

Humanisation of Mozambique's Health Delivery System: External Evaluation of the FCDO Funded POTENCIAR Project



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Acronyms and Abbreviations

ANSA	Associação Académica de Nutrição e Segurança Alimentar
BHC	British High Commission, Maputo
CCGH	Co-Management Committee (for Health Unit) – Portuguese acronym
CEP	Citizen Empowerment Project
CESSC	Centre for Learning and Capacity Building of Civil Society
CIP	Centre for Public Integrity
CMC	Co-Management Committee
CBO	Community Based Organisation
CSO	Civil Society Organisation
DPS	Direcção Provincial de Saúde (Provincial Directorate of Health)
FCDO	Foreign and Commonwealth Development Office
FGD	Focus Group Discussion
FHI	Family Health International
GRM	Grievance Redress Mechanism
HPG	Ministry of Health, Health Partners Group
HU	Health Unit
ICAP	ICAP Mozambique (formerly International Centre for AIDS Care and Treatment Programs, Columbia University)
ICSN	Instituto de Ciências de Saúde Nampula (Nampula Institute of Health Sciences)
IDS	Institute of Development Studies
IGAP	General Inspectorate of Public Administration
IMDP	International Multi-Disciplinary Programme
INGO	International Non-Governmental Organisation
KII	Key Informant Interview
MASC	Mecanismo de Apoio a Sociedade Civil Civil Society Support Mechanism
MISAU	Ministry of Health, Mozambique - Portuguese acronym)
MoH	Ministry of Health, Mozambique
MOU	Memorandum of Understanding
MREAL	Monitoring, Research, Evidence, Analysis and Learning
PAI	Pro-Accountability Initiative
PES	(District Health) Economic and Social Plan
PESOD	Mozambique Health Sector Strategic Plan
PHCC	Provincial Health Coordination Council
PLASOC	Civil Society Platform for Health
PMU	POTENCIAR Project Management Unit
PSU	POTENCIAR Project Support Unit (Chemonics)
SDSMAS	District Service for Health, Women and Social Action
SPS	Provincial Health Service
TAcID	Transparency and Accountability for Inclusive Development
ToC	Theory of Change
ToR	Terms of Reference
VfM	Value for Money

0. Executive Summary

Introduction: The POTENCIAR project is one pillar of the Foreign and Commonwealth Development Office (FCDO) funded TAcID programme in Mozambique that aims to increase government transparency, accountability and responsiveness to civic demands around improving the delivery of services in Mozambique. This is the final report for the external evaluation of POTENCIAR, which has taken place from March to August 2023. The project is implemented by a consortium led by Chemonics, and including also CESC, COWI/ Austral, FHI360 and IDS as members.

Purpose of Evaluation: The main purpose of the external evaluation is to assess the effectiveness of the POTENCIAR 'model' in contributing to the expected outcomes and impact outlined in the business case.

- The evaluation aims to inform and validate learning by members of the consortium on whether, how and why the programme is expected to deliver the kinds of outcomes, impact and value for money anticipated in the FCDO business case.
- It will inform BHC's decisions on future funding and strategy adaptation decisions.
- Since impacts are long term, our specific focus has been on examining the log frame outcomes of POTENCIAR and the effectiveness of the POTENCIAR approach in making progress towards these thus far.
- We have explored POTENCIAR's theory of change and made recommendations for change that we view as essential.

Programme History and Context: POTENCIAR follows over 15 years of governance programming supported by FCDO in Mozambique. A key lesson learned was that citizen participation at a local level could improve the accountability of service delivery agencies – but only up to a point. The distinction was made between local level issues that can be resolved at service delivery level and structural issues that require higher level interventions and resources to solve - POTENCIAR was established to address structural issues.

POTENCIAR Approach: In seeking to improve the delivery of basic services the project aims to strengthen the engagement between citizens, especially women, people with disabilities and young people, and state authorities. It is described as having a model that integrates 'action learning and "pro-accountability initiatives" (PAIs) in a strategic ecosystems approach to enhancing accountability'. Broadly, POTENCIAR seeks 'to leverage evidences and civic energy to influence policies'. This requires a strategy that focuses on vertical integration, a topic that is examined in this evaluation. The five PAIs are integrated into POTENCIAR's logframe outcomes. Of these the first three are the most established PAIs but activities around the last two have also been commenced. The subject of the first three PAIs is maternal and child health delivery, with a focus on Nampula Province and Nampula and Monapo Districts

POTENCIAR Role and Process:

- POTENCIAR is gradually building its profile as a broker and facilitator of collaborative problem-solving'. At the provincial level, POTENCIAR is working with both state and non-state actors, seeking to overcome expectations around traditional development programmes, whose approach is often interventionist and based on a provision of grants.
- In an institutional environment where resources are inadequate for the roles and services Health Units are expected to provide, there are significant challenges such an approach has to confront, and there is no easy way around them.

For the first four PAIs, POTENCIAR has tended to follow a similar process. Research is undertaken on a topic (such as the grievance mechanism), specific issues are identified in

the analysis, as well as potential opportunities for addressing the issue, and then this feeds into a collaborative planning process with other institutions involved. Implementation is commonly led by training activities conducted with the main implementers, which cover the roles and responsibilities of those involved

Methodology: This has been based on the following principles - *Appreciative enquiry* (understanding what has worked and why); *Participatory learning* (working closely with the implementation team with a focus on learning); *Iterative analysis* (an initial scan followed by a deeper analysis); *Triangulation* (of methods and people to validate information); and *Quality and rigour*.

The work had three phases to it - Phase 1: An exploratory, inception phase, which included an initial field visit to Nampula 23-30 March; Phase 2: Detailed survey phase, with further field work in Nampula, and meetings in Maputo; Phase 3: Detailed analysis and reporting.

POTENCIAR's Theory of Change and Logframe: As evaluators we are required to assess achievements and results by Outcome. The existing outcome statements within the logframe are too diffusely stated to be very useful, however. This is a reason why POTENCIAR has defined and then reported its activities and achievements under the PAIs. But we view the PAIs as means rather than ends focused and inadequate to capture the breadth of the project's work. Consequently, we have sought a clearer framework to undertake our reporting.

We tackled this issue in a participatory manner and conducted a two mornings debriefing workshop with the PMU staff in Maputo, during which three main activities occurred:

- Presentation and discussion of a debrief from the evaluation team on achievements and challenges around the PAIs;
- Group work by the PMU on future options around the PAIs (Day 1);
- Group work by the PMU on their views of what future success would look like in POTENCIAR, and discussion of the mapping of these views.

This discussion of the card mapping included the evaluation team's views and resulted in an output that was generated by and collectively accepted by the PMU, especially with respect to a set of reorganised outcome areas. It is these outcomes that we have used for reporting here, since they reflect better the activities and results of the project.

Main Achievements:

Revised Outcome 1: Empowered health staff and community users benefit from provision of humanised health services.

- *Leadership and Management Training of Health Unit Directors* – ranked highly by all participants; activity follow ups with CMCs and improve relationships with health users and staff
- *DPS Demand for Replication of HU Director Training* - follow on training with 23 District Directors from other districts in the province was conducted in June 2023
- *Training of Co-Management Committees in Ethics, Humanisation and their Roles*
- *Growing Understanding by Health Users of their User Rights*

Revised Outcome 2: Improved collaboration and coordination amongst key actors leverages initiatives and resources to reform quality of inclusive, humanised service delivery in focal provinces.

- *Building reputation as a convenor and facilitator at provincial and district level in Nampula province* – Ability to make things happen that DPS has been wishing to undertake
- *Inclusive Platform Building with Health Sector Actors in Planning and Coordination Functions*

- *Inclusion of PLASOC platform and role in Humaniza Moz Campaign.*
- *Harmonisation of District Health Social Economic Plans*
- *Training and capacity building achievements at different levels*

Revised Outcome 3: Vertically integrated policy and advocacy initiatives result in reformed laws, policies and cross-sectoral practices towards humanised service delivery.

- *Humaniza Moz Campaign Achievements* – Campaign run by Saber Nascer, POTENCIAR’s main achievements have been to ensure that the campaign has happened, that is has made effective progress and that the process has sought to be inclusive of all relevant organisations and actors. POTENCIAR’s support has been essential and a vital building block in our recommendation the project should be continued.
- *Integrated Grievance Mechanisms* - The PAI 5 work, with the series of workshops at national level, has provided a mechanism for getting government and civil society to work together’
- *Inclusion of POTENCIAR in MISAU Health Partners Group* - This provides a growing recognition of the MoH of POTENCIAR’s contributions to operational health sector delivery strategies and approaches.

Revised Outcome 4: POTENCIAR and its partners achieve wider international recognition for their insights and achievements in supporting accountable and inclusive, humanised service delivery.

- *POTENCIAR has grown a reputation as a project that produces good analytical research* – Demand created by other projects and organisations
- *Participation in a wide range of workshops and conferences, national and international.*

Issues and Challenges

- Effects of the budget cuts – There is no doubt budget cuts are affecting the project’s capacity; local partners are not having their operational costs fully covered, and there is a mismatch between project ambitions and the operating budget.
- Converting an approach into a model - Everyone has their own approach; others have to buy into a model. There is a demand to replicate the approach in other districts in Nampula Province (DPS and Health Unit Directors), the challenge for POTENCIAR is how to facilitate this. Finding a solution to this is critical to the project’s advocacy potential and sustainability, and it will require a leveraging strategy as a component.
- POTENCIAR’s visibility as a project - Project has had a very low profile, with no posters or materials, yet has advocacy and influence ambitions at national level. A start on addressing this has begun during the evaluation.
- Programming without resources (as a sustainability approach) - MISAU pays staff salaries and little else. Without resources little else happens. The project has already had to support transportation costs of the Nampula inspectorate and cover also training costs. This is an issue that needs addressing.
- Locally resolvable issues versus structural issues - Issues such as behavioural change and reducing waiting times can be resolved locally, but many issues however cannot, for example, water supply issues, drug shortages, lack of equipment, lack of beds and bedding. Resolving some of these issues is key to the future sustainability of the CMCs and to the provision of humanised health services.

Criterion	Ranking	Comments
Relevance	Green	This is a highly relevant ambition and remains so. There have been problems with the current logframe design, but recommendations within this evaluation address these.
Coherence	Yellow	The design of the existing logframe for POTENCIAR is far from ideal, with the outcomes being too vague and diffuse – PAIs means rather than ends focused
Efficiency	Yellow	Effects of 36% budget cuts in reducing operational resources
Effectiveness	Green	In spite of logframe challenges, project has been effective in advancing a strategic intent around the humanisation of health services
Impact	Yellow	Footprint of the project has grown in the last 6 months – see much more potential for impact, with replication, in next 2-3 years
Sustainability	Yellow	Need for replication, greater technical and resource support in Nampula and strengthening vertical integration

Recommendations

Recommendations have been split between those that we believe need to be put into place as soon as possible, and those that are recommended for a potential future phase of the project. Whilst we are recommending that the project be continued, we note however that there are accompanying changes that are essential. Pre-eminent of these are the changes to the Theory of Change highlighted in this report, as well as the need to add operational resources and health sector expertise to the staffing mix. These recommendations are all detailed below.

The 'model' that we reference below is one of a humanised health service delivery model, achieved through a convening and facilitating role. It should also be noted that the term 'humanisation' is a proxy for rights-based service delivery that is used since it is an accepted term and policy within the Mozambique Ministry of Health.

Recommendations – Immediate:

- *Costed Extension of the Project for a further 2-3 Years*

Core rationale for this recommendation:

- POTENCIAR has developed an approach for the delivery of humanised health services that has considerable potential for improving the quality of health services, and the empowering of health users and health staff
- Project has the potential to increase vastly the number of health users that are able to benefit from a reformed and humanised health delivery system and this will have a huge effect on VfM
- *Leveraging Resources at Provincial (and other) Levels*
- *Implementing Theory of Change Recommendations*
- *Completing DPS assessment of health unit infrastructure, especially regarding WASH facilities in maternal health units and energy supply*

One intent here is to establish what work needs undertaking and the extent to which the repairs would require new capital investment or require relatively less expensive forms of maintenance.

- *Establishing some Early Wins for Improvement of Maternal Health WASH Facilities and Power Supplies*

Building on the above point, the aim of POTENCIAR is to work with the MoH, in its convening role, to find ways of addressing some of the infrastructural needs concerning WASH facilities and energy supply.

- *Continuation of Initial and Follow up training of CMCs at Health Unit level in Nampula and Monapo Districts*
- *Continuation of Humaniza Moz campaign*
- *Support the piloting of the new MoH Community Health Strategy in Nampula Province*
- *Delay the Recruitment of further PMU Staff until the Staff Configuration for the Next Phase is Clear*
- *Revising the VfM Strategy in line with our Recommendations on the Topic.*

Recommendations – Next Phase:

- *Implementing Logframe Changes based on the ToC Recommendations*
- *Increase the budget beyond restoring ‘deferred’ grant balance (the 36%)*
- *Focusing on Outcomes rather than PAIs*
- *Place more emphasis on*
 - *Replication work within Nampula Province to ‘prove’ model*
 - *Vertical integration initiatives.*
- *Rebalancing Learning within the MREAL Strategy*
- *Establishing a Coherent and Consistent Collaboration (and Partnership) Strategy*
- *Reconfiguring Contractual Relationships with all Key Partner Organisations*
- *Pursuing the Issue of Allowances for CMC Members - as a MoH responsibility*
- *Recruit an experienced Health Systems Professional as an additional member of the PMU*
- *Leverage Consortium Experience more Cost-Effectively*

1. Introduction

The POTENCIAR project is one pillar of the Foreign and Commonwealth Development Office (FCDO) funded TAcID programme in Mozambique that aims to increase government transparency, accountability and responsiveness to civic demands around improving the delivery of services in Mozambique. According to the original business case for TAcID in 2018, the programme would seek to put in place the building blocks of virtuous accountability loops and an inclusive governance system in Mozambique.¹ Thus far, POTENCIAR has had a single sectoral focus on health, and in particular the provision of maternal health related services. The project is implemented by a consortium led by Chemonics, and including also CESC, COWI/ Austral, FHI360 and IDS as members.

¹ ToR document for the External Evaluation, Chemonics, 2023.

This is the final report for the external evaluation of POTENCIAR, which has taken place from March to August 2023. The report includes a series of case studies as annexes, and also an analysis of the visits to nine health units undertaken by the evaluation team during the different phases of fieldwork. From the outset it is important to note that POTENCIAR is a complex project and has implemented a wide range of activities. A number of critical challenges have been faced during implementation, including the Covid-19 pandemic, and subsequently an overall reduction in the original project grant for this phase of 36%. Both have had significant implications for operational activities.

One of POTENCIAR's strengths is that it is an adaptive project, and we have been pleased to note that issues we identified early on in our evaluation process have started to be addressed whilst our work has been ongoing. This does of course complicate our task. We have been evaluating a dynamic entity rather than a moving target. Thus, whilst we have sought to make sure we continue to capture this progress, we do run the risk of making statements about the project which are already dated. Our aim has therefore been to be initiate a conversation as we have proceeded, and be as participatory as possible in our evaluation methodology. We have also sought to uncover and analyse the essence of the project, since this is less ephemeral. In this respect, we engage systematically with POTENCIAR's theory of change during our analysis and illustrate how our recommended changes can improve the project's coherence and performance.

2. Programme History and Context

POTENCIAR follows over 15 years of governance programming supported by FCDO in Mozambique. Several of the consortium members of POTENCIAR have been involved in the prior projects and were able to provide their own histories. There were some striking congruencies in their accounts. This history is worth exploring briefly since lessons gleaned from this body of work inform the original conceptual intent of POTENCIAR.

