KIT Royal Tropical Institute

ADVOCATING FOR SAFE ABORTION

Mozambican Association of Gynaecologists and Obstetricians (AMOG)

Final Evaluation

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FIGO Advocacy for Safe Abortion project

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Mozambique

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In memoriam, Dr Momade Bay Ibraimo Ustá

Dr Momade Bay Ibraimo Ustá passed away on 31 May 2021. Dr Ustá was a consultant obstetrician and gynaecologist and President of the Associação Moçambicana de Obstetras e Ginecologistas (AMOG).

Since 2018, Dr Ustá has been leading the AMOG team as part of FIGO's Advocating for Safe Abortion Project. Under his leadership, AMOG advocated for women's reproductive health and rights, in particular access to safe abortion. Prior to this, he worked on the FIGO Leadership in Obstetrics and Gynecology for Impact and Change (LOGIC) Initiative, which helped to establish AMOG in Mozambique.

Throughout his years of work for the National Health Service, Dr Ustá took on many official positions, such as Clinical Director of the Manhiça Health Center, Director of the José Macamo General Hospital, Sexual and Reproductive Health advisor at DKT and Pathfinder Mozambique.

As a gynecologist and obstetrician, Dr Ustá showed great empathy and solidarity with sexual and reproductive health and rights of women. By conducting research and scientific work he contributed to the gathering of evidence that supported and promoted the Legalization of Safe Abortion in Mozambique, through of the approvals of the Revisions of the Penal Code by Laws 35/2014 of 31 December and 24/2019 of 24 December, and the Ministerial Diploma 60/2017 of 20 September.

Dr Ustá was greatly appreciated by colleagues for his expertise, guidance and friendship. We are fortunate that he was able to share his insights and wisdom during the mid-term review of the AMOG Advocating for Safe Abortion project of which a lot has been incorporated into this report. We thank him for providing his leadership in sexual reproductive health and rights in Mozambique and his efforts to bring AMOG to where it stands today.

Homage to Dr. Ustá, Maputo - AMOG Mozambique

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Abbreviations

AMOG	Mozambican Association of Gynaecologists and Obstetricians
ASAP	Advocating for Safe Abortion Project
CAC	Comprehensive abortion care
COREM	Mozambique Council of Religions
COVID-19	Coronavirus disease 2019
IEC	Information, education and communication
FIGO	International Federation of Gynecology and Obstetrics
MISAU	Ministério da Saúde
KIT	KIT Royal Tropical Institute
PAC	Post-abortion care
PMU	Project management unit
REC	Research ethics committee
SRHR	Sexual and reproductive health and rights
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCAT	Value clarification and attitude transformation

Introduction

The international FIGO advocacy for safe abortion project

From April 2019 to March 2022 the International Federation of Gynecology and Obstetrics (FIGO) worked with ten of its member associations – that is, national societies of obstetrics and gynaecology – to become key actors in safe abortion advocacy and national leaders in sexual and reproductive health and rights (SRHR) for women. This international Advocacy for Safe Abortion Project (ASAP) is implemented with national societies in ten countries: Benin, Cameroon, Côte d'Ivoire, Kenya, Mali, Mozambique, Panama, Peru, Uganda and Zambia. The project envisioned to reach its objective through five pathways of change in each country:

1. To strengthen the management and organizational capacities of the national societies
2. To establish or strengthen a coordinated network with like-minded stakeholders and health system partners to advocate safe abortion and improved access to comprehensive abortion care (CAC)[1]
3. To create increased acceptance of safe abortion among health workers, policymakers and the general population
4. To ensure communication and sensitization about the national legal frameworks and guidelines on safe abortion and, where applicable, engage in educational non-lobbying advocacy for improved legal dimensions and guiding principles
5. To advocate better generation and use of evidence on abortion in the country.

These mutual, predefined strategies were the result of an extensive needs assessment[2] prior to the project. Following this, national societies have developed their own country- and society-specific action plans based on local contexts and priorities. The project started in April 2019 with a set-up phase through locally established project management units (PMUs), after which the ten PMUs, together with the society, started the implementation of the project between July and December 2019. The project ran till 31 March 2022.

1. Some countries use *safe abortion* throughout and others find *comprehensive abortion care* to be more strategic terminology. The terms are used interchangeably. All countries include a strong priority on improving the acceptance of and access to safe abortion. Comprehensive abortion care includes all elements to prevent unsafe abortion, including family planning, post-abortion and safe abortion care.
2. de Vries I, van Keizerswaard LJ, Tolboom B, Bulthuis S, van der Kwaak A, Tank J, de Koning K. Advocating safe abortion: outcomes of a multi-country needs assessment on the potential role of national societies of obstetrics and gynecology. Int J Gynaecol Obstet. 2020 Mar;148(3):282-289. doi:10.1002/ijgo.13092.
3. Annex 5 lists all the organizations belonging to the network.

The project in Mozambique

In Mozambique, the Mozambican Association of Gynaecologists and Obstetricians (AMOG), founded in 2006, has implemented ASAP. During three years, the PMU together with the society worked towards reducing maternal mortality and morbidity from unsafe abortion by advocating increased access to safe abortion. Annex 1 gives the project's theory of change. This visualizes the main strategies, activities, expected results and long-term objectives of the project in Mozambique and has served as a reference for its implementation, monitoring and evaluation. As part of pathway 2, AMOG collaborated with partners in the Rede DSR, which is a network of 25 organizations that have been working together since 2011 to be a collective voice on sexual and reproductive rights, including safe abortion. A group of organizations from this network formed the task force for ASAP, namely Ipas, the Association of Mozambican Midwives (APARMO), DKT International, the International Centre for Reproductive Health (ICRH), Unidade Sanitaria II Machava, PSI and Pathfinder International, and including representation from the Rede DSR. Together with six AMOG representatives, both AMOG board members and PMU members, they gave guidance to the project and coordinated activities between the organizations and teamed up in, for example, value clarification and attitude transformation (VCAT) and sensitization sessions. For pathway 3, there was a focus on the provinces of Cabo Delgado, Manica, Maputo, Nampula, Sofala, Tete and Zambezia and this has been coordinated with the project task force. In these provinces, VCAT and task shifting workshops but also engagement with government officials, media and youth through schools were organized. Furthermore, AMOG took part in the technical working group on safe abortion that is led by the Ministry of Health and where the full network and multilateral organizations such as the United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA) are represented.

The project implementation was accompanied by outcome harvesting. This is a monitoring and evaluation methodology that aims to identify changes in stakeholders to which the project contributed. Identifying the changes and dismantling the contribution of the project allowed space for learning, reflection and to inform future activities within the project. In Mozambique, outcomes were harvested by the PMU and specifically discussed and reflected on during the participatory midterm review, which took place between January and March 2021. The midterm review results and its subsequent recommendations can be found in the midterm review report. The outcomes described in this final evaluation were harvested and substantiated as part of the final evaluation process. As such, this report primarily focuses on those outcomes achieved in the second half of the project; however, references are made to the results of the midterm review where relevant.

Aim and audience of the evaluation report

With the current phase of the project coming to a close, an end evaluation was commissioned with the following key objectives, to:
- Document the results and accomplishments achieved by FIGO and the member societies
- Analyse the contribution of the project in strengthening the societies and the results achieved
- Assess the project implementation and lessons learned
- Extract lessons learned – "understanding enabling and hindering factors in advocacy for safe abortion".

To this end, the evaluation team conducted a review exercise from December 2021 to April 2022. The primary users of the evaluation are:
- AMOG Board, members and the PMU to reflect on and learn from the project, its achievements and possibilities for continued strengthening of their work, including sustainability of the results
- Project partners in the country to better understand and strengthen their work in the area of safe abortion advocacy, in coordination with obstetrical and gynaecological societies
- FIGO to reflect on and learn from the project, informing its strategic decisions
- The donor to have a good overview of the achievements and learning from the project in Mozambique.

Terminology around stakeholders of the project

This evaluation report makes use of specific terminology to describe the changes observed in stakeholders:
- Primary stakeholders (change agents): FIGO, national societies and the PMU, the project task force and project steering committee
- Secondary stakeholders (social actors): those who the society aimed to influence. These include general AMOG members, network members of Rede DSR, healthcare workers, policymakers (Ministry of Health), technical working group on safe abortion, media, community groups, community representatives and others
- Tertiary stakeholders: community members, such as women and their partners accessing CAC services. These are not directly targeted by the project but may eventually benefit from an improved enabling environment for safe abortion.

Scope of the evaluation

This end evaluation covers the full project period from the start (April 2019) until the end (March 2022). The evaluation focused on measuring the effects of the project for primary stakeholders (AMOG, implementing parties) and secondary stakeholders (actors the society aimed to influence). The effects of the project on tertiary stakeholders are beyond the scope

of this evaluation because the aim of the project was to strengthen the societies, and influence policy and the attitudes of healthcare workers and the public at large. In addition, the duration of the project is too short to be able to measure community impact, in terms of, for example, the number of women accessing safe abortion services, or the number of lives saved. However, the qualitative data collected for this evaluation have provided some hints of the project's impact at the community level and these findings have been included in the report.

While the evaluation includes an assessment of the relevance, effectiveness, efficiency and sustainability of the project, the latter received particular attention. From the start of the project, attention has been paid to strengthen the obstetrical and gynaecological societies with the intention that societies continue to flourish after the grant ends. Therefore, the evaluation assessed the extent to which the societies were strengthened and the likelihood that this would be sustained beyond the project. Similarly, when looking at programmatic sustainability, as assessment was formed on the likelihood of societies and networks continuing their work towards improving access to safe abortion. On a last note, the sustainability of the outcomes is included in the scope of this evaluation.

Structure of the report

Following the introduction, this report starts with a short description on the methodological approach in Mozambique. The detailed methodology of the final evaluation in ten countries is outlined in a separate methods appendix. The outline of the findings chapter follows the evaluation criteria of relevance of the project, effectiveness of the five pathways of the theory of change, efficiency of project implementation, sustainability of AMOG as an organization, and programmatic sustainability. Key results in the findings section are emphasized with bold text. The report ends with a discussion and recommendations.

Community sensitization, Manica Province - ICS - Institute of Social Communications

Methodological Approach

The methodology, including evaluation matrix, methods and tools applied, is described in a separate methods appendix.

Steps in the end evaluation process

- Joint development of end evaluation framework
- Review documentation
- End-line survey (25 and 26 February)
- Capacity-strengthening survey (March)
- Qualitative data collection (March)
- Draft report (12 May)
- Validation and sense-making workshop (19 May)
- Final report (June)

Overview of the evaluation study in Mozambique

The study protocol for this evaluation was largely based on the international protocol and adapted to the Mozambican context. International ethical clearance was officially obtained through the research ethics committee (REC) of the KIT (reference S104), and the Comité Institucional de Bioética em Saúde da Faculdade de Medicina/Hospital Central de Maputo (reference CIBS FM&HCM/016/2022). Table 1 provides an overview of the evaluation study in Mozambique, showing the data collection method, participants selected, sampling strategy and number of participants.

Table 1. Methods, numbers and types of participants and sampling strategy

Method	Participants	Sampling strategy	Number of respondents
Membership survey	Obstetrical and gynaecological society members	Convenience sampling during AMOG General Assembly (25–26 February 2022)	41 (51% female and 49% male)
Capacity-strengthening survey	Project management unit (PMU), Board members and others who received training by FIGO	Aiming to include all who have received training by FIGO under this project (12)	7
Key informant interviews with primary stakeholders	PMU, Board members, FIGO	Purposive sampling	Total: 8 AMOG Board members: 3 AMOG PMU members: 4 FIGO Representative: 1
Semi-structured interviews and focus group discussions with secondary stakeholders	Network members, policymakers (Ministry of Health), healthcare workers/society members	Purposive sampling identified through the outcome harvesting database and action plans	Total: 22 Society members: 4 Task force members: 5 Journalists: 4 Health staff: 4 Ministry of Health: 1 Government staff: 1 Community organisations: 2 Police: 1 Focus group discussions: Youth: 1 Teachers: 2

Desk review

The desk review included: programme documents, such as action plans and progress reports; organizational policies and manuals; any other documents that evidenced outcomes, such as those following up activity reports, the outcome harvesting database, policies, guidelines, media items, public and organizational statements, and research reports.

Membership survey

The membership survey at end line was conducted during the General Assembly of the Mozambican Association of Gynaecologists and Obstetricians (AMOG) in Maputo on 25–26 February 2022 and was filled in by 41 respondents (compared with 39 at baseline). All of the respondents to the survey were members of AMOG, and divided equally between female and male (51% and 49%, respectively). Forty-six percent of respondents in the end-line survey had been members of AMOG for less than five years, compared with 22% at baseline (Table 2). A number of new members might have been included in the end-line survey, as the membership of AMOG increased from 75 at baseline to 108 members to date. Sixty percent of respondents worked in the capital area and they were all obstetricians-gynaecologists. The mean age of the respondents was 42 years.

Table 2. Length of membership, survey respondents at baseline and end line

Length of membership	Baseline survey	End-line survey
<5 years	22%	46%
5–15 years	72%	44%
16–30 years	6%	10%

Capacity-strengthening survey

A global capacity-strengthening survey was sent out in all project countries to people who had received training by FIGO under this project. It was distributed to 12 people and nine filled it in, of whom seven completed the survey (Table 3).

Table 3. Respondents to the global capacity-strengthening survey

Role in the project	Number
Project management unit	5
Leadership	2

Qualitative interviews and focus group discussions

Qualitative data were collected in March and April 2022 in Maputo, Chimoio (Manica province) and through online interviews with stakeholders in Zambézia and Sofala provinces. Participants were purposively selected as either primary or secondary stakeholders and data were collected using key informant interviews, semi-structured interviews and focus group discussions.

