) capture that type of information, and b) does not data mine what information it has to make available to managers strategic level analyses such as projections, scenarios and performance hypotheses under conditions of change. The type of multi-sector decisions made by GoM (mostly activity coordination, timing, etc.) may be informed by the content of M&E reports, but the reports are generally used for project activity management and are not used as an evidence base to improve performance. Finally, the evaluation finds that RBP does not manage by results, missing out on one of the key benefits of program-based management.

The evaluation notes that the RBP collects health-related and service-related data from a variety of sources (schools, health units, etc.) and stores that information on a data management platform called Info Biz. Information from the safe spaces component is stored on a data platform called Kiri Biz[70], and to a lesser and more geographically restricted extent, in a cell phone app by most mentors and their supervisors. The information from both are only available to decision makers months after the end of the reporting period and are therefore of limited use for evidence-based supervision or program adjustment purposes. Moreover, the digitizing of hand-written fiches prepared in the field (ex. by mentees) is significantly backlogged, meaning that the reports concerning the periods covered by those fiches are months out-of-date when they are published. The frustration with the poor management of information and data can be illustrated by this quote from a senior office in a senior GoM ministry in a province:

"… much of M&E data we eventually get is past-looking; (this ministry) is doing monitoring at specific sites and on specific cases, but (this ministry) cannot indicate what effect its interventions has had or how its approaches are working, if at all. We do not believe our monitoring systems capture sector data (i.e. information that deals with the status of women) well either. But the work done by RBP and (this ministry) has had positive results: after mentors and others in the community (he was referring to community dialogue participants) identified a list of girls that were too poor to go to school, (this ministry) issued "poverty certificates" allowing girls to go to school for free. It was clear that had RBP not existed that that list would not have been generated, and we could not have known how to intervene."

70 "The mentorship program, utilizes the Kiri Biz data management platform to capture reach (number of girls and mentors included in the program) and change in status of girls during their participation in the mentorship program. This is done through an initial enrolment form (ficha initial) and a status report (session checklist) completed by mentors and reported monthly to focal points. Useful elements of the existing M&E system for the mentorship program—both practices and tools—can feed into improved systems. Given the volume of data being collected, however, longitudinal data on each girl in the program and what happens to them after they complete the cycle is not available at present" Source. TAF Final Report March 2019

Most interviewees noted that there was a need to modify, clarify or change the indicators in the Performance Framework. Before doing that, they said, it would be necessary to use the lessons learned from the implementation to better focus the RBP, perhaps mainstreaming boys into some of the components, or changing the focus altogether from girls or boys to "youth". The evaluation found that most participants and stakeholders were happy to stay with "girls", but most said that boys needed to be better informed since they are part of the solution. The decision to include boys is merely a change in the result logic of the Theory of Change and it does not necessarily mean that intermediate and ultimate outcomes would be significantly changed. But a switch to "youth" would be a drastic change, and it would require an entirely new ToC, new indicators and a new logic chain.

Document analysis and interviews in the country found that initial RBP planning called for a comprehensive data base and the ability to data mine it was to be built at the beginning of the first steps of the implementation process, but the information that was conveyed to UNFPA made it realize that the means of capturing the data, in the field and from ministries, was not there, so the data base was reduced in scope. Future development of the RBP would need to review that decision. Some of the types of data that should have been captured have been specifically identified in other EQs in this final report, including effects at all levels, the post-training effects of TVET and other economic empowerment actions, the nature of the dynamics at the community level, the market analysis of radio programming[71], the interfaces with other interventions that had overlaps with RBP such as the DKT abortion and contraception activities, etc.

Even though the fundamental intent of the RBP is to deal with rights, the evaluation noted that there were no reports or parts of reports dealing with rights. A case could be made that the police quarterly reports intrinsically deal with rights, but that is, in and of itself, not sufficient. It could also be noted that the safe space component covered knowledge sharing on rights, but that again is at the output level at best. Community-based enabling activities are principally there to enable the rights of individuals to be recognized and acted upon, but reports, interviews and focus groups rarely identified what these rights were, and moreover, people confused rights, privileges and preferences. The M&E systems do not capture rights changes and certainly do not capture effects dealing with increased rights.

Part of this Judgment criteria relates to the concept wherein the management of RBP would be "results-based", a policy that is at the heart of Sweden's, Canada's and the

71 In the specific case of radio, the team asked for examples where analyses of the effects to radio programming had been studied. It did not receive any reply at the time of report writing. Although UNICEF provided, on numerous occasions, descriptions of how radio programming had been well received, the survey was not as positive and the KII and FGD was more nuanced. That does not mean that the radio component is not effective; it suggests, however, that the effects must be demonstrated.

UN's management. It is clear from the interviews and focus groups, as well as from the document analysis carried out, that the RBP is not being managed according to what management practice would call "results". That does not mean that there aren't results being generated, but it does mean that the entire management of the programme (including contracting, payments, reporting, planning, responsibility allocation, etc.) is done on the assumption that the deliverables would be generated (i.e. based on "results") Senior provincial officials informed the evaluation that they acted on an activity basis and had very little delegation of authority to make decisions; they also noted that they are not asked to report on "results" other than at the activity or input level, with the rare request for output reporting. All reporting is activity or input based. The annual reports contain an update of the performance matrix of the RBP that compares targets (expected levels of attainment of results) with actual deliverable levels. These all use results, to be sure, but that is not Results-Based management (RBM). For example, the financial reports provided to the team are based on expenditure line items by responsibility center, not by results. On the other hand, the evaluation team is of the opinion that the context (country, geography, partner capability, overlap of functionality between players and other factors) do not bode well for the successful introduction of a comprehensive RBM system. Financial systems are activity based or budget-line based (type of resource), and not focused on what was done with the resources used; contact management is time or input based, so suppliers (including GoM ministries and agencies) get their resources in any case. Private contractors generally get paid on a time or activity basis. That being said, more emphasis on program management would force the planning documents to better identify the results and how and when they fit in the value chain. Basing planning and monitoring on results (i.e. effects) would be possible even if financial contacts and systems cannot cope with RBM. For example, the performance framework would have to identify all the baselines when the present one does not.

JC 5.2 The GoM has not demonstrated a real need for strategic level performance analysis thus far and so the information necessary to inform that type of analysis has not been prioritized. Its information needs concerning the SRHR domain are mostly centered around the service delivery expectations of individual ministries, and not on the overall combined performance of the entire set of resources allocated. The reporting of the M&E systems of RBP are therefore more than adequate for what the GoM requires at the moment, but will prove inadequate if, and when, the GoM adopts a program management approach to SRH that could involve a larger scope than RBP presently has (ex. include boys, focus on Youth, fully integrate economic development, etc.).

There are GoM-owned data bases that provide information on education, health and other services (quarterly reporting is done), and there are organisational structures in place that act as oversight mechanisms such as the Inter-ministerial Committee. Various ministries undertake monitoring visits to the field (sometimes joint multi-ministry visits), but the evaluation did not observe any form of strategic programming approach to that monitoring; instead it found that the main interest was largely cost efficiency. The ministries do not, and cannot, make decisions on how to improve the quality of mentorship, the types of effects of the safe space component, the reasons

why girls drop out of school and how to re-integrate them, or how to improve the enabling environment overall at the regulatory or community levels.

The analysis of the year-end reports from the four key GoM ministries that were sent to MinYouth are not integrated at any point and they do not reflect reporting on effects but activities and resource use.

The research undertaken by the evaluation in Maputo and in the provinces showed that more strategic level analyses were requested; most respondents noted that the ministries involved could do that type of analysis provided they were "mentored" by strategy analysts and data miners for a while. There would also have to be new functions ascribed to existing units in the ministries, making them responsible for developing the analyses and helping decision-makers understand how to apply them to future programming and planning.

JC 5.3 The many and various organisations that are the implementers of RBP have adopted a low-level of knowledge management. Compared to current thinking on the topic, knowledge is not systematically gathered or mined, and lessons learned are not systematically captured, validated, shared widely or used to inform decision-making. Nor are the lessons learned that have been reported upon so far been of a strategic nature.

The evaluation puts forward the management principle that the possession of information is not the same as the knowledge of how to use it. In this case, interviews with Maputo-based and provincial officials brought to the fore that the GoM may not have the capability to engage in value-added knowledge management even if it had access to data. In that regard, the evaluation team points to the type of knowledge management that is possible using modern and information rational approaches such as those described in "Developing A Foundation For A Successful Knowledge Management System," by C. H. Bixler, in "Creating The Discipline Of Knowledge Management", Routledge Press, Oxford, 2011, or "Why IT Inspired But Cannot Deliver KM", by R. McDermott, California Management Review, Summer 1999. These and other texts describe the main constraint to Knowledge Management (KM): the lack of a sizeable organisational ecosystem within which knowledge can be captured and shared, thereby becoming contextualized and thus valuable. That logic is the foundation of Nonaka and Takeuchi's[72] now-famous principles of innovation based on knowledge, wherein explicit knowledge must be internalized in group settings before it can become implicit and therefore contextualized. The evaluation team did not observe any systems that would allow for that to happen, including for the M&E systems developed by RBP. That logic was discussed with the UNFPA officer responsible for M&E and the hypothesis whereby the GoM will need a long

72 Nonaka, I., and Takeuchi, H., "a Theory of Organisational Knowledge Creation" International Journal of Technology Management, August 2014.

period of time and trial and error before it can add innovation-level value to the data it receives.

Lessons learned, and more broadly knowledge gathered, is not cross-pollinated between components or parts thereof. For example, interviewees noted that CSOs in the domain (such as Coalizao, FDC) are the only source of structured information dealing with what happens in communities. The implication here is that government agencies do not have that level of structured analysis. Through various community-level committees such as those for Child Protection, they are the only bodies to know what the dynamics are. There are major problems with that, however: the NGOs do not cover the entire range of issues in every community; there are data gaps; the data is mostly process and case-based; and the data is not forward looking. Moreover, the reporting is spotty (not all actions or situations are identified and not all actions in a community are the purview (therefore they are not known) to the NGOs in question. The data set is also incomplete because communities do things without the participation of CSOs. But whatever analysis is performed on community dialogue is not integrated into the analysis of what happens in other components, including economic empowerment, "Radio RBP", and safe spaces. The evaluation team asked a key ministry in Maputo if causal analysis was being done, either through correlation or other means. It was informed that multi-variate analysis was not taking place. "*Each piece of the RBP is analyzed as a stand-alone phenomenon*", one interviewee noted. The evaluation team recognizes that such analysis is not often done in other countries, largely because it implies a level of sophistication of analysis that is not generally found in line ministries, although it may be found in central agencies. In any case, the UN officials are clearly able to do this type of analysis and to share it with their partners.

Further, although the ToR speaks of the issue, the evaluation has been informed that there has not been any serious analysis of the capability of the GoM in using organisational knowledge to inform strategic decision-making. This is unfortunate because meeting national SRH goals will always require a multi-sector approach based on contextualized and localized strategies[73], and that means knowing how to leverage information and knowledge in a multi-sector, multi-player and complex social ecosystem context. In the language of management science, we are dealing here with a need to ensure that there is "requisite variety" or a correlation between the level of sophistication of a system and the level of complexity of the ecosystem in which it operated. The RBP is complex and moreover acts upon its ecosystem through a large number of almost independent yet connected players. Constantly re-designing responses so that they are contextualized and localized requires skills and resources but there are no solid reasons to think that this type of analysis could not, or

73 It is assumed here that the domain of SRH is not limited to the few indicators that are often seen in projects, including those relating to reducing adolescent pregnancies, early marriage and the use of contraception. These are but a small part of the domain.

should not, be applied in Mozambique, providing the adaptation is done regularly but adequately. There are examples where a simplified form of analysis has been done (ex. In the competency gap analysis for health service delivery of the (then) Prime Minister's Office-Regional Administration and Local Government in 2015-16), but these are rare. In the Tanzania case, many structural and strategic content changes were made as a result of the analysis.

With respect to the knowledge management practices and policies of the UN Family, the evaluation has collected differing evidence. Some interviewees noted that they are able to obtain activity-based reports and data relatively easily through reports or through direct access to data bases[74]. Others noted that there was a great deal of data on what has happened, but little strategic information that would enable adjustments to approaches or strategies to be made. The latter noted how the 17 studies carried out within RBP have not been integrated for action taking using lessons learned. They also noted how it is possible to know how many mentees were participating in any given time, but it is not possible to know what kind of attitudes were strengthened or developed, and by how much. The evaluation agrees with the UNFPA officials that indicated that the knowledge management policies of the UN may be clear, but they have not been implemented yet to the point where staff is counting on the knowledge to help make decisions because it is generating value-added.

On the basis that lessons learned analysis is an effective way to contextualize in order to adapt to specific business ecosystems, the question of the convergence of information regarding community development approaches geared to generating an "enabling environment" was examined by the evaluation. It found that while many RBP-related organisations were working at the community level, it was not clear how they leveraged each other. In fact, UNICEF is proposing a mapping exercise, specifically related to child marriage in the districts targeted by the UNICEF-UNFPA Global Program on Child Marriage, to see to what extent the UN family of organisations is converging at the community level and how the overall effectiveness of that convergence could be improved. This type of analysis is clearly in the realm of program management and needed to be done a long time ago, noted UNICEF and other UN organisations. In fact, this type of analysis should go beyond the UN family and include all RBP-related organisations in order to enable strategic level cross-leveraging analysis to take place: for example, while it is known that FDC, through its community dialogue actions, gathers and uses its experience for advocacy purposes dealing with SRH, that advocacy development process would be strengthened if other players were better integrated (e.g. UNFPA, UNESCO and UNICEF are also part of advocacy development processes). The evaluation team recognizes that this is a very common problem around the world, and it is not specific

74 This evaluation team was granted direct access, thanks to UNFPA and its M&E unit.

to this program. At the same time, it is a serious constraint and needs to be dealt with. Otherwise, the level of program expectations should be seriously discounted.

The evaluation team was informed via e-mail that UNFPA has commissioned a mapping of interventions on ASRH in the country, including in RBP provinces and districts. Report of this consultancy is due to be delivered by end of May 2020. The scope and projected use of the mapping are not known to the team.

3.6 EVALUATION QUESTION 6

Statement of Evaluation Question 6: To what extent has the program had an effect on policy generally and gender equality and social norms specifically?

3.6.1 Answer to Evaluation Question:

It's not clear what effect the program has had on the policy. Lack of clear information in this regard limits us in identifying and attributing specific credits from the RBP to policy changes. However, it is true to say that activities undertaken under RBP fall clearly on the need for social changes in terms of reproductive and sexual health rights of girls. Although without baseline data, it is understood by the stakeholders that good progress was done in terms of creation of awareness about key issues related to rights of girls. However, the rights can only be ful-filled and gender equality pursued if, and with the same extent of effort, boys and men are also targeted in this specific approach[75]. Without this more inclusive approach, it will be just fighting against the current. In addition to this, information and awareness need to be accompanied by practical acts of development and creation of reference models of good practices and successes.

75 As will be described later in the report, existing community engagement involves men as gatekeepers – fathers and community leaders. But these are a very small group and the purpose is to have their understanding, approval and support of the program, so that girls are allowed to participate in the program's activities. What the comment in this section refers to is that, boys and men in general could benefit of a similar approach as girls so that they can change their behaviors as well.