These projects begin with MASC, a civil society support mechanism - Mecanismo de Apoio a Sociedade Civil (MASC) – a five year project that ran from 2007 to 2012, and was then extended to 2015. MASC, initiated and managed by COWI, one of the POTENCIAR consortium members, aimed at strengthening CSOs' engagement in governance monitoring and advocacy. The programme provided funds and technical support for monitoring and advocacy activities and to improve organisational capacity, including internal governance. In 2015, MASC was converted into a Foundation to continue to support the strengthening of civil society's capacity to hold government to account in order to support more inclusive, responsive government.²

The Citizen Empowerment Project (CEP) was an empowerment and accountability initiative, which ran from 2012 to 2017. The main objective was to improve the quality of service provision in the health and education sectors by increasing the participation of citizens in policy-making processes and public service management across four of the eleven provinces in Mozambique (Gaza, Manica, Zambezia and Nampula).³ CEP used citizen scorecards as a basis for starting the dialogue with service providers and developing plans to improve services, and this was then monitored. It built the capacity of CSOs to conduct the work and funded their activities and capacity building. It was implemented by a consortium that included CESC, IDS, COWI Dk, COWI Mz and N'weti, all except N'weti

² DFID Mozambique, 2015, 'The Mecanismo Apoiar Sociedade Civil (MASC) Foundation Civil Society Support Mechanism: Business Case'.

³ <https://www.ids.ac.uk/events/citizenship-and-participation-steps-achieved-and-future-agendas/>; DFID Mozambique, 2012, 'Intervention Summary, Title: Mozambique Citizen Engagement Programme'.

being consortium members of POTENCIAR. CEP generated considerable learning and IDS was involved in the documentation of this. The scorecard approach was subsequently incorporated in a World Bank funded programme in the health sector, but we noted the lack of active use of the approach, likely owing to the interactive costs, and the need for ongoing capacity building. This is relevant to the later discussion on Health Unit Co-Management Committees (CMCs),⁴ the capacity of which POTENCIAR has sought to build.

Dialogo, a social accountability project that operated in Cabo Delgado and a few other provinces, was the third of these then DFID supported projects. Its aim was to facilitate a dialogue between citizen organisations and municipalities, and improve municipal capacity to undertake such dialogue and respond to citizen priorities. The project was implemented by a consortium again led by DAI and including COWI, IDS (involved in learning systems and evaluation) and CESC.⁵

POTENCIAR was designed to build on the experience of all these projects, more so than the other component of the TAcID programme led by the Centre for Public Integrity (CIP), which has developed a more robust advocacy approach and is Maputo located. The current consortium is led by Chemonics with COWI/ Austral, IDS and CESC all consortium members. FHI360 UK, also part of the consortium, has led the political economy analysis on social protection in Mozambique that has been part of this year's work.

A key lesson learned from the implementation of these forerunner projects was that citizen participation at a local level could improve the accountability of service delivery agencies – but only up to a point. The distinction between **local level issues** that can be resolved at service delivery level and **structural issues** that require higher level interventions and resources to solve, became clear during these projects. As a result, according to members of the POTENCIAR consortium who were part of these earlier initiatives, POTENCIAR was established specifically to address structural issues. This entails improving the vertical integration of issues between district, provincial and national levels, and is the major reason why the majority of POTENCIAR's Project Management Unit (PMU) members are based in Maputo, rather than the provinces.

Mozambique Health Sector

The health sector in Mozambique is a complicated intervention terrain. It is extremely under-resourced with respect to financial, human and material resources – our meetings in Nampula District made that abundantly clear – but there are also multiple donors working in the sector. The World Bank is funding several interventions. One is a large Strengthening of Primary Health Care programme that covers 77 health units and hospitals in 7 (of 23) districts in Nampula. A second citizen accountability programme, including a scorecard approach that is being co-funded with the Global Fund and PEPFAR, in 900+ health units across the country. There is also new direct USAID support to the health sector in the province, and additional funding through the Logos project. The large scale citizen accountability programme is seeking to improve citizen engagement at the health unit level and to improve the delivery of health services. These aims overlap with those of POTENCIAR, even if the operational modalities are entirely different.

In a presentation made by the Director of N'weti during the Theory of Change workshop discussing this project, she referenced this distinction between local level issues and structural issues, in particular with respect to the lack of adequate water supplies across health units, a large source of complaint. A major reason for this that became apparent from

⁴ The Portuguese acronym is CCGH, the term used in Mozambique.

⁵ Interview with Lars Peter Lopez Christensen (COWI) and Rui Ribeiro (Austral), 8 June 2013

our first visit to a health unit in that even issues like a shortage of beds and non-payment of water bills, are seen as structural not local issues, since the health units do not have the direct resources or budgets to cover these costs. The additional problem is that each level of the health service tends to refer the issue further upwards too. A question that arises is how to respond to this complex situation, promoting vertical integration to reduce the disconnect between the national policy level that determines budgetary allocations and the district level at which services are delivered. With the current mode of decentralisation and health sector operation, how has the context enabled or inhibited POTENCIAR'S ability to work with the relevant actors to respond to these challenges?⁶

An additional context issue of relevance to this evaluation is the nature of the decentralisation process in Mozambique. If sectoral ministries are underfunded, the decentralisation process is not helping this, since it is essentially duplicating governance structures. Each province now has a new Secretary of State. As well as the Governor who has already been there, with responsibility of ministries, and at times even different parts of the same ministry being split between them.

The duplication of high level governance functions has led to a lack of clarity in key sectoral areas. An example of this is the carving up of responsibilities for social protection, where some of the activities have been allocated to the Offices of the Provincial Secretary of State for Social Questions, while remaining activities are with the older structure of the Provincial Directorate for Women, Children and Social Action (the provincial equivalent of the Ministry for Women, Children and Social Action). At District level the SP activities are aggregated with the Health Services, this management unit therefore accumulating Health and Social Protection Services (District Services for Health and Social Action -SDSMAS). In the field of SP there is a further compounding factor, namely the vertically managed Institute for Social Action that is primarily responsible for social transfer (monetary and in-kind) which is not part of the decentralised executive governance structure. The new fourth PAI is dealing with social protection and will confront this confusion.

With regard to the health sector, tight budgetary control remains at the central level, so one area of further exploration will be to clarify the extent to which there are discretionary resources available at provincial level in Nampula, especially through some of the additional sectoral projects in the province.

POTENCIAR is currently being implemented in Nampula and Monapo Districts, the two most populous districts within Nampula Province.⁷ Engagement also takes place at provincial level with health authorities and then advocacy and influencing work is conducted at national level. POTENCIAR has a project management unit with six staff located in Maputo and three staff (an accountant and two convening staff) in Nampula.

3. POTENCIAR's Approach

The impact goal of the overall TAciD programme, of which POTENCIAR is one of two components, is to contribute to improved human development outcomes. The wordy **Outcome target** is 'Increased government transparency, accountability and responsiveness to citizen demands, including through better allocation of resources and more inclusive planning and decision-making processes'. In seeking to improve the delivery of basic

⁶ Comment by Paula Mondane, CESC on draft report, 27 April 2023.

⁷ Data from the 2017 census shows Nampula District to have a population of 760,000 and Monapo District 384,000 of a provincial population of 5.5 million
https://www.citypopulation.de/en/mozambique/admin/03__nampula/

services the project aims to strengthen the engagement between citizens, especially women, people with disabilities and young people, and state authorities.

POTENCIAR is described as having a model that integrates ‘action learning and “pro-accountability initiatives” (PAIs) in a strategic ecosystems approach to enhancing accountability’.⁸ Broadly, POTENCIAR seeks ‘to leverage evidences and civic energy to influence policies’.⁹ This requires a strategy that focuses on vertical integration, a topic that will be a theme of this evaluation.

The five PAIs are integrated into POTENCIAR’s logframe outcomes. Of these the first three are the most established PAIs but activities around the last two have also been commenced. The subject of the first three PAIs is maternal and child health delivery, so our evaluation will analyse the improved effectiveness and accountability of health services in the current two districts covered by POTENCIAR within Nampula Province, and as relevant at the national level in Maputo. Each of the five PAIs has a separate set of activities around them and different collaborative partners.

For the first four PAIs, POTENCIAR has tended to follow a similar process. Research is undertaken on a topic (such as the grievance mechanism), specific issues are identified in the analysis, as well as potential opportunities for addressing the issue, and then this feeds into a collaborative planning process with other institutions involved. Implementation is commonly led by training activities conducted with the main implementers, which cover the roles and responsibilities of those involved, whether health unit staff in their engagement with local community members visiting the unit, members of joint Co-Management Committees (CMCs, CCHG in Portuguese), or of CSOs providing the training to the CMCs.

The fourth PAI seeks to explore the social protection terrain in Mozambique, and a political economy analysis has been launched to understand the context and complex nature of existing social protection measures. These are split between ministries and lines of authority across the twin institutional decentralisation hierarchies – the governors and secretaries of state at provincial level, both political appointees - creating a complex and chaotic system, characterised by a lack of coordination.¹⁰

In last year’s Annual Report for the TAclD programme as a whole, it is noted that ‘POTENCIAR is gradually building its profile as broker and facilitator of collaborative problem-solving’. **At the provincial level, POTENCIAR is working with both state and non-state actors, seeking to overcome expectations around traditional development programmes, whose approach is often interventionist and based on a provision of grants.**¹¹ In an institutional environment where resources are seriously inadequate for the roles and services Health Units are expected to provide, there are significant challenges such an approach has to confront, and there is no easy way around them. This shall be an ongoing subject of discussion.

As a project, POTENCIAR is seeking to achieve vertical integration, as noted, using its work at provincial level to provide a basis for influencing at the national level. FCDO, the donor, is clearly interested in the project’s influencing potential at national level.¹² An initial meeting at the end of the March Theory of Change workshop, with some government ministry attendees, has also been held for the multi-sectoral PAI 5, which is geared to look at grievance mechanisms across the public sector. Perhaps the project’s best current example of vertical integration, however, is the work around the Humaniza Moz campaign, for which a

⁸ ToR document for the External Evaluation, Chemonics, 2023.

⁹ Paula Monjane, CESC, comment on draft report, 27 March 2023.

¹⁰ Interview with Valerio Ussene, MEL Nampula, 19 May 2023.

¹¹ TAclD Annual Review, Final, June 2022.

¹² Meetings at BHC, 14 June and 17 July 2023.

separate case study has been prepared. Reference to the case study will follow in this main report.

4. Evaluation Objectives and Philosophy

The main purpose of the external evaluation is to assess the effectiveness of the POTENCIAR ‘model’¹³ in contributing to the expected outcomes and impact outlined in the business case. This, in turn, is expected to inform BHC’s decisions on future funding and strategy adaptation decisions. The evaluation will aim to inform and validate learning by members of the consortium on whether, how and why the programme is expected to deliver the kinds of outcomes, impact and value for money anticipated in the FCDO business case.

Since impacts are long term, our specific focus has been on examining the log frame outcomes of POTENCIAR and the effectiveness of the POTENCIAR approach in making progress towards these thus far. We have explored POTENCIAR’s theory of change, which has raised questions for us, and resulted in us making recommendations for change that we view as essential.

There are a total of 14 evaluation questions we have been tasked to address. A few of the key questions from this 14 are set out below. These questions all in one way or another require us to explore the nature of POTENCIAR’s approach, the extent to which it has influenced behavioural and systems change, where it has done this, and how.

3) What contributions has/might POTENCIAR made/make to relationships or government behaviour and systems change in relation to transparency, accountability and responsiveness to citizen demands at different levels (outcomes 1.2a-1.2d), including through better allocation of resources and more inclusive planning and decision-making processes?

7) What are the most important causal mechanisms/pathways to change at the outcome level?

8) What is the added value of POTENCIAR’s brokering and accompaniment role?

12) Do any of POTENCIAR’s approaches offer lessons on cost-effective means to make government systems more responsive and accountable to marginalised groups, particularly women and girls?

POTENCIAR is a complex project and as we have learned takes time to understand, precisely because its role is more of a convenor than an implementor. As already noted, there are challenges to such a role in an environment where sectors are clearly starved of adequate central budget resources. Health sector actors and local partners in Nampula with whom POTENCIAR has been engaging are expecting more support from the project, even in its convening role, and its support of training, than the project has thus far given.

During the evaluation process, we have sought to act as a dialogue partner for the project team, in both an informal and formal way. We have raised the questions and issues identified here and sought inputs for them, which in turn have led to additional questions and issues. In this way we have sought to have a significant discussion around these questions, and thus to have been able to move some of the debates around them forward by the end of

¹³ As defined subsequently with respect to POTENCIAR’s convening and facilitating role in support of humanised health service delivery.

the evaluation. In this respect we feel we have succeeded, since we have indeed seen the project respond and adapt to points we have raised. Most pleasingly, was the PMU's participation in the two day debriefing workshop we held with them in Maputo in early July 2023, in which we collectively generated proposed revisions to the project's Theory of Change. To have achieved a collectively owned product of this magnitude during the evaluation is a rewarding vindication of our approach.

5. Methodology

Our approach to the evaluation has been based on principles of **appreciative enquiry** (understanding what has worked and why), **participatory learning** (working closely with the implementation team with a focus on learning), **iterative analysis** (an initial scan followed by a deeper analysis), **triangulation** (of methods and people to validate information), and **quality and rigour**. We have been as thorough as we can in the research and analytical work we have conducted. Our intent has been to be supportive of the implementation team, but to bring a critical eye to the work and utilise our substantial collective extensive experience and wisdom to be able to generate findings, lessons and recommendations of value to the POTENCIAR consortium.

There have been three phases to our approach.

Phase 1: An exploratory, inception phase – This included a review of all POTENCIAR's documentation, including annual reports, MREAL reporting, and research analyses, attendance at the Maputo Theory of Change workshop from 14-16 March 2023, and an initial field visit to Nampula Province from 23-30 March. The aim of this visit was to meet the POTENCIAR staff, partners and local collaborating organisations working there in order to understand the major activities that have taken place and are ongoing, the progress that has been made and the challenges being faced. Key informant interviews (KIIs) were carried out with the POTENCIAR staff, CSO partner staff, and key Provincial Directorate of Health (DPS) personnel at provincial and district levels. Visits were made to five Health Units in Monapo and Nampula Districts. The initial analytical work focused on women users of maternal health services and on the inclusion and rights of especially marginalised groups (extremely poor and poor, people with disabilities, young mothers and adolescent girls). The phase deliverables included two reports - an initial and final inception report - that summarised the initial findings. A set of issues and focal topics to be explored during the remainder of the evaluation were identified in the second report. Two options were laid out for the project in respect of how it continued to pursue the five PAIs, since it was clear from this initial phase that the budget reductions that had taken place necessitated careful choices as to how the project proceeded with respect to both the remainder of this phase and also for a potential future phase.

Phase 2: Detailed survey phase – During this evaluation phase, a multi-method analysis was utilised to explore the full set of 14 evaluation questions. In addition, we explored the progress POTENCIAR is making towards achieving Outcomes 1.2a-d, inclusive of the PAIs. It was essential that we reviewed the logframe and outcomes as part of the evaluation. We looked at interest in levels and nature of citizen engagement, the types of negotiating spaces that have been enhanced, and the improved delivery of services and accountability for their quality, timeliness and inclusivity, especially in terms of those who are most vulnerable and at risk with respect to maternal and health services (i.e., those with high need and low access).

The methods we undertook during this phase incorporated:

- Two field visits to Nampula Province, split owing to the different availability of our own team members, but which allowed us to continue the iterative approach that has also been essential to our methodology.
- One day visits to another four health units (to make nine altogether), during which we assessed with health service providers and maternal health service users to understand their perspectives and the issues and challenges they are respectively facing and the progress being made. These days were sub-divided into FGD discussions with maternal health users and Co-Management Committee members, and a KII with the HU Director. In most cases the head of the maternity section was also present, but often did not contribute much, since this person has not so far been part of any training programme.
- Additional KIIs and FGDs were held with all other relevant actors in Nampula and Monapo Districts. This included the head of planning and partnership services within DPS, SPSMAS at district level, the provincial health inspectorate, the implementing CSOs in both districts, and the community radio stations that have also been involved. Finally, we also met with the ICSN training provider, and the trainers within DPS who undertook the management and leadership training for HU Directors.
- Throughout this fieldwork process we had regular meetings with the PMU Nampula staff. Their support throughout our evaluation was essential to the success of our work, and we valued their willingness to discuss with us repeatedly our questions and findings and thus to be able to clarify and add detail to our growing knowledge.
- In Maputo, we held meetings with some key actors within MISAU, and also met with Saber Naser's Director (twice) and staff, as well as with CESC.
- A participatory two-day workshop at the end of this phase to review the information collected and our early analysis around the PAIs. We received feedback from the PMU team on this, and then went onto generate their views around options concerning the PAIs, and then their views on what success would like to them, given another 2-3 years of implementation. The cards the team generated were then mapped, with collectively the exercise helping us generate the recommendations we have made on reframing the outcomes.
- A set of in depth case studies and analyses were also developed by us. Case studies cover the topics of the Humaniza Moz campaign, the training conducted in Nampula Province, the work with the community radio stations, and in particular Radio Monapo. Additional analyses then cover the work with the Health Units and CMCs, based on the nine HUs visited, and then on the project's MREAL strategy and approach to Vfm.