Key informant interviews were conducted with eight primary stakeholders, including PMU members (four), AMOG Board members (three) and the FIGO project coordinator (one).

Semi-structured interviews were conducted with the Ministry of Health (one), task force members who also represented the Rede DSR perspective (five), AMOG members (four), journalists (four), Government staff (Gabinete da Governadora da Província de Manica), health workers (nurse-midwives, service agents; four), community leaders and community-based groups (two) and police (one).

One focus group discussion was conducted with two teachers and one student in Maputo area.

The study participants were purposively selected in collaboration with AMOG. In coming up with the final sample, an attempt was made to ensure that the different categories of stakeholders who had participated in the project were represented in the sample.

Methodological limitations

The sampling approach for the membership survey was fairly similar for Mozambique; however, both baseline and end-line samples were not representative for the full membership and are not completely comparable for key demographics. Therefore, in combination with a relative low number of respondents, a difference in percentage cannot be interpreted as a change over time and statistical significance cannot be provided. The membership survey data give an indication of the previous and current situations among a convenient sample. Where applicable, the findings will include a reference to the baseline status.

A limitation of this evaluation is that the content of media outputs has not been analysed to their full extent and that it is difficult to describe a change over time. Media products included in the review display a progressive and open communication on the importance of safe abortion. Nevertheless, a complete baseline is not in place and so it is challenging to establish the exact contribution of the project to the changes in content. The evaluation could establish an increased coverage and comprehensive reporting of the issue based on qualitative data.

Findings on Relevance

The findings in this chapter focus on the outcomes that the project influenced. The Mozambican Association of Gynaecologists and Obstetricians (AMOG) harvested the outcomes consistently until October 2021 and these are included in this report. Additional outcomes were harvested during the end evaluation and substantiated during data collection. An assessment of the project's contribution to the outcomes and their significance was part of the substantiation process.

Relevance of the project design and set up

Stakeholders feel that AMOG is well positioned to drive advocacy on safe abortion, especially at the country level and within the healthcare system.

Both primary and secondary stakeholders stressed that AMOG was well positioned to advocate the implementation of the law for safe abortion, primarily because they were also very active in the liberalization of the law on safe abortion in 2014 and the development of the clinical guidelines on abortion in 2017, together with the technical working group for safe abortion. The long-term cooperation with the Ministry of Health in this regard is seen as an added value that also strengthens the engagement of Rede DSR with the Ministry of Health. As a professional society, AMOG's messages are rooted in clinical experience and this helps to carry weight, especially in the regard of strengthening comprehensive abortion care:

"First, it is important to say that having AMOG, just the fact that it is AMOG, an association of obstetricians and gynaecologists, is very important in this area because of the technical expertise they bring to implementation, it brings confidence to the provider himself, to whom he is passing, who looks at 'this is our work area and we have been doing this for a long time so what are we going to discuss'." - member of the sexual and reproductive health and rights network

AMOG is also seen as a credible collocutor for the Ministry of Health and healthcare staff, including management. While AMOG is widely appreciated for bringing the medical perspective to the importance of safe abortion, rather than a human rights frame, one interviewee stressed that this was an area where AMOG supported the Ministry of Health because it could not always speak out openly for political reasons:

"Ministry of Health has a humanized care department. So they worked with us because this abortion issue is also a human rights issue and it is one of the parts that the ministry was interested in. Clearly the Ministry of Health, with the religious authorities, does not want to be seen saying 'Long live abortion' but the AMOG can be seen. So the Ministry of Health supported us, they ended up understanding that this flag has to be hoisted, it has to be shown, so they left and helped, sometimes they asked us to go there and work with them. The Ministry of Health opened their doors." - AMOG member

Interviewees stressed the importance of AMOG's expert role in the public debate on safe abortion. In Mozambique, gynaecologists and obstetricians from AMOG are well respected, and the fact that they were vocal in the national media (newspapers, radio, television) quite consistently over the past years was highlighted as an important contribution, and aligned with the role that interviewees expected of AMOG. Also, the work that AMOG coordinated with Rede DSR in the dissemination of the penal code revision (Lei n. 35/2019 de 31 de Dezembro) has been important in advocating the implementation of the law on safe abortion. In this regard, AMOG worked with various stakeholders, including the head of parliament and representatives. Stakeholders mentioned that AMOG's added value was exactly here at the higher level, and some hinted towards not investing too much in working at the community level. Working at the community level requires funds to sustain this and the added value of AMOG is more in provoking discussions based on evidence, and in the training of health professionals, as stated by one interviewee:

"I hope because of their positioning and expertise, AMOG works in layers higher up. Because that's where they can make difference, it's where AMOG should focus its actions. Because the behaviour of young obstetrician-gynaecologists, those who are newly trained, must be formed and this formation has to be done by AMOG and not by me or an implementing partner." - member of the sexual and reproductive health and rights network

The five pathways are relevant for strengthening an enabling environment for safe abortion and implementing the guidelines for safe abortion, but it remains a challenge to consistently focus on all pathways.

While stakeholders stressed that each pathway had been important in advocating safe abortion, they all underlined the importance of the first pathway: to strengthen AMOG as a society. Interviewees see this is as a prerequisite to achieve results in the other pathways and as a way to grow as a society:

"Look, in the midst of all these pathways that were defined in relation to this project, there is one that is extremely important to me, which is the strengthening of the association itself. Because without strengthening the association, there is hardly any possibility of growth." - AMOG Leadership

Until March 2021, the emphasis of the project had largely been on strengthening the society, strengthening the network (Rede DSR) and working with the media and communities (pathways 1, 2 and 4 respectively) and less resource was dedicated to strengthening the health professionals in delivering safe abortion (pathway 3[4]) and to improving data availability and use (pathway 5). This changed after the midterm

4. AMOG ASAP pathway 3: Healthcare providers deliver CAC services to the full extent of the law.

review, when AMOG realized that not many outcomes could yet be identified in strengthening the healthcare provision of safe abortion. As a result, a lot of effort has gone into this pathway since mid-2021 and it has become a priority of the project's activities over the past 12 months. While abortion is legal in Mozambique and should be available at the health clinics, the incidence of unsafe abortion is still high and, according to some interviewees, also takes place within the clinical setting. This is due to healthcare workers lacking the information that the service should be available at the health clinic free of charge, contributing to the promotion of clandestine abortion. The value clarification and attitude transformation (VCAT) training addressed this knowledge gap. Besides equipping healthcare service providers with the right practice and technical competence, an open and human attitude to delivering the services also received attention under this pathway. The activities implemented under it were perceived as adequate and timely, as illustrated by one interviewee:

"many health professionals, from doctors, nurses, service agents, laboratory personnel, were not aware of the abortion decriminalization law, there were many gaps" – AMOG member.

The overall project set up was deemed very relevant and adequate. All interviewees unanimously stressed that AMOG as a society had gained a lot of visibility, activity and energy and this was to a large extent because of the capacity created through the project.

"Another activity that greatly strengthens AMOG is its visibility at the country level. You didn't hear about AMOG, honestly speaking, but nowadays, you hear about AMOG in meetings, in government, on the radio, in the media. Even the pamphlets, for example, the IEC materials, that the health facilities received from the project, also come with the AMOG logo. This is already an added value and a gain for AMOG, as an institution, as a society and for us as members." - AMOG member

While the project is seen as an important vehicle to strengthen AMOG's efforts in advocating safe abortion, it was also confirmed that an enabling factor in this regard was the creation of a project management unit (PMU) to run the project and to facilitate the advocacy. As the midterm review also revealed, the synergy between the PMU and society members has worked well and has enabled doctors to advocate on an issue that they see in their practice and that, from a public health angle, requires attention. At the same time, the PMU has managed to mobilize AMOG members to conduct VCAT training after providing them with training of trainers. Moreover, the AMOG team has continually worked on bringing society members together by organizing webinars, refresher training and the general assemblies, and by leading the development of the new strategic plan (2022–2027). Find more information on the functioning of the project management team and the strengthening of AMOG on page 20.

Overall, a picture emerges that the project design has been relevant and comprehensive and that it has enabled AMOG as a society to position itself more strongly and to advocate safe abortion more intensely. It was difficult for interviewees to pinpoint the most important strategies. Yet they saw a unique feature of the project was especially the interconnectedness and the fact that the pathways strengthened each other. In Mozambique, this has not materialized to its full extent, though – especially since there were challenges with collecting data and evidence on the issue (pathway 5). Also, there is limited capacity and so it has been challenging to keep a continual and consistent focus on all strategies of the theory of change. This is demonstrated by the fact that the VCAT training and the work with the health providers took off only in 2021 and this has influenced the intensity of work with media and communities, which has been the focus of the project from 2019–2020.

Relevance in relation to the needs and priorities of AMOG and its members

The project has been relevant and timely to support the implementation of the law on safe abortion, as it gave a boost to the dynamics within the society and beyond. More geographically focused advocacy and data collection could have helped to get more tangible results.

Overall, both AMOG members and PMU staff interviewed overwhelmingly stressed the relevance and particularly the timeliness of the project. The project came in the slipstream of all the work that had been done to approve the law on the decriminalization of abortion in the penal code in 2014 and the approval of the clinical guidelines for safe abortion in 2017. Through the technical working group on safe abortion, AMOG has been very active in support of these two. The positive feedback centred around the fact that the project gave the dynamics around safe abortion another boost in Mozambique. While many actors, including AMOG, civil society and the government, had already worked together towards the approval of the law, the project has provided an opportunity to revive the work on its implementation and on the operationalization of the clinical guidelines.

"When the law came, services for safe abortion started to be set up legally in several health facilities. So, then we started dealing with other aspects, and this is where AMOG safe abortion project comes in; aspects especially related to technical capacity and humanization." - AMOG member

"I think the project was very good, it came at a good time because we already had the law. We have the old law of decriminalization of abortion since 2014, we already had the legal documents in 2017 but the implementation was very weak. So, the project came at a good time, and I think it was very useful because it raised the discussion." - AMOG leadership

"I think the project is very relevant, the subject is relevant to the society and I think that there are still few discussions being carried out about safe abortion and from what I could understand, the participation of doctors, in more society forums, helps a lot to give a little more voice on this issue." - AMOG staff

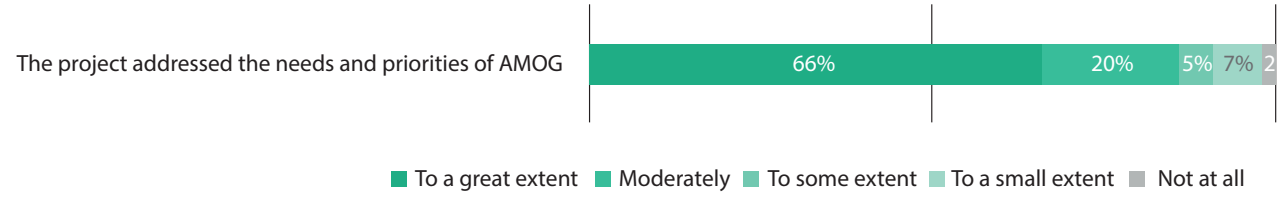
Following the dynamics around safe abortion ignited by AMOG, the provision of training and capacity strengthening was the next most relevant angle of the project mentioned by the interviewees. Most of the training of AMOG members took place in late 2021 and 2022, but for both members and non-members (health staff, media, judiciary staff), interviewees said it was adequate and in line with the role that AMOG could play and that other people would expect of it.

"The project enhanced the need for the culture of doing VCAT. It is an activity that started with the project, but they [doctors] are expanding to new health facilities…the doctors, feel that they have this responsibility, and they are doing it in other health facilities outside of the ones targeted in the project… they like the changes they saw..." - AMOG staff

"The project had a lot of influence on our training as AMOG members, and on the training of other professionals non-AMOG members, who at AMOG we see them as important actors in this process." - AMOG member

The end-line survey results show that the majority of AMOG members are positive about the relevance of the project. Ninety-one of the surveyed members felt that the project addressed the needs and priorities of the society in relation to safe abortion, of whom 66% reported that the project was relevant to the society and its members to a great extent. One of those respondents explained how the project was relevant: *"It brought to most stakeholders, providers, communities, a clear approach to the problem and an adequacy of terminology and flow taking into account the reality of the country"*. Only 2% of the surveyed members felt that the project was not in line with the needs and priorities of AMOG members and the society as a whole, and only a further 7% felt it was not in line to a small extent. The reasons for this were that one of these respondents had not yet seen significant results, one did not think the implementation of the law was up to the desired standard, and one thought there had not been sufficient information, education and communication (IEC) material available.

Figure 1. How much the project addressed the needs and priorities on safe abortion for AMOG's surveyed members



While a large majority of the survey respondents were very positive about how the project was able to address the needs of the society and its members, one respondent indicated that the project could have included a site (geographical area) where safe abortion was implemented according to the law and clinical guidelines: *"There was a lack of implementation [of safe abortion services] at district level to show the difference and quality"*. This also came back in the qualitative interviews with AMOG members. They stated that including such a site or area on which to focus safe abortion advocacy – including support with data collection and targeted awareness raising with the community – could have been a strong way to inform advocacy at the national level:

"So, for me, without a doubt, this project is relevant. But it would be more relevant if we took it a step further. What I mean by that is that we did advocacy and if we had a district, for example, a district where we could implement the abortion service and show in that area the quality of this service that we offer, show in this area the scope of what we do in terms of advocacy and what that means. For me personally, we would have to go one step further and try to implement it in a district or two districts to be able to show that this has happened." - AMOG Leadership

From the interviews and the membership survey, it emerges that the relevance of the project and the role of AMOG lies primarily in providing technical guidance to the community of gynaecologists and other health professionals in Mozambique, including AMOG members and non-AMOG members. Interviewees stressed that this was where the leadership of AMOG was strongest, most respected and could have the biggest added value. Other relevant angles of the project that were praised and recognized were the strong media focus and the objective to reach out to the poorest in the most disadvantaged areas:

"What is the population we are interested in? It is the poorest, the least informed, the one that suffers the most." - AMOG member

As mentioned before, working towards improved data collection and the provision of evidence for safe abortion was the most challenging pathway, even though it was perceived as very relevant by most survey respondents (80%).