	Little	Just Acceptable	A lot
EQ 6: To what extent has the RBP had an effect on policy generally and gender equality and social norms specifically?	→		
JC 6. 1 RBP has directly contributed to national-level policy changes in the domain	→		
J.C 6.2 Strengthened inter-ministerial coordination on ASRH issues at national level (Comité Intersetorial de Apoio ao Desenvolvimento de Adolescentes e Jovens - CIADAJ)	→		
J.C 6.3 Strengthened coordination of ASRH at provincial and district levels (through PGB)	→		
JC 6.4 Program has directly contributed to positive changes in social norms regarding SRH in its specific domain	→		

3.6.2 Justification for the Answer

JC 6.1 Program has directly contributed to national-level policy changes in the domain

One of Mozambique's commitments towards improving its Human Rights condition is its participation in the United Nations Human Rights Council, Universal Periodic Review[76] (UPR) Cycle.

The last revision for Mozambique was in January 2016 and it came out with 210 comments, from which Mozambique only accepted 180 which integrated a number of SDGs, namely Peace, Justice and Strong Institutions (24%), Gender Equality (17%), Quality Education (7%), Reduced Inequalities (5%) and Decent Work and Economic Growth (3%)[77].

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76 The Universal Periodic Review (UPR) is a unique process which involves a periodic review of the human rights records of all 193 UN Member States... It provides an opportunity for all States to declare what actions they have taken to improve the human rights situations in their countries and to overcome challenges to the enjoyment of human rights... The UPR also aims to provide technical assistance to States and enhance their capacity to deal effectively with human rights challenges and to share best practices in the field of human rights among States and other stakeholders...The reviews are based on 1) information provided by the State under review, which can take the form of a "national report"; 2) information contained in the reports of independent human rights experts and groups, known as the Special Procedures, human rights treaty bodies, and other UN entities; 3) information from other stakeholders including national human rights institutions and non-governmental organizations… outcome of the review. Following the review by the Working Group, a report is prepared by the troika with the involvement of the State under review and assistance from the OHCHR… The State has the primary responsibility to implement the recommendations contained in the final outcome. The UPR ensures that all countries are accountable for progress or failure in implementing these recommendations. During the second review the State is expected to provide information on what they have been doing to implement the recommendations madeduring the first review as well as on any developments in the field of human rights. The international community will assist in implementing the recommendations and conclusions regarding capacity-building and technical assistance, in consultation with the country concerned. If necessary, the Council will address cases where States are not co-operating In https://www.ohchr.org/EN/HRBodies/UPR/Pages/BasicFacts.aspx

77 United National Human Rights, Office of the High Commissioner, Mozambique, Voluntary National Review 2020, no date

The third UPR Cycle is between 2017 and 2022 and it is expected that Mozambique submits its report up to October 2020 to be reviewed in January 2021. The contributions to UPR shall result from a number of national consultations and reports around the issues to be dealt with as per previous revision report, to prepare the report for the following review. Unfortunately, the people contacted (mostly in KII with implementing agencies) could not elaborate or describe this process[78]. This subject was not properly explored during the limited time dedicated to the field work as contacts with National Commission for Human Rights representatives were not possible due to lack of contacts with the key persons, despite the numerous attempts. As such, it is not known the status of this process in Mozambique, how it is being prepared and the existing challenges.

Nevertheless, despite the unknown situation about this process, the team is aware that, under the RBP, since 2016, a number of consultation processes were done annually through a National Girls Conference that had its last session in December 2019, the 6th session. These National Girls Conferences are managed by FDC and involve representatives of the provinces, in terms of girls and boys as well as civil society representatives, government representatives and the development partners (donors) and United Nations agencies. Unfortunately, conference reports for the years 2016, 2017, 2018 do not refer to the levels of representations in the conferences, so it is not possible to analyse the level of representation from the GoM, the donors or other important groups. The Conferences are preceded by a number of reflection sessions with girls. The reports resulting from these reflections feed the National Conference and they have the participation of girls, boys, mentors and civil society organisations. The last National Conference on Girls, the 6th, was held in December 2019 in Nampula Province and the previous was held in August 2018 in Quelimane. According to FDC, the reports resulting from the conferences also allow the Coligação para Eliminação dos Casamentos Prematuros (Coalition for the Elimination of Premature Marriages) - CECAP to participate in the Parliament and make proposals of improvements on the legislation. It was understood that the debriefing meetings after the conferences are coordinated by the National Institute of Youth but, unfortunately the consultants did not have access to any information in this regard from the Secretaria de Estado da Juventude[79].

The evaluation team received an information to the effect that “the national meetings/conference organized by the FDC was a part of CECAP that advocated, for example, for the parliament to approve the law on combating premature marriages”.

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78 UPR is the Output 14 (UPR process and report include ASRH), part of the Outcome 3 (An enabling, free and safe environment for increased participation of girls and young women and the promotion of their SRH rights created). Implementing agencies – FDC, Nafeza and Coalizão claimed that they knew nothing about it. UNFPA should know and refer about it but there was no evidence of this.

79 One of the donors noted that: “There is MGCAS engagement on this. The children parliament also discuss these recommendations when they meet!” The evaluation was able to confirm, in documents, that this was the case, but did not interview anyone who had first-hand knowledge of these discussions, and no one it met could identify any effect these meetings had, other than awareness raising among the adolescents.

After additional research the evaluation responded with the following: "The evaluation team agrees that FDC worked together with CECAP and that the National Girls' Conference contributed with insights to the law. However, there is no indication or acknowledgement in the record related to the preparation of the Premature Marriages Law, to Rapariga Biz specifically as a contributor. What is found are references to the Project "Yes I Do". There are references to contributions made by UNFPA, UNICEF, Sweden, and Canada as main donors to the process, and Coalizão and FDC as members of CECAP.

A response to this issue came from an RBP official who noted that:

> *"Advocacy work on child marriage carried out by some RB implementing partners such as FDC, NAFEZA and Coalizao resulted in the approval of a law on the criminalization of child marriage by the Assembly of the Republic in July 2019. Additionally, as result of RB advocacy efforts implemented by RB IPs over the last couple of years, in collaboration with other CSO, and in line with the discussions during the provincial, regional and national girls' conferences, the Ministry of Education and Human Development revoked the infamous Decree/Dispatch 39/2003. The Decree/Dispatch 39/2003 defended that pregnant adolescents and young women had to be transferred to night shifts in all public schools. This revocation marked the end of more than 16-year period of violation of girls and young women's sexual and reproductive rights".*

Based on that reference, the evaluation team finds that the advocacy work done on that topic, at least, was very effective. But while important, it covers only a small part of the SRHR domain. The evaluation does have evidence, however, of the influence of that advocacy on that issue or on others, save anecdotal descriptions or narratives on "inputs" to the process.

Despite the three Rapariga BIZ Steering Committee meetings, at no moment was a reference made to the level of contribution of the program to national-level policy changes. It has been proposed by RBP officials, that "The reports of the RBP refer to the program's role in influencing the policies on girls' well-being, namely the withdrawal of the decree that obliged pregnant girls to study at night." However, the team found these references to be without solid evidence of causation or even contribution to effects. It can be understood that RBP was one of the contributors, not the main contributor to changes in the decree. However, key achievements and processes should be reflected as part of reporting and discussion of the steering committees. These references were not found in any of the reports we analyzed.

JC 6.2 Strengthened interministerial coordination on ASRH issues at national level (Comité Intersectorial de Apoio ao Desenvolvimento de Adolescentes e Jovens - CIADAJ)

The team did not meet CIADAJ[80] members, but did meet members of the RBP Coordination Committee, in particular the representatives of the Youth Secretariat, the Ministry of Health, the Ministry of Education, and the Ministry of Gender.

The lack of coordination between the government entities involved in RBP was clear as interviewees complained about the lack of alignment on the coordination for planning and monitoring of activities, as well as the lack of access to resources to implement activities. No specific document demonstrating any kind of coordination, planning or monitoring was provided to the consultants, even though the team had asked every RBP implementing agency and participating ministry to illustrate its participation in these functions. CIADAJ was later able to be contacted by mail and information is still awaited so a follow up meeting can be held around the subject of their activities under RBP.

On the other side, the consultants had access to three[81] Rapariga Biz Steering Committee[82] Minutes but not to the presentation documents that were for the meetings' discussion on plans and progress of the program implementation. This Committee, despite having agreed on the first session that would meet twice a year, only met once a year. In summary, the minutes referred the following points:

1st meeting: agreement on the fact that the organisational processes at the provincial level should reflect what was in place for Geraçao Biz, and a commitment that appropriate and adequate GoM resources will be allocated to RBP.

2nd meeting: a series of decisions taken on approaches (not yet finalized) and process. The M&E system is presented again, based on first year's experience. Again, the GoM reiterates its commitment to allocate resources. The sustainability of the RBP results is questioned unless a long-term approach is used. A report noted that the Visibility Strategy had not been approved yet.

3rd meeting. It is recognized that there is little to no coordination amongst various organisations (including CSO) that are operating on the ground. It was identified that there was poor coordination between SRHR implementers, and that there were many

80 CIADAJ was created as a result of the 16th Ministry Council Session. This is an organ of the Council of Ministers that will work to promote, protect and develop young people. And it means that it will monitor the political activities inherent to what are initiatives to promote and protect young people. Because this is an activity that involves many sectors, actions aimed at youth do not reside only in the Ministry of Youth and Sports, but in various ministries. So, we have the president of this Interministerial Commission, which is the Minister of Youth and Sports, assisted by the Minister of Planning and Development. This is an organ of the Council of Ministers that will work to promote, protect and develop young people. And it means that it will monitor the political activities inherent to what are initiatives to promote and protect young people. Because this is an activity that involves many sectors, actions aimed at youth do not reside only in the Ministry of Youth and Sports, but in various ministries. So, we have the president of this Interministerial Commission, which is the Minister of Youth and Sports, assisted by the Minister of Planning and Development.

81 29th July 2016 – 1st Steering Committee Meeting; 13th March 2017 – 2nd Steering Committee Meeting and 20th September 2018 – 3rd Steering Committee Meeting

82 Rapariga Biz Steering Committee members are Minister of Youth, Vice-Minister of Gender, Children and Social Affairs, Vice-Minister of Health, Vice-Minister of Education and Human Development, UN Resident Coordinator, UNFPA Representative, Representative of Embassy of Sweden, UNESCO Representative, UN Women Deputy Representative, Representative of the Fundação para o Desenvolvimento da Comunidade, General Coordinator of Coalizão, Director of INJ, Director of DNAJ at MJD, Vice-Director of Public Health at MISAU, Director of PGB at MINEDH, PGB Coordinator at MJD, PGB Coordinator at MINEDH, UNICEF C4D Specialist UNFPA Program Office, UNFPA BCC Communication Analyst (list based on list of participants at the meeting)

problems with economic empowerment initiatives. There is again a discussion on the lack of GoM resources, particularly for transport and coordination.

Many RBP managers and officials provided their version as to why there is this lack of coordinated and leveraged effort (i.e. a program-based approach). It is clear that a main reason might be because ministries and agencies are not doing joint planning and budgeting, so it is difficult to make the RBP visible in government plans, as budget lines are relegated to small line items at the input or activity level, particularly in Mozambique's Annual Plan for Economic and Social development (PES). Another contributing factor is that the Rapariga Biz is a program within the overall Geração Biz Government Program. The evaluation found that at the provincial level, within government entities, there is not a clear distinction between what was to be accomplished under GBP, RBP and the ministry's overall service delivery mandate.

The financial support/commitment of the government is done at central high level. However, although it is said that the planning of the activities are bottom to top, the application/distribution of the budget is top down.

The analysis of the evaluation team shows that the lack of resources within government institutions in the field still remains the same.

JC 6.3 Strengthened coordination of ASRH at provincial and district levels (through PGB)

The issue of coordination is brought very often to discussion as something that people are unhappy with the way it is happening. This was clear during the field visit meetings, and it can be confirmed in the Rapariga Biz Steering Committee meetings minutes. The first meeting clarified that the PGB was the umbrella program that covers Rapariga Biz and as such, at provincial and district levels the Rapariga Biz is understood as part of the Geração Biz program. This often created some difficulties in talking about RBP specifically by the government representatives, which means that there is no clarity on what is being done specifically due to a lack of a clear monitoring system and possession of a program document that would help any kind of clarification and follow up.

No information available on Ministry meetings under Rapariga Biz or Geração Biz, other than they do have regular meetings. It was not clear what was the frequency of the meetings and which subjects were discussed and followed up.

Just as at Central level, the coordination among government entities at these levels is also weak. A simple example is the fact that very few people in Zambézia knew that the evaluation assignment had started. All contacted persons requested the consultants to provide formal letters to make the meeting appointments because they had not been informed of the evaluation or its justification). Another example is the fact that meetings were held to which some ministries were not even invited. Finally, the records of the meetings, even the few that the evaluation team obtained, were mostly devoted to activity monitoring and not programme-level management. It was

expected that this kind of management logistics would have been dealt with by UNFPA, the Secretariat of Youth or its representative at the provincial level. The evaluation also observed, through interviews and focus group discussions, as well as through an analysis of Steering Committee minutes, that there continues to be many examples of inefficient logistics, poor sharing of information, and ineffective coordination mechanisms. Interviews with senior officials at all levels and from all stakeholders have indicated that the managers of the RBP believe that ensuring collaboration and reaching societal-level goals will remain a challenge until a clear and practical managerial and coordination approach following the RBP objectives are in place and led by a structure and champions that are committed to making the program work. Further, interviews with GoM ministries in both provinces showed that the level of regular meetings was substantial, but they did not produce value-added coordination, since any agreement that would alter the consumption of resources or the changing of activities and how they were done would have to be referred to ministry headquarters in Maputo for decision. Discussions were mainly driven by logistical coordination ends and means; we were informed.

It was also clear to the consultants that there were visible disputes for the coordination of the program and a number of complaints regarding the lack of funds to government entities to implement coordination activities or simply do the monitoring of the Program activities under Rapariga Biz. One clear reference to this came from one of the CSOs which indicated that to get the government staff to do any kind of activities in the field, the organisation has to pay for all their travelling expenses, including transport, accommodation and meals, and extra hours, as without these, the government officials don't carry out their own jobs that were outlined in the plan of activities.

It's not clear, however, how the activities are budgeted by the government and how these are actually used/distributed among the parties involved in the implementation of activities. This situation creates stress at provincial and district levels that receive little or no money for their planned activities. In fact, this seems to be not only a government issue but also from entities like Rádio Moçambique and Televisão de Moçambique, who receive the money for their media programs through their central level offices late and incomplete, limiting the execution of the planned activities.

The partners' activities in the districts should, in principle, be coordinated with the local government entities. Yet, according to government officials, this doesn't always happen. It was stated that this coordination started in the beginning of the program, but that later, organisations like NAFEZA in Zambézia:"only do their own thing without reporting or integrating to government entities, only when there were visits NAFEZA run to get the government involved, which was not pleasant".

The activities performed in the provinces are split between those who do community dialogue (NAFEZA in Zambézia and FDC in Nampula), and the Coalizão in both provinces that does the mobilization and training of the mentors that in turn, mobilize

the girls to work with them on the activities related to Sexual and Reproductive Health in Safe Spaces.

The work done by Coalizão (in Zambézia and Nampula) is preceded in Zambézia by NAFEZA and FDC in Nampula which consists of opening the way to the activities of the mentors (Community Dialogues) by talking and getting the social consent of the community structures in terms of leadership and family and other community influencers through getting them to understand the objective, method of work and importance of the work that aims to be done with the girls in the communities and, of course, with the community members as well. This activity is supported by the government entities in coordination between themselves and with the implementing partners to ensure the communities that it is an intervention supported by the GoM[83].

In principle, it is in the Community Dialogues that the main concerns of the communities regarding the approach of RBP are discussed and agreed to in terms of priorities and methods of work.