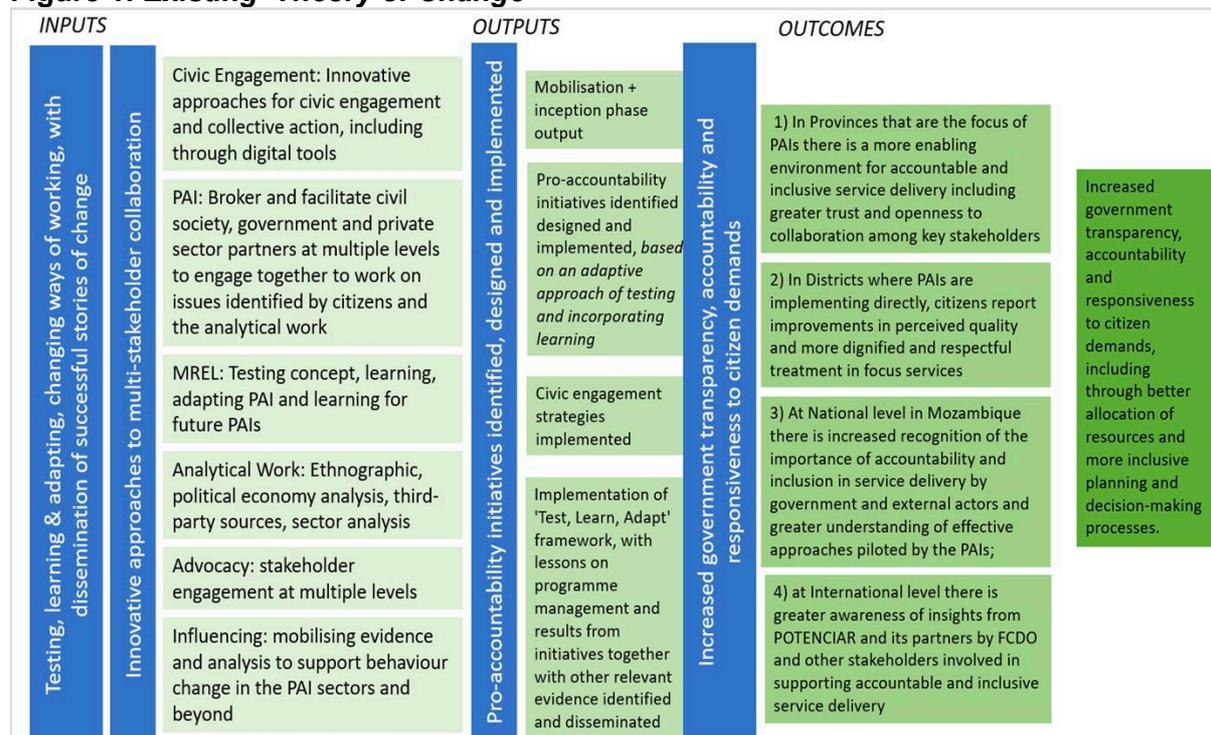
Phase 3: Detailed analysis and reporting – During this phase, detailed analysis and reporting has been finalised. This includes the Value for Money analysis and the relevant issues of economy, efficiency and (cost-)effectiveness. Our initial draft recommendations were disseminated and feedback obtained on these, which is incorporated within the final report. A final feedback meeting at the end of the process was held with the Consortium and PMU, our aim being to make sure that the main findings and recommendations are fully agreed across all participants.

6. POTENCIAR's Theory of Change and Logframe

POTENCIAR has substantial issues with its theory of change and logframe. For a start, there is no distinction between the existing TOC and the logframe. This is unfortunate since it robs the project of the opportunity to project a longer term impact strategy, within which the logframe provides more specific and shorter term direction. As a consequence, we found a lack of clarity amongst project staff and in documentation as to the project's actual ambition.

The existing theory of change as used by the project is set out here. It mirrors the logframe, as noted.

Figure 1: Existing 'Theory of Change'



Until this point, the project has set and measured its progress against the five Pro-Accountability Initiatives (PAIs). These PAIs are as follows:

PAI 1: Improvement of grievance mechanisms related to maternal services in health units.

PAI 2: Joint working between health authorities, non-governmental organisations (NGOs), community-based organisations (CBOs), and community radio stations involved in the provision of maternal health services.

PAI 3: Improvement in the quality of education of health professionals and supervision provided to health training institutes.

PAI 4: Cross-sector health/ social protection.

PAI 5: Inter-sectoral platform to share good practice on grievance redress mechanisms (GRMs).

Work on the first three PAIs has been ongoing since the start of the project, whilst activities related to the last two PAIs have been restricted essentially to this last year.

Although POTENCIAR's work has been organised under these PAIs, when examined more closely, the PAIs can be seen to function as means rather than ends. For example, the work on grievance mechanisms, which is referenced under PAIs 1 and 5, is really a means to the promotion of a humanisation approach to (health sector) service delivery, which aims to make the service more accountable to citizen users, especially women. Not only is this more clearly an end, as shall be made clearer subsequently, but progress in this area is also a more important achievement for the project than its work on grievance redress mechanisms.

In addition, several of the projects most impactful activities – such as the management and leadership training of MoH HU managers in Nampula and Monapo Districts, and the Humaniza Moz campaign - cut across the PAIs, rather than fitting clearly in one or the other.

As evaluators we are required to assess achievements and results by Outcome. The existing outcome statements within the logframe are too diffusely stated to be very useful, however. This is a reason why POTENCIAR has defined and then reported its activities and achievements under the PAIs. Since we view the PAIs as inadequate to capture the breadth of the project’s work, however, we have sought a clearer framework to undertake our reporting.

In respect of our methodological principles, we believed it was important that we tackle this issue in a participatory manner. As such we conducted a two mornings debriefing workshop with the PMU staff in Maputo, during which three main activities occurred:

- Presentation and discussion of a debrief from the evaluation team on achievements and challenges around the PAIs;
- Group work by the PMU on future options around the PAIs;
- And on the second morning, group work by the PMU on their views of what future success would look like in POTENCIAR, and discussion of the mapping of these views.

This discussion of the card mapping included the evaluation team’s views and resulted in an output that was generated by and collectively accepted by the PMU, especially with respect to a set of reorganised outcome areas. It was also agreed following this discussion, that work the PMU had already been doing in respect of reorganising outputs would be relooked at as potential pathways within this rephrasing of the Outcomes.¹⁴ The cards generated from the options discussion were incorporated in the following mornings discussion on outcome level changes.

The table below shows the mutually agreed changes to the top lines of the POTENCIAR theory of change.

Table 1: Recommended Impact and Outcome Changes

Existing Impact and Outcome Statement	Revised Impact and Outcome Statement	Role
IMPACT	IMPACT	
Improved human development outcomes and reduced corruption	Improved human development and governance outcomes	
OUTCOME	OVERALL OUTCOME	
Increased government transparency, accountability and responsiveness to citizen demands, including through better allocation of resources and more inclusive planning and decision-making processes. These are expressed more explicitly in terms of 4 sub outcomes below	Increased government transparency, accountability, responsiveness to citizen demands, and quality of inclusive service delivery systems.	
Outcome 1.2a	Outcome 2	

¹⁴ The card exercise that produced these revised Outcomes is also referenced and depicted in POTENCIAR’s latest quarterly report covering April-June 2023.

In Provinces that are the focus of PAIs there is a more enabling environment for accountable and inclusive service delivery including greater trust and openness to collaboration among key stakeholders; [impact pathway output 2]	Improved collaboration and coordination amongst key actors leverages initiatives and resources to reform quality of inclusive, humanised service delivery in Nampula Province	<i>Convening and Leveraging</i>
Outcome 1.2b	Outcome 1	
In Districts where PAIs are implementing directly, citizens report improvements in perceived quality and more dignified and respectful treatment in focus services; [Impact pathway output 2]	Empowered health staff and community users benefit from provision of humanised health services	<i>Empowering</i>
Outcome 1.2c:	Outcome 3	
At national level in Mozambique there is increased recognition of the importance of accountability and inclusion in service delivery by government and external actors and greater understanding of effective approaches piloted by the PAIs [impact pathway output 2]	Vertically integrated policy and advocacy initiatives result in reformed laws, policies and cross-sectoral practices towards humanised service delivery	<i>Advocating and Reforming</i>
Outcome 1.2d:	Outcome 4	
At the international level there is greater awareness of insights from POTENCIAR and its partners by FCDO and other stakeholders involved in supporting accountable and inclusive service delivery [Impact pathway output 5]	POTENCIAR and its partners achieve wider international recognition for their insights and achievements in supporting accountable and inclusive, humanised service delivery	<i>Informing</i>

In respect of an overall theory of change, it should be noted that pathways and key assumptions are missing from this table, as noted above an additional exercise would be required to add these.

7. Achievements and Results by Outcome

As concluded from the above discussion, the revised, recommended Outcomes will be referred to in this section, as well as the existing Outcomes, we are required to report upon. We are undertaking this specifically because we believe the revised outcomes are clearer, more appropriate, and show better the value of the work that POTENCIAR has undertaken to date. This clarification also entails reordering the outcomes.

7.1 Achievements per Outcome

Revised Outcome 1: *Empowered health staff and community users benefit from provision of humanised health services.*

[Existing Outcome 1.2b: *In Districts where PAIs are implementing directly, citizens report improvements in perceived quality and more dignified and respectful treatment in focus services; (Impact pathway output 2)*].

This recommended revised Outcome 1 focuses on the substantial work that POTENCIAR has conducted to humanise the delivery of maternal health services in Nampula and Monapo Districts. A listing of the key actors involved in the project at these levels is provided in the table below. This is then followed by a description of the main activities conducted at district and local levels related to the Outcome, and finally a summation of the main achievements.

Table 2: Key Actors for POTENCIAR Within Nampula Province

Key Actors and Roles	MOU with POTENCIAR
Provincial Directorate of Health - Inspectorate, planning, DPC - Coordinate provincial-level health issues	Yes
Provincial Health Services (new) - DPS, DPC - Coordinate provincial-level health issues	Yes
District Service for Health, Women and Social Action (SDSMAS) - Nampula & Monopa - Coordination of district-level health issues - HU data collection & analysis	Yes
Instituto de Ciencias de Saude Nampula ICSN - Training of health & HU staff - Coordination of govt & private health training service providers	Yes
PLASOC-M - National platform for local civil society - Coordinates the CSO sector & provides a voice for local CBOs & NGOs - Main entry point for POTENCIAR - Provincial focal point – Niwanane - Nampula District focal point – Niwanane - Monapo District focal point - Watana	No
Rede Provincial - Provincial network of health CSOs (dominated by INGOs) - Included INGOs, national NGOs & local CBOs - Helps POTENCIAR mobilise members & share info - Focal point – Niwanane - Secretariat - ICAP	No
Niwanane - Provincial NGO - HIV and AIDS advocacy organisation	Yes
Rede Hopem - National NGO - Transforming masculinities	Yes
Watana - Local NGO	Yes
Radio Encontro - Catholic community radio station - Research & presents debates on health issues	Yes
Radio Monapo - Community radio station	Yes

Primary Activities

- **Grievance Mechanism Research**

Research conducted on the functioning of grievance mechanisms at HUs (what, how, who, why and why not)

- All partners provided input & helped design TORs.
- Research driven by PMU & MREAL lead (IDS).
- CBO partners trained as enumerators.

- Conducted pilot and then final study.
- Official grievance mechanisms include health unit users office/point person, suggestion box, complaints and suggestions registered, satisfaction-meter box (with coloured cards) and Co-Management Committee helplines. 'Unofficial' mechanisms used within communities include verbal networks, reporting to Co-management Committee members, community leaders or political managers.

- **CMC Capacity Building and Revitalisation**

A major early, post-Covid emphasis of the project was on the training of the Health Unit Co-Management Committees, with three local CSOs being contracted to provide the training. Niwanane in Nampula District and Watana and Rede Hopem in Monapo District trained altogether 239 CMC members and HU staff (70 women and 169 men), with SDSMAS coordinating. Owing to the activity based nature of the contracting, limited follow ups to the training have been undertaken so far.

The CMCs were identified as important structures to promote horizontal and vertical accountability. However, they faced several challenges that POTENCIAR proposed to address as to improve their performance. Some of these challenges include members not knowing their roles and not being trained, committee members not being invited to the management of the health centre meetings, committee members not meeting with community members¹⁵, and elite capture in some cases¹⁶.

POTENCIAR's support to the CMCs was part of its interventions at the level of the HU. It was provided under PAI 1 (improvement of grievance mechanisms related to maternal services in health units) through local implementing partners – Watana in Monapo and Niwanane in Nampula. These two Civil Society Organizations (CSOs) were identified, through the exploratory research, as strategic partners as they were already working at the health unit level in some of the health units of Monapo and Nampula on health promotion, raising awareness about disease prevention and helping communities identifying the key issues affecting the quality of health services and develop action plans for solving problems at local level, with the involvement of CMCs in their implementation¹⁷. Rede Hopem was then brought on board by Watana to support with male engagement on maternity and infant care¹⁸.

POTENCIAR had MOUs signed in 2021 with both Watana and Niwanawe and under these MOUs, among other activities, their role was to address the challenges faced by the CMCs by providing them training and following up/monitoring their performance at the HU, in coordination with the SDSMAS of Nampula and Monapo¹⁹. It is worth to note that the training of the CMC members was guided by the findings of the study on GRM conducted by POTENCIAR, through its local implementing partners, in the 4th quarter of 2021. This study, among other things, found that health service users knew little about their rights, there was a weak connection between users and managers of health facilities, users had greater trust in members of CMCs than health providers to raise complaints, and that CMC members did not know their role, and in some cases were being chaired by a member of the community, and not by the Director of the health unit as stated in the guide for the functioning of the humanisation co-management committees approved by the Ministry of Health²⁰.

¹⁵ DIAS, Jose (2017). *Desafio da articulação entre os cidadãos e os Comités de Qualidade e Humanização dos Cuidados de Saúde como órgãos de representação da comunidade.*

¹⁶ POTENCIAR (2021) *Pilot pro-accountability initiative concept note.*

¹⁷ Ibid.

¹⁸ Evaluation interview with Watana and Rede Hopem staff (27 March 2023).

¹⁹ Evaluation interview with POTENCIAR staff in Nampula (25 March 2023).

²⁰ POTENCIAR (2023). *Annex 7: Case studies of significant change.* Pg. 11

Following up on the findings of this study, training of the CMCs began in September 2021 (specifically in Monapo). The training provided orientation on committee composition, gender equity, roles, responsibilities, and on how it should function. It also provided orientation on principles of humanisation, including health users' rights, improving ethics within the delivery of Health Services, functioning of GRM and measures to combat illicit charges and mistreatments, and on the importance of male engagement on health issues, particularly on maternity and infant care²¹.

A total of 21 committees were covered in both Monapo and Nampula districts. The HU targeted were those with maternity services. In some HU POTENCIAR supported with revitalization of the CMCs, followed by the training and in others only with trainings. In Monapo, specifically 16 committees were trained (involving 239 CMC members, including community members and HU staff: 70 women and 169 men) from September 2021 to December 2022²². In Nampula, a total of five committees were trained, out of 12 that were intended to be targeted²³. According to Niwanane, limited availability of financial resources contributed to the low number of CMCs trained in Nampula. The duration of the training was of one day and the CMCs were left with the task of designing their own work plan and deciding how they would go about implementing it.

- **Leadership and Management Training of Health Unit Directors**

Management and leadership training of HU managers in Nampula and Monapo Districts in centre management, planning, human resource management, humanisation, data collection and vaccination campaigns, family planning and malaria (September 22). This training was conducted by the provincial DPS training unit and supported by POTENCIAR both in terms of the funding and in respect of the technical advice provided regarding the nature and format of the training. A participatory, interactive format was developed, especially for the second training, which was wholly different from any training previously conducted by DPS (see Case Study Annex for the full account of this training).