"…it was not uniform. I think the investigation (pathway 5) was left behind, far behind. I think that a lot of work was done in health facilities." - AMOG staff

Relevance to the needs and priorities of stakeholders

Interviewees from various stakeholder groups (the network, the Ministry of Health, healthcare workers, media and students and teachers) confirmed the relevance of the project and the activities conducted between 2019–2022. The timing and urgency of addressing unsafe abortion was also mentioned, especially by representatives from the sexual and reproductive health and rights (SRHR) network. In line with primary stakeholders, secondary stakeholders underlined that the project renewed the dynamics around the implementation of the law on safe abortion and that it facilitated a dialogue among various stakeholders and in the public sphere. Moreover, the project facilitated the sharing of expertise and experience of AMOG members with health staff, and this was deemed adequate. While the law is in place, there is limited leadership capacity within the Ministry of Health to implement it, but this expertise is available in AMOG. Moreover, AMOG members have relatively easy access to health facilities and health staff are inclined to take their feedback and training seriously.

In addition, secondary stakeholders pointed to the relevance of the activities implemented in schools to inform adolescent girls and boys about their options when facing a life-changing situation, as described by a schoolgirl who participated in a talk organized by AMOG in her school.

"I thought it was very good, because many girls went through various situations without knowing what to do, when they [AMOG] came to explain that they could ask for help that they could have safe abortion in public hospitals... It was very good, because many people end up harming their own life, end up being prevented from doing a lot, many projects and plans to take care of a child, especially the girls who, in the end, end up being abandoned." - schoolgirl, focus group discussion

Also, other stakeholder groups, such as journalists and the police, have indicated that the project was in line with their needs. It was highlighted that the work of AMOG was complementary to that of, for example, the police:

"It is complementarity. In the case of sexual violence, what the police do, then when she arrives at the health unit, what does the AMOG do? This is the work they were doing as a way of raising awareness among the community. For example, there are many who are sexually abused who do not go to the health unit and do not go to the police even. This is the work that AMOG colleagues have been doing." - police commander

Findings on Effectiveness

Results for Pathway 1: A strengthened national society

Surveyed gynaecologists acknowledged that AMOG's leadership role in SRHR for women was strengthened and they rated AMOG's communication on various aspects, including its position on safe abortion, as good or excellent.

A stronger AMOG

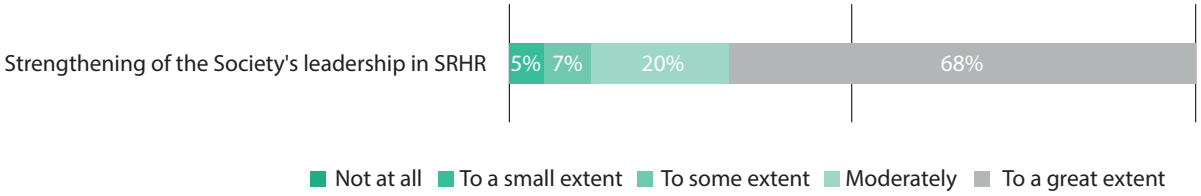
Interviewees mentioned a variety of changes that they observed in creating a stronger management for AMOG over the past three years. The improved communication among members and strengthened governance were highlighted key changes. Members unanimously expressed that the project had been instrumental in strengthening AMOG as a professional society. An important change in this regard was working in a more coherent and professional way. This was illustrated by the respondents referring to more regular communication by the society, the development of a website and key governance documents such as a human resources manual, the position statement on safe abortion and the newly developed strategic plan (2022–2027), which was approved by members during the 2022 general assembly in Maputo.

AMOG as a leader in sexual and reproductive health and rights

The survey data show that, by the end of the project, 88% of the respondents thought that AMOG's leadership role in SRHR was strong (the other 12% did not perceive it to be strong). Despite the fact that there are limitations with making a comparison with baseline, it is interesting to note that, at the start of the project, AMOG's membership was less convinced about the organization's performance as a leader in SRHR, with 49% rating this leadership as strong and 51% rating it as low.

The surveyed respondents unanimously (100%) agreed with the statement that AMOG's leadership had been strengthened over the past three years (Figure 2). From these, 68% classified the strengthened leadership in SRHR as very strong (to a great extent). Only 12% of the respondents stated that while the leadership had been strengthened, this was only to a small extent (5%) or to some extent (7%). When looking into the contribution of the project to AMOG's strengthened leadership, 97% of the surveyed respondents confirmed a causal relationship here. Only one respondent (3%) did not relate the strengthened leadership in SRHR to the Advocating for Safe Abortion Project (ASAP) without commenting.

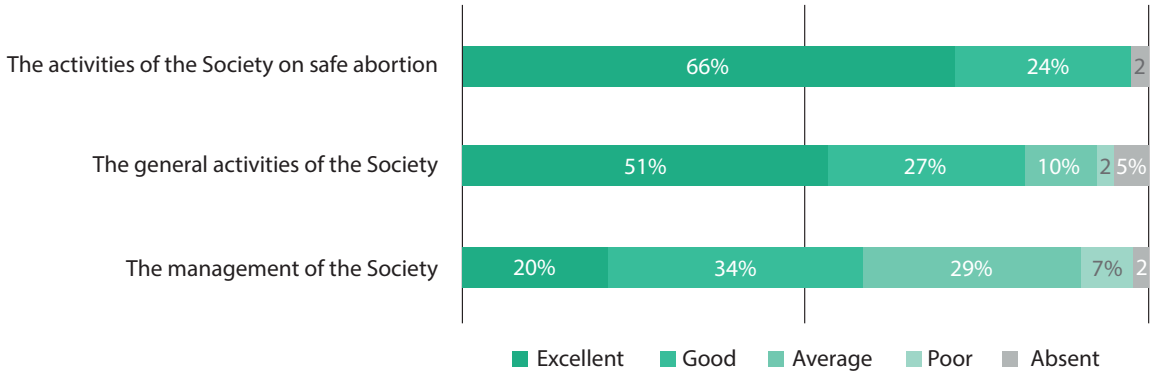
Figure 2. Extent to which AMOG's leadership role in SRHR for women strengthened in the past three years, according to surveyed gynaecologists/members (n=41)



Communication with and within the society

AMOG's communication on its management and general activities, and on its safe abortion activities was rated positively (see Figure 3). Regarding the activities of the society on safe abortion, 90% of the respondents rated this as excellent (66%) or good (24%). When looking at the general activities of the society, 76% indicated that it was either excellent (51%) or good (27%). Communication about the management of the society had slightly lower appreciation, with 54% of the surveyed members rating it as either excellent (20%) or good (34%). Only 9% considered this communication poor (7%) or very poor (2%).

Figure 3. Appreciation of AMOG's communication on various topics by survey respondents (n=41)



The positive feedback on communication within the society was confirmed in the interviews with members. A seemingly small change like creating a WhatsApp group has generated a spike in communication and interaction between members over the past year and a half, which has contributed to a stronger feeling of belonging and connection. This had already been expressed during the midterm review and was strongly reconfirmed in this end evaluation. The AMOG newsletter initiated under the project has been shared regularly through WhatsApp, Facebook and email. The interviews with members revealed that the consistent communication of the PMU towards AMOG members also contributed to a stronger engagement of members across generations.

"But the project worked and the project was very important mainly because it energized AMOG, the young doctors are very participative." - AMOG member

The survey underlines these qualitative findings as a large majority of members felt that AMOG facilitated members' involvement in safe abortion advocacy (68% to a great extent and 24% to a moderate extent). The broker role of AMOG was acknowledged in particular during the interviews: the AMOG project team looking for platforms to advocate and then introducing and/or supporting members to share their technical knowledge.

"There was this work with staff within the project, with some staff, with AMOG members then with technical staff from hospitals that are not even AMOG members. Then there was work at the level of schools to spread the law…There was work in the media and different colleagues went to the media to give interviews, lectures, in the media whether television, newspapers…and local radio. AMOG managed to coordinate and create these circumstances." - AMOG member

Interestingly, generating and disseminating evidence for safe abortion was the role for AMOG that was most highlighted by the survey respondents. The interviewees also confirmed that this was an important area of work that AMOG should perform. However, when looking at the progress achieved under the project, this pathway was the least successful.

Table 4. "What role does AMOG play in advocacy for safe abortion?"

Answer options (multiple answers possible)	N=41
Provides evidence on safe abortion (research, data records)	80%
Creates partnerships with other stakeholders to improve access to safe abortion	78%
Promotes reflections on professional attitudes towards safe and legal abortion	78%
Informs its members and/or health providers about the legal frameworks and technical guidelines	71%
Shares technical recommendations on safe abortion to key stakeholders	71%
Plays no role in advocacy for safe abortion	5%
I don't know	2%

AMOG's position on safe abortion has been developed as part of the project and has been disseminated to members via email and WhatsApp, and is also available on Facebook and the AMOG website. The position was developed at the start of the project with the support of FIGO and the AMOG leadership. In line with the above, the communication of the society to its members was rated positively. At the end of the project, 95% of the respondents indicated that AMOG had a position on safe abortion, and only 2% (n=1) said it had no role. Ninety-one percent of the surveyed AMOG members rated the society's communication on its position on safe abortion

towards members as either excellent (76%) or good (15%). At baseline, this was the case for 52% of the respondents, while, in 2019, there was yet to be any official written position.

Figure 4. Appreciation of AMOG's communication on its position on safe abortion by survey respondents (n=41)

Regarding the content of the position (in an open question answered by the respondents who had said yes; n=39), the majority responded in line with AMOG's position statement (Table 5): access to safe abortion contributes to diminishing maternal mortality and morbidity and AMOG's role is to contribute to the implementation of the law.

Table 5. Respondents' short descriptions of AMOG's position on safe abortion in line with statement (a selection)

To support and promote access to and the practice of safe abortion
Providing safe abortion services is a right to health
Women-centred decision-making, legislation that protects the provider and the patient, universal provision of safe services
AMOG is in favour of promoting safe abortion in Mozambique as part of actions aimed at reducing maternal mortality and promoting maternal and child health
AMOG stands for unreservedly offering a safe abortion service to any woman in need, without any discrimination

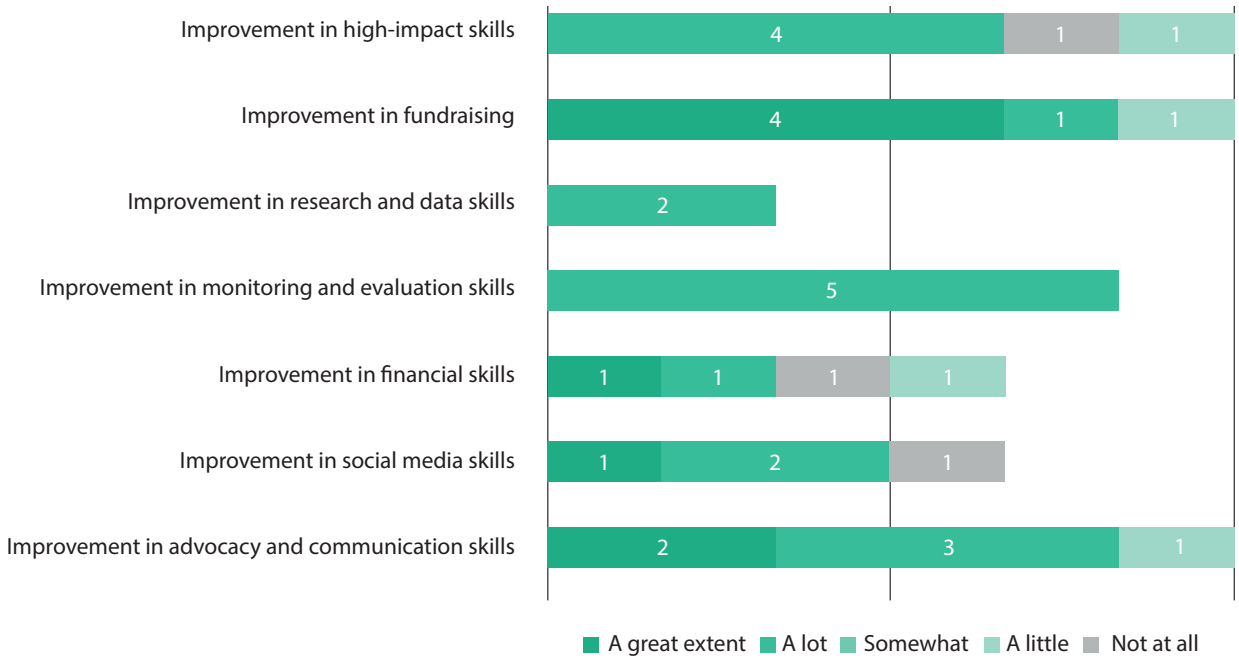
Of the survey respondents who provided their view on AMOG's position, 64% felt that it was also institutionalized within the society, with 36% indicating that the position was not adopted institutionally. And while the position statement is publicly available and largely known within the society, none (100%; n=39) of the surveyed members indicated that AMOG's position statement was publicly available and disseminated to stakeholders.