The selection of the girls for mentors was done initially through local tenders and the selected ones were trained in the RBP objectives and methods They received material for the mobilization of girls in the communities into SRHR sessions based on a manual that was prepared for it. Prior to their entrance into the communities, they are introduced, and with the help of the community leaders and other key people in the communities, the girls that will take part in the group sessions are selected. In a number of situations, due to a large number of girls interested in taking part in the groups, a selection had to be done based on their vulnerability and need for assistance. Each group takes up to a maximum of 30 girls. The remaining girls are directed to the following cycles of meetings.

JC 6.4 Program has directly contributed to positive changes in social norms regarding SRH in its specific domain

A number of FGDs were held in both provinces with all main stakeholders as per indication of existing local partnerships of the implementing agencies in Nampula and Zambézia, namely the mentors of girls and young women, surviving girls from fistula, girls with disabilities as direct beneficiaries, and community leaders, religious leaders, traditional doctors, godmothers and godfathers, advisors, traditional birth attendants, mothers and parents, caregivers and education persons, teachers, school directors, community radios and other influential associations in the community as indirect beneficiaries. In addition, mentors' supervisors, monitors and district focal points were also met to understand the dynamics involving the perceptions, the level

83 The narrative in the paragraph describes the broad lines of the method. The evaluation team found that the method was recognized by most KII at community leadership levels. The field work by the evaluation revealed weaknesses in this approach as demonstrated in a number of places in the report. The evaluation team wishes to make clear that it does not wish to portray an underestimation of the work done. Rather, it wishes to draw attention to the need for a more structured, pragmatic and proactive approach to the issue of the involvement of boys and men (who are not part of the gatekeepers) in a more active way.

of acceptance and commitment of the direct beneficiaries and their families and community members in general.

According to interviewees, there are no doubts that the RBP brought some changes in the perceptions about SRHR among the community members and the girls specifically, who are the target beneficiaries of the program. However, despite the recognition that there is a better and broader perception about the SRHR of the girls, there are still a number of challenges as it cannot be said that the perception is very clear and that the needed support is fully available to the girls and youth in general. These challenges point to the clear objectives and methods of the RBP. None of the interviewees have ever seen the program documents in any form. At the community level there is no reference document that any of the stakeholders, including the girls and mentors, or even the government entities can rely on to consult, do a follow up on the objectives and targets and be able to verify the achievements of expected outcomes. This should be regarded as the first step to ensure that everyone understands and are able to commit to something as tangible as a program document and that all have a shared understanding of the program to avoid different perceptions and interpretations of the program. The following quotes from community leaders, traditional healers and parent focus groups illustrate the differences in perceptions about the program:

- "RB is a program that keeps the girls occupied; RBP works with sexual workers trying to convince them (i.e. the girls); the program works with sexual workers, distributing condoms and sensitizing them to leave that kind of life and return to school."
- "RB is a program that develops activities with community girls on sexual and reproductive health. The programme aims to change the mindset of the girls about how they treat the body".
- "The RBP is for girls with age 10 to 24 years old who dropped out of school because of early pregnancy or marriage, lack financial conditions or other reasons".
- "RB it is a girl involved in adultery…it's a girl that has nothing to do and disobey their parents' reasons".

There are, however, despite the clear perception that the RBP is about creating awareness about the SRHR of the girls and the need to get them back or remain in the school, even if they get pregnant, additional perceptions that demonstrate high expectations in relation to the programme outcomes. Girls, parents and other community members see the RBP as an opportunity for economic development, a future.

It is interesting to refer that the **teachers and school directors** FGDs referred to not knowing the programme and that they have never been introduced to it formally (they may, however, have heard about it through informal means such as discussions with other teachers, etc.,). However, they said that they knew, from general knowledge and because some of them had participated in an SRH training in the school, that it was a

program for the girls and that there are teams that, according to one teacher, 'meet at school to talk to students, encourage them to go to school, to do something else after school, to avoid smoking and drinking alcohol; it works in the community and schools as a joint effort and same messages about postponing sexual engagement and not quitting school if they are pregnant". Participants asked whether the SRH training in the school could be more directly related to one of the RBP activities instead of being essentially done by the ministry responsible for education.

The team did not explore Ouro Negro with the teachers and there was no reference to radio programs by the teachers in any of the focus groups or interviews.

According to teachers' focus groups, the access to SRHR information for some were from:

1. In end of 2018/2019, Unilúrio Universty provided training to 40 teachers on sexual and reproductive education.
2. In 2017, there was a 7-day seminar on sexual and reproductive education, in Nacala where teachers from 21 districts attended.
3. Professor Amigo – Friend Teacher. This was a Geração Biz training for teachers and school directors. The principle was that every professor amigo should train another 3 teachers.

The issue of introducing the SRHR in the classrooms was also mentioned as a huge challenge for the teachers as they generally have no specific training or material about the subject and how to introduce it. Most of them have to improvise based on their basic and individual knowledge, while some, who had the opportunity to participate in the SRH training in the school are more prepared. This indicates a lack of a coordinated approach and an apparent improvised situation that might bring contrary results than what might be expected. In this regard, the consultants were informed that the Ministry of Education is preparing training material for the teachers and some guidance to help them mainstream SRH as a crosscutting issue in all disciplines. An RBP official noted that:

> *"While this material is being prepared it is worth to stress that the Avante Professor currently used in schools covers almost all SRHR topics to be facilitated. Lots of teachers benefited from training either by RBP or DREAMS, in Zambézia, for Zambézia. The Geracao Biz training package on SRHR is also another reference training material to avoid reinventing the wheel."*

The evaluation team has examined a small sample of the training materials. That task is now being taken up by the UNESCO team on CSE. The overall conclusion is that the materials now in play do cover many SRH topics but fall way short of the scope that is being introduced in CSE. Also, pedagogical material in SRH needs to be much more than theory-driven and descriptive.

In terms of messages, some concerns have been stated by focus group participants involving the messages being passed on to girls. According to a Muslim religious leader, the strong message in his community is that:

> "*sex is only allowed after 18 years old and by promoting the use of condom or these messages [(from RBP)] are not in favor of their position" […in the community]*.

Other concerns shared are about the Family Planning. There seems to be a bit of confusion among the stakeholders about whom this information is actually passed to. Taking into consideration the girls' different ages and maturity, the program has divided the girls into 3 groups, specifically from 10-14; 15-19 and 20-24 years old. For each group there are specific messages. According to the mentors and health officials, the family planning messages are only given to those girls/young women with babies. For girls who are sexually active they recommend the use of condoms or modern contraceptives, including emergency contraceptives. However, what is being advised is that they postpone the initiation of their sexual life. Nevertheless, a more specific analysis/study on this kind of information is needed. Kiri Biz is a good initial database that could be used to implement tracer studies to understand the effects of the program on the girls' lives after the program cycles. Hence, more information is needed beyond counting the number of participants in the program.

On the other side, the evaluation team frequently heard that with the RBP the attitudes and behaviors of the girls have improved considerably in terms of their relations with their parents and elders in the community, and the number of approaches made by the girls to older men and truck drivers along the road for sexual favors in exchange for money seems to have reduced. In some cases, the girls are able to negotiate safe sex with their boyfriends, but other times not, as the boys think that it is a strategy for the girls to deceive them with other boys and refuse to go along. It was also noted in FGD that young boys often fear the girls of their age that have already started being sexually active as they feel they can't keep up, especially if the girls relate to older men that are more experienced and have money to give them.

Much more respect and obedience are seen. It is also often stated that the openness regarding discussions around sexual issues between mother and daughter and in the communities in general has improved. As a result of robust qualitative analysis, the evaluation considers that it is valid because it was source-triangulated, with the same ideas being shared by a variety of different sources including the "safe space" girls themselves, parents and the mentors. As a result, parents in the communities also support the work that is being performed by the mentors by sending their children to the group meetings. Data collected in a mentor-related FGD included:

> *"a mother who did not motivate her daughter to go to school because she did not see a future in studying and it was better to sell coal, the support of the mentors brought confidence and took the girls to school…"*

In that light, changes also seem to be significant on the number of **returns to school** by girls as perceived by interviewees. Also, dropouts have been reduced and increased awareness about the need to remain in school seems to have increased despite the lack of guidance and a plan to take the girls further in their education or

professionally, in practical terms. The great expectation is the economic empowerment. A Leader of community FGD noted:

> *"…but we shall not get deceived by the false expectation of business activity success without proper follow up and assistance. For this, clear perspectives and plans need to be created as not all can be successful business people!"*

As to **economic empowerment**, by joining the "mentorship" groups, the parents and the girls often aim at the possibility of having the girls take part in saving groups and having access to financial support to start their own business and support their families. According to a few, some are already supporting their families with the money generated by the small businesses that were created through these groups. However, it is not clear how sustainable this activity is as it seems that there is no technical support and no clear monitoring to business capacity or managing capacity of the funds. There is, though, a perception that there is little or no understanding of how business works often condemning its sustainability to failure at its start because of the confusion of false earnings and the need to invest in the business. Interviewees note that there does not appear to be any follow-up analysis to check on the effects of economic empowerment actions. Others noted that criteria for selection of who to support and for what were not transparent. Still others noted that RBP should pay close attention to savings and credit groups, as well as the businesses development capacity of the girls.

Interviews indicated that there have been changes in terms of strengthening girls' and young women's knowledge, agency and capacities to make informed decisions on their SRH, and demand for essential SRH services**.** The sustainability of these changes that have occurred within the communities, families and the girls in particular are, despite the reference from many that it will be sustainable as they have learned about the risks and opportunities, seem to be fragile. The fragility is confirmed in a number of interviews where it is said that the main reason that girls of a young age get involved in sexual relations with adult men is due to their need to get money for expenses, both theirs and their families. As some FGD have noted, some girls in the community refuse to participate in the Safe Place groups:

> *"there is no hope or expectations for the future and for financial improvements, pressure from parents and lack of information on the RB program benefits – they think the program is theoretical!'*

Despite the challenge of girls' engagement as sex workers[84] that keeps them away from schools, the community also sees families sending their children to the cities as other small children caregivers. The following quote is from a Mentors' FGD

84 The evaluation team was somewhat surprised to observe that the issue of girls prostitution is not one of the central tenets of the RBP. In fact, hardly anyone at the implementing agencies' headquarters or in provincial offices of ministries ever brought up the topic. FGD and interviews in the field showed that youth prostitution is a common reality, especially in the city areas and the near highways where there are lots of drivers who often stop to rest, eat, or trade, in the villages. The evaluation team encountered responses dealing with his issue, both in Nampula and Zambézia provinces.

> "*We have the case of girls who are taken to the city by families to help take care of their children, but when they arrive in the city, they are exploited and have no time to study. There has been a reduction in these cases in our neighborhood due to the support of the mentors*."

A number of interviewees highlighted the need to integrate boys into similar projects as they are part of the challenge (problem and solution) facing the girls. In some ways they are also affected, especially when they become parents at an early age, but the effects of the gender bias against girls puts them in a "privileged" position as they don't take care of the mother of the baby, creating an additional burden to the girls family, possible new conflicts and poverty while the boy and the boy's family are often negligent regarding their responsibilities towards the new child. The boys need to understand that they are part of the process and need to be held to account for the consequences of their actions too. As said by one FGD member:

> *"the RB program needs to provide a greater orientation to the boys (including teachers) to change their way of thinking about the different roles and behaviors of both sexes, hoping that they can change their sexual choices and expectations. This will help to reduce conflicts among the couples and with parents as well as prevent sexual harassment in the school."*

One of the statements regarding perception of the boys was that:

> *"boyfriends don't encourage the participation in the program because they teach naughtiness, such as how to use a condom. That will encourage cheating…"*

The girls' capacity to negotiate safe sex and to be also supported and understood by boys since they are part of the society and active agents for behavioral change. Boys also have needs and doubts about their bodies and sexuality. They have a need to understand about (as one teacher-related FGD participant noted) their:

> *"wet dreams. What do they mean? What to do?"*

Participants in FGD noted that someone has to teach them (i.e. it cannot be learned by one's own means) not only on their passage rites but also in terms of how to properly relate with the girls, and the implications of gender relations in the short and long term in their lives and to the communities to which they belong."
Community members view the mentors as the girls that follow, join and sensitize the other girls on the SRH issues. Their role is accepted and understood although, in some instances, the community leaders are of the opinion that their activities should be coordinated and reported to them so that they can follow up on the progress. The evaluation team's view is this could be a good thing in terms of creation of sustainability of the approach at community level, considering the program is not eternal and some kind of community practice could be created.

The mentors, on their side, feel that they are respected and serve as role models for the girls in the communities. Their actions and speeches created credibility for them in the communities. Many are seen as "sisters", someone they can trust and talk about

their sexuality concerns and get the support and advice they need, including directing them to health units or SAAJ, as they feel empathy for their situation, since many of the mentors were also once in the position of a girl needing help. A mentor telling her story said

> *"... I got pregnant and I tried unsafe abortion because I was afraid of my parents. I boiled Coca-Cola and salt and drank. I was about to die, but nothing bad happened because one mentor helped taking me to the hospital…."*

These are the kinds of situations that create empathy between the mentors and the girls in the communities. As one participant in a mentorship noted,

> *"Because they have been there…".*

On the other hand, the mentors also feel stuck on their progress. Many of them have finished school and are jobless or not studying. Some are studying, but the expectation in regards to them, from themselves and other people, is huge. They feel that there should be some kind of support for their progress so that they can keep the respect they have earned in the communities, and from the girls in particular. It was said by one FGD group:

> *"How can we still be a reference and talk about development and going to school if we, ourselves, are stuck where we are for a long time and we don't go anywhere from here?! Is not fair. We need to keep developing..."*

This latter point is critical and deserves to be expanded upon. During the meetings (KII and FGD) that the evaluation team had, it was said by mentors that they feel constrained in what they are doing as there in no hope of improving their knowledge to more than they already know. They don't all feel qualified. A follow up on the mentors and RBP girls in general would be possible if good databases existed.

The evaluation team observed that there is a wide-spread belief amongst RBP officials in Maputo that mentors would be prioritized for the career development program. The evaluation team was able to identify where some mentors had been selected, but no one could identify how that priority was scaled, or made real, or checked for compliance to rules. In other words, there did not appear to be any level of process transparency. The evaluation team was not able to check with the implementing agencies about this since it had to leave under the COVID-19 threat. It brings this up as a potential finding, but the finding would benefit from validation.

The evaluation also observed (documentation and interviews) that there is a high rate of dropouts of mentors. The evaluation team was informed by an RBP official that during field visits, donors found that the mentors leave the program either by finding another job, continuing their studies, or even entering into a pre-service training in nursing schools. The CSO implementation agencies were keeping up by constantly recruiting but may have trouble finding new mentors over time. Moreover, they may have trouble keeping them if some of the ownership issues (ex. gender bonding and group recognition), emoluments issues (i.e. payment for services) or career

development issues (ex. on-going training, priority for TVET, priority for economic empowerment, etc.) are not resolved.

To complement the above, some mentors even join organisations with mentorship programs as either mentors or supervisors, earning more money compared with what they received as RB mentors.

The evaluation team noted that there is a widely-held belief in the field that although mentorship cycles last three months and that an end-of-cycle form is filled out at the end, there should be a follow-up on the girls and mentors after each cycle has finished. Most participants propose every 6 months or so for two years at least, at least on a sampling basis. Doing this sort of follow-up over a longer period of time (i.e. a longitudinal study) is the only way to measure the changes that might have resulted from the program or any other externalities to the program that might have contributed for an improvement or not of the situation of the girls and mentors, in this case, and lately boys and young men, by tracing them.