- **Intern Ethics and Humanisation Training**

A two weeks training course has also been designed by the Nampula Institute of Health Sciences (ICSN) for newly graduated interns on ethics and humanisation of health services. The training has finally been piloted in July 2023, with 36 finalist students of whom 27 were women and 11 men. There was a combination of facilitators from the Institute and from the trained Health Unit Directors in DPS.²⁴ A delay in piloting the training has been connected to the placing of interns in HUs. A mapping exercise for this has shown challenges for HUs outside urban centres (and chiefly Nampula City) to host interns, since in Nampula they do not need accommodation. It is not clear whether the interns who have just participated in the initial pilot training will be placed anywhere outside Nampula City. The piloting will at least provide an indication of the relative value participants believe the training provides, how it can be improved, and how much priority should be given to seeking ways for its wider application.

- **Community Radio Debates in Health User Rights and Complaints**

Radio debates have been conducted in HUs and the studio to highlight various health centre issues and user rights. A separate case study examines the impact of this work with Radio Encontro (Nampula) and particularly Radio Monapo. The MREAL team has conducted

²¹ Evaluation interview with Niwanane (24 March 2023), Watana and Rede Hopem (27 March 2023) and POTENCIAR (February 2023). *Quarterly Progress Report Year 2, Quarter 3*. Pg 11.

²² POTENCIAR (February 2023). *Quarterly Progress Report Year 2, Quarter 3*. Pg 11.

²³ Evaluation interview with Niwanane (12 May 2023).

²⁴ POTENCIAR Q1 Y3 Report, August 2023.

frequent visits to review the quality of participation, quality of information sharing, level of women's involvement and how to change the strategy to improve the impact of debates (reflection is done individually and collectively). Our own evaluation research has shown limitations to the debates since they are not broadcast on the radio live, or even according to a fixed schedule that can be communicated at the time of recording. When issues are raised during the debates, the MoH has the right of reply on complaints noted, and thus the programmes cannot be broadcast, until the right of reply has been met. The follow up interviews with Radio Monapo also showed that women's listenership to radio programmes is much lower than men's. Nowadays, since people no longer have transistor radios, radio stations will be listened to on mobile phones, and within poor households men are more likely to have control over any phone they possess, and will predominantly listen to music. Radio Monapo noted that any chat shows they host are interspersed with music.²⁵

- ***Dissemination Meetings held in Nampula for Research Outputs and Advocacy Campaigns***

Examples include:

- A meeting with all Nampula partners regarding the Obstetric Violence campaign. Each partner then held other meetings involving their own networks to spread the campaign.
- A seminar hosted by the Institute of Health Sciences Nampula (ICSN) to launch the findings of the report on a survey to determine where interns could be placed in several districts in the province, and on the study on ethics and humanisation.

- ***Ongoing Production of IEC Materials***

Banners were erected at two Nampula HUs with messages about how to report illicit charges and mistreatment. Niwanane conducted a small survey at the two HUs to assess how this mechanism was being used. HUs reported an increase in the number of complaints. Results were discussed during one of Radio Encontro's monthly debates.

In addition, Saber Nascer, with POTENCIAR support, was producing materials for the Humaniza Moz campaign. The materials were still to be distributed in Monapo District at the end of the evaluation, having been restricted to Nampula District thus far.

- ***Monitoring and Evaluation Activities***

The MREAL team collected evidence from partners on the contribution of HU director training, changes at HUs, changes in quality of service, use of complaints mechanisms and challenges faced. Video evidence and testimonies were collected from users. Most data collected is qualitative e.g., from radio listeners, phone-ins and partner reports. Data on grievances is collected quarterly and followed up on during partner reflection visits. Partners are responsible for reporting basic information and MREAL team is responsible for the analysis of M&E data. The results are used to generate evidence for advocacy and further activities.

Main Achievements

- ***Leadership and Management Training of Health Unit Directors***

The management and leadership training for the Health Unit Directors was undoubtedly highly relevant and essential for them to become more effective managers and leaders, better at day-to-day problem solving, and in establishing more respectful human relationships amongst staff and patients.

²⁵ Discussion with Radio Monapo

Of the nine Health Units that the evaluation team visited in total across both Nampula and Monapo Districts, eight of the Directors had participated in the training, and all rated it as the most significant benefit they had gained through the POTENCIAR project. They all commented that they had been running HUs with no specific management training. It is noteworthy that four of the Directors we met with were women and five men, and all equally valued the training. The comment quoted below was made by a woman HU Director. During the training the Directors were also provided with a manual, which they valued too.

Box 2: Value of the Management and Leadership Training for HU Directors

Potenciar introduced a new approach such as improving the provision of services in the health center (humanized services). They trained all the directors in the area of management and leadership. Emphasis was placed on improving the relationship between the healthcare provider and the users.

Director, Carapira Health Centre, Monapo District, 28 March 2023

Other directors noted how the training had helped them deal with issues more effectively, including improving relationships and staff attitudes and behaviour. They installed better complaints mechanisms, and addressed the issues of over lengthy waiting times for outpatients and disrespectful attitudes of staff. The separate training held with Co-Management Committees more directly about humanisation and how patient rights could be respected better through the availability of complaints mechanisms and improving staff respect for patients, supported this.

Box 3: POTENCIAR perspective on Health Unit Directors training

The response was very good. Most managers are just sent to the HUs with no preparation, or training re HR, management or leadership. They are not prepared beforehand. It was like they were in the dark and a light was turned on. Now they know how to deal with issues, what to do about absenteeism, what to do when meds go missing, how to put systems in place, how to coach employees and how to motivate staff, and how to collaborate with CMCs. It opened their eyes and they were able to share problems and experiences.

POTENCIAR Nampula PMU Staff, 9 June 2023

- **DPS Demand for Replication of HU Director Training**

The Health Unit Directors with whom the evaluation team met nearly all recommended that the Management and Leadership training be replicated more widely. DPS Nampula has also echoed this request, and a follow on training with 23 District Directors from other districts in the province was conducted in June 2023. This is a significant result, since it demonstrates the commitment of DPS to replicating the training, and is an acknowledgement from them of its value in the two districts where it has been implemented thus far.

The idea is that this further June training course would serve as a trainer of trainers for the other districts in the province. However, if this is the intent, a well organised process of follow up and support will be required, as well as the resources to host cascade five day training events in each district. It also remains unclear whether the District Directors, who do not work directly in Health Units and with their own wide responsibilities, are the best placed managers to undertake this training.

Thus far, POTENCIAR has iterated that it does not have the resources to support this expansion of the training, and DPS will need additional donors. Nevertheless, the successful replication of this training would be a significant positive result for the project, and thus it has

an interest in ensuring that successful spread of the training to other districts in Nampula province does take place. As an evaluation team, we also believe that replication of the training to other districts and health units in Nampula Province can contribute significantly to improving the project's value for money (VfM).

- **Improvement in the Composition and Functioning of the CMCs**

Besides providing trainings to the CMC members, another intervention supported by POTENCIAR was the revitalization and restructuring of the CMCs. The evaluation team found that in some HUs these had not been active, existing only on paper and not in practice. Therefore, with SDSMAS as the lead and POTENCIAR's logistical support, local implementing partners worked to reactivate and restructure them to align with the Guide approved by the Ministry of Health. As a result, they now have the HU Director as chairperson and other health staff as members, community members are more active and know their roles, and the link between the health staff, users and communities has improved. Comments quoted below show the perspectives of the HU directors on the impact of CMC revitalisation and training.

Box 2: HU Directors perspectives on the impact of CMCs revitalisation and training

Before POTENCIAR arrived, we were blind. Now we have better connection with communities and communities channel their complaints to us. With the CMC members better trained they now know their role and have better links with the communities.
Director, Monapo Rio Centre, Monapo District, 15 May 2023.

Each CMC member comes twice a week to the HU. They help to mobilise community members. They supervise the receiving of medical supplies, observe the opening of the medical supply boxes and count the medication. They help to organize the users. They did these activities before. But after the training, they got better. The training and the work of other projects help them to work better.
Director, Ramiane Health Centre, Monapo District, 6 June 2023.

Improvement in coordination amongst the CMC members (health staff and CMC community members) was also noted as an achievement by both HU directors and CMC members. As one of the CMC members noted, "*Interaction with the health staff has improved with the training. We now have meetings with all co-management committee members (including the health staff) twice a month.*"²⁶ Increased ownership has also grown with the revitalisation of co-management committees and the systematic participation of representatives of various communities in the planning and monitoring activities at health facilities.²⁷

- **Improvement in the HU Management and Delivery of Quality Humanised Health Services**

A corollary of both the management and leadership training of the HU Directors, and the improved functioning of the CMCs, has been an improvement in the overall functioning of HU service delivery. The revitalisation and strengthening of CMCs' capacity was very important considering the relevant role they play in the HU administration. It was appreciated by the members of the CMCs themselves as well as by other stakeholders interviewed during the evaluation, including the HU Directors who acknowledge that with the revitalisation and training of the CMCs, CMC members' have been contributing to

²⁶ Members of the CMC from Monapo Health Centre, 24 March 2023.

²⁷ POTENCIAR (2021). *Provision and access to health services in Mozambique: An exploratory study of accountability and relations between health providers and users in Monapo District*. Pg 8.

improvements in the quality of health services provided. The comment quoted below was made by a woman HU Director.

Box 1: HU Directors value CMCs revitalization and training

Before the Co-Management Committee was established and trained, the HU suffered from many complaints from patients and the community. Services were not delivered adequately and the HU was not well maintained. The Co-Management Committee has helped to ensure that complaints are addressed where possible, and that the HU is kept clean.
Director, 25 de Setembro Health Centre, Nampula District, 24 March 2023.

Other HU directors noted how the revitalisation (considering those HUs that did not have their CMCs active) and training of CMCs had helped them deal with issues more effectively and focus on improving relationships and staff attitudes and behaviour. They installed better complaints mechanisms and addressed the issues of over lengthy waiting times for outpatients and disrespectful attitudes of staff.

- **Growing Understanding by Health Users of their User Rights**

This result has been achieved by a number of mechanisms, but it is also an important area where further growth in the numbers of health users benefiting from a humanised health service can be achieved. Thus far the main mechanisms being used are the training of CMCs in ethics and humanised service delivery, including the use of grievance mechanisms, and the community radio station debates. There has been limited outreach to the health committees at community level, but one of the recommendations made by the local CSOs was that more is carried out in respect of community awareness of user rights and grievance mechanisms.²⁸

Through sensitisation sessions in and out of the HUs CMC members have contributed to increased user's and community's awareness in general about their rights and duties related to health. As POTENCIAR staff noted, "*users became overall more conscious about the idea of humanisation of health care*", and this is among the main contributions of CMC training to the PAIs implemented by POTENCIAR. Furthermore, increased awareness of user's rights led to increased demand for accountability as users and communities are more aware of their right to make complaints through the various channels, including the CMC members.

Box 3: POTENCIAR staff view on the impact of the CMCs revitalization and training

The CMCs have helped increase the knowledge and links between users and HUs. They help increase the knowledge by users of their health rights. Community members also know now that they have a channel to make complaints through the CMCs.
POTENCIAR Nampula PMU Staff, 9 March 2023.

In fact, as mentioned by the HU Director of Ramiane Health Centre, despite having explained to the users about the existence and how to use the complaints box, complaints book and satisfact-o-meter, "*verbal reporting to CMC members is the most popular. They then report to me as the manager. People feel more comfortable talking to someone about problems. There are literacy issues, therefore, they would rather speak to the CMC members.*" However, the evaluation team found that in some HUs, including Ramiane itself, users interviewed did not know about the CMC members, nor that they could channel their complaints to them. As they stated, "*If we have a problem, we go to the community leaders. We wait for him if he is not there. We don't know the co-management committee members. We don't report to them.*" This was also the case of Mutavarex Health Centre in Nampula.

²⁸ Discussions with Rede Hopem and Watana, Monapo, and Niwanane, Nampula, 12 and 13 May 2023.

This backs the statement that more conscientisation of health users is still required, and an improvement too in the ability of users to identify CMC members more easily.

- **Reduction of Illicit Charges and Mistreatments**

Some CMC members interviewed by the evaluation team reported that they have worked to stop illicit payments which were not considered by users as illicit charges or payments but as “thank-you payments” for having been well treated by the nurses. They have been able to reduce this practice through sensitization of users and communities about their rights and through increased monitoring of the nurses.

Box 4: CMC contribution to reducing illicit charges

The woman used to give payment as a thank you. It was a voluntary payment. But nurses are not allowed to receive voluntary thank-you payments. Nurses used to receive thank-you payments. But now they have been stopped since it was reported to the director last year in August/September. As the CMC we have worked to stop the payments.
CMC members from Ramiane Health Centre, Monapo District, 6 June 2023.

Users interviewed in the Monapo Rio HU visited by the evaluation team noted that they have been all well treated by the health staff. As one of the users stated, “... *we are no longer asked whether we have money or not before delivery. We have seen some improvement in the way we are treated in maternity services, but not in other services such as adult triage.*”²⁹

Revised Outcome 2: Improved collaboration and coordination amongst key actors leverages initiatives and resources to reform quality of inclusive, humanised service delivery in focal provinces.

[Existing Outcome 1.2a: In Provinces that are the focus of PAIs there is a more enabling environment for accountable and inclusive service delivery including greater trust and openness to collaboration among key stakeholders; [impact pathway output 2]

This outcome focuses on the work that POTENCIAR have undertaken at provincial level in Nampula Province, thus far predominantly in terms of their collaboration with DPS.

Main Activities

Activities that have been undertaken under this PAI were also mapped out by the POTENCIAR staff in Nampula. (Section to be finalised).

- **Mapping of health actors.**

Mapped the quality of collaboration among health actors (state and non-state actors) to understand how the collaboration happened, what activities were done, how regularly and with who and what challenges are faced.

Conducting ongoing research regarding how not having funding influences collaboration. For example, what motivates collaboration, how it happens, the influence that the provision of funding has on the ability of organisations to initiate collaboration and the effect of the lack of funding on CBOs’ ability to network and have their voices heard. Initial findings suggest that without access to funding, there is no collaboration, follow up or implementation of activities. The report will be available mid-April.

- **Collaboration Seminars**

²⁹ Interview with health services users of Monapo Rio Health Centre, 15 May 2023.

Held two collaboration seminars at district and local level involving Rede Provincial, Niwanane, DPS – DPL and SPS to map where health actors were working and what they were doing at provincial level. The Aktek software programme was used to, document, analyse and share this data. Results confirmed a lack of coordination and duplication of activities.

- ***Inclusion of PLASOC Platform and Role in Humaniza Moz Campaign.***

POTENCIAR successfully lobbied for the inclusion of the PLASOC (Platform for Local Civil Society) on the Provincial Health Coordination Council. Previously only Rede Provincial was included, which mainly involves INGOs. The voice of local NGOs and CSOs was not adequately represented. The involvement of PLASOC has helped to resolve this issue.

Since the visits of Saber Nacer and Alliance for Health to Brazil, one change that POTENCIAR has been supporting is the vertical integration of the work on a grievance response mechanism (GRM) and that of the Humaniza Moz campaign from the national level downwards (reported under Outcome 3). This includes the constructive engagement of co-management and humanisation committees and local CSOs with local service providers and health unit managers, which has also helped create a more conducive environment to discuss and respond to users' complaints.³⁰ The local facilitation of the Humaniza Moz campaign activities is undertaken by PLASOC, and thus its role on the PHCC is also important for this.

- ***Facilitation of Joint Health Provincial Planning Meetings***

Facilitated two quarterly Balance meetings involving DPS, SDSMAS and all partners to review HU data analysis. Meetings are co-funded by POTENCIAR and the MoH.

- ***Harmonisation of District Health Social Economic Plans***

Based on recommendations of the Provincial Health Coordination Council meeting, DPS Nampula District held a meeting with all partners to harmonise the district social economic plan (PES and PESOD) for the health sector in the district. This was the first time civil society organisations had had an opportunity to provide input. The PHCC recommended such meetings take place in all districts.