Capacity strengthening in the project

Primary stakeholders who received training through the project by FIGO or others felt a strong improvement in their knowledge and skills, while the project also supported AMOG in developing various policies and systems that strengthened AMOG as an organization.

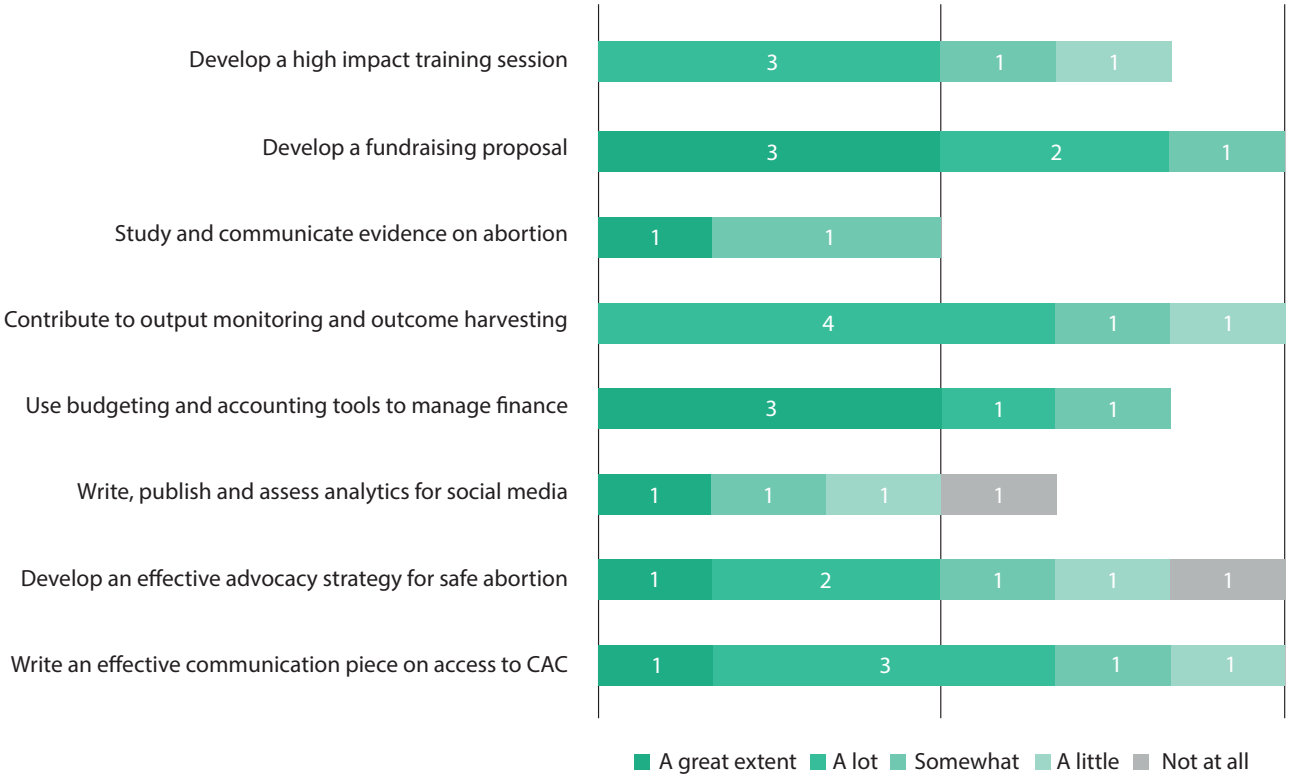
The global capacity-strengthening survey, which captures the perspectives of the project implementers (Mozambique, n=7), shows that AMOG respondents feel strengthened by the project. All the training delivered under the project contributed to skills development and improved knowledge (Figure 5) and their ability to apply these skills (Figure 6).

Figure 5. Extent to which project implementers (including project management unit members) feel their knowledge and skills have improved following training through the project (n=7; the respondents who reported N/A are not displayed)



In all of the training, learning was reported and, overall, the skills of the members of the PMU have improved to deliver on the project outputs (Figure 6).

Figure 6. Extent to which project implementers feel that they can deliver on the outputs using their improved skills (n=7; the respondents who reported N/A are not displayed)



Reflecting on what made the training successful and valuable, respondents answered that the sessions elevated the knowledge to a higher level and that, moreover, they supported the application of their skills and hence the implementation of the project. This was mentioned particularly for the communication and advocacy training and the support for monitoring and evaluation and outcome harvesting.

"Yes, I learned a lot. I participated in some FIGO and AMOG webinars, both in one and the other, whether it is something related to medicine in the case of AMOG and FIGO or for what is my area of activity, communication, social networks, content production. I also learned about this issue of fundraising, I learned some things about strategic planning. I learned many concepts here and I believe they will be useful to me for the rest of my life." - AMOG staff

During the interviews, primary stakeholders mentioned that they learned a lot about advocacy and that thinking about outcomes or desired changes had supported the way they planned their work. Also, the support received from FIGO in doing advocacy and using the resources available were mentioned to be very valuable during the project. The survey also shows that the tools and resources that were provided by FIGO were used to a great extent (n=3), a lot (n=2) and somewhat (n=2).

"It has been a great learning experience and FIGO has been very supportive to us. To make us grow and do more." - AMOG staff

Respondents' recommendations were to allocate more time and to deliver more training, including certification. All survey respondents reported that they felt their role within the project was clear to them.

"Yes, I feel it has improved. Because at the beginning it was like working in my role, but during the project I realized that it was more teamwork, and more work. If I wanted to work alone, it would be more difficult to reach the goal in the allotted time…It was important to coordinate with the PMU team together." - AMOG staff

Manuals and policies developed by AMOG under the project

The project provided space to develop operational documents that strengthened AMOG (Table 6). Staff indicated that, for most of these documents (except the strategic plan), it was the first time that they had been in place.

Table 6. Governance documents developed under the project

Manual or policy document	Status at end line
AMOG position statement on safe abortion	Completed and shared with the task force, technical working group on safe abortion and through the media
Communication and advocacy strategy	Developed under the project. Includes a messaging document that was approved by the technical working group and the Ministry of Health
Strategic plan (2022–2027)	Approved by AMOG 10th general assembly, February 2022
Human resources manual	Approved by AMOG 10th general assembly, February 2022
Ethical approaches in obstetrics and gynaecology	Developed and published under the project. All AMOG members and libraries of the central hospitals of the 11 provinces received a copy
Good practices in human-centred assistance to abortion processes	Developed and published under the project. Available on AMOG's website for free
AMOG business case	Under development to be aligned with AMOG strategic plan
AMOG sustainability plan	Under development

An increase in society members and strengthened procedures

The number of AMOG members has increased from 75 at the start to 108 members by the end of the project. Also, the system for keeping track of administrative details and the profiles of members has been developed together with a more diligent follow-up system for payments and the contributions of membership fees. On the AMOG website, there is a member portal with restricted access for members. Between January 2021 and December 2021, the website had 8,499 views with an average

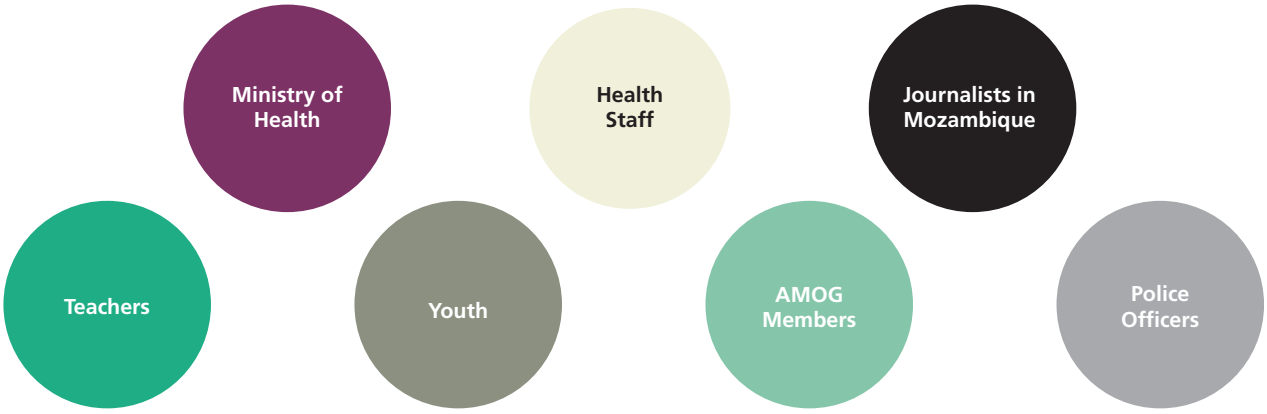
of three minutes per session. The Facebook page in the same period had 1,300 followers, of which 66% were female. Most followers (47%) are located in Maputo and the age group is predominantly between 25 and 34 years.[5]

Results for Pathway 2: Strengthened networks

Pathways 2 to 5 focused on achieving change through advocacy. This section gives an overview of how the society's advocacy efforts have influenced others and initiated change in relation to safe abortion.

Figure 7 illustrates the main actors who showed change.[6]

Figure 7. Overview of actors that demonstrated change



Results for Pathway 2: Strengthened Networks

Outcomes under this pathway:

- **Ministry of Health continues to openly support the implementation of the safe abortion law in Mozambique, despite competing challenges (substantiated);**
- **Rede DSR has consistently worked together to bring more attention to the importance of implementing the law on safe abortion (substantiated);**
- **Stakeholders, including the Ministry of Health, acknowledged and appreciated the leadership of AMOG in celebration of commemorative days (substantiated);**
- **Engagement of the network with the Ministry of Health was strengthened, with AMOG's expertise in this recognized (substantiated).**

5. Website statistics derived from AMOG website analytics.
6. Health staff includes service providers at the health units (unidades sanitarias): receptionists, guards and service agents.

Strengthened cooperation with the SRHR network in Mozambique supported a wider reach while AMOG enabled stronger engagement of the network with the Ministry of Health.

In Mozambique, the SRHR network (Rede de Defesa dos Direitos Sexuais e Reprodutivos, or Rede DSR) is an active network of 25 civil society organizations. Since its establishment in 2011, the network has worked together on sexual rights, including safe abortion. It was particularly active at the time leading up to the approval of the law for safe abortion in 2014. The network meets regularly and has institutionalized arrangements with a meeting agenda and joint action plan.

Communication for safe abortion – a joint effort

Interviewees from the Government (MISAU) and the SRHR network (Rede DSR) stressed how AMOG had become more visible and active since the start of the project. This was mentioned in the context of the network as well as in the technical working group on safe abortion hosted by the Ministry of Health. In all instances, the leadership of AMOG to call attention to SRHR on commemorative days, such as National Safe Abortion day, was seen as a strength developed as part of the project. It has also been found to enable other partners to step up and more openly support the implementation of the law on safe abortion. Interviewees noted, for example, AMOG's leadership presenting the new WHO guidelines on safe abortion as a good sign of sharing expertise and bringing an international perspective. While the signs of strengthened leadership were mostly perceived as positive, one interviewee mentioned that the process of implementation was sometimes rather quick, although without jeopardizing the results.

"One of the things that we felt, many times because of the project itself, AMOG had to go very fast, faster than the network, because they had to respond to some objectives, they had expected results and so that means that this forced a very quick intervention by AMOG itself regarding this project but with very encouraging results, I think." - member of the sexual and reproductive health and rights network

Both within Rede DSR and the technical working group on safe abortion, AMOG was appreciated for bringing the medical perspective and expertise. Key representatives from AMOG who are visible in the policy and public debate are highly esteemed because of their seniority and authority. Members from the network stressed that it supported engagement with the Ministry of Health. The ministry was also clear on what the contribution of AMOG was to improving access to and the quality of safe abortion services in Mozambique.

"Over the years, AMOG has demonstrated a strong commitment to raising the quality of the service offered within the work it performs, not only in terms of medical expertise, offering quality postpartum and post-abortion follow-up, but also managing to coordinate and improve the quality of knowledge transfer for nurses from several districts. Moreover, AMOG created a strong movement to raise awareness and reflect on the need to reverse maternal mortality from unsafe abortion." – Ministry of Health representative

Various stakeholders within the network hinted that cohesion was sometimes lacking because each organization focused on its priority. Therefore, focusing on the SRHR broader umbrella could be more beneficial.

"I feel it lacks a bit of cohesion…this is my perception. And, sometimes, it is not for lack of invitation, only that each institution has its activities where then there is no time for people to meet and talk. Because we are talking about the sexual and reproductive health group, then we are talking about the abortion group, after family planning, however if we look at it, the issues are all interconnected. So at some point this cohesion is lacking. We have a single objective, but we can't all be together."
- member of the sexual and reproductive health and rights network

The project produced a national message document for safe abortion[7] and a push was made for the technical working group on safe abortion to approve it. The Ministry of Health ultimately endorsed it and eventually declared it a national document. It became the basis for reaching out to communities, and communication materials produced under the project incorporated the message. Other organizations active in advocating SRHR are also tapping into this document. Having it endorsed by the Ministry of Health supports the acceptability of its messages and is believed to contribute to a unified approach to engaging with communities and other stakeholders. The Ministry of Health's open support is seen as an important step towards a more enabling environment for safe abortion.