Besides the mentors' assistance to the girls, existing support systems in the community seem to rely on the godmothers and traditional leaders. The first as advisers from the time of the girls' first menstruation and are starting to change the information that used to be provided in the initiation rites, telling the girls that they shall wait to have sex until they get married as sex can destroy their future. The second as a source for dispute resolutions in the community. Greater coordinated support is expected from government entities and the program, as well as including the participation of the police in coordination with the community and religious leaders and all other stakeholders relevant to the flow of the program, such as justice, education and health, as at the moment each one seems to be doing its own thing with limited coordination. This would help to bring in parents that are still skeptical regarding the program.

The resolution of conflicts in the communities are mainly done by the community leaders who try to mediate the conflicts related to domestic gender-based violence. The need for additional support on the resolution of conflicts is clear but the process seems to include limited knowledge in terms of procedures to access the justice. There is also a limitation in terms of understanding the law in different aspects of rights related. A community leader and religious leader FGD response indicated that the access to police support is not always easy or useful.

> *"Police is not proactive. Despite having a social protection bureau inside the police station, they only act as a crime redactor (i.e. they record the existence of the crime). They channel all topics to the public prosecutor office. Leaders believe that police could be more active in prostitution corners or arresting adults that persuade young girls. On the other hand, they are happy to see police interest in attending and participating in public speeches."*

In addition, a parent and caregiver FGD noted that the

"gender-based violence can be handled through three ways. First one they take the case to the aggressor's parents; second, they can take to the community and religious leaders or, third one, the community members make all efforts to punish the aggressor."

3.7 EVALUATION QUESTION 7

Statement of Evaluation Question 7: Is it likely that the benefits (higher-level outcomes) of the RBP are sustainable?

3.7.1 Overall Answer to EQ7

Overall, Rapariga Biz was carefully conceptualized and designed with a clear potential for becoming a national flagship program. It is a comprehensive program geared to contributing to the transformation of societal and individual behaviors (i.e. what is done). It was active in the sense that to sought to **add** new behaviors at the individual levels and accompany those changes with the possibility of enabling the agency to make decisions by the individual. It was strategic in that it sought to **remove** harmful behaviors of external social systems that sought to restrict the agency of the individual. It involved all levels of society; it was a multi-ministry (multi-sector) effort with all the core components required for success included in the organisational architecture; it focussed on the individual's ability to make decisions and the enabling environment that would allow that decision to become reality, and it was introduced using a critical mass of participants in two provinces that represented an extreme end of the SRHR problems in Mozambique. Outcome mapping techniques have shown that those participants that have been included in the safe space component have undergone enough attitude shift to result in behavioral change that will endure, no matter what else happens from now on. The communities in which they live have *begun* to create the enabling environment required, and what has been done already will likely be sustainable. The level of services provided by GoM agencies has increased and improved, but the funding for that did not come directly from RBP and, unless there is another financial crisis in the country, will likely remain at the new levels. Some of the management information database systems used in RBP, such as the Kiri Biz (a complex process of data collection of information about the mentors and all individuals involved in the implementation of the safe spaces program) have been developed and rolled-out and could be sustainable as long as the GoM or the donors adopt the core elements of the RBP.

What is not likely to be sustainable is the expansion of the RBP components into the future without external funding. Expansion into new districts or provinces is not likely to happen without significant support from donors.[85] Community-based

85 Canada's contribution was "conditional" upon the expansion of RBP to all districts in the two targeted provinces.

development (enabling environment generation) in new districts or provinces would have to rely on a very small base of GoM budgets in ministries that are even now having difficulties. The safe space component is costly and would not likely be maintained, making expansion into other districts and provinces pointless.

It is clear, therefore that for a scale-up of RBP to be feasible in the future, several reforms and modifications must take place. The gains and effects accumulated to date will remain in place to a great extent but will not likely expand.

Visual indication of extent to which the JC have been realized:

3.7.2 Justification for the Answer:

		Little	Just Acceptable	A lot
	EQ7. Is it likely that the benefits (higher-level outcomes) of the RBP are sustainable?	→		
	7.1 Gains made in achievement of expected outcomes of RBP so far are likely to continue without external support.	→		
	7.2 GoM and Mozambican CSO capable of implementing any expansion.	→		
	7.3 Rights-holders, their families and their communities participate in defining and managing their own change process (in view of ultimate outcomes).	→		

JC 7.1 Gains made in achievement of expected outcomes of program are likely to continue without external support.

The evaluation has identified many effects that have been generated by the RBP as identified in other EQ answers in this section of the Final Report. For instance, there is overwhelming evidence of effects that were described by the mentees, mentors and supervisors, gained through outcome mapping, focus group discussions and person-to-person interviews. The courage to engage with top-level community leaders to bring about the changes in the community that would allow girls to act on their SRHR-related decisions is clearly an important attitude change, as described by the leaders themselves when comparing pre- to post-RBP contexts. TVET pedagogical counselors can easily describe the behavioral differences between RBP and non-RBP girls, and almost 500 Focus Group participants have described the benefits that have accrued to individuals and communities as a result of RBP. Of interest is the observation that much of the descriptions do not deal with skills or knowledge but attitude. The evaluation team has used a version of an attitude change measurement

scale originally developed by Leon Thurstone[86], whereby individuals and groups are asked whether they agree with statements that others (or the FGD facilitator) have put forward. The direction of the agreement between the participants is an indicator of the "eventual consensus" on a finding. While not strictly speaking a statistically measurable measure[87], the approach does allow the evaluation to identify the nature of attitude change and the extent to which there is consensus on the extent of that change. The evidence shows that changes in attitude have occurred and have led to behavior changes. As long as the enabling social environment allows for the decisions to be acted upon, there is no psychological reason to indicate that the attitudes will change. Acting on them may be suppressed, but the attitudes will not likely change unless more compelling social/psychological influences are experienced (e.g. conversion to belief in a religious dogma).

This logic also applies to all, or almost all, of the other components of the RBP. Focus group discussions with community political leaders and parents indicate that communities will likely continue to support the essentials of SRHR results-seeking, either because the community "dialogue" continues internally or because the communities are committed and act through various venues that have now become semi-permanent such as sector committees, or because GoM laws and regulation reform forces change at a more macro level.

Looking to the future, the evaluation has shown that the major constraints to the sustainability of the SRHR thrust are public sector funding and weaknesses in public service delivery capability. KIIs have shown that each of the GoM ministries has found it difficult to expand the level and nature of the services it provides in the two provinces, with a particularly difficult patch occurring during the recent financial crisis. The evaluation was unable to obtain public expenditure figures to show how much the GoM had contributed to RBP. Part of the problem is that the GoM does not engage in budgeting and budget reporting on an "intervention" basis. Another problem has been that the ministries are not able to disaggregate the expenditures and contributions they make on specific programs when public resources are used for more than one program at a time (ex. how much of a primary care clinic's cost can be attributed to RBP when the clinic is also used for other purposes). Activity costing techniques could have provided the answer to the allocation issue, but these are rather more sophisticated than is necessary under current conditions.

Many of the assets developed or absorbed by the RBP could be considered as being sustainable because they can continue to be used in the future since evidence shows they are effective, and their start-up and innovation costs have already been expensed. For example, RBP already has developed the capability to influence gender equality

86 Thurstone, L. L. (1928). Attitudes can be measured. American Journal of Sociology, 33, 529-54.

87 Not on its own or in this evaluation but it can be tested using statistical experimental research designs.

through specific approaches to activity execution as well as advocacy. Integrating the GBV prevention program led by UNFPA's Spotlight Initiative for the prevention of rape, or the development of a follow-up plan based on the collected data posted in the Kiri Biz Data Base are other examples of assets that are immediately transferable. The experience and lessons learned by many components such as the Economic Empowerment Program (EEP) or the mentoring sub-component of safe spaces and their involvement in the political processes at community levels could create a generation of confident girls and young women as effective leaders.

There is broad consensus gained through interviews and focus groups that shows that building on the momentum that RBP has created and improving and strengthening it (making it more effective and efficient, including by expanding its scope to boys and perhaps even to youth) would take Mozambique a long step forward towards SRHR well-being. The evaluation has also found, through interviews and document analysis, that its successful grassroots and community-enabling approaches could also be integrated with other interventions and priorities to promote security, climate change, economic growth and other societal goals. These are clearly sustainable in the sense that they can not only be used in future RBP actions but can be transferable to other initiatives.

The evaluation has also found that if the external financial support were to cease, most of the core components of RBP would cease to be financed. Specifically, safe spaces and community dialogue, which are the core to the "empowerment and agency" strategies of the RBP, would not be able to continue in their present execution mode because that would imply that they would be financed via contracted-out models for which the GoM would not likely be able to provide. Also, when considering what is "sustainable" the evaluation team considered that the RBP was never designed to be used only in 20 districts in two provinces but would eventually be rolled out across the country. Using a very rough approximation wherein there are five times more provinces in play (i.e. 11 instead of two now active in RBP), that would imply a budget that would be five times greater than has been used. And that budget would have to be maintained for many years (unknown) until the effect had been generated everywhere. The discussions with ministries show that there is no reason to believe that the GoM would have the financial backbone to support this level of expenditure on its own.

JC 7.2 GoM and Mozambican CSOs capable of implementation of any expansion

To address this Judgment criteria, the evaluation team considered whether the GoM had the capability to implement RBP and under what implementation scenarios it could do so.

The documentation shows that the Program Planning Document originally prepared to design the RBP contained references to capacity development of GoM agencies. Repeated requests by the evaluation team have shown that a capability gap analysis was not done. Research also showed that part of the reason for this was that the key ministries may not have wanted to appear as if they did not have the capabilities

required to implement or execute this type of intervention. In any case the ministries interviewed suggested a series of weaknesses they thought they had with respect to RBP and SRHR but were not able to develop a coherent capability-building strategy or plan that would have been funded either internally or externally. The evaluation has identified, through interviews with a cross-section of ministries both in Maputo and in the provinces, that if the RBP initiative were to continue it would be essential to identify what the GoM would be expected to provide and then to analyse, through capability analyses, if they had what it would take to deliver. Many interviewees noted that the interventions should be scaled to the capability of the GoM as a whole to deliver.

Interviewees often indicated that the RBP should have been executed entirely by the GoM and not through the use of CSOs (the technical support provided by the UN family was not questioned for the existing RBP, but interviewees questioned when core elements of the RBP would be transferred to the GoM, such as the M&E function).

A major administrative and project management consideration would be how to pay for the safe space component. Using the present model but substituting a GoM ministry for the CSO, thousands of small contracts would be needed, along with their supervision and performance management, and that would be a major load on the public service administration system. Another question, without a researched answer, is whether thousands would work as volunteers for a public body. There was consensus amongst interviewees that the GoM would likely decide to continue to use the CSO model for the foreseeable future. The community dialogue component could be maintained through increasing the number of local NGOs or societies focussed on youth and/or health. These local organisations should comply with the gender equality approach that should be strengthened through competency-based training and have them being engaged in a healthy competition. The community dialogue component could also be absorbed into the public service (perhaps through the Ministry of Gender) but that would mean a significant increase in capability with the corresponding increase in payroll costs and a significant effort in finding qualified case workers. The evaluation team realizes that MGCAS is already overwhelmed with Child protection community committees as well as the Permanentes (more or less equivalent to social workers for the Social protection programs) which are heavy structures in all districts/communities, essentially working through community case management.

The community development model promoted by the GoM is not seen by interviewees as being useful for the challenge now being faced within RBP, so the GoM would have to develop and roll out a revised model without the benefit of the experience gained over years by Nafeza and FDC (the GoM has not closely supervised either of them). At the moment the GoM does not have the capability to manage these components: systems, competencies, approaches, and supervisory/monitoring data bases would have to be developed. Shifting the

implementation to the GoM would therefore imply addressing several significant constructive reforms.

Based on the findings of the evaluation, these reforms would need to include at least: a) the introduction of effective leadership and program management approaches and systems capable of accommodating the multidisciplinary and diverse key players at all levels and for all components; b) Creating a matrix-based management system that would allow one ministry to oversee and (collaboratively) direct the generation of deliverables whose generation had been assigned to various players including the ministries of Health, Youth and Sports, Gender, Justice, Interior (police and documentation), as well as public institutions, UN Agencies, Implementing partners, SRH service institutions, hospital and health units, community leaders and influencers, and opinion leaders.

It is interesting to note that the evaluation's on-line survey indicated that the GoM was intimately involved in designing the RBP's approaches, and should, therefore, be competent to design any adaptation that is necessary before entering into a phase 2. In-depth interviews have shown that while the GoM may have been leading the design of the "response" mechanisms (such as the health response and the CSE), it was not an important part of the design of the safe spaces or the community dialogue components, nor was it an important player in the design of SMS Biz, the radio or the economic empowerment components. The question was clearly interpreted in a way that was not intended; a problem that could have possibly been avoided had the team been able to field test the survey as originally planned but before plans had to be adapted to changing time realities. The evaluation's assessment, based on the field research, is that the GoM does not likely have the capability required to manage most, if not all, of these components without a long learning curve.

JC 7.3 Rights-holders, their families and their communities participate in defining and managing their own change process

There is substantial evidence, gathered through focus groups and interviews in the field, that the beneficiaries of RBP are actively participating in their own change process. Witness the following evidence:

a) All mentees are active and will adopt new behaviors only to the extent that they suit their own interests. The safe space process encourages participants to adopt behaviors that their role models and their peers will adopt.
b) Mentors are being used as supervisors and are advising CSOs on what to change and how for the benefit of all participants.
c) Parents are meeting each other and community leaders in venues that allow them to seek solutions to behavioral, or social systems (political-economic) interface problems.
d) Mentees that finish their four-month cycle continue to meet on their own, in peer-bonding and group participation processes that they decide to use and that they manage, seeking counselling if, and when, they need it.

e) Participants are helping each other to decide how to re-integrate handicapped peers into schools, and assist them in that integration, without generally asking for counselling.
f) Once a year, representatives of all the stakeholders of RBP, but mostly young women and girls, attend a conference to analyse what has happened and to propose changes in the RBP to the GoM, the UN and to donors.
g) The evaluation found that there is a widespread agreement amongst participants of all stripes that RBP is a good idea and that there are ways of improving it. The focus groups and interviews brought to the fore dozens of examples of ideas on how to improve the RBP. These ideas were all previously shared with the CSO involved in safe spaces and community dialogue and their representatives, for example, and through them to GoM service providers. The reception given to the evaluation team's suggestions regarding the identifying, investment and empowering women living with fistula all over the country and ensuring they receive treatment, rehabilitation, and social reintegration (converting them from patients, to survivors, to service providers) is a viable example of the openness of beneficiaries and GoM ministries alike to innovation.

4 Limitations

The Technical Proposal and the Inception Report contained hypothetical limitations that the evaluation was likely to face, as in other complex evaluation research exercises. Almost all of these hypotheses were shown to be true in practice.

A) Availability of interviewees in the field. The in-country data collection was the most dynamic phase of the evaluation where the evaluation team had to collect data on the implementation of the various RBP components, through semi-structured interviews, Focus Group Discussions (FGDs) and direct observation. Therefore, the **availability and the cooperation** of the relevant stakeholders in the field, i.e. implementing partners, governmental institutions, ultimate beneficiaries and any other interested party was essential to conduct a fruitful field mission. The reality was that the team successfully conducted its research program in Maputo and in Nampula province but met with difficulties in conducting KII with some GoM officials in Zambézia's capital city, Quelimane. The team cannot explain the difference in reception between the two provinces. The Team Leader reacted by insisting and was very flexible in re-scheduling, and finally conducted most of its interviews. It is expected that the Reference Group will facilitate the activities of the team in the organisation and conduction of the fieldwork by providing updated contact details and letters or emails of introduction if required.