Achievements

- ***Building reputation as a convenor and facilitator at provincial and district level in Nampula province***

POTENCIAR's largest achievement under this outcome is for its role as a convenor and facilitator, without providing infrastructural funding, to be accepted and valued within MoH. With respect to the various types of training activities especially, which have resulted in CMCs functioning again, and Health Unit Directors having been exposed to leadership and management skills for the first time, and then the more inclusive health planning meetings, POTENCIAR has shown the ability to make things happen that DPS has been wishing to undertake but has not the means before to undertake.

We understand that POTENCAIR does not provide funds/resources, but even though this is the case we think the program is important and that it should continue and be expanded because there aren't many projects that focus on governance.
DPS Director of Planning and Cooperation, Nampula Province, 11 May 2023.

³⁰ Quarterly Progress Report – Year 2, Quarter 3, POTENCIAR, February 2023.

The Director of Planning and Cooperation within DPS in Nampula Province was very clear in his valuation of the project and wanting to see its ongoing expansion within the province. He mentioned how many more actors were involved now in coordination and planning meetings and that 'the training of the HU Managers on planning and leadership is considered a huge gain'. They had requested the replication of this training in the other districts in the province.

For POTENCIAR to be valued in this way demonstrates the effectiveness of its approach; what is important now that the project is able to continue to build off this position and support an expansion of humanised service deliver elsewhere in the province with MoH.

- ***Inclusive Platform Building with Health Sector Actors in Planning and Coordination Functions***

The inclusion of a widening range of civil society, project and government actors within DPS planning meetings at provincial and district level is a second significant achievement of the project. DPS has become more committed to these meetings, has increased its level of co-funding, and is open to inviting additional civil society and government actors to these meetings.

This work at platform building can be leveraged further by seeing how it can be used to coordinate and leverage funding to support areas like the urgent infrastructural, equipment and drug needs within HUs, that currently are handicapping the effective operation of these facilities.

- ***Inclusion of PLASOC platform and role in Humaniza Moz Campaign***

Acceptance of the role of PLASOC on the Provincial Health Coordination Council and its role in coordinating the Humaniza Moz campaign activities is another gain, with PLASOC being ideally placed to help lead further civil society support of activities to increase the humanisation of health services in the province, and potentially other sectors in the future.

- ***Harmonisation of District Health Social Economic Plans***

This is a further achievement at district level, extending the coordinated nature of health sector planning to district and local levels.

- ***Training and Capacity Building Achievements at Different Levels***

These achievements have all been supported by the various types of training that have been undertaken in ethics and humanisation. The training and convening nature of the approach is proving its worth in terms of capacity building of the actors concerned, even if more needs to be done in respect of follow up and deepening the numbers of those trained to ensure the benefits are more sustainable.

Revised Outcome 3: *Vertically integrated policy and advocacy initiatives result in reformed laws, policies and cross-sectoral practices towards humanised service delivery.*

[Existing Outcome 1.2c: At national level in Mozambique there is increased recognition of the importance of accountability and inclusion in service delivery by government and external actors and greater understanding of effective approaches piloted by the PAIs (impact pathway output 2)]

This outcome deals with the ability of POTENCIAR to address structural issues at national policy level, and thus to have developed sufficient experience and support at provincial level to engage in vertically integrated advocacy work with key organisational collaborators.

Two main areas of activity have contributed to this outcome – the activities related to the Humaniza Moz campaign, and the PAI 5 cross-sectoral work on grievance mechanisms at the national level.

Main Activities

- **Humaniza Moz Campaign Activities**

Outline of activities in PAIs 1-3

In PAI 1, focused on the improvement of grievance mechanisms, POTENCIAR has worked with local NGOs to undertake training of Co-Management Committees (CMCs) at health unit level in support of improving the quality of health care and grievance mechanisms. This training has included a component on humanisation and respect for users and their rights, as part of improving the way that both in- and out-patients are treated in the health units. The topic of humanisation has also been included in the work with community radio stations (Radio Encontro and Radio Monapo) in Nampula and Monapo Districts.

In the second PAI, which focuses on encouraging collaboration between health services, NGOs, CBOs and other relevant agencies, there has been support for the vertical integration of the Humaniza Moz campaign. This has involved support for the work of Saber Nascer, most recently for the hiring of a researcher to review the position of current maternal health related legislation on obstetric violence, as detailed below.

The third PAI supports the work on the training of health professionals. In this respect, the most critical training conducted today has proved to be the management and leadership training provided to Health Unit Directors in Nampula and Monapo Districts. Universally the health directors the evaluation team has spoken with that have received this training have been extremely positive about this. This training, provided by DPS with funding and technical support from POTENCIAR, has included a component on ethics and humanisation and hence both respecting the rights of patients and treating them as fellow humans.

Launch of the Humaniza Moz Campaign

The Humaniza Moz campaign to redress issues around obstetric violence and achieve change within the Ministry of Health, was launched by Saber Nascer in 2021. It has been supported by POTENCIAR from the outset. Saber Nascer is a small but dedicated association 'that works to eradicate violence against girls and women, with a greater focus on obstetric violence through the promotion and protection of women's human rights and the humanization of obstetric and neonatal care, respecting its three pillars, from antenatal, delivery, postpartum.'³¹ Its Executive Director is a clinical psychologist by training, undertaking a Masters in Women's Health and Gender, and with other women who had also suffered obstetric violence, as she had, she formed Saber Nascer. They produced a documentary and sent it to the Ministry of Health but received no response. The Executive Director then wrote a concept note and sought partners to launch the advocacy campaign.³²

Potenciar Involvement in Campaign

When the Humaniza Moz campaign against obstetric violence was launched in November 2021, 'POTENCIAR and Aliadas were involved in starting up the campaign. The concept for the campaign was from Saber Nascer, but POTENCIAR funded the launch'.³³ POTENCIAR had identified the potential of Saber Nascer in its initial stakeholder mapping exercise, whilst Aliadas undertakes capacity building work with local CBOs. The commitment from Aliadas and POTENCIAR was that they would support taking the campaign to the provinces; POTENCIAR in Nampula and Aliadas in Sofala, Tete and Manica. Aliadas is funded through CESC for this work, through support from the Canadian Government.

POTENCIAR's financial support to the campaign so far has consisted of the following:

³¹ Saber Nascer, 2023, 'Portfolio,' Maputo, Mozambique [translated from Portuguese].

³² Annex 6, POTENCIAR Annual Report, 2022, 'Significant Change Case Study: Humaniza Moz Campaign'.

³³ Interview with Camilla Fanheiro, Executive Director, Saber Nascer, Friday 19 May 2023.

- The launch event in November 2021.
- Facilitation of the vertical integration of the campaign, with the link between Nampula and Maputo. POTENCIAR supported the launch of the campaign in Nampula and the identification of local members, including the PLASCO, who is leading the campaign within the province. Non-state actors in Nampula were also involved.³⁴
- Two major workshops. The first event, which took place in February 2022, was effectively a small conference. It involved health authorities and providers (doctors, nurses and obstetricians) from Mozambique, and had professionals from Brazil too.³⁵ It addressed critical issues in maternal and child health services with a focus on the role of the health sector in combating obstetric violence. The workshop was successful in that it attracted a high level of interest and attendance from the Ministry of Health, especially the Maternal and Child Health Department and the Quality and Humanisation Department. It used a participatory agenda setting methodology, which was welcomed, and was subsequently followed up by invitations to Saber Nascer in March 2022 to join the Maputo City Provincial Committee for Auditing of Maternal, Perinatal and Neonatal Deaths as well as the Quality and Humanisation Co-management Committee.³⁶
- The second workshop was held in May 2022 to reflect on obstetric violence as a violation of human rights and to consider judicial issues. The event was attended by the chief prosecutors, representatives of the ombudsmen, the National Directorate of Human Resources and civil society organizations.³⁷ Both workshops were intended as sensitisation workshops to gain support from the government to support a process of obstetric humanisation.
- A study tour to Brazil, undertaken by three persons (Saber Nascer Executive Director, POTENCIAR Policy Advocacy Lead, and a representative from Citizen Observatory of Health). During this tour they visited institutions responsible for conducting the first survey in Brazil on obstetric violence, clinics and a university hospital dealing with cases of obstetric violence and training maternal health staff how to provide humanised support before, during and after delivery. A major lesson from Brazil was that they now prefer to talk about the humanisation of obstetric services, rather than obstetric violence, since it is a more positive way of depicting the issue.³⁸
- One issue they had in mind when they went to Brazil was that obstetric violence should be included in the law as a crime. On return Saber Nascer, with the support of POTENCIAR, thereby started this process by identifying and discussing ideas with a consultant to review all health related legislation and the ways in which different forms of violence are discussed and treated in the laws.³⁹
- A dissemination workshop for this work was held on 21 June 2023. The review has shown that obstetric violence is not included in any law. As such it is important to have a law that defines what constitutes cases of obstetric violence and can penalise offenders. The format for the workshop was participatory, with participants being encouraged to share their own experiences and analyses of obstetric violence within the Mozambican health system in different locations and at different levels.

³⁴ Comment by POTENCIAR Policy and Advocacy Advisor on Humaniza Moz draft case study, July 2023.

³⁵ Interview with Camila Fanheiro, Executive Director, Saber Nascer, 5 May 2023.

³⁶ Annex 6, POTENCIAR Annual Report, 2022, 'Significant Change Case Study: Humaniza Moz Campaign'.

³⁷ Interview with Camilla Fanheiro, Executive Director, Saber Nascer, 5 May 2023.

³⁸ Interview with Camilla Fanheiro, Executive Director, Saber Nascer, Friday 19 May 2023.

³⁹ Interview with Camilla Fanheiro, Executive Director, Saber Nascer, Friday 19 May 2023.

- Supported the reproduction of 3,000 copies of the code of ethics and professional deontology recently developed by the nurses' association that will be distributed to Health Units across the country.⁴⁰

- **Cross-Sectoral Work on Grievance Mechanisms**

For this work on PAI 5, a grievance mechanism study was conducted to provide entry points for a more strategic institutional approach to GRMs. When the study was completed, a national dissemination conference was held, in order to share also wider experience in Mozambique. 'The public sector has tools and policies, and local CSOs have too'.⁴¹ This was held in September 2022, with a discussion on why the public sector had systems designed but not implemented, with civil society having more experience of their own in implementing complaints mechanisms. We agreed there needed to be more of a sharing platform. The General Inspectorate of Public Administration (IGAP) was already playing a coordinating role for the public sector, producing a quarterly report for the Council of Ministers. One idea was to integrate civil society experience into this report.

After this initial meeting, two further technical meetings were held, one with CSOs and the other with the public sector. One of the subjects discussed was whether this common platform would replace the sectoral ones, and it was agreed that separate but integrated platforms would be preferable. For this to happen follow up was needed on the formalities of this - legislation, procedures, and integrative platform.⁴²

Finally, following the two technical meetings, a one day national conference to coordinate the two outputs was held following the Theory of Change workshop in March 2023.

Achievements

- **Humaniza Moz Campaign Achievements**

Overall campaign progress

There is no doubt that the Humaniza Moz campaign has come a long way in the last 20 months since it was launched in November 2021. The campaign is now much more in the consciousness of health and judicial authorities and there is a more concerted effort in parts of the Ministry of Health at least to promote more humanised obstetric services. However, there remains a long way to go. Some of the comments at the launch meeting for the report on how obstetric violence is viewed in the current legislation, suggested that reform practice was more advanced in Maputo (and the Central Hospital) than elsewhere in the country. This is good to note since Maputo has an unflattering history when it comes to obstetric violence,⁴³ but it is only a start. Indeed, in an EU funded survey carried out in April-May 2022 by Citizen Observatory for Health (OCS), in partnership with Saber Nascer, in 13 Health Units in Tete, Inhambane, Sofala and Maputo Provinces, cases were highest in Tete province, and lowest in Maputo.⁴⁴

The research report on existing health-related legislation makes it clear that legislative reform is required so that there is greater recognition of obstetric violence in its different forms, and a more comprehensive and consistent treatment of it within the law.

POTENCIAR contribution to Humaniza Moz campaign

⁴⁰ Interview with Policy Advocacy Lead, POTENCIAR, 3 July 2023.

⁴¹ Discussion with POTENCIAR Project Manager, 17 July 2023.

⁴² Discussion with POTENCIAR Project Manager, 17 July 2023.

⁴³ <https://clubofmozambique.com/news/obstetric-violence-more-than-20-cases-reported-in-maputo-in-last-quarter-carta-205479/> (and there are other accounts too)

⁴⁴ <https://www.observatoriodesaude.org/en/nearly-72-users-of-national-health-system-uninformed-about-obstetric-violence/>

POTENCIAR's main achievements with regard to the Humaniza Moz campaign is to ensure that the campaign has happened, that is has made effective progress and that the process has sought to be inclusive of all relevant organisations and actors. This includes key departments and officials within the Ministries of Health and Justice, as well as local authorities such as Maputo City Council. By using participatory methodologies in workshops, POTENCIAR and Saber Nascer have sought to encourage greater ownership of the campaign and its aims, and willingness of government actors to support behavioural and operational changes.

At the same time, the campaign still has some way to run, until it has achieved a more consistent effect across provinces, through the support also of Aliadas within the provinces, and until both legislation, policy, training and practice across the Ministry of Health have been reformed. Humaniza Moz campaign is mainly about behaviour change and addressing the very unequal power relations between patients and staff at points of delivery. However, the lack of resources (human, material, financial) is also a challenge for the humanization of the health services.

The topic of legislative reform has now been put clearly on the table, but persistent follow up to the recent research and workshop on legislative and punitive gaps will still be required if the legislature is to be persuaded to move on enacting actual changes to the law.

The support of POTENCIAR so far has been vital to the campaign, but this is exactly the kind of policy and influencing work for which the project has been established and an ongoing stamina for the campaign is essential. It is to continue to progress this type of initiative that provides one vital building block in a justification for the continued operation of the project in a further phase.

- ***Integrated Grievance Mechanisms***

Thus far the PAI 5 work 'has provided a mechanism for getting government and civil society to work together'.⁴⁵

We want to get key actors together and share their ideas and put them together in a concept to mobilise others to see the potential of this national platform. So, we want to capitalise on this sharing of experiences, integrating perspectives from civil society and the public sector.

Discussion with POTENCIAR Project Manager, 17 July 2023

There are many issues that would need to be worked through before such integration is remotely feasible, given the extremely incomplete implementation of mechanisms across sectors and the lack of resources to do so. For a start it would require POTENCIAR to work with inspectorates from each sector in looking at how to do this.

In an interview held during the evaluation with the Chief Inspector in the Ministry of Health, he stated that they would be interested in building a dashboard around grievance reporting.⁴⁶ This would be essential for any national or even provincial use of any data generated. 'Apparently the World Bank has funding to support this. It could be very expensive – collecting data from each province and building staff capacities around it'.⁴⁷

- ***Inclusion of POTENCIAR in MOH Health Partners Group***

⁴⁵ Discussion with POTENCIAR Project Manager, 17 July 2023.

⁴⁶ Discussion with Inspection Department, MoH, 19 May 2023.

⁴⁷ Discussion with POTENCIAR Project Manager, 17 July 2023.

Following the national workshop held on the dissemination of the findings of the research on obstetric violence in the law, this high-level engagement with national health authorities has resulted in the inclusion of POTENCIAR in the Health Partners Group of the MoH. Project staff attended a recent discussion on health finances and health systems strengthening, organised by the Ministry of Health. This provides a growing recognition of the MoH of POTENCIAR's contributions to operational health sector delivery strategies and approaches.

Outcome 3 Summary

From our perspective as an evaluation team, whilst **convening the national meetings and conferences around grievance mechanisms represents a significant achievement in terms of the brokering of a national dialogue on this subject, which would not otherwise have been held**, it is difficult to see how further progress could be achieved in a cost-effective manner. As noted in the comment above, further progress on this topic would be extremely costly. If POTENCIAR does find other donors to take the work forward, then the project team has been successful in their task.