Where many projects and advocacy initiatives tend to focus on the capital area of Maputo, the society brings a unique structure that helps to cover the geographical scope of the full country. Having active members in most areas of the country who are facilitated to advocate at the local level and work with healthcare workers on the ground is seen as a unique asset.

"I think that having AMOG in this area with a project that talks about abortion that are not necessarily the first ones to say 'Look, abortion has risks' is very important. So this was and is a very good contribution and mainly because AMOG is not saying that just because it is in Maputo it is only in Maputo, but there are obstetricians and gynaecologists who are all over the country." - member of the sexual and reproductive health and rights network

7. Boas Práticas no Atendimento Humanizado aos Processos de Aborto

Besides the members speaking out on safe abortion across the nation, the project also deliberately invested in training journalists and press advisers regionally. For example, 12 press advisers to the governors of the provinces of Cabo Delgado, Nampula, Niassa, Sofala and Zambezia were trained. They act as focal points in the offices to ensure that they make reference to the importance of safe abortion in speeches during their field visits. The representative from the Governor's Cabinet of Manica confirmed this inclusion in the speeches, especially in areas with a high prevalence of unsafe abortion and unwanted pregnancies, but no further substantiation took place. Moreover, the regional focal points within AMOG led advocacy efforts in their provinces and coordinated with AMOG head office.

Building partnerships

The membership survey shows that a large majority of the respondents were of the opinion that AMOG built partnerships (78%, n=32). While this was confirmed in the interviews, it was also stressed that a lot of work had already been done in the years preceding ASAP. In this sense, the project was able to reap the benefits of years of work and relationship building and could contribute to institutionalizing some of the structures that were created before the project, such as the technical working group and Rede DSR.

During the midterm review, it emerged that, even though there was a conducive legal environment in Mozambique, there was still a number of hospitals that did not offer safe abortion as a service. Anecdotal evidence suggests that the management of hospitals tends to claim that it has not received permission from the Ministry of Health to perform safe abortions and this prevents staff from offering the service. The Ministry of Health has not been actively interfering, but nor has it made sufficient effort to allocate the necessary resources (medicines and materials) to allow the provision of safe abortion. Interviewees mentioned that, in the past years, this was due to a large share of the Ministry of Health budget coming from the United States and the Global Gag rule in place. With a change in the United States Government in 2021 and the lifting of the restrictions, interviewees hinted towards more space to openly denounce the issue of not providing safe abortion in the health facilities and held the Ministry of Health accountable in taking the leadership role in the implementation of the law. Competing priorities at the Ministry of Health remain, not least due to COVID-19, but this was not seen as a reason to decrease the intensity of safe abortion advocacy activities.

Table 7. Overview of AMOG's activities (outputs) with Rede DSR

Number of organizations in Rede DSR (sexual reproductive health and rights network)	25
Number of joint meetings with the network during the project period	19
Number of joint activities with the network, such as commemoration of Safe Abortion Day (28 September) International Day to Fight for Women's Health and National Day for the Reduction of Maternal Mortality (28 May)	15

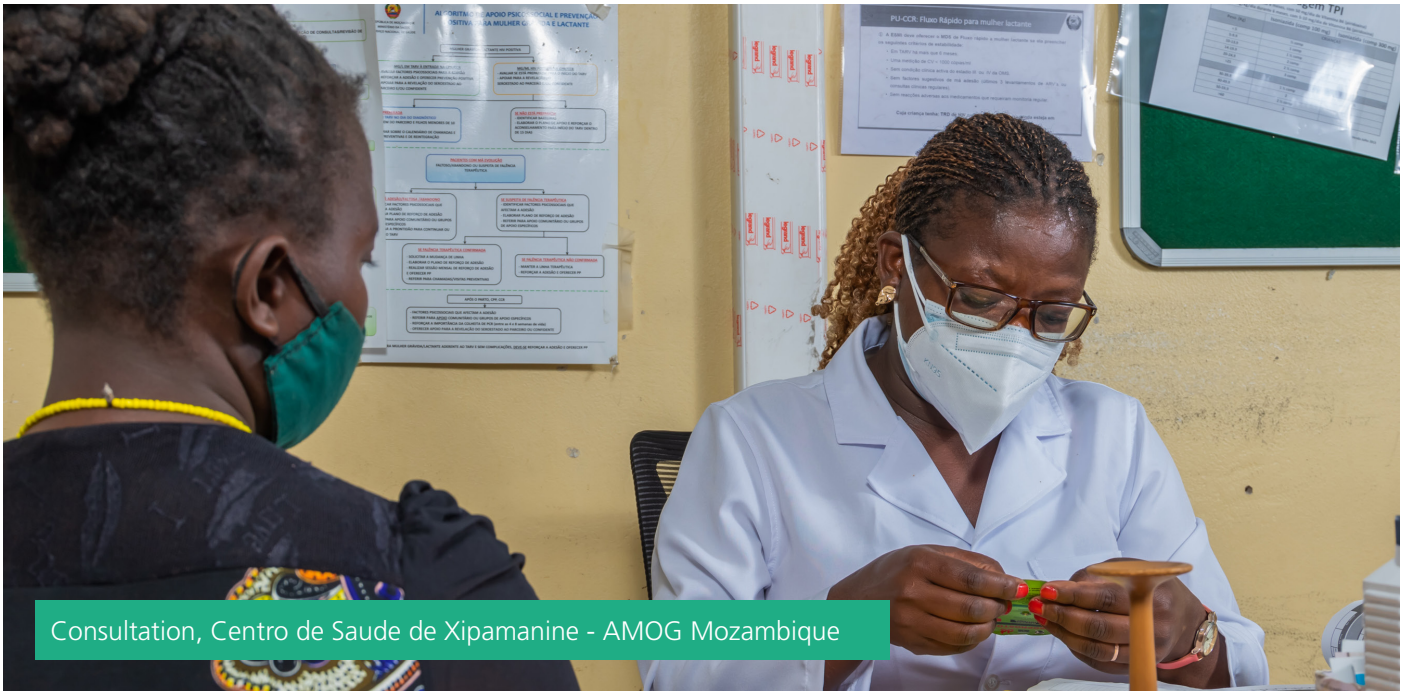
Results for Pathway 3: Healthcare providers deliver comprehensive abortion care services to the full extent of the law

Outcomes under this pathway:

- **Healthcare workers and service personnel feel more equipped to assist women seeking safe abortion services (substantiated)**
- **AMOG members feel well positioned to advocate safe abortion and to conduct VCAT training (substantiated)**
- **Nearly half of surveyed AMOG gynaecologists stated that their position towards safe abortion had changed over the past years and that the project was a contributing factor to this (substantiated in qualitative interviews)**
- **Fewer women present at the health clinic with unsafe abortions and when they do, they disclose that they had an unsafe abortion (substantiated, but no hard data available)**

VCAT sessions among healthcare staff were key in providing a more enabling environment for safe abortion, and the first signs of fewer unsafe abortions were reported.

To support the implementation of the operational guidelines on safe abortion, AMOG developed, in conjunction with the Ministry of Health, VCAT training for various actors, including AMOG members, parliamentarians and youth. The VCAT package includes new subjects, such as conscientious objection, which were adapted from materials developed by FIGO and other countries of ASAP implementation. To deliver VCAT under the project, AMOG worked very closely with Ipas, which took responsibility for the clarification of the law while AMOG focused on clinical and human rights aspects. Some VCAT sessions took place with a mixture of stakeholders and some were specifically focused on healthcare staff.



Consultation, Centro de Saude de Xipamanine - AMOG Mozambique

Creating an enabling environment: value clarification and attitude transformation training

During value clarification and attitude transformation (VCAT) training sessions for healthcare support staff, participants were encouraged to explore their values on, for example, gestational age and criteria for the provision of safe abortion, conscientious objection, the consequences of lack of supervision, and reviewing what humanized services are in the context of safe abortion, particularly in the relationship between service provider and patient and how this affects the user and their family.

One VCAT session would cover half a day or five hours on average and included group work inside the health facility, where the doctors would observe patients and the delivery rooms and inspect information in logbooks. Due to COVID-19 restrictions, the average number of participants in each session was around 20. VCAT refresher training has been conducted online, again due to the pandemic. Where visiting the health centre would not be possible because there was no AMOG member involved, such as in the province of Manica, service providers from different health facilities would come together in another location.

An interesting aspect of the VCAT training in Mozambique was that, besides healthcare staff working directly with patients, hospital support staff members have also been involved in the delivery of VCAT, as they are often the first contact when women arrive at the health clinic.

"Because in the past we had never had training that involved administrative personnel. That person who works at the counter is that first person that anyone looking for an abortion finds. And this person is decisive because they can either be in the clandestine abortion chain, they divert people to a clandestine abortion, or they can simply be a conscientious objector." - AMOG member

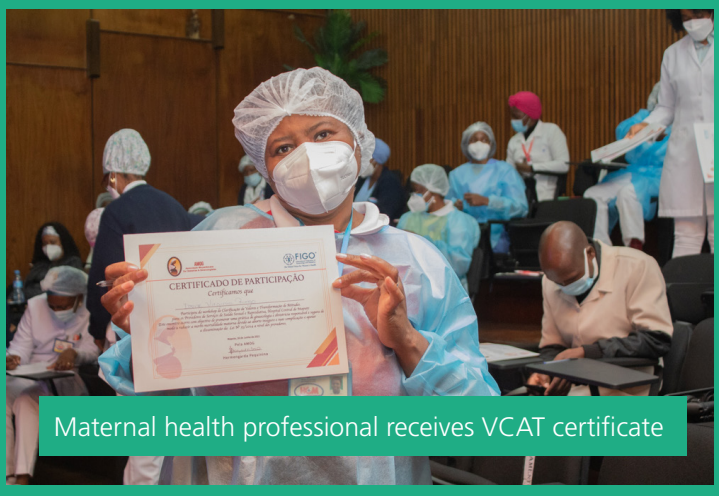
VCAT training for health personnel, Hospital Geral de Mavalane, Maputo

AMOG member facilitating a VCAT session - AMOG Mozambique

"Now, the way we act is different, what we were, is not what we are, they made us wake up. Because, before we knew that abortion was performed, but we didn't know what to do with the patient. The service agent acted in a bad way. We were afraid to take the patient to the nurse's door, because she could say that the patient is my acquaintance and I want to harm her with the request. But, after the training, everyone was informed, we now know what our role is." - Service agent

"Before, here where I work, when a woman came and intended to voluntarily terminate the pregnancy. She was cared for in exactly the same space, because it is an open space, where other patients who came in for other gynaecological pathologies wait. There was no aspect related to privacy, but because in this training, in this value clarification, the director of the department was present. The following week, he made available a compartment, a specific cabinet for terminating a pregnancy where at least aspects related to privacy and confidentiality are 100% guaranteed. So, for me it's a very big gain." - AMOG member

"The service agents have changed. Before, when there was someone who had this problem, many could talk about monetary issues, but with the arrival of the safe abortion project, they now refer the person to the maternity ward, they call, 'Boss, I have someone here and they want an abortion service.'" - Nurse



Maternal health professional receives VCAT certificate

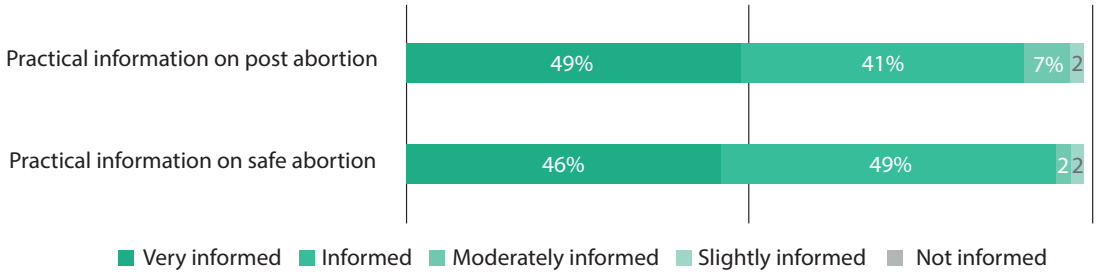
Table 8. Overview of AMOG's value clarification and attitude transformation activities

VCAT sessions	Result
Number of value clarification and attitude transformation (VCAT) training of trainers sessions conducted	2
Number of VCAT trainers trained	15
Number of VCAT workshops delivered	38
Number of people who attended VCAT workshops	1,563
Types of attendee	Parliamentary members of the President's Cabinet (11) and two ministries (36); committee members of Sport Secretary of State (12); students and teachers (650); clinical health professionals (854)

Surveyed gynaecologists feel informed about national guidelines on safe abortion

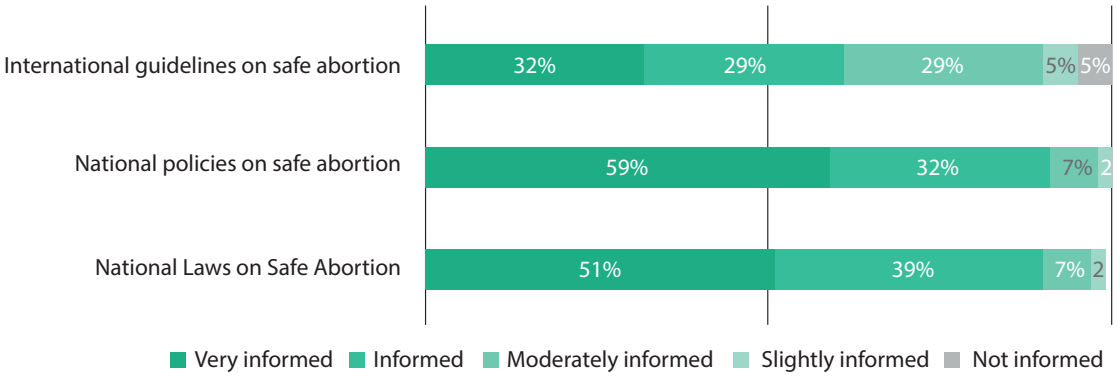
At the end line, 78% of the surveyed gynaecologists had ever completed training, a seminar or a workshop on professional and personal norms and values towards legal and safe abortion; this was 61% at baseline. Of those who had ever completed training on either VCAT, safe abortion or post-abortion care, 81% (n=31) did this through AMOG. A large majority of the surveyed gynaecologists felt informed about practical information (guidelines, recommendations, procedures) on safe abortion and post-abortion care (Figure 8).