B) The officials in the field were **not able to provide important data on effects** because they did not possess such data. This weakness was shown to be systemic and is noted in conclusions and recommendations.

C) The Evaluation Matrix over-reached the ability of the stakeholders to provide data: The evaluation team developed an Evaluation Matrix that would, under most conditions in similar countries, provide answers to the EQ that were identified in the ToR. As hypothesized in the Inception Report, it was found that some of the indicators were not operable, that is to say that the information and data required to operationalise the indicators (i.e. make them useful as information) was not be present. The information that was gathered by the team was sufficient to enable it to develop conclusions and recommendations, based on an adequate level of validity and reliability. Where there are doubts about validity, this is specifically expressed in this report.

D) Shortening of field research period due to Covid-19 Pandemic. The research work plan indicated spending almost two weeks in the provinces, followed by a team workshop in Maputo and an in-person briefing to the Reference Group before returning to home base. The pandemic required international researchers to

leave early before their country borders were to be closed. In some cases, this meant leaving four or five days before planned exit. The evaluation team nevertheless gathered all the information it needed to collect in interviews and KII, but the workshop, the briefing and a few follow-up interviews were cancelled. One team of Mozambican researchers completed their fact-finding in Nampula and the other cut their research short by two days. Following their return, individual members of the evaluation core team conducted follow-up interviews on the phone or using Voice Over Internet Protocol technology, so the impact on data gathering has been minimum. But there is no doubt that the team, and therefore the evaluation as a whole, would have benefitted from the workshops and the in-person KII that were planned.

E) **The technical proposal suggested a learning approach that was not feasible under the tight timeframe.** The workplan contains enough flexibility to allow for a limited number (1 or 2) of learning events, but this is much less than what was in our proposal. The shortened time frame means these events are no longer feasible. The Team Leader identified this problem to the Sida representative, and it was clear that this aspect would have to be reduced in scope. As indicated in the methodology section in Annex 4, this was done.

F) **Attribution and contribution.** Analysis has been hampered by lack of precise data on effects, and on the fact that the ultimate outcome indicators rely on data that will not be available for years yet (i.e. national level data). To mitigate, the team has been quite targeted in its interview and survey questions. Further, a form of "outcome harvesting" has been applied during the evaluation to identify effects and to define which outputs and intermediate outcomes have the greater value in the achievement of ultimate goals. Care was also given to identifying other vectors (factors) that may have influenced the generation of the RBP's effects. On the other hand, it is important to note that attribution in terms of **establishing the causal effects** was never technically viable for this evaluation given the design/methodology. It has been suggested by one of the implementing partners that the Marie Stokes Impact 2 Tool could be used (adapted) for RBP. That would be a useful area to study for the next phase.

G) **Differences in interpretation of program management concepts**. It was noted by the various members of the evaluation team that interviewees were interpreting program management concepts differently than was the team. What was considered as a success or a major influence to the generation of effects was not seen the same way in the eyes of team members. Coordination was confused with program management. Accountability was not well understood or defined. There are countless other examples. The differences in understanding meant that it sometimes became quite difficult to discuss causality and should be "expected". The team has indicated, in this report, where some of these differences might have an impact on findings.

5 Evaluative Conclusions

Conclusions are divided into two categories: STRATEGIC and OPERATIONAL. The former relates to an overall statement on the relevance, and sustainability of the RBP and to issues that cut across the RBP's strategic response and its implementation, such as those cross-cutting issues that are mainstreamed. They are primarily addressed to the GoM, donor, and Implementation Partner managers. The latter are more on the technical side and generally address efficiency and effectiveness. They are targeted on providing the grounds for program-related modifications and are more immediately operational. They are grounds to the adaptation of the second phase of the RBP.

The numbering of the conclusions (SCx, OCy) is designed for cross-referencing purposes with recommendations (SRx, ORy). A cross-linking table is provided at the end of this section to show the relationship between the conclusions and the recommendations.

Conclusions have been generated from an analysis of the evidence gathered to answer the Evaluation Questions. Some conclusions represent more meta-level analysis that spans more than one EQ, such as the conclusion on expansion into other provinces, but all are evidence-based.

Some of the conclusions are mission critical, in the sense that they have a profound effect on the relevance, impact, effectiveness, efficiency or sustainability of the RBP in the context of its intent. These are identified as "Priority 1". Only Priority 1 conclusions are accompanied by explanatory notes, the rest being self-explanatory.

5.1 STRATEGIC CONCLUSIONS

SC1 Strategic Conclusion Priority 1:

Confidence level for validity: High
Considering the many social, economic, technical, and public service delivery challenges faced by RBP since its start, and especially considering the large number of people from all walks of life that had to be mobilized in order to meet the RBP objectives and intent, the project has met with considerable success. It has received widespread community approval and has generated important behavioral changes in its primary target beneficiaries: young women and girls.

Reference EQ 1, 4, 5, 6 and 7

SC2 Strategic Conclusion Priority 1:

Confidence level for validity: High
The RBP is addressing the needs of stated beneficiaries, however, there are significant divergencies in the perception of beneficiaries' needs between the RBS implementers, beneficiaries and the community. On the other hand, the social need to belong to the Safe Space group is one of the strongest motivators of the RB girls, and the girls are benefiting by (amongst other things) feeling strengthened, safer and better prepared for modern life. The offer that addresses the needs of boys, teenage mothers, fistula survivors, and girls with disabilities is missing.

Reference EQ 1 and 4. The evidence for this conclusion has largely been gathered through FGD and interviews with over 500 people. It is also based on documentation analysis and has been validated through different sources and different media.

SC3 Strategic Conclusion Priority 1:

Confidence level for validity: High
In the context of the SRHR needs expressed by the program design (refer to the original program proposal of 2016), the RBP has met most of those needs for at least 700,000 young women and girls who have gone through the safe spaces component. There are approximately 1,740,000 girls in the two RBP provinces between 10 and 24 years of age. That means that only 40% of girls were reached (the figures are for all districts in each province). The RBP was deemed to be aligned with GoM and donor policies, even though the M&E system in place did not gather data on the effects of that alignment.

Reference EQ1, 4 and 5. The reach of the RBP in the provinces and districts in which it has been implemented represents a small part of the "need" in those provinces. Although a large number of people have gone through the safe space process, there are significant numbers of young women and girls who have not. Non-RBP girls in the 20 districts and the girls in other districts in the same province still have the "needs".

SC4 Strategic Conclusion Priority 1:

Confidence level for validity: High
Outcome harvesting methods have shown that the RBP has definitely contributed to improving the SRHR condition of its targeted beneficiaries, but the extent and exact nature of most of these effects cannot be specified because data on them has not been collected by the program.

Reference EQ4 and EQ5. The evaluation found that the key indicators of RBP, early marriage and adolescent pregnancies, are clearly declining, although only national surveys scheduled for the future will provide quantitative measures. Those indicators are insufficient to capture the extent and nature of the change required, as recently identified by all donors. Effects are not sufficiently identified and measured for either accountability or decision-making purposes and need to be for program management and planning. Even if this information were available, it would not be

possible to attribute this change to the RBP without an appropriate impact evaluation design using the type of methodology that allows for causal attributions to be made.

SC5 Strategic Conclusion Priority 1:

Confidence level for validity: High
Perhaps the most important effect generated by RBP is the development of internal strength and determination within participants, identified by many participants and stakeholders, there is a real difference between "RBP girls and non-RBP girls" who become determined to take not only the decisions concerning their SRH affairs in their own hands but a variety of other challenges as well. These include their place within a community, the social responsibility to assist their peers and not only their friends, a desire to become more competent to face a future that is not based on a traditional male-dependent existence, and a sense of self confidence that is recognisable. This transformation is not well documented or understood by the RBP and therefore preparing an "enabling environment" becomes an ad hoc exercise.

Reference EQ 1, 2 and 4, with evidence gathered from Focus Group discussions and key interviews. Evidence was also gathered from third-party stakeholders, such as TVET managers, focal point managers and community leaders.

SC6 Strategic Conclusion Priority 1:

Confidence level for validity: Medium
Most components of the RBP that are geared to supporting a "transformative" effect on young women and girls are performing well: knowledge is being absorbed, skills are being acquired and attitudes are being developed. Well performing components in knowledge acquisition include Safe Spaces, SMS Biz, SAAJ counselling and GBV prevention. CSE is not contributing as it was planned (i.e. bringing about a transformative effect). Skills are being learnt through The Safe Spaces and Financial literacy. Attitude development is taking place through the safe spaces and media, for example.

Reference EQ 4, 5, 6 and 7. Most of the evidence for this conclusion is of a qualitative nature and was captured using Outcome Harvesting techniques. The *quantity* and *consistency* of the evidence gathered, along with the *triangulation* between sources and types of sources provides a fairly high level of validity.

SC7 Strategic Conclusion Priority 1:

Confidence level for validity: High
The "Enabling Environment" components of RBP are not as efficient or as effective as they need to be, even if there are significant successes. Community development is evolving but is being handled in an ad hoc manner, the advocacy component is not being leveraged as part of a programmatic approach, the legal and regulatory frames are in place to protect the rights but their implementation is not effective, and the health services delivery system to meet demand is significantly disconnected from the rest of the RBP oversight and supervision,

even if it has made progress in meeting demand through SAAJ, school corners and improvement of SRH in clinics and hospitals. Overall, the demand has already outstripped supply for all enabling services.

Reference EQ 4, 5, 6 and 7. As with the previous conclusion, most of the evidence for this conclusion is of a qualitative nature and was captured using Outcome Harvesting techniques. The *quantity* and *consistency* of the evidence gathered, along with the *triangulation* between sources and types of sources provides a fairly high level of validity. It is important to note that key respondents providing information were GoM ministries and CSOs that work directly with communities. The conclusion is based on their experience, shared with the evaluation team and in their annual reporting.

SC 8 Strategic Conclusion Priority 1:

Confidence level for validity: High

Community dialogue has contributed to communities having begun to provide essential elements of support in generating the enabling environment required under the RBP approach, but there are major issues to be resolved, including what approach should be used over and beyond "dialogue", how to contextualise at the community level, how to provide political coordination and direction, and how to generate a holistic and leveraged effort based on a commitment to SRHR.

Reference EQ 4, 5, and 7. Interviews and Focus Group discussions have brought forth perceptual and anecdotal evidence that the "community" component of the "enabling environment" is being executed on a relatively simplistic moral suasion basis when a more complex and contextualised approach is likely required in such a complex set of political-economic vectors. Little is known of how to proceed in a structured manner. Overall, there is a consensus among the CSO, and ministries involved that it is community development that is required, not only dialogue-based approaches.

SC 9 Strategic Conclusion Priority 1:

Confidence level for validity: Medium

Some GoM ministries (ex. Youth, Gender, Justice) are only providing marginal support to RBP objectives due to weaknesses in their mandate execution systems, resource bases or programmatic approaches.

Reference EQ 2, 3, 4, and 5. The evidence shows that while it is logical to ask these ministries to take a genuine and active role, their mandates, service delivery business strategies and overall resource bases do not enable them to generate system-wide change. They have, however, been effective in cases involving individuals. They have admitted having no authority over local leaders other than "collaboration" and are therefore limited in their influence for change. The research shows that most field-based ministries did not have the operating budgets to fully support the RBP through supervision travel, workshops and extra personnel.

SC 10 Strategic Conclusion Priority 1:

Confidence level for validity: High
A key pillar of RBP, the CSE mainstreaming, is not contributing as planned and will not be able to contribute for some time.

Reference EQ 4, 5 and 7. Interviews with Min Education, UNESCO and the CSE evaluation team have validated this status of implementation of CSE.

SC 11 Strategic Conclusion

Confidence level for validity: High
While the One UN concept has been promoted as a valuable aid in ensuring mutual support and cooperation among agencies, the evaluation team notes many areas where added value could be introduced, as specified in the Findings chapter. The team could not find a cooperation strategy specifically designed for UN agencies, with deliverables. Regular meetings of agency heads or technical experts would, it is assumed, have taken place even without the One UN umbrella. There is much room left for intra-agency collaborative work, starting with the introduction of program management logic and execution. It is understood that the UN agencies must manage not only RBP but other interventions and priorities as well, and that there is a need to ensure funding flows for the personnel the agencies employ; this means that there are different timeframes and cash flows involved for program implementation, with various leveraging possibilities. There is really few reasons why there should not be a much more integrated program for RBP when, for example, UNFPA also works on GBV with the Ministry of Justice and the Ministry of the Interior, and UNESCO is intimately involved with CSE.

Reference: EQ 3, 4 and 7. This conclusion has ample evidence to support it, gathered from document analysis, KII with UN, GoM and donor staff, and representatives of both the GoM and the UN in the provinces.

SC 12 Strategic Conclusion Priority 1:

Confidence level for validity: High
The reconstituted Theory of Change for RBP indicates that there is poor definition of why the stated causality linkages across entire RBP results chain will result in the ultimate expected outcomes on a sustainable basis, or how to ensure that the causal linkages are managed in such a way as to generate the required outcomes. This has resulted in major constraints in program management which has become activity-based and not result-based. The ToC are also very limited in terms of expressing the nature of the ultimate outcomes of RBP and how to measure it.

Reference EQ 1, 3, 4, 5 and 6. Meta-conclusions prepared by the evaluation team

SC 13 Strategic Conclusion Priority 1:

Confidence level for validity: High
Some of the key concepts of RBP were not defined in objectively verifiable terms and therefore cannot be measured. Moreover, those concepts cannot be managed from a

programmatic perspective. For example, what is the nature and degree of modification sought for "behavioral change" and what are the characteristics of the "enabling environment" sought that will support the agency RBP targets?

Reference EQ 4 and 5. There are a great many examples of people interviewed who noted that targets were unclear and that no monitoring of effects was taking place. As a result, they noted, it was impossible to obtain direction since there were few frameworks with which to work.

SC 14 Strategic Conclusion Priority 1:

Confidence level for validity: High

The RBP is not prepared to expand into more provinces because too many components are not performing well enough, are not integrated enough and the program management by the GoM within the RBP is not able to add value or direction to what is already being done, and any extension will stress the systems even further. It could, however, expand into the rest of the districts in Nampula and Zambézia providing the management issues involving the leadership of the GoM mentioned above were resolved.

Reference EQ 4 and 5: Meta-conclusion prepared by the evaluation team. Based on interviews carried out with key respondents in Maputo and in the provinces, as well as with CSO.

SC 15 Strategic Conclusion Priority 1

Confidence level for validity: High

In terms of performance management based on the expected results of the RBP, its leadership, direction and guidance to all stakeholders, implementation partners and targets are very weak; RBP managers have mistakenly been overly concerned with the effectiveness of "coordination" when there are more mission-critical problems with the program-level management being applied. In that context, "coordination" is just one management function that is a means to efficiency and/or effectiveness. Quality assurance has been considerably overlooked and not reported upon, and there is a noteworthy lack of operational standards and norms covering most of the transformational activities of the RBP**.**

Reference EQ 4 and 5. This conclusion is the result of document analysis and interviews at all levels with all stakeholders. It is also derived from documentation analysis of reports at the central and provincial levels. For example, respondents were asked to describe the value-added that is provided by the leadership of various organisations in terms of specific changes made as a result of analysis of performance or of value-added changes made within a coordination context.

SC 16 Strategic Conclusion Priority 1:

Confidence level for validity: High

Other than the effects that have already been internalised by young women and girls involved so far, there is no part of the RBP organisational architecture and programming that can exist at the present performance levels without the continued financial support of external donors.