In contrast, we do believe that the progress around the Humaniza Moz campaign remains with considerable upward potential, especially in respect of the broader objective to develop and promote a model of humanised service delivery in the health sector, and reforming the law on obstetric violence. Improving grievance mechanisms is a component of this, but as yet, POTENCIAR itself is far from having developed an effective complaints mechanism for vulnerable and illiterate mothers, even if it has strengthened some ways to register complaints in health units. What POTENCIAR has achieved is awareness at the national level by the MoH of the work on humanisation that it has been helping to convene, and this work and relationship needs consolidating and developing.

Revised Outcome 4: POTENCIAR and its partners achieve wider international recognition for their insights and achievements in supporting accountable and inclusive, humanised service delivery.

[Existing Outcome 1.2d: At the international level there is greater awareness of insights from POTENCIAR and its partners by FCDO and other stakeholders involved in supporting accountable and inclusive service delivery (Impact pathway output 5)]

POTENCIAR has grown a reputation as a project that produces good analytical research. The project's MREAL strategy is based on an analysis, test, learn and adapt methodology, with all the major PAI activities being guided by initial research studies. In each of these studies an actor mapping and review of the state and non-state institutional environment has been undertaken, and then an understanding developed of approaches, their status and major issues. This applies whether the topic was to understand health sector actors in Nampula Province, the nature and status of grievance mechanisms, the nature and status of approaches to humanisation, and approaches to social protection, particularly with regard to vulnerable women. In the last year a large political economy analysis has been undertaken led by FHI360, to map the social protection terrain within Nampula Province in particular, but this report we have not yet seen.

Each study is followed up by a dissemination event, of which the workshop to disseminate the findings of the review of how obstetric violence is treated in the law in Mozambique in July 2023, was probably the most significant event this year. A further major event bringing diverse actors together was also that in March 2023, which was the final event in the series already highlighted looking cross-sectorally at grievance mechanisms.

With respect to this outcome, the challenge for POTENCIAR is how it uses its growing research, analysis, test, learn and adapt experience to project a coherent reputation

internationally. The project is not yet there. In this year's annual report five products are noted as having been shared externally with strategic stakeholders:

1) POTENCIAR's PAI Lead shared **its approach to diversity, inclusion, strengthening collaboration practices and creating synergies among stakeholders at different levels**, in the Second Joint High Level Continental seminar on the Right to Health and Social Protection in Africa organised by the African Commission on Human and People's rights in June 2022, in Namibia.

2) POTENCIAR **provided a case study of the importance of trust in the provision of maternal health services** in Mozambique based on experience in the design and development of PAIs, at an international panel event organised by Chemonics in October. This was on why trust matters in development cooperation, and how to define and incorporate it into strategic and day-to-day decision-making. Panellists included FCDO and the Economist's Team Lead on Economic Impact.
<https://www.chemonics.com/resource/trust-issues-why-trust-matters-in-international-development/>

3) **In December POTENCIAR's Team Lead shared insights on the programme's experiences of using political economy analysis and savvy, adaptive approaches** to improve development effectiveness and sustainability at the Thinking and Working Politically (TWP) in Action online global event. The session had over 130 people joining online at its peak and 463 people registered). Over 40 USAID and Foreign, Commonwealth & Development Office (FCDO) representatives registered from around the world.

4) POTENCIAR launched **its online Knowledge Base**, during a side event of the Theory of Change seminar attended by key Mozambican academics and civil society leaders as well as members of the Consortium, representatives of the BHCM and other key partners.

5) Lessons from the **Grievance Redress Mechanisms Report** were shared in an international Workshop on 'GRM research and practice: Examples from Mozambique, Pakistan and South Sudan' held in April 2023. Attended by renowned experts in the field of GRM, governance, human rights, development and health, the event allowed comparisons of the Mozambican case with GRM practices and lessons learned in other countries, such as Pakistan and South Sudan, and has been widely disseminated via IDS networks.⁴⁸

It can be seen from this listing that the topics are diverse and do not have an obvious connecting thread. Again, we believe that having a clearer overarching focus on developing an effective model to improve the quality of humanised service delivery, initially within the health sector in Mozambique, will provide this thread, and make it easier for POTENCIAR to build and project a growing reputation for this. By referencing its focus on humanisation, events 1,2, 4 and 5 above could all be seen to have a common link, whereas in the way they have been presented, they appear as rather disparate topics, which makes the building of a broader reputation that much more difficult.

7.2 Achievements and Results by Evaluation Questions

The earlier reporting of achievements by outcome has covered most of the specific evaluation questions set out in the ToR. Responses to some of the key questions that were identified in our inception reports are summarised in the discussion below.

3) What contributions has/might POTENCIAR made/make to relationships or government behaviour and systems change in relation to transparency, accountability and responsiveness to citizen demands at different levels (outcomes 1.2a-1.2d), including

⁴⁸ TAcID Annual Review, POTENCIAR, June 2023.

through better allocation of resources and more inclusive planning and decision-making processes?

This question relates to the existing Outcome objective and we have covered comprehensively in the report, since each of the (sub-) outcome areas refers to this. Essentially, the key early issue for POTENCIAR was to persuade especially MoH in Nampula Province (ie DPS), that its non-resource intensive, convening and facilitatory role, could be of value. In a resource strapped ministry, where support is sought to cover even recurrent expenses such as transport costs, there would clearly be scepticism at the outset that a project operating without major infrastructural resources would be of value. This is especially in the case of a project intended to be able to address structural issues, which are resource intensive, such as the water and energy supply issues we have noted. It is to POTENCIAR's credit that it has overcome this barrier, and its training and capacity building approach has come to be highly valued. This is a result of the project identifying the specific areas where supporting training and building capacity will fulfil highly necessary but unmet needs, such as the management and leadership training for Health Unit Directors, and the training of the CMCs.

At the same time, POTENCIAR has also introduced more collaborative approaches to planning and coordination at provincial level within DPS, with some potential government budget efficiency improvements by better alignment. One area, which the project has not yet tackled though, is how to address vital issues such as the lack of adequate water supplies in HUs (and especially maternal health sections) and electricity, which are vital to achieving maternal health user rights. These are areas where more can be done, as we have noted and cover in the recommendations. **It is positive that DPS is attempting to undertake a complete inventory of these needs within the province, and the project can support through its convening role, by focusing more on the coordination and leveraging of a wider range of resources, that are inclusive of those available through other projects and donors.**

Overall, the project's focus on training around ethics and humanisation is core to the kind of behavioural and systems change sought here, and that needs to be consolidated, and the growing demand for replicating these approaches at different levels within DPS, needs to be facilitated.

7) What are the most important causal mechanisms/pathways to change at the outcome level?

These are really set out in the recommendations for the revised Theory of Change. The PMU has a good grasp of these mechanisms, built around the analysis, test, learn and adapt approach. What has been needed is a clear overarching strategic focus that ties the different threads into a coherent whole.

8) What is the added value of POTENCIAR's brokering and accompaniment role?

The added value of POTENCIAR's role in this respect has been discussed in detail. Over time, POTENCIAR has demonstrated the value this convening and coordinating role has. The accompaniment component can be improved, though has been carried out well in the case of Saber Nascer and the Humaniza Moz campaign for instant. Increasingly the project is using participatory and consultative methods in its engagement, and this is an important part of valuing the CSO partners and allies it is working with, as well as in its relationship with DPS.

9) How has the Consortium management approach 'added value' and helped or hindered the implementation of appropriate activities and the realisation of outcomes?

One of the most important values of the Consortium supporting POTENCIAR is the experience brought of (FCDO funded) governance programming in Mozambique by all the members involved. Chemonics was brought in because of its partnership agreement with

FCDO and does bring value in terms of its experience in managing complex grants. The challenges with POTENCIAR have been especially acute given the 36% overall budget reduction, and the pressure this has placed on operations and staffing. We note that much of Chemonics management team has not been directly costed.

A problem caused by the budget reduction is that it has made meeting and coordination amongst the Consortium team more difficult. During our evaluation, the one physical meeting that took place was the Theory of Change meeting in March 2023, which was our introduction to the project. An earlier ToC meeting took place also in 2022. We did not have a discussion with the whole consortium team in March, which made it harder to assess the extent to which the team is mutually supportive.

What we have come to understand is the vast experience the team has collectively, and we would like to see this leveraged further. In the next phase, the overarching Consortium team should be as slim as possible, but with a stronger focus on working collectively, and with clarified roles. The IDS team's role in supporting the MREAL and VfM work is clear but has been challenging at times for them. Greater openness across the consortium would be welcome. The role of CESC as the one Mozambican member of the Consortium is also extremely important, but possibly also undervalued. CESC, like the other members, have been effected by the budget cuts, but this has more directly affected their ability to support operational work in Nampula Province (one staff position was cut). They have a wealth of valuable experience and we would like to see CESC more directly involved in the project.

There are challenges therefore with regard to the Consortium composition and management, which have been exacerbated by the budget reductions. We do not feel especially equipped to recommend the nature of the changes required within it, but since it is important that some rethinking of how the Consortium operates is necessary, we have made a recommendation on how this process might be undertaken.

12) Do any of POTENCIAR's approaches offer lessons on cost-effective means to make government systems more responsive and accountable to marginalised groups, particularly women and girls?

Our response to this question is summed up by our overarching recommendations on the need to modify the project's Theory of Change, and focus more clearly on the overarching intent of developing a model of humanised service delivery in the health sector in Mozambique. This is where the project has an ability to offer real value for money, particularly if POTENCIAR uses its convening role to work with DPS to develop a resource leveraging strategy that supports the replication of this model more widely within in Nampula Province.

7.3 OECD Criteria Summary Matrix

The matrix below provides a summary of our ratings of POTENCIAR's performance thus far, according to the primary set of OECD criteria. The questions listed here have been generated by ourselves, and are in line with the types of questions normally addressed in such a review, as well as the questions in the ToR.

Table *: OECD Summary Review

Criterion	Ranking	Comments
Relevance - To what extent did the project design build upon the previous history of FCDO governance		As Consortium members have confirmed the initial strategic intent behind the design of the POTENCIAR project was that it would address some of the shortcomings of previous projects aimed at empowering citizens and increasing their voice in

Criterion	Ranking	Comments
<p>programming in Mozambique?</p> <ul style="list-style-type: none"> - How much were local CSO allies and consortium members involved in the design of project activities and approaches? How could this be enhanced? - How much support has POTENCIAR gained from the Government of Mozambique in respect of their perception of the relevance of POTENCIAR's aims and approaches? 		<p>local governance and service delivery processes. A common lacuna identified was the ability within such projects to address structural issues that required national policy changes; POTENCIAR was thus designed to advance the vertical integration of locally generated initiatives and achieve structural changes.</p> <p>This is a highly relevant ambition and remains so. There have been problems with the current logframe design, but recommendations within this evaluation address these, and achievements thus far by the project suggest that much more can be achieved within this ambition.</p>
<p>Coherence</p> <ul style="list-style-type: none"> - To what extent has the project's design provided a basis for a coherent and ambitious project strategy to be realized? - Have synergies been achieved with other activities, as well as with local/ international policies and donor policies? - Were the result indicators and their means of verification adequate? - What possible adjustments would the consultants recommend? 		<p>The design of the existing logframe for POTENCIAR is far from ideal, with the outcomes being too vague and diffuse. To rectify this, during its start-up process POTENCIAR designed a set of five Pro Accountability Initiatives, to clarify its approach and focus. However, these have problems too, since they are means rather than ends focused. As a result we have worked with the PMU staff to redesign the topline of the theory of change, and have used that in this report to show how it improves the clarity and focus of the project's strategy and brings to the fore the main achievements of the project so far. Our rating here is inclusive of these improvements, and if the project continues to build upon these, the maximum rating would be achieved.</p>
<p>Efficiency</p> <ul style="list-style-type: none"> - To what extent has the project maximised the cost-effective use of resources, expertise and in-kind contributions among stakeholders to meet the project objectives? How could this have been improved? - Could a different approach have produced better results? 		<p>The implementation of POTENCIAR has been severely affected by an overall reduction of 36% in the project's operational budget from that originally committed. These cuts have happened mostly in the last 3 years of implementation, and have hampered in a sense the project's post-Covid-19 recovery. With POTENCIAR's consortium structure, whilst LOE of consortium leads has been cut, a staff position in Nampula Province was also cut, and operational activities have been adversely affected with additional cuts to these activities.</p> <p>It should be noted that Chemonics have struggled to be as efficient as possible within it and are undercharging for their management costs. In the recent Annual Report for POTENCIAR (June 2023), the PMU also mention that they have delivered</p>

Criterion	Ranking	Comments
		<p>more activities in 2023 compared with 2022 (22 large events compared with 8, involving 120 organisations up from 45 in 2022).</p> <p>From our perspective, the cuts in the project’s operational budget have had a negative effect on the quality of implementation of some activities, such as the lack of follow up to the training of the CMCs in the Health Units. The kind of participatory action research study just launched in July 2023, noted in POTENCIAR’s recent quarterly report may help to rectify this by identifying more clear the kinds of follow ups that are now needed to consolidate and extend the initial work on developing a humanized health service delivery model at local level. We do believe however that originally planned budget levels need to be restored to maximise project efficiencies, given its consortium structure. This will then help the project with the leveraging of additional resources to support the transformative reforms it is seeking to drive within the MoH.</p>
<p>Effectiveness</p> <ul style="list-style-type: none"> - To what extent did the Project meet the objectives and results set out in the project (as outlined in the logical framework)? - To what extent is the PMU effectively convening a diverse range of health sector and other actors to bridge dialogue between people and policy makers? How could the project have better supported this process? - How effective were the strategies and tools used in the implementation of the project? What strategies, tactics and tools were most successful in influencing change? How can these be developed further? 		<p>As we have noted, there are problems with the logframe for POTENCIAR, but nevertheless the project has been effective in advancing a strategic intent around the humanization of health service delivery. The research and analytical work, coupled with the project’s convening style, have brought on board government health sector actors, particular within Nampula Province, and generated interest amongst a growing pool of interested organisations.</p> <p>The training work that the project has conducted, particularly the participatory management and leadership training for Health Unit Directors, has been acclaimed by all involved, and created a demand for its replication within Nampula DPS that the project has started to support, even if a greater prioritisation of this is required. However, this demand and the potential substantial increase in health users benefiting from humanised service delivery that vastly improves respects for their rights, demonstrates how POTENCIAR can considerably leverage far greater cost-effectiveness and value for money in a 2-3 year project extension.</p> <p>The Humaniza Moz campaign, led by Saber Nascer but realised through POTENCIAR’s analytical, convening and resource support, is an excellent</p>

Criterion	Ranking	Comments
<ul style="list-style-type: none"> - How can the project better incorporate learning into its actions? - To what extent was the project effective in responding to the needs and priorities of health users, including specifically those most often marginalised from these processes, and what results were achieved? 		<p>illustration of how the initiatives to develop a more humanised delivery of health sector services at local level can be translated into a national campaign strategy through the vertical integration of activities. This integration has been achieved by POTENCIAR's collaboration with a range of actors, including PLASOC's coordinating role at provincial level, and Aliades' role in taking the campaign to other provinces.</p> <p>We would really like to see this work now being consolidated and expanded further. The project's test, learn and adapt approach also needs to be commended. We have witnessed the growth of the project through this means over the period of our participatory evaluation; this in itself is an impressive achievement and witness of the greater growth in effectiveness that POTENCIAR has the capacity to achieve.</p>
<p>Impact</p> <ul style="list-style-type: none"> - What evidence indicates that POTENCIAR can contribute to addressing systemic change through the vertical integration of policy related work? - How can POTENCIAR better engage movements in policy debates and processes? - Were there any unforeseen positive and or negative effects of the activities? - How can unintended consequences from project work under this project be better seen and used to shape new actions? 		<p>It is undoubted that even over the past 6 months that the footprint of the project has grown. Events such as the launch of the Humaniza Moz campaign report on how obstetric violence has been treated in the law, and the need for a new law on the topic, is one example. There has also been cross-sectoral events on grievance mechanisms that have drawn in a wider range of actors, even if we view this as being less central to the project's main areas of potential focus. The convening work with the MoH in Nampula Province is also bearing fruit and has significant upside potential for greater impact. POTENCIAR's recent invitation by the MoH at national level to join the Health Partners Group, following the Humaniza Moz campaign event is illustration of the growing recognition of the project's role.</p> <p>With respect to the project's VfM calculus, we see the main potential lying in an expansion of the project's de facto reach within Nampula province, and increasing the effectiveness of the vertical, systemic influencing of that work.</p> <p>It is important to note that the reshaping of the project's theory of change and logframe that we are recommending is based upon our review of where the project's main value lies, and that our reframing of these is designed to maximise the project's potential impact across a further 2-3 year phase. We view this extension as essential to the project's</p>

Criterion	Ranking	Comments
		capacity to achieve an impact of real value to the health sector in Mozambique, and thus potentially to the humanisation of other delivery sectors in the future.
Sustainability <ul style="list-style-type: none"> - To what extent are the benefits of the projects likely to be sustained after the completion of this project? - Describe key factors that will require attention in order to improve prospects of sustainability of Project outcomes and the potential for replication of the approach? - How were capacities strengthened at the individual and organizational level (including contributing factors and constraints)? - Describe the main lessons that have emerged. 		<p>We have been concerned about the potential sustainability of POTENCIAR’s activities at HU level, especially in terms of the work with HU management and CMCs. This is because of the lack of depth so far in respect of the leadership and management training – only the director per HU, so if the person is transferred the gains are lost – and also the CMC training, with the lack of monitoring and further training follow up. There has been an over-emphasis in our view too on the grievance mechanism work, when the real value lies in the overarching philosophy of the ethical humanisation of health services, empowering health users and staff and redressing imbalances in power relations between the two. This is the work that needs to be built upon to ensure POTENCIAR does develop a sustainable legacy.</p> <p>It will require, however, that a greater level of technical and resource support is allocated to the project at operational level within Nampula Province.</p>

1-4 Achievement Scale: 1= **Low** 2= **Average** 3= **Good** 4= **High**

8. Major Issues and Challenges

This section summarises some of the challenges we have identified affecting the implementation of POTENCIAR. These are issues that we have discussed with the project team and consortium members as we proceeded with the evaluation.