Figure 8. How informed surveyed gynaecologists/members felt about practical information (guidelines, recommendations, procedures) on safe and post-abortion care (n=41)



In general, the surveyed gynaecologists felt informed about laws and guidelines on the provision of safe abortion. Also, 100% of the survey respondents confirmed that there was a national guideline on safe abortion in Mozambique. Figure 9 shows that they felt more informed about national policies and guidelines than international guidelines. Ninety-one per cent felt either very informed (59%) or informed (32%) about national guidelines, compared with 61% feeling either very informed or informed about international guidelines.

Figure 9. How informed surveyed gynaecologists felt about abortion laws, policies and guidelines (n=41)



Healthcare providers' role in advocating safe abortion

Sixty-eight percent of the surveyed members indicated that they had been involved in advocacy for safe abortion and 61% did this through AMOG, while 10% advocated independently and 29% advocated both through AMOG and independently. Three quarters (75%) of surveyed members indicated that the advocacy they had done was influenced by the project. Where surveyed members could add their comments on how the project had influenced their involvement in safe abortion advocacy, the explanations covered various aspects such as motivation and inspiration: *"It motivated me"*, *"As a member of AMOG, I was involved in advocacy for safe abortion"*. Comments also addressed the fact that the project provided the resources for conducting advocacy: *"The project created the conditions for these activities"* and *"By creating material and financial resources to bring together health personnel and others to discuss the issues inherent in safe abortion"*.

Regarding a role for health workers in advocating safe abortion, both the survey results and the findings from the interviews with healthcare workers and AMOG members confirm that this role was there and that healthcare workers were well positioned to stand up and speak out. In the membership survey, 78% strongly agreed and 17% agreed with the statement that health workers had a role to play as advocates of safe abortion. In the interviews, the practical and first-hand experience health workers brought to the public sphere was very important as they could make the case that unsafe abortion was still a contributor to maternal mortality and if this were to diminish, the law needed to be better known across communities and implemented in the health system. The role of healthcare workers was especially important to the latter, working in and with the health system to improve access to safe abortion. This included advocating on various podiums, including contributing to technical awareness among different stakeholder groups, such as youth

and communities. Interviewees confirmed that the project had equipped members with the tools and resources to reach out to different platforms. This has all been coordinated through the PMU and signs of proactive outreach by AMOG members are yet to be observed.

"AMOG asserts its skills and competences; to rescue family and civic values through tributes and presentations; this sensitizes key actors such as in MISAU to the practice of activities that may be lagging behind, but that their practice is not only a way of expanding knowledge in the areas of family planning, mother and newborn health and sexual reproductive health, but also contributes to improving the workplace." - Ministry of Health representative

Professional attitude

Regarding their professional attitude towards abortion, 59% of surveyed gynaecologists agreed or strongly agreed with all four statements of FIGO's 2006 resolution on conscientious objection.

FIGO 2006 resolution on conscientious objection affirms that, to behave ethically, practitioners shall:

1. Provide public notice of professional services they decline to undertake on grounds of conscience;
2. Refer patients who request such services, or for whose care such services are medical options, to other practitioners who do not object to the provision of such services;
3. Provide timely care to their patients when referral to other practitioners is not possible and delay would jeopardize patients' health and well-being; and
4. In emergency situations, provide care regardless of practitioners' personal objections.

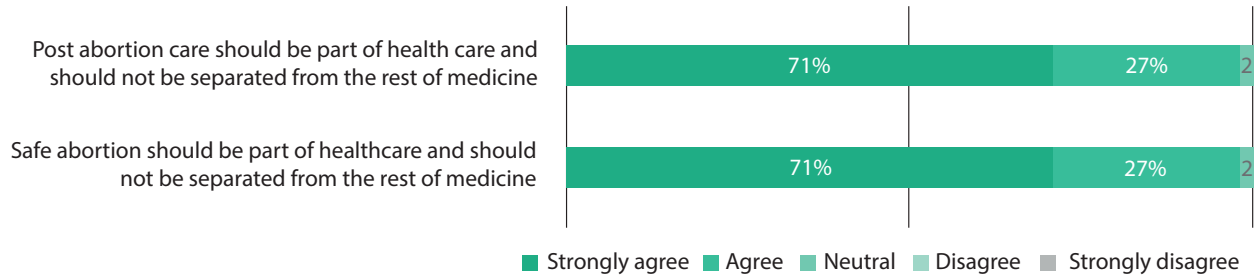
More recently, FIGO added to its statement on conscientious objection that the refusal of care using claims of conscientious objection could be used for post-abortion care. This statement was supported by 39% of the surveyed gynaecologists (12% agree, 27% strongly agree). A large majority (90%) indicated that their professional position was similar to their personal position, while 5% said it differed. Others did not know or did not answer. Forty-four percent of the respondents indicated their professional position changed in the last three years, from a small to a great extent, of which 90% said this had been influenced by the project. The change in position was not necessarily a full shift and was explained by respondents mostly as a nuanced shift: *"I already performed safe abortions, but have improved the psychological support"*, *"I intensified and reaffirmed my position"* and *"I took note of the woman's right to decide about her sexual and reproductive health"*. One of the AMOG members explained that the human rights-centred/dignified/respectful approaches

and behaviours from healthcare workers were very much needed to support women who sought access to safe and quality abortion care:

"It is not up to us to evangelize, because that's not our role. Because when a person arrives at the health facility and says she wants to have an abortion, the first thing we tend to ask is, 'why do you want to have an abortion, what is the problem?' Instead of judging, our role is showing if I don't or can't do it, I have to refer the patient to someone who can perform or where it can be done in a safe way. Because if I judge them as professional, then that person will look for an unsafe place to do it, a clandestine or hidden way not to be seen and judged." - AMOG member

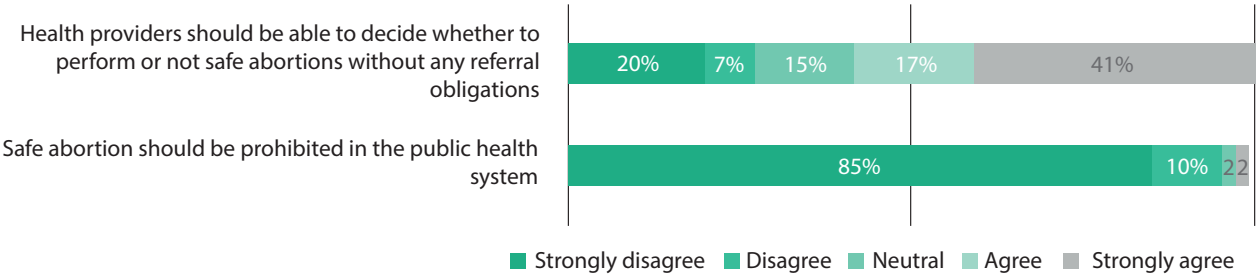
Nearly all respondents (98%) felt that both post-abortion care and safe abortion care should be part of healthcare and not separated from the rest of medicine; 79% for safe abortion and 82% for post-abortion care at baseline (Figure 10).

Figure 10. Survey respondents' opinion on the inclusion of abortion care within the health system (n=41)



In addition, a majority felt that safe abortion should not be prohibited in the public health system (see Figure 11).

Figure 11. Survey respondents' opinion on the place of safe abortion care in the public health system and the autonomy of healthcare providers (n=41)



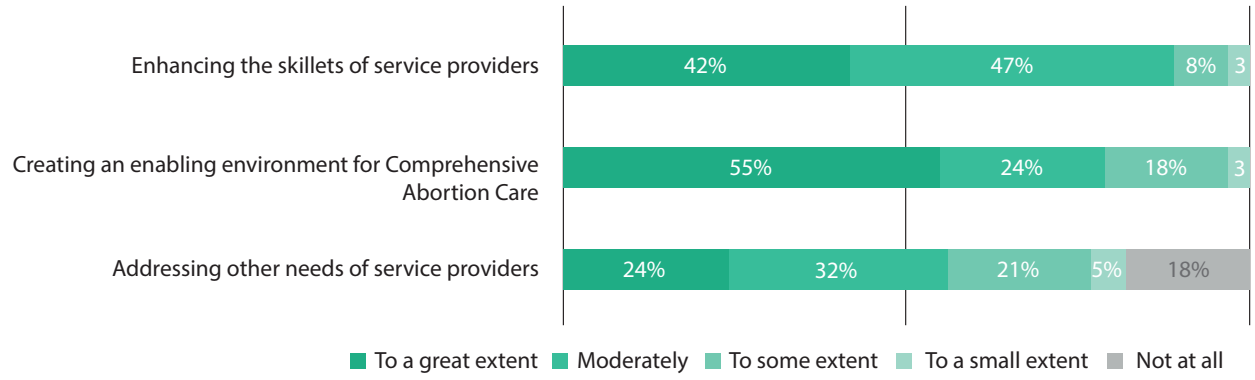
A majority (78%) of the surveyed gynaecologists stated that women should be referred when a health provider opposed performing a legal safe abortion. To the question of whether a healthcare provider should be able to decide whether to perform an abortion without any referral

obligation, only 27% strongly disagreed and 58% strongly agreed. This is an interesting finding because it suggests that a majority of the gynaecologists who took part in the survey were of the opinion that, in the end, the healthcare provider could make the decision for the woman. At baseline, these figures were 13% strongly disagreeing and 69% strongly agreeing, which could be interpreted as a slight improvement, while keeping the methodological limitations in mind.

Contribution of the project to the skill set of providers

The majority of the surveyed gynaecologists stated that the project contributed to a great or moderate extent to enhancing the skill set of the service providers (89%) as well as creating an enabling environment for CAC (79%; Figure 12). The extent to which other needs of service providers were addressed by the project was rated by a slight majority (56%) as great or moderate. In Mozambique, most engagements with healthcare staff were through VCAT training and task shifting mentoring in four provinces. Interviewees also confirmed that it was crucial to strengthen what was called the human part (parte humanizada), and while the first steps had been made in the VCAT training with various actors to do this, the survey results show that this is an area that was less developed than, for example, strengthening the technical skill set of service providers. It is likely that the fact that the VCAT training had taken off only recently and the natural tendency to focus on technical skills before human-centred skills contributed to this perception.

Figure 12. Extent to which surveyed gynaecologists with knowledge of the project think the project contributed to various changes (n=41)



Although interviewees – AMOG members and training participants – all stressed the value of VCAT training in all its facets, they unanimously agreed that more and recurrent sessions were necessary. Interestingly, the nurses interviewed stressed that, although they learned about the consent procedures, they would have wanted more technical aspects to

be included in the sessions as well. This shows that continual reflection and adaptation of the VCAT training package is required and that, while there is already diversification of the information package for different audiences, this may require ongoing reflection and improvements.

Results for Pathway 4: Communities have increased awareness of sexual and reproductive health and rights, including acceptance of safe abortion and its legalities

Outcomes under this pathway:

- **Journalists report about safe abortion, after being sensitized (substantiated)**
- **National radio programme discusses safe abortion and voluntarily plays song 'Dura Realidade' ('Difficult reality') (substantiated)**
- **Police voluntarily train staff on safe abortion with involvement of AMOG (substantiated)**
- **Community leaders initiate presentations and discussions in their area (not substantiated)**
- **Active participation in radio shows on safe abortion hint towards more awareness and interest in the topic of safe abortion among the general public (substantiated)**
- **Youth feel more confident sharing SRHR information, including on safe abortion (substantiated during midterm review and partly reconfirmed during end evaluation)**

AMOG managed to engage with a wide variety of stakeholders and this contributed to increased media coverage, notably more comprehensive and less judgemental.

Good relationships with the media

Primary stakeholders mentioned that pillar 4 covered an area that the project team felt comfortable with implementing. There is a good amount of media expertise in the PMU and the project facilitated the training of journalists and, moreover, the relationships with them. After the midterm review, the focus of the project switched more towards supporting the health staff in the implementation of the law on safe abortion, but still a number of changes were noted by interviewees.

Under the project, journalists were exposed to information on the law through specific training for them, and they have also participated in VCAT training. AMOG has continually invested in the relationship with journalists, both print and broadcast journalists. This has led to six publications across newspapers, more than 20 appearances in television shows and nine presentations in radio shows. Nearly 40 journalists were trained under the project, including with refreshment training.

Media outputs

- 6 publications on safe abortion in national newspapers
- > 20 appearances in television shows
- 9 presentations by AMOG members in radio shows

Under the project, media outreach fell under the responsibility of two AMOG members who also formed part of the project team. They participated in many media moments themselves or delegated this responsibility within the AMOG society. As the midterm review demonstrated, their openness to talk about safe abortion in the media has inspired other society members to do the same.