Reference EQ 1 and 7, with support of EQ 4 and 5. There is overwhelming consensus that the GoM alone could not maintain the levels of activity now in place. Moreover, ministries indicate that even if the GoM is "committed" to SRHR, it could only offer very low levels of programming in the form adopted by RBP.

SC 17 Strategic Conclusion

Confidence level for validity: High
Community dialogue has contributed to communities having begun to provide essential elements of support in generating the enabling environment required under the RBP approach, but there are major issues to be resolved, including what approach should be used over and beyond "dialogue", how to contextualise at community level, how to provide political coordination and direction, and how to generate a holistic and leveraged effort based on a commitment to SRHR**.**

Reference EQ 4 and 7. Overall, it is community development that is required, not only dialogue-based approaches.

SC 18 Strategic Conclusion

Confidence level for validity: High
There are weaknesses in ensuring provision of quality and adequate health sector services to meet the demand that RB has created through effective community mobilization. For example, there are fewer hospitals capable of performing fistula repair than needed to address the accumulated long waiting lists. Fistula repair requires competent post-operative care to ensure high success rate of the surgical repair. Also, SAAJ facilities and the school corners need **improvement through competency-based training and continuous supplies of necessary medicine and contraceptive commodities such as emergency contraceptives.**

Reference EQ 4 and 5

SC 19 Strategic Conclusion

Confidence level for validity: High
Economic empowerment component is in high demand but has not been deployed purposefully or strategically and has only had marginal demonstrable effects. The use of TVET as an economic empowerment strategy has had considerable success in terms of throughput (i.e. the number of beneficiaries and the number of individual events (such as a training grant, a grant for starting a business, etc.) but the product and results could be significantly improved.

Reference EQ 2, 4, 5 and 6. This component has not demonstrated follow-up and is not seen as transparent. There is a need to analyse the effects generated by specific strategies and to focus on key strategies.

SC 20 Strategic Conclusion

Confidence level for validity: High
Compliance concerning SRHR rights is weak, involving police and Ministry of Justice, and the police is not seen as part of the solution in terms of protection and social mediator, but as predators at worst and uninterested at best. In short, the evaluation

concludes[88] that although there are policies, regulations and laws covering SRH and its related domains, the mechanisms and protocols that should be in place to ensure that they are followed are insufficient.

Reference EQ 4, 5 and 7

SC 21Strategic Conclusion

Confidence level for validity: Medium

Policy level advocacy has been productive but design and implementation of means to protect rights by GoM bureaucracy is a problem.

Reference EQ 4

SC 22 Strategic Conclusion

Confidence level for validity: High

The FGDs with boys confirmed that boys express strong need to participate in the RBP to address various issues related to masculinity patterns, responsible fatherhood, relationships, contraception but also family planning. The boy respondents perceived it as wrong that the RBP only responds to girls' needs of empowerment and acknowledged that in order to address the main issues of early pregnancies and early marriages, a change to attitudes and behaviors of boys is essential. "We agree that girls should talk to girls, but in terms of prevention and risk, boys should also be part of the conversation."

Reference EQ 1, 3, 4 and 5

SC 23 Strategic Conclusion

Confidence level for validity: High

With regards to HRBA, it can be concluded that the RBP was designed in accordance with the HRBA principles of non-discrimination, participation, openness and transparency, and accountability. However, the application of some of these principles might require strengthening in the next phase, including transparency (ex. economic empowerment and all stakeholders having access to project documents), participation (e.g.. GoM ownership of design and implementation), and accountability (ex. reporting on use of resources in terms of effects).

SC 24 Strategic Conclusion

Confidence level for validity: N/A

The evaluation team was not able to gather evidence of improved quality of coordination as a result of DFID support through the TAF. Interviewees could not identify such improvements. The team could not find any evidence of a capability improvement plan or a list of improvements that would be addressed. The DFID program manager was ill and not available to provide such evidence.

88 Based on KII in Maputo and Nampula with police and ministries of Gender and Justice

SC 25 Strategic Conclusion

Confidence level for validity: High
The evidence points to a relatively low level of coherence and coordination between the RBP and a series of SRH-related interventions that have been introduced into Mozambique.[89] The Spotlight initiative should have been applied not only to Nampula but to Zambézia as well, even if the intent is to provide national impact over the very long term. The My Choice program should be interacting with the RBP, even if the donor of choice has selected Tete province for the "pilot". The My Choice program has many of RBP's components and in fact duplicates some of them such as increased access to contraceptives, strengthening the health system and using the safe space approach. The evaluation team believes that the My Choice program, in many ways, should be considered as a failure of multi-donor strategic cooperation in Mozambique

5.2 OPERATIONAL CONCLUSIONS

The following are operational conclusions:

OC1 Operational Conclusion
The scope of services rendered through RB mentorship has not been sufficiently well defined or supervised. Mentors are not necessarily competent to do what they are doing. For example, some mentors, unwittingly, have gone beyond the scope of their responsibilities and provided advice to girls seeking safe abortion rather than referring them to the established clinics or hospitals. The level of supervision by ex-mentors is well received by mentors, but there are many cases where it would take more "qualified" people to intervene.

Reference EQ 4 and 5

OC 2 Operational Conclusion
The structure of political leadership in communities constitutes a barrier to the sharing of information, priority setting and case management. Top level leaders rarely cooperate with low-level leaders, stopping the flow from need identification and solution development to implementation at the lowest levels. While RBP has several windows of opportunities to build and strengthen synergies and relations between the political strata of society and Government institutions at provincial and district levels, they haven't been highly effective as a programmatic, and a line architecture needs to be installed to build the linkages to fill the disconnect and the existing gaps.

Reference EQ 3 and 4

89 We have been advised that one of the interventions is the IPAS Safe Abortion project that is being implemented in these two provinces. It is interesting to note that our discussions with the MINAU and a private CSO offering safe abortions (DKT) never mentioned the IPAS project; but that may be an oversight on their part and is not sufficient to indicate a lack of coordination between them.

OC 3 Operational Conclusion
The RBP has focused on the target defined as vulnerable girls and young women. However, the most vulnerable groups such as the young women with disabilities, poorest, furthest from municipalities and many women with fistula living far in remote areas did not participate in the RBP.

Reference EQ 1 and 2. The term "vulnerable" refers to individuals or girls with low or no education and subject to early marriage, child abuse or sexual exploitation. The most vulnerable are those having physical or mental disabilities on top of being vulnerable.

OC 4 Operational Conclusion
The motivation for mentees to improve their agency is high: the attendance records are high for meetings, the self-starting and enduring continuation of group meetings after the four-month cycle, and the take-up of mentorship responsibilities all point to motivation and commitment. That phenomenon is not well understood by the RBP, including how to further strengthen it and how to build on it.

Reference EQ 4 and 5

OC 5 Operational Conclusion
M&E systems were not concerned with the entire results chain and have focussed on activity-related transformation and performance but not outcome management analysis required for program management.

Reference EQ 3 and 5

OC 6 Operational Conclusion
There is conflicting evidence concerning the contribution of RBP radio to required and expected program effects.

Reference EQ 4

OC 7 Operational Conclusion
SMS Biz is effective for knowledge acquisition, behavior change (support to) and as an RBP program management tool. It can also be an effective tool for the planning and monitoring of economic empowerment strategies and other applications because it allows for the rapid gathering of interest and first response on the part of targets, both boys and girls.

Reference EQ 4 and 5. The example comes from a consultation done by SMS Biz.

OC 8 Operational Conclusion

Donors are adopting a comprehensive strategy for SRH which is recommended by all the latest literature on the development of health services. In particular, they are supporting both ends of the continuum between SRHR services executed by the community on the one hand to those executed by health facilities through different mechanisms (RB) and IPAS (in the case of Sweden).

Reference EQ 4. There are 40 sites in Zambézia and Nampula supported by the Swedish Embassy through IPAS that provide safe abortion services. These sites have already received their stock and supplies of the most effective medicines used for conducting safe abortions based on the WHO guidelines. These are: Misoprostol plus Mifepristone required for performing safe abortions at these sites.

OC 9 Operational Conclusion

RBP management systems are not specifically monitoring most of the cross-cutting issues that are commonly defined by the international development cooperation community, including environment and climate change. There is no reporting on rights except for those directly associated with SRHR. There are no records where these cross-cutting issues were discussed at oversight or supervisory events.

Reference EQ 2

OC 10 Operational Conclusion

The RBP does not have comprehensive actionable strategy of inclusion of beneficiaries with special needs based on research (mapping, needs assessment). There is also a lack of performance indicators disaggregated by disability.

Reference EQ 1, 4

OC 11 Operational Conclusion

The School Corners concept was valuable in allowing access to contraception at the school-gate. A part of its services (prescription pills) was removed and placed within the health clinics, and what remains is considered by students and mentors to be useful and should be maintained.

Reference EQ 4, 5, 7

OC 12 Operational Conclusion

There is a significant risk that mentors will cease to work for the RBP if they continue to be burdened with the workload they now have. Many feel that they are motivated from within, by altruistic reasons. Many Focus Groups noted that they would benefit from “group belonging” signs that would physically show their communities who they are. Interviewees have also noted that they should receive a more substantial amount of money for their services.

Reference EQ 1, 3, 4, 5, 7

OC 13 Operational Conclusion
Even if the RBP was designed in a way that took current international policies and protocols concerning cross-cutting issues into account, the RBP documentation does not specify what cross-cutting issues (CCI) need to be managed. The Monitoring systems generally did not capture relevant CCI data on many of them including environment, human rights.

Reference EQ 1, 3, 4, 5, 7

OC 14 Operational Conclusion
The SRHR domain has been the subject of advocacy efforts for many years in Mozambique, as noted in the Answers to EQ 1 and EQ 6. Thanks to these efforts and the commitment of the GoM, regulatory and legal frameworks have been improved for SRHR, but the machinery of State continues to have important difficulties in implementation. The evaluation did not find any costed plan for the application of the SRHR strategy for the country that would take into account all the initiatives, such as RBP, now being implemented in various provinces.

Reference EQ 1, 3, 4, 5, 7

6 Lessons Learned

The evaluation team has learned several lessons during the process of execution of the carefully designed Evaluation plan. These lessons, grouped to reflect the Theory of Change logic, include:

Management information and contextual knowledge

i. Without an effective M&E system geared to providing decisions on the future actions that need to be taken in order to meet expected outcomes, decision-makers must use ad hoc information based on input and activity management. It is clear that that has not worked well as a strategy for RBP, so it is not wise to treat M&E as a support function (such as purchasing or finance) when it is a core management function.
ii. The management principle of **requisite variety** states that in order to be able to manage a working system composed of a diversity of parts so that it can cope with external perturbations that menace its normal functioning or even integrity, that system must possess an internal **variety** at least as great as the **variety** of the perturbations. In this case, the approaches that are used may be managed in a way that is too simplistic. Setting up groups and assigning them mentors to execute a "guide" or undertaking "dialogue" may not represent the complexities of either of the ecosystems used in the example. To be able to manage more effectively, one must know the diversity and complexity of the process and the systems that need to be addressed.

Management of assumptions

i. The RBP was designed on the basis of activities leading to outcomes. That logic needed to include the rationale for the expected changes and the assumptions or external factors affecting outcomes that also need to be monitored. Important assumptions (ex. CSE readiness) were not tested until recently and as a result an important pillar needs to be re-designed.
ii. Assumptions are only as useful as the effort made to validate them. Monitoring at all levels is required to do that, and research into how and why things are changing informs the rationale and understanding of how change happens. In this case assumptions were not monitored, and some were incorrect (ex. Support that would be provided to RBP by CSE).

Management of inputs and activities to generate outputs

i. Resources should be allocated to generate the greatest amount of effect (i.e. cost effective).
ii. A program management approach ensures that links, leverages and complementarity can be achieved through systematic planning, adjustments to plans and coordinating the application of efforts.

iii. The sum of outputs does not necessarily equate to an outcome. Outcomes need to reflect effects in pursuance of a goal.

Management of intermediate outcomes

i. The transformation of outputs to intermediate outcomes means that the outcomes are not the goal of the intervention, but a state or pre-condition to achieving the ultimate effect or impact.
ii. Once intermediate outcomes are identified, program managers need to know what will cause them to be transformed into higher level outcomes. Whatever that is, it needs to be managed to ensure it happens.

Management of ultimate outcomes

i. The three ultimate outcomes were very important as a whole but they were not adequate as a means of monitoring behavioral change. The lesson to be learned here is that Performance Matrices must reflect what we ultimately want as an impact. That must often be reflected in more than one indicator but more importantly in indicators that accurately reflect what is required.

Management of risks

i. Risks need to be monitored and acted upon. Only a system that seeks out information on what is not likely to happen, and also is able to capture any adverse effects and why they occurred, will be in a position to make the management decisions that will favor progress.

Program-level management

i. At the planning phase of RBP there was tendency to define and set levels of objectives and targets that were not sufficiently reflective of the scope of the RBP's expected outcomes. This has resulted in important stakeholders not being held accountable for important parts of the results chain and has deprived RBP managers of the means to monitor the progress towards attainment of what should have been a series of outcomes.
ii. The individuality (separation) of the mandates of the various GoM ministries involved in the RBP has meant that the designated lead agency (MINYOUTH) has not been able to provide effective program management. It has also meant that ministries and implementation partners have been deprived of coherent and leveraged direction. The GoM can use Phase 1 to change its management strategy for Phase 2 or the donors can continue to support an inherently inefficient process that is far from being as effective as it could be. The lesson here is that there is no substitute for program level management.
iii. Program management is not restricted to coordination, but to oversight, resource re-allocation, risk management, process adaptation, accountability management and a host of other functions. To enable program management to take place, there must be appropriate delegation of authority, oversight over other members of a matrix organisation, clear work breakdown structures with very clear definitions of what constitutes an acceptable deliverable and resource allocation in line with the tasks that are assigned (among a few of the characteristics).

iv. A focus on "coordination" as a function, rather than as a means, often displaces attention away from "what has to be done" to "how to have control over others". If the latter is happening, then program management is not happening effectively.

The execution of this evaluation

i. A participation-focused evaluation takes a lot of time and effort to implement. It also produces findings and conclusions that people trust.

ii. User-focused evaluations should be designed in an inception mission. The focus on "use" is quite different than the focus on "Evaluation Questions", the latter tending to be focused on ex-post analysis and the former tending to be focused on the "future". The evidence required is not the same and validation is not only based on triangulation.

iii. On-line surveys require much follow-up.

iv. KII that are respondent-specific require a considerable amount of logic, rigor and logistics.

v. Setting up Focus Group Discussions (including deciding the nature of groups, identifying possible attendees, invitations to attend, setting up venues, organizing refreshments, etc.) is difficult for external evaluators. They need significant support and logistics from local implementation agencies, but the identification of groups and attendees must be done by the evaluators.

7 Recommendations

Recommendations

The following recommendations are clustered according to whether they are "strategic level" or "operational level". As with conclusions, they are numbered for cross-referencing (SRx, ORy).

7.1.1 Strategic Recommendations

SR 1 Strategic Recommendation

Recommendation deals with : Core components of RBP and program leadership	Basis : SC 1,4,7,8,14	Priority : High
Stakeholder to which the recommendation is addressed:	Donors, GoM, UNFPA	

Statement of overall recommendation:

The evaluation team was requested to identify what it believed were the CORE components of RBP, that is to say the essential elements absolutely necessary to bring about the RBP's objectives.

The Core components are: a) the safe spaces (required for knowledge**, skills and attitude development**), **b) the Community development component (required for enabling environment development at the community level**) **and, c) the delivery of health services by** MINHEALTH.