• *Effects of the Budget Cuts*

From the outset we feel it is important to note the effects of the 36% budget cut on the POTENCIAR project. It is a critical issue for us, since the cuts have hollowed out the implementation capacity of the project, yet the outcome expectations for the project appear not to have been tempered since the original design. This is worrying since it is clear that POTENCIAR’s operational capacity is now limited and this does affect the advocacy potential of the project too.

POTENCIAR seeks to develop a model based on its operational experience and to advocate for this to be used more widely in Mozambique. But the project has only three staff in Nampula province, including an accountant. The two technical staff are responsible for all the convening work with the other collaborating organisations across the two districts – Nampula and Monapo – where the 41 health units that the project is working with to varying degrees of intensity, are located. There is no doubt the budget cuts are affecting the project’s capacity and the consequence of this is an issue that we shall explore in more detail during the evaluation.

One immediate issue that has arisen is that three of the local partner NGOs met with, in Nampula and Monapo, have said that their operating costs for the work they are undertaking with POTENCIAR are not fully covered by the budget they receive from the project for the activities they are carrying out. Thus far this has consisted mainly of training activities for the CMCs at the health unit level and follow-ups. For at least one of the organisations concerned this means the staff person is not being fully paid for their work.

POTENCIAR has ambitious aims to influence budgetary and accountability processes at different levels of MISAU, but to achieve these aims, as is noted in the point below, the project will need to replicate its approach in additional areas, at least within Nampula province. As evaluation consultants, we are worried about this mismatch between ambitions and operating budget.

- ***Converting an Approach into a Model***

POTENCIAR seeks to build a model. The challenges to achieving this are substantial. An important distinction can be made between an approach and a model – everyone has their own approach, but to claim an approach as a model that really works, it needs to be bought into by others, including donors and relevant government institutions and there needs to be a commitment to its wider replication. For example, the work being coordinated by N'weti on the use of a community scorecard approach to improve the quality of health services at the health unit level is being funded by three major donors and being implemented in 900+ health units. In itself this does not mean the model is sustainable – there are more questions about that – and even though this programme has been accepted by MISAU, it still faces challenges in getting the national level of the Ministry of Health to accept its recommendations.

For POTENCIAR, the challenge it contends with is how to convince others of the value of its convening and facilitating approach to the humanisation of health service delivery. There is buy-in from the provincial level DPS in Nampula, who have requested POTENCIAR's support in replicating the management and leadership training of HU Directors in all other districts in Nampula Province (Nampula has 18 districts and 5 municipalities in total). This is a positive step, but it will need additional resources since the provincial health authorities do not themselves have the resources to undertake such replication and rely heavily on donor support for any form of implementation. For the project's own wider recognition and reputation, as well as enhancing its VfM, it is important that it works with DPS on facilitating and supporting this replication.

In addition, this provincial demand for replication needs supporting at national level through the vertical integration of POTENCIAR's efforts.

- ***Theory of Change or Accountability Framework?***

POTENCIAR is a learning project and does seek to reflect on its own processes. It seeks to 'test, learn and adapt', with a view to advocacy, influencing and future scaling. POTENCIAR has what is described as a theory of change, and we have recently attended a theory of change reflections workshop. But in the days that we attended, there was no reference made to a theory of change, and the ToC diagram was not referred to even as a reference point. The diagram is too, simply a reflection of the logframe, and as such is perhaps more an accountability framework than a theory of change.

This diagram is shown below. Our own expectation of a theory of change would be that it would provide a longer-term programmatic framework, clarify the impact ambition of POTENCIAR (and/or TAcID), and show a clearer set of pathways. A project logframe might be developed within the context of an overarching theory of change, and need not cover all

the dimensions of the ToC, but one would certainly expect the latter to provide a broader framework for the project.

There is another dimension to this, and why there is value in clarifying pathways. We have spent some time seeking to understand what it is that POTENCIAR actually does, something we feel we understand better now. But we have also been asked the same question ourselves by others who are in fact working with the project. During the ToC workshop in Maputo, when we conducted an exercise with those present to understand activities and relationships around each of the three operational PAIs, people listed actions on cards, not activities. We had to ask the groups then to group sets of actions together to generate a sense of activities, which then started to make the project more comprehensible to us.

We thus feel that a remodelling of the diagram below as a clearer theory of change would be a beneficial exercise, from a strategic point of view, and also for communication purposes. In discussions with the IDS team, it is clear that a range of work has also been undertaken on theories of action for different PAIs, but that these have not been fully documented or integrated together. We will review the range of work undertaken on this topic, including reflections on the ToC and suggest recommendations related to this and the logframe.

- ***POTENCIAR's (In)Visibility as a Project***

POTENCIAR aims to be an influencing project, but at the outset of our evaluation, it had extremely low visibility. We understood there has been a deliberate strategy to keep a low profile, but this appears to contradict the aim of the project. Even partner-level staff commented that when doing training work at the health unit level they were not referencing the project and there were no communication materials. The community radio, Radio Monapo, showed us a doorway with the logos of their supporters next to it and said they would like to add POTENCIAR there. It is understood that one reason for the low profile has been that the project was trying to avoid a typical gifts-bearing project image. It has therefore been positive to understand that since the project is trying to advocate and influence more effectively at different levels, that POTENCIAR is now seeking to create a more visible profile. This can be done in a way that projects the convening and influencing role that POTENCIAR wishes to convey.

- ***Programming without Resources (as a Sustainability Approach)***

POTENCIAR'S desire not to replicate conventional project practices of providing resources during implementation that disappear once the project ends - as do the project activities – is laudable. A prior community scorecard approach was being implemented in Monapo District but is no longer active because there are no resources to sustain it. However, in Mozambique, there is a problem here. The Ministry of Health centrally pays for staff salaries – and little else. There is a great deal of dysfunction in the Ministry, to the chagrin of its staff. At the provincial level in Nampula, POTENCIAR has had to agree to find the transportation costs of the health inspectorate staff, since without this they would visit no health units, and not undertake the monitoring of the usage of grievance response mechanisms that is central to PAI 1. Without additional resources, little happens. This is a dilemma to which there are no easy answers and is another issue that will need to continue to be discussed.

- ***Locally Resolvable Issues vs Structural Issues***

This issue we have flagged already and is a critical challenge for the project closely linked to the above. POTENCIAR's work around grievance response mechanisms, as part of promoting a more ethical and humanised service delivery, has received broadly positive reactions from all those to whom we have spoken. The fact that grievances are being taken more seriously in health units where training has taken place, and CMCs are being more effectively are positive factors. The challenge lies in how much change can be affected, however, with such a low bar for what constitutes structural changes. With clinics not being able to add beds, resolve water supply issues, replace outdated and broken equipment,

ensure pharmaceutical stocks, and resolve transportation issues, there are basic issues that are frequently the focus of user complaints, and the resolution of these basic items is essential to meeting user rights. Whether POTENCIAR can address any of the issues in this category will be a marker for the project. A starting point we have noted however is that the MoH's budget is divided into three streams – salaries, recurrent costs, and capital costs. There are shortfalls in the recurrent budget, for instance, with respect to transport, as noted. But when even non-payment of a water bill is seen as a 'structural' issue there is obviously a problem, since bill payment is a resolvable issue within the province.

There is a recurrent cost budget for MOH available at provincial level, and similarly within the budgets of other ministries, such as Public Works. It is with respect to capital costs that the major problems lie since these are allocated from the national level, where capital resource budgeting issues can be highly politicised. A question that arises is how to respond to this complex situation, promoting vertical integration to reduce the disconnect between the national policy level that determines budgetary allocations and the district level at which services are delivered. The MoH does have plans to decentralise some elements of budgeting more, especially around recurrent budgeting, and Nampula Province does receive USAID donor support in this regard too. How to bring more of the Health Unit 'structural issues' within the purview of district and provincial levels of DPS within Nampula Province and find ways of resolving them, is a test for the convening and leveraging roles of POTENCIAR.

- ***Incentives for CMC Members***

Improving relationships between users and health unit staff, and improving the functioning of the CMCs is a good start. But it has been noted that the turnover of local community membership of CMCs is quite high. Each member is the president of their local village health committee (mostly men – increasing women's representation is another local level challenge), and the extra work and travel entailed in being part of the CMC and the comparative lack of recognition received for this, is an issue. We have noted that the turnover amongst women and younger men is highest, since both groups have more pressing demands. This means the longer term CMC members tend to be older men, who are less representative of health users as a whole, who are dominated by women and children. Health Unit Directors acknowledge the issues around the lack of incentives for the CMC members. Since our first reporting of this issue, the project has helped to provide CMC members with T-shirts and ID badges. As one HU director noted, they are included in training opportunities where available, as another incentive.⁴⁹ However, two things are likely to count more. One is the ability of CMCs to influence more in terms of improved functioning of the health units, especially in areas such as improved drug supply, and greater attention to recurrent cost items. The second, is that for their roles to be seen as entirely voluntary is inappropriate. Considering when on duty they work full days, the members should also be paid allowances. This is a structural issue in itself and one the project needs to pursue with the MoH.

- ***Managing the Conflict Between Learning and Reporting***

POTENCIAR prides itself on being a learning project, and does place substantial resources into research, analysis and debriefing. But with respect to the recommended, revised Outcome 4 and the project's knowledge generation and management strategy, staff struggle with the requirements of a two-way learning process, that incorporates upwards learning and feedback, as well as downward dissemination of research outputs, owing to the time consumed in project quarterly and annual reporting.

⁴⁹ KII with Monapo Rio Health Unit Director, Monapo District, 15 May 2023.

As noted in the Annex reviewing POTENCIAR's MREAL strategy, the rhythm of learning in the project is tied to the reporting cycle and logframe compliance, which has reduced the potential for reflection of the results with partners and within the team. One frustration stemming from the team is that given the complexity of the project, it is not possible to valorise the results of the work,

'...all members of the team are constantly reading or producing narrative reports – or summaries of narrative reports, this is tiring and difficult to get a clear understanding of the meaning of the information produced' PMU

'Learning is fighting with reporting rather than the reporting supporting the learning.'

There has been recognition of this issue and an attempt within the last quarter (April – June 2023) to rectify some of this. In Nampula Province subsequently it has been decided that these events will be done collectively with partners, and the first collective learning event was held in February 2023 where learning from the individual partners was shared with the 5 strategic partners, non-state and state actors and DPS. Lessons were learned by the team during the event on how to improve effective participation, how to structure the learning to generate useful evidence for action and improve documentation. It is planned that this event will take place annually. More widely, in the last quarter (April to June 2023) the lack of structured learning at the practitioner level has been rectified, with an intense concentration of meetings with all stakeholders to discuss project progress and improvements that can be made.

9. VfM Summary Review and Recommendations

The original VfM Assessment Framework adopted by POTENCIAR was informed by a creative VfM assessment approach for adaptive programmes used by an FCDO programme in Nigeria PERL. The framework used evaluative reasoning and questions relating to how different value for money concepts, economy, efficiency, effectiveness and cost-effectiveness might be applied to an adaptive programme focusing on accountability. These were accompanied by details of the approach used for analysis, criteria for judgement based on implicit value propositions on how POTENCIAR would deliver VfM and indicators for making the assessment.

However, despite the care taken at the beginning of the programme to design an appropriate VfM framework, largely due to contextual factors that affected implementation such as the COVID 19 Pandemic and the overall 36% deferral to the budget in the programme, POTENCIAR's current VfM has a number of weaknesses that have been identified by staff, consortium members and FCDO. The weaknesses identified include, a weak evidence base to support value statements, rubrics that do not provide transparent criteria and standards to assess progress towards VfM, and failure to capture adequately the potential of the project. This has resulted in a VfM evaluation that does not do justice to the complexity of the project and the building blocks that have been established to create potential future value.

A full VfM review is contained in Annex 5, but we believe that a complete review of the VfM approach is in order.

We recommend that the final decision about a revised approach to VfM should take into consideration the following process principles:

- The project team should seek to arrive at a consensus with key stakeholders about the value proposition and how the evidence is collected and synthesized,
- Value for money should be assessed by taking into consideration how the resource use has created social, cultural, relational/ institutional as well as economic value.
- Ensure that the VfM framework is closely aligned to the impact statement and domains of change identified in the TOC.

10. Recommendations

Recommendations have been split between those that we believe need to be put into place as soon as possible, and those that are recommended for a potential future phase of the project. Whilst we are recommending that the project be continued, we note however that there are accompanying changes that we are also recommending. Pre-eminent of these are the changes to the Theory of Change we have highlighted in this report, as well as the need to add operational resources and health sector expertise to the staffing mix. These recommendations are all detailed below.

The 'model' that we reference below is one of a humanised health service delivery model, achieved through a convening and facilitating role. It should also be noted that the term 'humanisation' is a proxy for rights based service delivery that is used since it is an accepted term and policy within the Mozambique Ministry of Health.

10.1 Immediate

- **Costed Extension of the Project for a further 2-3 Years**

A decision on the future of POTENCIAR needs to be made once our evaluation report is finalised. Our position is that based on the performance of the project to date we would highly recommend that it is continued for at least a further two year phase, and preferably for three years. There are two major reasons for our recommendation.

- The first reason is that we believe that POTENCIAR has developed an approach for the delivery of humanised health services that has considerable potential for improving the quality of health services, and the empowering of health users and health staff. This would have the net effect of supporting the redress of the very unequal power relationships that currently exist between health staff and users. There is still more that can be done to evolve this approach into a fully fledged model, and this should be a focus of the remainder of this phase of the project. The implementation delays created by the Covid-19 pandemic also mean that we believe at least a further two years are essential.
- Our second reason is with respect to the project's potential value for money. POTENCIAR's current value for money is relatively low, as our analysis has shown, for a series of factors. Chief of these is that the project has an expensive staffing structure (including consortium costs) compared with the resources being invested into operational activities at health users and health systems levels. However, if the replication strategy that DPS has backed goes ahead, the project has the potential to increase vastly the number of health users that are able to benefit from a reformed and humanised health delivery system. Such a system can apply to health services beyond maternal health, and eventually would have potential in other service delivery sectors (but this would be beyond a second phase). The leveraging role we recommend below will increase further the project's return on investment.

- **Leveraging Resources at Provincial (and other) Levels**

To achieve the replication of a humanised health delivery system in Nampula Province, DPS will require additional resource. Thus far, POTENCIAR has not yet sought to leverage additional resources that could support this replication process. In the rewording of Outcome 2, we therefore see this being a vital switch in the project's focus at provincial and national levels, and an important measure of the extent to which POTENCIAR is able to achieve buy in to the model it is developing. **In Nampula Province, POTENCIAR has focused on**

brokering an approach towards inclusive planning at district and provincial level within DPS.