A partir dos 35 anos não é altura certa para engravidar

– António Bugalho, médico gineco-obstetra

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A nossa conversa é com o Dr. António Bugalho. É médico, hoje aposentado, e docente na Faculdade de Medicina da Universidade Eduardo Mondlane. Já escreveu e orientou várias palestras, e ganhou prémios. O seu engajamento pela causa da saúde permitiu que fosse aprovada a despenalização do aborto no país. Nesta conversa, entre outros aspectos, explica os riscos que uma mulher com mais de 35 anos corre se pretender trazer um ser ao mundo. Apela, também, ao diálogo aberto com os rapazes e raparigas no que diz respeito à saúde sexual e reprodutiva. Para melhor perceber o seu pensamento, convidamo-lo a ler a presente entrevista.

Como e que se identifica socialmente, como docente ou militante pela saúde?

Gosto de ser apenas um médico a atender doentes. Com certeza, devido a circunstâncias da época, por vezes tinhamos de ser muito mais do que isso. Participar em outras coisas ligadas à organização. Foi uma necessidade que desenvolvemos quase todos nós.

Foi uma época difícil?

Foi uma época de grande escassez. Nós estávamos no fim das formações e iamos participar desde muito cedo em muitas actividades, incluindo o ensino.

Como foi esse desafio de sair da formação e cedo abraçar um trabalho só por si complexo?

Durante dois anos após a Independência, foi necessário participarmos em ensino ligado à escola de enfermagem e, depois, ligado à formação de técnicos de saúde e, mais tarde, técnicos de medicina e cirurgia. Éramos nós que tínhamos de fazer isso. Muitos de nós tivemos de ser o suporte da universidade devido à saída de quadros. Tivemos de nos dividir por essas todas questões. Alguns de nós fomos colocados nos distritos.

De onde nasce o gosto pela Medicina?

Antigamente tínhamos de dividir as secções no quinto ano. Ou era Letras ou era Ciências. Letras não valia a pena, pois não era grande fã dessa área. Eu venho de uma família de pessoas que defendem que tínhamos de ter um trabalho cedo. Na minha altura, não havia muitos cursos aqui. A parte das engenharias não me atraía, de modo que fiz admissão na Medicina e cá estou. É a minha profissão.

Médico gineco-obstetra. Porquê?

No fim do curso fazia bastante práticas de estágio nesta área e os professores gostavam da minha forma de trabalho e foram me cativando, a mostrar que esta área era extremamente importante. E estava a olhos vistos que esta área de saúde materna e da saúde da mulher era extremamente importante e de alguma forma negligenciada. É um desafio, uma paixão fazer esta área.

ABORTO

Que implicações traz um aborto mal feito?

A principal implicação e mais gritante e que tivemos de lidar com ela, infelizmente, é a morte. Uma percentagem grande da morte materna, naquelas alturas, era devido ao aborto mal feito. Foi uma parte que nos envolveu muito – esse choque perante essas desgraças que a gente tinha de atender e assistir. Isso chocou a muitos de nós, quando envolve morte e mutilação. Quase todos da minha geração tivemos essa tendência de proteger o máximo e lutar para que estas mulheres não tivessem de percorrer esse caminho tão difícil.

Ainda temos mortes por causa de abortos mal feitos.

Houve uma redução grande. Mas ainda temos mortes, porque o atendimento desses casos deve ser feito por uma pessoa qualificada. Somos poucos. Há pessoas que são treinadas para esses casos e temos menos casos graves.

Mesmo que não se note, há sequelas...

Pode haver sequelas ligadas à infertilidade posterior, situações de pequenas lesões a nível do colo do útero. A maior parte das situações, algum tempo atrás, sofria instrumentação e manipuladas, e isso la provocar lesões no colo do útero e podia dar aborto no segundo trimestre, parto prematuro. Existem sequelas.

Quais são as doenças que afectam com frequência o aparelho reprodutor feminino?

As mais frequentes são as infecções de transmissão sexual ou infecções de natureza de desequilíbrio da flora. Por exemplo: situações hemorrágicas. Depois temos aquelas que é difícil evitar, as que têm certo grau de malignidade, mas que é preciso tomar atenção a elas. São as neoplasias, cancro de colo do útero, cujas campanhas são grandes. Já existe uma vacina que pode evitar 94% destas situações. É uma vacina cara, mas penso que, dentro de pouco tempo, o país vai se preocupar muito.

Tocou na questão do cancro. Como é que estamos em relação ao cancro do útero e fístulas obstetras?

Fístulas obstetras é o resultado do desenvolvimento do país e do serviço de saúde. Posso dizer que, aqui, na cidade de Maputo, há anos e anos que não existem fístulas obstetras, porque as maternidades estão capacitadas para resolver os problemas de parto obstruído e de situações graves. Pelo menos três a quatro maternidades estão capacitadas para isso. Onde os serviços de saúde são menos actuantes, principalmente na zona Norte, Centro, existe muita fístula obstétrica. Vêm de áreas rurais. São partos de longa duração em que o bebé fica encravado e não sai, comprime, faz metrose da bexiga e depois produz a fístula. Há grandes campanhas no país lideradas por grandes médicos que estão a fazer um grande trabalho a nível da correcção dessas fístulas.

O parto assistido é vital...

A assistência ao parto é fundamental, e onde há maternidade com capacidade cirúrgica a fístula já não é um problema.

E o quisto de ovário. Quais são as causas?

O quisto de ovário é uma grande preocupação de toda a mulher jovem. Mas, às vezes, são quistos fisiológicos. Em centenas de situações, o óvulo não é expelido. O folículo que contém o óvulo não rompe e forma-se um quisto, que pode permanecer ou em alguns meses desaparecer. Não é uma situação cirúrgica. Pressupõe cirurgia apenas quando o tamanho é maior.

Qual é a razão de as pessoas ficarem grávidas e três meses a gravidez se desfaze?

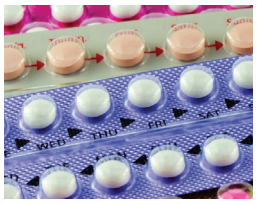
Muitas vezes há muitas situações em que a menstruação é irregular e pode não aparecer sem estar grávida. Normalmente as mulheres ficam ansiosas, porque querem uma gravidez e interpretam essa falta de menstruação como gravidez. E depois não têm provas, não têm ecografia. Entretanto, a situação das hormonas muda e a menstruação aparece e as pessoas interpretam que é um aborto, enquanto não. Mas também existe quando na realidade há gravidez no primeiro trimestre, portanto, antes dos três meses.

Pode haver aborto real, em algumas situações?

Pode haver e a maior parte das vezes são situações de má formação, em que a natureza reconhece e rejeita. Esta é a história da selecção natural. São alterações genéticas que, por vezes, não são da pessoa. São da própria divisão embrionária das primeiras células, que sucede alguma coisa de errado, quando há algo incompatível que dura seis a sete semanas e acaba por ser rejeitado. Esta é mais frequente.

Há raparigas que tomam pílulas anti-concepcionais sem prescrição medica. Isso e bom ou e mau?

Eu, pessoalmente, acho que é bom. Porque se elas forem bem instruídas sobre como tomar a pílula ou lerem um papelinho que está lá, é cem vezes melhor do que não tomar e procurar fazer um aborto. Essa opção livre sem pressão social é importante e o preço desse tipo de medicamentos devia



Chegámos a operar à luz da vela

– Fernanda Machungo, ginecologista-obstetra que esteve ao serviço da Saúde durante 39 anos

O aborto inseguro é ainda uma causa importante de morte materna

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Foi a primeira mulher a fazer parte do Estado-Maior General. Formou-se em Medicina em 1972 e servia numa clínica geral em Lisboa-Portugal. Abandonou, em 1974, os estudos e foi à Tanzânia juntar-se ao movimento de libertação do país – FRELIMO. Lá foi destacada para várias missões de saúde, estando no Exército. A sua entrega à causa mereceu um reconhecimento imediato pelo Presidente Samora Machel que a indicou para chefiar o Departamento de Saúde Militar. Ao longo dos 39 anos que serviu a Saúde, salvou vidas e empenhou-se na aprovação do aborto seguro que reduziu consideravelmente a morte de muitas raparigas e não só. O seu trabalho de investigação contribuiu para a introdução de uma nova lei em Moçambique, que permite aborto seguro até à 12.ª semana da gravidez.

O seu nome é Fernanda Machungo, especialista em obstetrícia e ginecologia. Mesmo reformada, continua a emprestar o seu saber através de colaborações com diversas organizações, que muito fazem para minorar o sofrimento da rapariga.

A sua família, em especial o seu pai, influenciou-a para a sua formação?

Se hoje sou médica devo-o ao meu falecido pai, que tinha sido enfermeiro e gostava de ter um dos filhos médico.

Foi obrigada?

Embora não me tenha obrigado a isso senti-me na obrigação de o satisfazer. Hoje sou gineco-obstetra. Entretanto, devo-o também ao Presidente Samora Machel, pela grande visão que tinha do país.

Como foi a contribuição do Presidente Samora?

Quando expus o meu desejo de sair do Departamento de Saúde Militar, para fazer especialidade no Hospital Central de Maputo, ele perguntou-me que especialidade eu pretendia fazer. Respondi-lhe que seria cardiologia ou medicina interna. Ele só me disse: "filha, a prioridade em Moçambique são as crianças e as mulheres". Entendi e respondi: "vou fazer ginecologia e obstetrícia". Volvidos estes anos não estou arrependida das decisões que tomei.

No dia do último adeus à Dr.ª Maria Luisa Almeida, senti um ar de tristeza e solidão em si...

Quero também render especial homenagem à Prof.ª Dr.ª Maria Luisa Almeida, que nos deixou há dias. Ela e o Professor Bugalho foram os meus primeiros professores durante a minha pós-graduação. A eles devo a minha formação como especialista. Terminei o curso na altura chamado médico-cirúrgico na Universidade de Lourenço Marques em 1973. Em Janeiro de 1974 rumei a Lisboa para fazer o internato pós-licínico. Fi-lo no Hospital de Santa Maria, mas não terminei, pois fui à Tanzânia...

Consta-me que foi logo nomeada chefe...

Ainda em 1974, fui designada para chefiar o Grupo de Saúde na Comissão Militar Mista (CMM). Mais uma vez, aqui, o papel do Presidente Samora em pôr uma mulher a chefiar esta comissão. Era pôr em prática a importância que ele dava à luta pela emancipação da mulher. Após a Independência, fui nomeada chefe do Departamento de Saúde Militar. Mais uma vez, o Presidente Samora, respeitando o seu princípio de igualdade de género, nomeou-me membro do Estado Maior-General das Forças Populares de Libertação de Moçambique (FPLM). Em 1981, iniciei a minha especialidade no HCM e, ao terminar, fiquei afecta ao Departamento de Ginecologia e Obstetrícia do HCM até à minha Reforma em 2013.

Quantos anos serviu, de forma activa, a Saúde?

Foram 39 anos de Serviço no Sector de Saúde.

LUTA PELO ABORTO

Depois de muitas lutas principalmente pela legalização do aborto, que análise faz hoje? Está satisfeita com o curso das coisas?

Na verdade, para a despenalização do aborto em Moçambique teve de se travar uma grande luta, particularmente na frente da advocacia onde estiveram envolvidos muitos médicos ginecologistas-obstetras e várias organizações da sociedade civil. Neste caso, é de destacar o papel muito importante desempenhado pela REDE dos Direitos Sexuais e Reprodutivos (REDSR), plataforma constituída por 21 organizações.

Por quantos anos se trabalhou na lei da despenalização do aborto?

Foram 10 anos de trabalho (2003-2013) que resultaram na lei da despenalização do aborto, um passo importante na defesa dos direitos sexuais e reprodutivos das mulheres. Era o princípio de uma nova batalha: dar a conhecer a lei a todas as raparigas e mulheres, particularmente das zonas rurais; criar condições para que elas tenham acesso a serviços de qualidade do aborto seguro e serviços pós-aborto; formar pessoal com capacidade para realizar estes serviços, etc...

Está reformada. Como ficou essa batalha?

Este trabalho está a ser feito pela Associação Moçambicana de Obstetras e Ginecologistas (AMOG) e pelo Ministério da Saúde – MISAU. Vai levar o seu tempo. Contudo, pela dedicação e trabalho desenvolvidos pela AMOG, tenho esperança que a curto-médio prazo os objectivos sejam atingidos.

O aborto inseguro é uma das causas de mortes maternas?

É ainda uma causa importante de morte materna. Nos anos 89-99, no HCM, 26% das mulheres que entraram com graves complicações do aborto inseguro morreram imediatamente após a admissão, e das que sobreviveram muitas ficaram estéreis. Apraz-me registar que, no HCM, a contribuição do aborto para a mortalidade materna tem vindo a reduzir de 11% (anos 90) para 8,6% (2015-2018). Será importante investigar para comparar o pré e o pós-legislação.

Vivemos uma sociedade urgente, na qual tudo se confunde. Há mais comportamentos que levam à gravidez indesejada. Algum comentário sobre isso?

Porquê os mais comportamentos? Não será que faltam boas referências para os adolescentes e jovens? Não será que a nossa sociedade se está a degradar? Creio que esta questão merecia um debate profundo da sociedade civil e não só. Alguns dirão que as causas estão nas tradições. Mas aquilo a que se chama "tradições" faz parte de um conjunto dinâmico de processos de controlo social, em contexto próprio, e não constituem um domínio estático no processo geral de desenvolvimento da sociedade. Cabe aqui citar o Fundo das Nações Unidas para a População, que afirma que se as "tradições foram feitas pelos povos, então elas podem também ser mudadas pelos povos".

Até que ponto os casamentos prematuros prejudicam o futuro das raparigas?