These should be much more integrated than they are at the moment through a program **management approach, and therefore the improved leadership and monitoring and management functions are *sine qua non* for the core components to work.**

Tied to the concept of "core components" is the concept of program leadership and accountability, and the evaluation team recommends that a comprehensive analysis of program management for the next phases includes a clear definition of the extent to which existing GoM ministries can provide the leadership and direction required. The RBP should reflect what these ministries can do. Believing that something will be done right when it that is not likely to happen is not advisable. The leadership and direction must also be reflected in the delegation of authority provided to the leadership.

Short-term actions to be taken:

a) The RBP managers need to identify how to create a program out of separate parts.
b) The approaches for each component need to be researched and fixed.
c) Clear targets and objectives need to be established on a results basis (using indicators).
d) Responsibilities and accountability need to be much better defined.
e) The introduction of other components needs to be clearly justified and they must complement the core.

SR 2 Strategic Recommendation

Recommendation deals with: Geographic expansion to other provinces	Basis: SC 14,15 OC 14	Priority High

Stakeholder to which the recommendation is addressed:	All RBP managers

Statement of overall recommendation:

The next few years should be spent consolidating lessons learned and improving the approaches and strategies used in RBP, not in engaging in a larger geographical scope. Certainly, no effort should be made to expand into other provinces until the issues and weaknesses explained in this evaluation or in the TAF report are successfully dealt with. If deemed feasible by the donors, Reference Group and the GoM, we recommend **to expand to the last districts in the two provinces now covered. But that should be after an adjustment period allows for improvement.**

Short-term actions to be taken:

a) Start planning for Phase 2, taking into account the conclusions and recommendations of this evaluation as well as those of the TAF report.

b) Some of the mission-critical decisions that need to be taken include the nature and form of the leadership of the GoM; whether to include boys and/or a youth focus; the approaches that will be used for the key components of safe spaces and community development; the nature and level of competency required by all parties involved in the RBP and how to ensure that they are capable of delivering what is required, and how and exit strategy should be framed so that donors can focus on other priorities in the mid-term (to be defined).

SR 3 Strategic Recommendation:

Recommendation deals with: Broadening the scope of RBP to include boys	**Basis: SC 22 and OC 9,10**	**Priority HIGH**
Stakeholder to which the recommendation is addressed:	All stakeholders but primarily GoM and donors (with support of UNFPA)	

Statement of overall recommendation:

The next phase should not expand to mainstream boys in all the components. The designers of Phase **2 should, however, recognise that for some results, not including boys may present a constraint to either the transformation process or the enabling process. Where this is clear, a strategy should be defined to mitigate against those constraints. At the present time the thrust of the** program **should not include, equally, boys and girls. This situation should remain as such until the Reference Group is convinced that all the component parts of** the **RBP are operating as effectively and as efficiently as it can. If and when the RBP is rolled-out to other provinces, it is the final configuration of RBP that should be rolled-out (ex. With boys? To what extent and with which components? Are effects known of having dual targets based on sex? How does the inclusion of boys affect the effects of having only girls? What girl-related approaches need to be changed and why?** Are there management **systems in place**?).

Short-term actions to be taken:

a) Identify the constraints noted above.

b) Develop a mitigation strategy.

c) Implement.

SR 4 Strategic Recommendation:

Recommendation deals with: Diversity of the beneficiaries' needs	Basis:SC1,3,4,5,7,8	Priority High

Stakeholder to which the recommendation is addressed:	UN Family, front line implementers, GoM, RBP leaders

Statement of overall recommendation:

What is unique about the RBP is its focus on behavior change. The evaluation recommends that the RBP's expected outcomes statements and indicators reflect the diverse changes sought within the diversity of targeted beneficiaries and their social ecosystems, and not a generic indication of an entire population without disaggregation. These statements should **also identify the differences between the results expected at the transformation as well as the enabling stages as well as changes in the social and economic ecosystems that are required. For example,** include **SRHR targets and appropriate approaches for boys, tailored activities for young mothers, girls and young women with disabilities, fistula survivors and community (or group) related outcomes**.

Short-term actions to be taken:

a) Include thorough needs assessment into the next KAP survey.
b) Develop Inclusion strategy based on the evidence from relevant research mapping and needs assessment.
c) Conduct thorough programming analysis based on expected changes and revised ultimate outcomes.
d) Develop a comprehensive Theory of Change or equivalent.
e) Ensure that all components are not only feasible but can be managed from a program management perspective.
f) Develop disaggregated indicators for each "class" in the Performance Results Matrix.

SR 5 Strategic Recommendation:

Recommendation deals with: Approaches to research and improvement of effectiveness of key components	Basis: SC 2,4,5,8,13,17,22 and OC 10, 13	Priority MEDIUM
Stakeholder to which the recommendation is addressed:	UNFPA, MinYouth. CSO	

Statement of overall recommendation:

The logic underpinning the approaches used for safe spaces and community dialogue should be researched to provide evidence as to: a) what works and what does not under different conditions, b) how can the approaches be contextualised, c) what are the limits to the approaches and what would be required to leverage them, d) what competencies are required and where, and **e) how, and when, can RBP exit the main approaches used.**

Short-term actions to be taken:

a) Identify, in detail, what the approaches are at the moment and why they work or not.
b) Identify what changes will likely need to be made to approaches as the RBP components evolve.
c) Identify how to contextualise and when.
d) Identify the competencies and resources required to implement.
e) Ensure that the availability of competent resources matches the revised approach requirements.
f) Implement.

SR 6 Strategic Recommendation:

Recommendation deals with: Better specification of the intent of the RBP	Basis: SC 2,5,8,11,12,13,18, and OC 2,9	Priority HIGH
Stakeholder to which the recommendation is addressed:	All stakeholders	

Statement of overall recommendation:

The RBP's existing performance framework only covers a part of the stated intent of the RBP and generally focusses on the consequence (stated as proxies) of behavior change and not on the change itself. It is assumed that the behavioral change sought by RBP will affect much more than the indicators selected for the ultimate outcomes, and it is this larger picture that should be managed by RBP. For example, the Performance Framework does not specifically deal with the improvement in self-worth that enables young women to interface more "aggressively" with community-level organisations. This has broad implications for SRHR at all levels. A better scoping is required for the next phase, with appropriate indicators and baselines, and a theory of change that addresses the Change Process, the Assumptions and the final outcomes. If the expected outcome deals with behavior change at the individual and group levels**, then the change strategy should deal with that.**

Short-term actions to be taken:

a) Study recent research documents dealing with how to measure behavior change in the health sector. For example, see S. Michie et al, "Evaluating the effectiveness of behavior change techniques in health-related behavior: a scoping review of methods used" Translational Behaviour Medicine, Vol 8, 2018. (use Oxford Academic search facility).

b) Adapt the selected methodologies to the RBP at all the appropriate levels and within all relevant the components.

c) Develop indicators and targets.

d) Adapt M&E systems to capture changes

SR 7 Strategic Recommendation:

Recommendation deals with: M&E as a fundamental management strategy tool	Basis: SC 3,4,11,12,15 and OC 5,7,9,13	Priority High
Stakeholder to which the recommendation is addressed:	UNFPA, Donors	

Statement of recommendation:

Improve the scope and functionalities of the M&E so that it covers the entire results chain, including effects and program **management, both strategic and operational. The data gathered and analysed should also include those dealing with cross-cutting issues and specific development policies such as human rights.** Part of the data required for active management of any program are those that deal with costs. The evaluation believes that the future managers of RBP should continue the work done by the TAF team in identifying the cost of the outputs of the RBP. It also believes that the list of indicators (refer to table 6 of the TAF report for examples) should be considerably expanded.

Short-term actions to be taken:

a) Generate Performance framework and ToC for Phase 2, and base the M&E system on that.

b) Ensure that "intent" and "expected effects" are tied to the ToC and represent what is wanted by the RBP. In the present case the outcomes are only a small part of what is wanted.
c) Ensure that key operational data is available in real-time.
d) The M&E system does not end at the door of decision-makers. The latter must know how to benefit. Conduct simple capability analysis on that and provide either capability development or act as a contracted-out service. If people do not use the M&E systems to monitor and evaluate, then something is wrong.
e) Ensure that all participants can get access to M&E analysis.
f) Tie M&E to RBP portal (build if required).

SR 8 Strategic Recommendation:

Recommendation deals with: Approaches to community development	Basis: SC 7,8,9,11,17 and OC 2	**Priority High**
Stakeholder to which the recommendation is addressed:	UNFPA, Donors, GoM, Community leaders	

Statement of overall recommendation:

The approach to community-based enabling environments needs to be more rigorous in its raison-d'être and application, evolving from a "dialogue" mode to a "development" mode.

Short-term actions to be taken:

a) Research the existing approaches used to identify causality between what was done and what effects that are generated.
b) Define working approaches that can be contextualised and adapted.
c) Develop scenarios based on feasibility analysis of adopting the various proposed approaches.
d) Collaborate with communities to validate the approaches and select which ones they believe will be most effective.
e) Compare costs of implementation with benefits.
f) Obtain political support.

SR 9 Strategic Recommendation:

Recommendation deals with: Most Vulnerable Girls	Basis: SC 4,5,17,18,23 and OC 3	Priority: MEDIUM
Stakeholder to which the recommendation is addressed:	All stakeholders	

Statement of overall recommendation:

Identify which parts of the target populations are not being served by RBP because they are the most vulnerable parts of society and develop a strategy and a plan to become as inclusive as possible. Focus Groups and interviews have shown that there are many, many definitions of who is a "most vulnerable" person. Research also identifies that there appears to be a perception by young women and girls that the RBP should be extended to include them. In fact, many of the "most vulnerable" have been helped by RBP "girls" to attend sessions as mentees, to return to school, to get clinical help and other assistance. This recommendation applies to all parts of RBP, including safe spaces, school, community enabling environment, access to services, etc.

Short-term actions to be taken:

a) Research the market to generate a typology of "most vulnerable" and a mapping of where they are.
b) Identify what SRHR services they require most urgently.
c) Plan for them being able to survive.
d) Ensure resources are available when needed.
e) Implement.

SR 10 Strategic Recommendation:

Recommendation deals with: Ensuring that all RBP players are intimately knowledgeable of SRHR policies and approaches being applied	Basis : SC 2,3,4,5,6,10,13 and OC 1,7	Priority: High
Stakeholder to which the recommendation is addressed:	Donors, UN Family, CSO implementation partners, GoM agencies involved in any aspect of RBP.	

Statement of recommendation:
Improve the quality of training for **the mentors and mentees to deliver the correct messages and information and improve supervision to ensure compliance with required guidelines.** Part of the supervision that should be examined is that provided by CSOs.

Short-term actions to be taken:

a) During implementation of Phase 2, emphasize relevant national policies and bring them, in simple language media to grassroots so that community leaders, parents and members get a better understanding of what has to be done and why. These polices include those referring to adolescent and youth, the Maputo Protocol and legalization of abortion (to name a few). Program managers, government officials and employees at provincial and district officials must have an in-depth understanding if they are to share strategies and approaches. Examples of global conventions and treaties promoting women's, girls' and children's rights include CEDAW, UN SCR 1325, and ICPD goals.
b) Refer to the national policies and incorporate key facts to be included in the curricula of the training of RB mentors' supervisors.
c) Develop appropriate sessions for the mentors and mentors' supervisors related to national policies.
d) Frame community development strategies in terms of the national policies, and develop action plans based on contextualised approaches.

SR 11 Strategic Recommendation:

Recommendation deals with: Economic empowerment component	Basis: SC 19,22 and OC 10	Priority HIGH
Stakeholder to which the recommendation is addressed:	All RBP managers	

Statement of overall recommendation*:*
Undertake an independent assessment of the effects of the Economic Empowerment component on a sample basis, and then adjust that component as required. It is recommended that the economic empowerment component be scoped to only include the

means of ensuring sustainability and effectiveness of the rest of the RBP. It should not be scoped to become the Economic Development Thrust of the GoM in the provinces, as there are other programs for that.
Recommended strategies for Economic empowerment support include providing motivation for community development decisions supporting RBP outcomes; motivating mentors and supervisors (via TVET and University grants), offering career training to vulnerable girls in domains that require more employees but where non-locals are not interesting (ex. fistula victims becoming midwives), and supporting viable projects put forth by the "most vulnerable" (examples only).
All Economic empowerment actions must be transparent and criteria for selection of "beneficiaries" should be widely known.
The UN should also begin to fundraise to provide a greater level of resources allocated to this **area**.

Short-term actions to be taken:
See above

SR 12 Strategic Recommendation:

Recommendation deals with: Demand outstripping supply of public service delivery	Basis : SC 5,9,14,18,20 and OC 10	Priority HIGH
Stakeholder to which the recommendation is addressed:	All stakeholders	

Statement of overall recommendation:
Ensure that SRH public service delivery is available as demand for them increases.
It has been mentioned previously as part of a recommendation, but this issue requires its own platform. It is clear from the results of the evaluation that the RBP has contributed to a significant increase in demand for public services that the GoM agencies are not able to meet. These demands range from counselling in a SAAJ context within primary care clinics, to post-operation medical and family follow-up after fistula repair, to providing assistance to communities that cannot resolve simple SRH issues by themselves (such as documentation for schooling) and finally to the protection of an adolescent's safety and security when violence may be present. There may be **other issues** requiring **GoM support because it is the only "organisation" authorised to provide that type of support.**
The evaluation has asked itself whether it is advisable to increase demand even if supply is not enough. The simple answer is that "it depends on what the demand is". Fistula repair is urgent as is abortion support. Requests for case management support in community development is not. But the RBP should, for the next phase, be able to obtain commitment levels from all the ministries on levels of service. The RBP should not continue to fund the RBP if the commitments are not going to be respected. If the level of commitment **is too low to accompany the RBP performance frames, the latter should** be **reduced (**and **that implies that the M&E systems cover not only donor-funded operations but GoM operations as well**). **In the end, it is the GoM that must be doing this, supported by external development cooperation.**
It is also recommended that cash flow issues uncovered in the evaluation be investigated and resolved, since field operations will not proceed if the money is not in the hands of field personnel in the various GoM ministries.

Short-term actions to be taken:
a) ***See above***

SR 13 Strategic Recommendation:

Recommendation deals with: CSE in the public school system	Basis: SC 6,10	Priority HIGH
Stakeholder to which the recommendation is addressed:	All GoM ministries, UN family and donors	

Statement of overall recommendation:

The RBP should prepare a "plan B" to mitigate against the constraints to the overall RBP implementation caused by the late introduction of CSE in the school system. To assist in doing this, the **CSE evaluation now taking place will provide a detailed report on the problems faced in the introduction of CSE in the school system including the difficulties faced in teacher training, the distribution of pedagogical material where needed, the lack of supervision capability in the system for CSE, etc. Those results** already **coincide with those of this evaluation** and suggestions made by the report and approved by UNICEF and should be integrated into RBP planning where RBP feels that they support the higher-level outcomes**.**

RBP should **engage in fundraising to support teacher qualifications and competency improvement overall. The focus should be on the provision of all that is necessary to develop the CAPABILITY of the School system to use CSE, including materials, evaluation support, independent evaluation and assessment, teacher training and classroom planning.**

Short-term actions to be taken:

a) Understand the status of the roll-out of CSE to all schools.
b) Re-define what the MinEdu can and should provide in terms of education-system support to SRHR in the near and long terms.
c) If direct support to MinEdu cannot eliminate the constraints, then develop another strategy to mitigate the effects of the non-performance.
d) Implement.

7.1.2 OR 1 Operational Recommendation

Recommendation deals with: Linkages between policy level and grassroots at provincial, district and community levels for health services.	***Basis: SC7,8,18,22, and OC 2,8,9,10***	***Priority HIGH***
Stakeholder to which the recommendation is addressed: **Ministry of Health, Donors, UNFPA**		

Statement of overall recommendation:

Build upon the networking and networks that have been established at all levels to provide a higher level of quality in health service delivery and health care.