This approach could achieve better coordination of some additional resources of other ministries that support health services. Whilst this is important, there is potentially larger value in the project's capacity to play a convening role with DPS and other projects and potential donors, to ensure synergistic use of all available resources to support the delivery of a higher quality, humanised health service, in which health users and their rights are mutually better understood and respected.

- ***Implementing Theory of Change Recommendations***

It may be neither feasible nor desirable to seek changes to the project logframe before the end of this phase. However, we would recommend that the project seeks immediately to operationalise the Outcome changes developed participatively. This is important, since as we have demonstrated, these changes encapsulate more coherently the project's strategy and value of its current achievements. In addition, explicit reorientation of the project towards these outcomes will better prepare the project for a future phase. These shifts should also be communicated with all key collaborating organisations, whose involvement and support will be vital to the next phase.

- ***Completing DPS assessment of health unit infrastructure, especially regarding WASH facilities and energy supply***

The distinction between locally resolvable issues surfaced through a healthier health users' feedback mechanism and structural issues that cannot be easily resolved at HU or District levels, has been a central focus of our analysis. As pointed out, though, whereas some of the WASH and energy supply infrastructural issues will require new capital investment to resolve, in other cases, the issues are more ones of maintenance or simply paying bills. It is important therefore that the inventory DPS is undertaking across the province is completed, and especially in Nampula and Monapo Districts to begin with. Completing the inventory will then allow a full assessment of the resources required to address the problems identified, and the extent to which infrastructural deficiencies, especially in the WASH and energy sectors, can be resolved through recurrent budget expenditure or require capital investment, that will require central MoH or other donor resources. The inventory itself requires to be more comprehensive identifying other major equipment and infrastructural shortfalls, including items such as beds, bedding and essential equipment, and the successful completion of the exercise should be supported by POTENCIAR.

- ***Establishing some Early Wins for Improvement of Maternal Health WASH Facilities and Power Supplies***

The appalling WASH facilities that currently exist in virtually all the maternal health units visited are incompatible with the delivery of humanised health services. It is vital this situation is improved. Building on the previous recommendation, we therefore believe it is critical POTENCIAR works with DPS to identify either recurrent budget or donor resources already within the province that can be used to achieve some quick wins with regards to the improvement of water and sanitation facilities within these health units. This will help clarify the strategies and resources that will need to be leveraged during the next phase of the project in this respect.

- ***Continuation of Initial and Follow up training of CMCs at Health Unit level in Nampula and Monapo Districts***

One of the major lines of action of POTENCIAR has been with respect to the training of CMCs at health unit level, and the improvement of grievance mechanisms and their redress. This training has not been completed for all the HUs in Nampula and Monapo Districts, even for those that have maternal health sections. There has also been limited follow up to initial training done, especially with respect to learning and reflection on this and how both the training and interactions between health staff, CMCs, and health users can be improved.

More attention also needs to be paid to community outreach mechanisms through local health committees (see also the recommendation on the piloting of the new MoH Community Health Strategy). Continuation of this training requires new contracts with the CSOs in both districts undertaking the work. The training should continue to focus on the CMCs, but the community representatives, who all represent community health committees, should also be trained to cascade information to their members and communities. Follow up work by the CSOs can monitor whether community members are becoming better informed of their health user rights. CMC working conditions and incentives also need to be improved.

- ***Continuation of Humaniza Moz campaign***

The continuation of the project's support to this campaign, as its most effective and meaningful example of vertical integration to date, needs to continue. This requires a new contract with Saber Nascer, for the remainder of this phase and sets out mutually agreed aims for the remainder of the phase, the support that will be provided, respective roles and responsibilities, and the deliverables expected. Advocacy for a new law combatin obstetric violence needs to continue as part of this work, as well as ongoing communications and awareness work at national level and within provinces, especially Nampula.

- ***Support the piloting of the new MoH Community Health Strategy in Nampula Province***

The Ministry of Health has recently drafted a Community Health Strategy, for which a pilot is to be launched in all Provinces.⁵⁰ The approach to community health is currently fragmented, and supported by different donors and projects. POTENCIAR can work with the Ministry and local CSOs to operationalise a pilot for this strategy in Nampula, that continues the work with the CMCs and HUs and improvements in the delivery of a humanised health service. This should incorporate local Health Committees and raises the awareness of women and men in the community of their user rights and encourages women to be using health facilities for maternal health services. A new World Bank program to district and community health services, possibly to be approved in February 2024, is potentially a good entry point for this recommendation. It also addresses issues related to coordination and alignment of partners supporting the health sector.⁵¹

- ***Delay the Recruitment of further PMU Staff until the Staff Configuration for the Next Phase is Clear.***

One current recruitment process POTENCIAR has been struggling over is that of a MEL specialist to complement the existing Research lead . An ideal candidate has not yet been sourced. Our recommendation is that POTENCIAR not complete the hiring of a full time person, who may not have the skills required for the next phase of the project. Rather we would recommend that short term consultants are used as when necessary, eg, for report writing, until the staff capacities required for a follow on phase have been clearly identified. We would also recommend that this identification is complemented by a participatory exploration of existing staff capacities and interests eg, an exercise in which skills required are identified and set out, existing staff skills are mapped, inclusive of skills that are currently in their JDs and those that are not, and where their specific passions and interests lie. This participatory analysis should allow greater clarity to be achieved on how to use existing staff capacities and interests more effectively, and where new recruitment is necessary. For the next phase we are specifically recommending that an experienced health systems professional is recruited.

- ***Revising the VfM Strategy in line with our Recommendations on the Topic***

We have prepared a separate annex that analyses the current VfM strateg, and suggests a substantial reframing and overhaul of this to make it more relevant, meaningful and capable

⁵⁰ Discussion with Susannah Pritchard, FCDO Global Fund Accelerator Advisor, MOH, 19 July 2023.

⁵¹ Comment by POTENCIAR Policy Advocacy Advisor.

of demonstrating social, cultural, relational/institutional as well as economic value. Key to this revised strategy is the project's ability to demonstrate i) replication of its evolving model on humanised service delivery, and thus growing numbers of empowered health users and health staff benefiting from this, and ii) the leveraging of donor and government resources to support this replication and to address fundamental problems such as the appalling lack of WASH facilities in maternal health units.

10.2 Next Phase

- ***Implementing Logframe Changes based on the ToC Recommendations***

For the beginning of a potential further phase of POTENCIAR the logframe needs revision to bring it in line with the recommended revisions to the top line of the Theory of Change. Work has been done by the project on revising the outputs and potential pathways for the revised outcomes, and these should be incorporated into the logframe. In respect of the ToC, this can be finalised by grouping the outputs in a series of relevant pathways. Checking to see if these pathways are sufficient to the achievement of the Overall Outcome and (Sub-) Outcomes, is a means to validating the adequacy of the project's strategy, and whether any additional activity streams are required.

- ***Focusing on Outcomes rather than PAIs***

In this project phase the focus has been on implementing the PAIs (although outcomes are reported on). As noted, the limitations of the PAIs and the fact their focus is on means rather than ends, leads to our recommendation that in a future phase the project should concentrate instead on the revised outcomes. These are now clearer and more strategic. This will support the PMU in shifting its overall focus from the surfacing and addressing of complaints to the implementation of a humanised health delivery system, of which the complaints process is one component.

- ***Increasing Participatory Learning within the MREAL Strategy***

POTENCIAR has prided itself on its adaptive flexibility, but there is a distinction between being opportunistic and being a genuine learning project. The latter requires a focus on facilitated processes of learning, in which partners can openly contribute. This requires an openness and meetings that are not just dissemination events. In this regard, the dissemination meeting for the Saber Nascer report on how obstetric violence has been treated in health related legislation, was a good example of a participatory event, as were the exchange visits between the Health Unit Directors in Nampula and Monapo Districts. We are pleased to see more broadly that within the last quarter, POTENCIAR has been moving more this way. We recommend therefore that within its MREAL strategy the project focuses more on how it can become an effective learning project, and disseminate such learning within its national and international networks. A key question lies in how POTENCIAR can become more effective in surfacing and leveraging learning in its MREAL strategy, through the implementing organisations with which it works.

We recommend therefore that within its MREAL strategy the project focuses more on how it can become an effective upward learning project and disseminate such learning within its national and international networks. The MREAL system was established to function with a series of feedback loops, designed to leverage learning through the implementing organisations with which it works. Single loop learning uses monitoring data to feed back into project decisions. This has been carried out at PMU level and details of the decisions taken are captured in the decision-making matrix. There is little evidence, however, that other partners or participants are included in the feedback loop. This situation could be mitigated with the development of the data visualisation tools (dashboards) and discussions of who can assess the monitoring data. If partners are trained in the use of the dashboards as part of their

operational/ management tools, this could prove to be a powerful way to reduce the transactional nature of the relationship with the partners. Double-loop learning using details of the outcome harvesting exercises and dashboards, and triple-loop learning through annual TOC review workshops and research dissemination and discussion can all be more thoroughly explored by POTENCIAR, and documented.

With the bedding in of the MREAL system, the changes in the ToC and the exploration of additional monitoring and research methodologies, the team will also need to specifically address how evidence generated in the project can be used to empower partners (state and non-state) and participants (CMC, health workers, marginalised health users) to understand, interpret and take action based on the evidenced produced.

- ***Establishing a Coherent and Consistent Collaboration (and Partnership) Strategy***

The relationships that POTENCIAR has with other institutional actors are highly variable. Few if any of these relationships can be described as genuine partnerships, because of the asymmetrical nature of the way in which power is deployed in these relationships. CSO 'partners' do not know where they stand with respect to the project owing to the activity based nature of the funding. They do not know if they will receive further funding from one month to another. It is essential these changes. Organisations that are critical to the implementation of a scaled up operational model must be treated as more genuine partners, with annual contracts and clarity on reciprocal responsibilities and deliverables. Core staff salaries do need to be included. Such organisations would include Saber Nascer, key implementing CSOs in Nampula Province, and other organisations critical to the implementation of a humanised health systems delivery model. These contracts and relationships, if managed well, will not create a dependency, but provide the time for these organisations to develop their own sustainability strategies. A key part of the project's leveraging strategy should be about additional resources that can be channelled through these organisations as well as DPS itself.

In addition to such partnerships, POTENCIAR also needs to clarify the additional types of relationships that are essential to the project's success and enhanced value for money. DPS within Nampula Province has come to appreciate POTENCIAR's convening approach, and in this sense is an effective partner too. The project also has organisations it works with as allies, such as those that have collaborated on the Humaniza Moz campaign, and others that have been more occasional collaborators or observers, such as some of the workshop participants. This range of relational types needs to be acknowledged more explicitly, and the requirements for more symmetrical mutual partner relationships acknowledged.

- ***Reconfiguring Contractual Relationships with all Key Partner Organisations***

As noted in the above recommendation, as part of establishing a more coherent collaboration strategy, POTENCIAR also needs to reconfigure the nature of its contractual relationships with key organisations it relies on as implementing partners. This includes Saber Nascer, as leader of the Humaniza Moz campaign, and CSOs within Nampula that have proved reliable and competent allies in the capacity building work with the HUs and CMCs, such as Rede Hopem and Watana in Monapo, Niwanane in Nampula, and Radios Encontro and Monapo. In improving the transparency and symmetry in the partnership relationships and the time duration of contracts, the responsibilities of partners need to be increased, for instance with respect to follow up and sustainability functions.

- ***Pursuing the Issue of Allowances for CMC Members***

In the issues section, the treatment of CMC members as wholly volunteers has been noted, and the deleterious effects this has on their membership, discouraging especially women and younger men. Some members work almost as full time employees, nearly all work full days when they are on duty. By right they should be receiving a daily allowance for their

work, since they are essential to the functioning of the HU. Whilst the process is likely to take time, as indeed it did for community health workers (CHWs) in Mozambique, it is a structural issue the project should pursue with the MoH, especially as allowances are now indeed paid to the CHWs.

- ***Recruit an experienced Health Systems Professional as an additional member of the PMU.***

It is essential that POTENCIAR recruit an experienced health professional for the next phase of the project, preferably who has worked within the MoH and has an understanding of how it operates, with respect to its planning, budgeting and decision-making systems. The role of the person would be to support activities both at the Nampula Province level and at national level, in order to advance the vertical integration of efforts to humanise the delivery of health services. The role is essential to helping to bring on board key national figures within the Ministry, as well as the broader replication of the approach and leverage of resources to support this. The vertical integration work includes the leveraging of resources to support the improvement of essential infrastructure within the HUs in Nampula.

- ***Leverage Consortium Experience more Cost-Effectively***

The consortium possesses considerable under-utilised experience of governance programming in Mozambique, though not necessarily within the health sector per se. As the consortium is also an expensive structure, we would like to see it used more effectively.

There are two routes to achieving this:

- 1) *Clarifying roles*: First, once the theory of change is revised, a process which the consortium should validate, then the consortium needs to meet as a team with the PMU to discuss roles and functions. We would recommend that the resources of CESC and COWI/ AUSTRAL are drawn upon more with their experience of the Mozambique context, in addition to clarifying the role for IDS around the MREAL and VfM work. Outputs from this exercise would be a) a clearer understanding of a) the different roles, functions and JDs within the PMU, and how it is to work as a team, and then b) how the Consortium experience will be used to support the roles of the PMU, especially in regard to regular reviews of strategy and the MREAL results.
- 2) *Clarifying resource use procedures*: The second area for clarification is around procedures for resource use within the consortium. Some roles, within Chemonics for example, are not being costed adequately, which they should be. However, at the same time the consortium should consider collectively how to use resources more cost-effectively and adjust its procedures accordingly. For example, whilst national CSOs were being bound by very tight budgets, international IMDP rates per diems are extremely high in comparison (much higher than the rates the evaluation team was using), and the regular conferences and dissemination events are held at expensive venues. We think the balance of this resources use can be improved in fairer ways to ensure a) that the consortium is more involved operationally, and b) more resources are allocated to operational activities.

We would see the final result of these changes being first, the involvement of fewer consortium members, but with more clearly defined and useful roles, and second, a more effective use of consortium resources.

11. Conclusion

The final question in the ToR for the evaluation states that the evaluation conclusions should answer the 'so what' questions on implications for POTENCIAR and BHC: How could or should the POTENCIAR model be adapted within the context of Mozambique and various budget envelopes to increase outcomes and value for money?

We have addressed this question at length during our report, in terms of refocusing the project around an approach that is targeted much more centrally towards developing, proving and replicating a model around humanised service delivery within the health sector in Mozambique, and that working on the further spread and dissemination of documentation around this model.

It has been clear to us that the POTENCIAR project is grounded in a wealth of experience – over fifteen years of such experience in terms of work to improve the accountability of government at different levels in Mozambique to citizen's voice. This experience is possessed within the PMU and Consortium teams. We were told explicitly that POTENCIAR had been set up to address the need for structural change, and thus achieve the effective vertical integration of the different components of its work that are necessary for this. The reason that the project has been struggling to achieve this is in large part owing to the incoherent nature of its starting logframe. This has only been partially addressed through the formulation of the PAIs, which in our view are more means than ends focused. They do not adequately capture the strategic focus on humanisation, but adjusted can serve as pathways within the reconceived Theory of Change.

We note finally, that POTENCIAR has been disserved by the budget reductions that have handicapped the project in being able to pursue effectively the work on model development in Nampula Province. A further phase of the project is essential to realising its full potential value, but it is also important that more realistic and appropriate budget levels are also restored. In this scenario, we believe that a great deal more is achievable by POTENCIAR, and we look forward to seeing this.

Annexes

- 1. People Interviewed**
- 2. Case Studies**
 - 1) Expanding Management and Leadership Capabilities of Health Staff**
 - 2) Exploring the Humaniza Moz Campaign**
 - 3) Impact of Radio Monapo on Grievance Mechanisms**
- 3. Analytical Study: Impact of Co-Management Committees' Revitalization and Training on Humanization of Health Services**
- 4. MREAL Analysis**
- 5. VfM Proposition for POTENCIAR, Mozambique**
- 6. Terms of Reference**