This can be done by building on the community mobilization (and its resultant creation of a high level of demand) in order to establish linkages with health service delivery system, and **in order to improve the quality SRH services at** the **provincial and district levels.**

These services include provision of all methods of modern contraceptives, safe abortion services under aseptic conditions established in several hospitals and health units, fistula treatment and surgical repair. These linkages are practical and doable, but the responsibility rests with the Ministry of **Health. RBP could work with that ministry by providing technical assistance or targeted funding.**

Short-term actions to be taken:

a) RB Program Leadership to coordinate merging the community mobilizers with the facility and institution-based services.
b) Create linkages to establish a strong and sustainable continuum that merges the high demand with quality services.

OR 2 Operational Recommendation:

Recommendation deals with: **Better integration of hospitals in RBP network of implementation partners.**	**Basis: SC 18**	**Priority HIGH**
Stakeholder to which the recommendation is addressed: **Ministry of Health, Secretariat of State for Youth and Sports, Donors, UNFPA**		
Statement of overall recommendation: **The next phase should seek to better integrate the functionalities of hospitals, health units and any** organisation **that provides** clinical **health services dealing with SRH (ex. CSO, other donors' development cooperation** programs**). A much higher level of involvement of** hospitals **in RBP because it would assist in making specialist types of quality SRHR services more accessible to the target population at large and to the vulnerable and most vulnerable groups specifically. For example, the Medical Director of Quelimane hospital and his staff are enthusiastic to contribute to the achievements of RBP but note that they are not part of the network; as such they find it very difficult to act at other than a "patient" care level. Their counselling and planning skills and expertise are not used to their full potential.** One practical sub-recommendation is to ensure that the main hospitals are part of the planning exercise happening every year, both at provincial and district levels,		
Short-term actions to be taken: • Develop a structured plan to accommodate the health facilities including hospitals and health units in the provinces and districts. • Ensure continuous supplies of commodities of contraceptives and well-trained personnel.		

OR 3 Operational Recommendation:

Recommendation deals with: **Visibility and sharing knowledge on RBP**	**Basis: SC 8,12,15 and OC 6,7**	**Priority MEDIUM**
Stakeholder to which the recommendation is addressed:	Donors, UNFPA	
Statement of overall recommendation: **Since the RBP has had considerable success over the years, it should, during the coming year** or **so, prepare a research-supported and evidence-based grounded study** on **how the RBP was designed and what the implementation experience provided to the advancement of gender** equality **and SRH in Africa. The publication should take on a business strategy approach in the sense that it should be designed to enable decision-makers in other countries to make decisions between competing public policy choices.**		
Short-term actions to be taken: *a)* ***See above***		

OR 4 Operational Recommendation

Recommendation deals with: Overall program management of RBP	**Basis: SC 6,7,8,11,12,13,15,25 and OC 8,9, 11,14**	**Priority HIGH**
Stakeholder to which the recommendation is addressed:	GoM Donors, UN family	

Statement of overall recommendation:

The RBP **should be managed as a** program **and not as a series of semi-connected components. A thorough re-design of the accountability, responsibility and content management functions should be accompanied by the organisational architecture and management systems required.**

Short-term actions to be taken:

- For an overview of what is required for the design of a program, see C. Funnell et al, "Purposeful Program Theory" Jossey-Bass Publishers, 2011.
- A strong change management strategy needs to be developed.
- Ideally, the program should have a "clients' benefit" focus.
- Significant changes to the way the RBP are now managed will be required, including dealing with leadership management, outcome focussing (results management) and information and knowledge management.

OR 5 Operational Recommendation

Recommendation deals with: Program management in the provinces and districts	**Basis: SC 9,10,14,15,20,24 and OC 2,14**	**Priority High**
Stakeholder to which the recommendation is addressed:	GoM	

Statement of overall recommendation:

The GoM should be much more specific in terms of which government agency should do what in dealing with creating an enabling environment at the community level. At the moment, the roles tend to overlap between MinYouth and MinGender, and neither has the resources to play a decisive role. Moreover, the GoM should provide much more specific instructions to communities concerning the extent to which they are expected to collaborate and in what way that collaboration should materialise.

Short-term actions to be taken:

a) UN and Donors should present the case of more effective leadership and direction to Ministers and request action to consolidate authority to act.
b) Re-define the roles of all the ministries in terms of what they are expected to do in RBP implementation.
c) Approaches and strategies for interventions should be clarified and made public.
d) Political leaders should provide specific direction to community leaders at all levels.

OR 6 Operational Recommendation

Recommendation deals with: CSO management	**Basis: SC 2,3,9,14,15,21 and OC 5,10**	**Priority HIGH**
Stakeholder to which the recommendation is addressed:	UN Women, UNFPA, MinYouth	
Statement of overall recommendation: **Improve the management systems of Coalizao so that it is capable of reporting on progress towards achievement of expected results and is able to improve the direct support to mentors from all levels.**		
Short-term actions to be taken: a) Define, in some detail, the rationale behind the approach used in safe spaces so as to be able to identify what needs to be improved, where quality assurance is required and where support to all resources involved is required. b) Link the findings in a) above to the approaches used in community dialogue c) Generate a capability development strategy so that the entire component works as it should and is linked to related components. d) Execute the strategy.		

OR 7 Operational Recommendation:

Recommendation deals with: Fistula	**Basis: SC 18**	**Priority HIGH**
Stakeholder to which the recommendation is addressed: **Ministry of Health, Donors, UNFPA**		
Statement of overall recommendation: **The level of managerial and logistical effort and physical/financial resources allocated to the victims of obstetric fistula should be significantly increased. Strengthening synergies to address the Obstetric Fistula problem should be based on building and strengthening synergies between the RBP community mobilization and service delivery institutions, mainly the hospitals that have the capacity of performing repair surgery of at least simple fistula. Mozambique is among the African countries that suffer most from poor midwifery services and high child or early marriage. Every year, there is an estimate of 3,100 maternal deaths. There are about 20 to 30 fistula cases that occur, equivalent to each maternal death. Therefore, a minimum of 60,000 women are currently suffering from Obstetric fistula at national level.**		
Short-term actions to be taken: a) RB Program and the concerned government institutions and/or ministries develop a carefully designed plan for identification of women who are suffering from fistula (in the provinces where RBP is implemented). b) Women identified with fistula should receive transportation to get to the right health facilities. During the hospital stay, they should receive stipend and transportation to take them back home after repair. c) Post operative support should be organised, supervised by the Ministry of Health and survivors should be visited regularly.		

OR 8 Operational Recommendation

Recommendation deals with: TVET	**Basis: SC 19**	**Priority MEDIUM**
Stakeholder to which the recommendation is addressed:	All stakeholders	

Statement of overall recommendation:

Whenever a decision is made to send someone to TVET training, the pedagogical counsellors of accredited TVET institutions should be involved in the selection much sooner than they now are. They should also work with teachers to identify who should go to TVET training and what kind of supplementary mentoring or education they should or could have to better prepare them. This "case approach" is common elsewhere and it implies that the schools are prepared to assist their students to get ready for the demands of higher-level training.

The Economic Empowerment component should be more linked into the TVET institutions in order to ensure that girls that graduate are able to find work. At the moment, it appears as if the majority of girls that go to TVET training must start their own businesses. In that case, the training should stress entrepreneurial training. The UN should find a way to ensure that there is long-term follow-up and that mentors are available to assist the new entrepreneurs.

Some operational suggestions include:

- **Improve the internship process so that there is a longer period involved (some payment process would have to be included, both to employers and girls**).
- **Improve the competency levels overall, so that they meet standard training levels.**
- **Generate links with INEP, a partner to the TVET Instituto in Nampula, so that training leads to employment. INEP should also provide follow-up mentoring and support to those who start businesses.**
- **Link the economic empowerment thrust dealing with start-up support to those who are better trained to start businesses.**
- **There is a clear need to develop a formal follow-up plan and to understand if the training provided meets the needs of both trainees and employers.**

Short-term actions to be taken:

a) ***See above***

OR 9 Operational Recommendation

Recommendation deals with: SMS BIZ	**Basis: OC 7**	**Priority MEDIUM**
Stakeholder to which the recommendation is addressed:	UN Family, GoM	

***Statement of overall recommendation*:**

Further develop SMS Biz **so that it becomes part of the main portal for networking for all participants. SMS** Biz **should be re-positioned within a "Community of Practice" that provides for networking on a peer-to-peer basis for girls as well as a means of being informed or counselled on specific questions.**

Short-term actions to be taken:

1. Undertake a market analysis of SMS Biz to better understand the coverage it has over the two provinces.
2. Research the effect that SMS Biz has on decision-making.
3. Research the need for information by RBP participants and their preferred mode of interaction to obtain that information.
4. Develop the "portal" concept and implement.
5. Start to replace live counsellors with FAQ. Use meeting approach to set up counselling as needed.
6. Link SMS Biz to the M&E system to provide and additional tool to analysts (including for trend identification and validation).

OR 10 Operational Recommendation

Recommendation deals with: School Corners	**Basis: OC 11**	**Priority High**
Stakeholder to which the recommendation is addressed:	MinHealth, MinEdu, Donors	

Statement of overall recommendation:

The responsibility for providing the services offered through School Corners should eventually be transferred to the MinEdu, albeit with sector supervision.

The logic for this recommendation is that the School Corners are an adjunct to the role of the **MinEdu, and not the MinHealth. The service cannot be transferred until the MinHealth is satisfied that the services will be provided in a way that meets its quality protocols. If there are services that cannot be transferred, they should be returned to the SAAJ or to primary care clinics.**

Short-term actions to be taken:

a) ***See above***

OR 11 Operational Recommendation

Recommendation deals with: Quality assurance	**Basis: SC 2,13,14**	**Priority High**
Stakeholder to which the recommendation is addressed:	All implementing agencies	

Statement of overall recommendation:

Install, within each group of components, a quality assurance function as part of program **management. This is quite separate from supervision and deals with the quality of what is delivered and not compliance with directives or performance support.**

Short-term actions to be taken:

1. Define the components for the next phase.
2. Group them by responsibility center (use change management and work breakdown structure approaches.
3. Define what would be the parameters of a Quality Assurance function.
4. Decide on a sampling strategy (you do not need to go to "Six Sigma" model yet!
5. Assign responsibilities.
6. Tie into the RBP knowledge management system.
7. Implement.

OR 12 Operational Recommendation

Recommendation deals with: Norms and standards	**Basis: SC 2,13,14**	**Priority High**
Stakeholder to which the recommendation is addressed:	All RBP stakeholders	

Statement of overall recommendation:

Since the evaluation found that there were very few norms or standards established except for clinical transactions in health, it recommends that any transformative process be accompanied by norms and/or standards. These would define the nature of the required transformation, the quality required, the changes to the standard that would be **acceptable based on context, the resources that should be allocated, and the frequency of supervision actions.**

Short-term actions to be taken:

a) ***See above***

OR 13 Operational Recommendation

Recommendation deals with: Emoluments to Mentors	**Basis: OC 12**	**Priority High**
Stakeholder to which the recommendation is addressed:	All stakeholders	

Statement of overall recommendation:

The RBP has placed a great deal of weight on the shoulders of mentors for the success of the RBP. In fact, much of the success of the **RBP transformation approach is due to the mentors and their supervisors. Much of the interface between the safe spaces component and the community dialogue rests on the stance adopted by the mentors in support of what they believe in. There are thousands of mentors, and they are taking note of the fact that they are not well paid. As a key interviewee noted in Maputo: "Our** program **rests on the backs of a great number of volunteers". In light of the field experiences gained over the past few years with RBP, the Reference Group should commission a review of the remuneration paid to mentors, supervisors and other "volunteers" that are critical to the success of RBP.**

This exercise is clearly worth doing in the near future since the results of the review could have an impact on the budgeting for Phase **2.**

Short-term actions to be taken:

a) ***See above***

Cross-referencing the recommendations and the conclusions

The following table illustrates the extent to which strategic and operational conclusions and recommendations have been interfaced with strategic recommendations.

	SR1 Core components	SR 2 Geo. expansion	SR 3 Boys included	SR 4 Diversity of Beneficiaries	SR 5 Research and Effectiveness	SR 6 Intent of RBP	SR 7 M&E as a Mgt. tool	SR 8 Community Dev.	SR 9 Most Vulnerable Girls	SR 10 Internal knowledge of SRH	SR 11 Econ. Empowerment	SR12 Supply and Demand	SR 13 CSE
SC 1 RBP as a success	X	X			X		X	X			X		
SC 2 RBP meets needs but these have to be better defined	X	X		X		X	X		X		X	X	
SC 3 Large number reached but many left out	X			X				X	X		X		
SC 4 RBP has been improving SRH but effects not easy to measure		X		X	X	X	X		X	X	X	X	
SC 5 Difference between RBP girls and non-RBP girls	X			X		X			X	X	X	X	
SC 6 Transformative effects are evident but not all components are working in tandem	X	X	X		X		X	X	X		X		X
SC 7 Enabling environment (community dev.) is weak and not structured				X		X		X	X				X
SC 8 Approach to use for community dev. Is not understood or standardized	X	X			X	X		X	X			X	
SC 9 Some GoM ministries only giving marginal levels of support	X	X		X	X		X	X					X
SC 10 CSE is not working						X				X			X
SC 11 One UN not coordinated enough nor led effectively IN PART because of agency turf AND BUDGET ISSUES	X	X			X	X	X						
SC 12 Poor causality understanding in ToC and in components	X				X		X						
SC 13 Expected results by key concepts of RBP not always stated in objective terms		X		X	X	X	X	X					
SC 14 RBP not prepared to expand except to other districts	X	X					X	X	X				

SC 15 Overall leadership and task management by lead agencies is weak	X	X				X	X				X	
SC 16 Financial support will be required in long term	X	X										
SC 17 Community dialogue needs to be reviewed as an approach				X	X	X	X	X		X	X	
SC 18 Quality and standardization of services in RBP generally and health specifically								X			X	
SC 19 Ec. Empowerment not deployed strategically	X			X	X	X	X		X	X	X	X	X
SC 20 Ministries not enforcing compliance where rights or SRH are concerned	X	X	X			X	X	X	X			X	X
SC 21 Rights not well managed by GoM ministries	X					X	X	X	X				
SC 22 Boys feel left out and want to be part of RBP			X							X		X	X
SC 23 RBP was designed in accordance with Human Rights approach						X	X			X			
SC 24 No evidence of improved coordination through use of TAF					X				X	X		X	
SC 25 low level of coordination between RBP and other SRH related donor funded interventions			X	X		X	X						

End of Project Evaluation of the One UN-SRHR for girls and young women in Mozambique – Rapariga Biz Program, 2016-2019

The objectives of this evaluation are to help the donors (The Embassy of Sweden, Canadian High Commission and DFID) and their partners, UN agencies (UNFPA, UNICEF, UNESCO and UNWOMEN) and the Government of Mozambique to assess the progress of the ongoing Rapariga Biz Program to understand what is working well in the implementation of the program and the challenges being faced in order to inform decisions on how program implementation may be adjusted and improved.

The key conclusions are that the "safe spaces" component of the program has been highly successful, and that the communities in which the young women and girls live are starting to mobilise to help create an enabling environment for SRHR decisions taken by the beneficiaries. Recommendations include improving the effectiveness of the program before undertaking any expansion, adopting a program management approach on the part of the Government, solidifying the leadership function of the Government of Mozambique, and improving the level of health and education services to meet the significantly increased level of demand.

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