Em média, uma em cada duas raparigas casa antes dos 18 anos. O casamento prematuro, sendo uma violação dos direitos das crianças e adolescentes, impede a promoção da educação básica, a prevenção do HIV e a redução da mortalidade materna. Tem também um impacto negativo no desenvolvimento da comunidade, como um todo, e no bem-estar das futuras gerações.

Em tenra idade, as raparigas são sujeitas a situações abomináveis...

As raparigas em casamentos prematuros são facilmente sujeitas à violência, abuso e relações sexuais forçadas. Está provado que o casamento prematuro, realizado antes dos 18 anos, antes de a rapariga estar física, fisiológica e psicologicamente pronta para assumir a responsabilidade do casamento e da maternidade, tem como consequência uma maternidade precoce,

Prevenção é melhor caminho para uma boa saúde

Fotos de Inácio Pereira

AMOG members in the media

The journalists who were interviewed for this end evaluation expressed that the interaction with the project changed them and helped them to understand the complexities around having a safe abortion and that it was not simply a matter of opposing or supporting safe abortion. The training brought more nuance to their reporting and contributed to a less sensationalist and less judgemental way of reporting.

"I can only speak for myself. I never followed what others were listening to, and I never tried to find out, but the truth is that there were topics there that I didn't even know about, but I came to know through experts and then ask the correct question. So it was very positive, for me it was positive but I believe that for others it was also." - Journalist

"There was some change on the part of the journalist, because the journalist did not have that instrument (the law) in mind, as something that could complement his work. In the press office, I noticed that they did it with pleasure because they did not know [or had little information] that there is some instrument that defends communities, women in terms of abortion." - Government staff

"The change is this, that people know about the existence of this law. That after all one should not do an abortion by herself, as it can have these consequences in the future." - Journalist

Sensitization sessions, community outreach and more open communication in the clinic

Next to the work conducted with journalists, AMOG carried out sensitization sessions on safe abortion in the communities, using a studio car, covering the provinces of Maputo, Nampula, Sofala and Zambezia. These sessions were held to provide information on SRHR and to promote debate and discussions about values within communities, especially with those that are hard to reach. In addition, the project worked with Radio Moçambique to reach out to women in the communities in their language through interactive weekly radio shows in which listeners could voice questions. Representatives from AMOG and Radio Moçambique confirmed that there was good interaction with listeners and that many listeners called during the live shows with questions to learn more about safe abortion.

Stakeholder sensitization meetings

- Six sensitization sessions with media personnel
- One sensitization session with lawyers and related professionals
- Four community sensitization sessions

"I believe that there was a change in behaviour because, judging by the listeners' participation at the time, when we had this space for participation, we could see that the public was interested in the topic and stayed with us." - Journalist

The fact that more awareness had been created among the general population was substantiated by various actors, including journalists:

"I believe it brought some change and value to social life, especially for women and girls. Because we are focusing on unsafe abortion, clandestine abortion and the danger of that practice. This is very much what is addressed in these contents that we were transmitting, so each one also perceived what an unsafe abortion was, in their own way." - media representative

Various signs of increased uptake of safe abortion services and openness towards healthcare providers were noted by interviewees, but numbers are not available. Interviewees related this to an environment in which terminating a pregnancy had increasing acceptance. The healthcare workers who reported more openness were primarily from the Maputo area.

"Today what I notice is that they come and say to me, 'doctor, I had an abortion, but I'm scared, I'm bleeding'. Look, all right, you did well, it's well done. So I can already see that, in the past, women didn't say they had an abortion, they came to say they were bleeding. But not today, they arrive and say doctor, 'I had an abortion. My menstruation didn't come and I had an abortion'. This is an immense change." - AMOG member

The work that the project conducted with communities involved high-level government officials in Cabo Delgado, Manica, Nampula and Sofala provinces and also community leaders. The community leader interviewed for this evaluation pointed out that he was initiating talks about safe abortion and mentioned the conducive legal environment in Mozambique.

"When a neighbourhood, for example, had a meeting with the community, for example my neighbouring area, I always went there and asked for the floor, about 10, 15 or 20 minutes, I would talk about the subject of safe abortion, and would show the law: what it says and not to say that it is an invented thing." - community leader

Next to work across the country and in the communities, AMOG also engaged with many stakeholders in Maputo to sensitize them on safe abortion. These include the police, Ministry of Social Gender, Children and Social Welfare, the Secretary of State for Sports and social groups like the Runners – a group of athletes running races and raising awareness on SRHR – and the Mozambique Council of Religions (COREM), and all these groups have expressed openness to further discuss SRHR for women.

"And nowadays, in almost all the media, when you talk about abortion, you immediately think of AMOG because there was all that work that AMOG did in collaboration with the network, also in collaboration with other task force organizations." - member of the sexual and reproductive health and rights network

Information provision and discussions on safe abortion in schools

Another area where the project has been active was in liaising with youth, students and schools. In the first years of the project, AMOG reached out to young people in peer education networks, for them to pass on the messages. As a result of the midterm review, a stronger focus was put on engaging AMOG members in discussions with teachers and students in secondary schools. AMOG members expressed that this interaction had

been valuable to them and that they appreciated engaging with youth in schools. For the young people interviewed for the evaluation, having sensitization sessions with AMOG staff meant a realization to be more open to talk to close family in the context of SRHR.

"I'm not very open with my mum, but I realized that at some point if something happened to me I should definitely talk to my mum, or at least one of the first people to know should be my mum, or an aunt, or someone that I can trust." - schoolgirl

Outputs:
- 130 teachers trained in six secondary schools in the city and province of Maputo
- Around 700 secondary school students reached

Each session with school youth was accompanied by the song Dura Realidade, recorded by the renowned Banda Kakana and Sistah Africa with support of the project. This song is about the unsafe abortion of a girl, representing the experience of one of the singers, and aimed to fight stigma in the communities. The singers have been present at some of the occasions with schools. The sharing of experience by a famous artist in Mozambique is expected to make the topic more conversable. The interviews with radio stations show that the song still receives airtime across the country.

Yolanda Chicane, lead singer of Banda Kakana, performing, Lhangeuen Secondary School, Maputo - AMOG

Results for Pathway 5: Generation and the use of evidence

Generating evidence has been the strategy that has received least attention in ASAP in Mozambique. The assumption under this pathway is that if better generation of evidence is realized and correctly used, stakeholders will be able to evidence-inform their practices, strategies and policies. Various actors in the evaluation mentioned that the numbers used in the communication around safe abortion were outdated.

"I think it was the area that was the weakest. It could have been done in three years, more research could have been done, more data could have been available, we don't have that much. I think the research part didn't go very well...maybe it wasn't prioritized, for example, right at the beginning."- AMOG leadership

In 2020, AMOG worked with the Ministry of Health through the technical working group to start a pilot on data collection for disaggregated data on abortion in the health facilities. This was supposed to be rolled out in the Maputo Central Hospital, but was postponed due to COVID-19. The process to develop the pilot received criticism during the midterm review as the wider society's involvement had been very limited. However, there was no follow up on this aspect of the project during the remainder of the project.

After initial delays, the study on the availability of supplies and the readiness of health facilities was completed under the project. The first execution of the study was redone because the scope and the quality of the data were not up to the expected standard. This study was completed in June 2021 and, subsequently, a press conference directed at key decision-makers was organized. The findings of the study were discussed at the task force, who jointly prioritized increasing the readiness of health facilities and district hospitals as an advocacy priority for 2022. Furthermore, AMOG presented these findings at the 2021 FIGO World Congress.

During the midterm review, it was decided that the second half of the project would be used to execute smaller studies, on the topic of conscientious objection, for example. However, due to administrative and managerial delays on the side of both AMOG and the researcher, the study will be continued in the next phase of the project.

Findings on Efficiency

Team set up

Project staff indicated being satisfied with the current team set up, relatively clear about their roles and greatly valuing the technical support received from FIGO.

The PMU in AMOG responsible for ASAP consisted of a project coordinator, a finance manager, administrative support staff, a communications officer, communications and advocacy staff and a person supporting monitoring and evaluation and outcome harvesting. Not all positions in the project team were financed by the project, as part of the payment for salaries came from AMOG resources, such as the communications position, the communications and advocacy positions and the administration position.

In Mozambique, there was no focal point, but the PMU liaised directly with the Board, who also act as a steering committee for this project. Furthermore, the project was guided by the project task force, consisting of external partners from Rede DSR and the Ministry of Health. The team has faced some challenges during the project. The first was that the majority of the management involved in the project were not part of the development of the project design and action plan and this was seen as a factor that caused delay because it took more time to get acquainted with activities. Also, the advocacy capacity available in the society was limited and so it took some time for the project to gain traction. In addition, the first project coordinator left a year after the start of the project and the new project coordinator joined in September 2020, leaving a two-month gap. In June 2021, the team suddenly had to deal with the loss of the President of the society, Dr Ustá. He had been closely involved and provided guidance on project implementation.

In the capacity-strengthening survey:

- Six respondents indicated that their roles within the project were very clear to them (a lot to a great extent) and for one respondent, their role was somewhat clear;
- The majority of respondents qualified FIGO's technical support to the project implementation to be timely and of good quality to a great extent (n=5), one respondent stated that it was valuable to a little extent and one answered not at all;
- KIT's technical support in guiding outcome harvesting to support the monitoring and evaluation function of the project was valued to be timely and of good quality to a great extent (n=2), a lot (n=2) and somewhat (n=2). One person felt that the question was not applicable to them;
- On the question of the type of support that had been lacking but would have made the project more successful, most respondents replied that the necessary project support had been provided. One respondent mentioned that more attention could have been given to translating materials to the local context and in the local language, paying attention to the local traditions and culture. Another respondent mentioned that

the focus of the project had been slightly skewed towards working with the media and that including an obstetric coordinator in the team might have been useful, although this was actually the case for year one of the project. On a last note, more support in dealing with COVID-19 was mentioned as an area for improvement.

The qualitative interviews stressed that the team composition of the people running the project was adequate but, here also, the strong focus of the media angle of the project was mentioned. It was seen as a positive contribution to the AMOG network but interviewees have also stressed throughout that a large gain for safe abortion can be made within the health system. Interviewees from the PMU mentioned that their tasks and responsibilities were clear and that job descriptions were developed during the project. Many new staff were onboarded during the project period and while the staff worked as a team, some of the decision-making could have been shared more. Leadership within the project had improved with the new project coordinator and the team had generated a lot of energy to execute the many activities under time pressure, due to the initial delays.

The resources made available by FIGO were described as adequate in terms of financial and technical support.

"FIGO, sincerely, was always there to support us. In the last three years, there have been so many emails to change plans. They were punctually attending to us, listening to our plan, our objective, our action and they did not hesitate to do it. Because if they were other projects, I already participated in one in which an objective was set, it has to be that one until the end." - AMOG member of the project management unit

The leadership of the society has supported the project and they were also closely involved in the implementation through regular meetings, providing strategic guidance and speaking about the project on various occasions in the society and beyond.

Impact of COVID-19

COVID-19 brought many challenges and some delay in project activities, however, the team managed to continue advocacy and outreach activities and even use digital technology to bring people together on SRHR.

The impact of the pandemic has obviously also affected the project as activities were put to hold during the lockdowns, and community gatherings were not allowed to be organized.

"The issue of COVID itself was a nightmare for all of us. We were working, we were doing, but it was very difficult to implement things and then we had to use virtual methods. And not all organizations were empowered. So it was a very complicated phase and that also had a big influence on the performance." - Member of the SRHR network

However, COVID-19 also created opportunities and especially enabled the society and the network to work in a more coordinated and consistent manner. Furthermore, it seems to have contributed to more convening power, as it appeared to be possible to bring people together in a low-key way.

"Before COVID, anything was a physical encounter, so with COVID the fact that we open this Zoom thing is a very big advantage and I think it's the most positive thing that COVID has brought to humanity." - AMOG leadership

Despite the advantages, interviewees also stressed that engagement with the Ministry of Health had been challenging because of the pandemic. "But also at the ministry level, attention turned to COVID, so much so that some activities even closed, for example elective surgeries, things like that had to closed because the priority was for COVID." - AMOG Leadership

"This minister [Ministry of Health] is much more concerned about COVID and stuff, he doesn't have time for that [safe abortion]." - AMOG member

Enabling and hindering factors

AMOG's long-time commitment to creating an enabling environment for safe abortion influences its leverage with various partners, while cultural myths and beliefs at the community level are persistent.

The first and foremost enabling factor for ASAP in Mozambique is the fact that the law is in place and that the national guidelines have been approved. Therefore, there is a conducive environment for the further implementation of the framework. However, the leadership of the Ministry of Health in the implementation has not been strong for various reasons. One of these is that it is largely dependent on external resources for the health budget, making it prone to donor priorities, and this especially affects an issue like safe abortion, which is politicized all over the globe. While the conservative movement is globally gaining more prominence, in Mozambique, stakeholders indicated that the democratic United States administration currently provides a momentum to push for the safe abortion agenda in the country.

The synergy between various actors can be seen as an enabling factor for safe abortion advocacy. Addressing the issue in a medical frame, and the complementary skill set of advocacy with medical expertise, can be seen as a conducive factor for change. Also, the support from FIGO and the sharing of international standards, such as the input for the position on safe abortion and the WHO guidelines for safe abortion, has supported AMOG to push for the SRHR agenda. Additionally, working with the support staff in the healthcare centres seems to have been a factor that has contributed to a paradigm shift in which more attention has been paid

to the women in need, rather than a fixed mindset on what should and should not be done.

Another factor that has enabled advocacy for safe abortion in Mozambique has been to acknowledge small changes and to concede direct outcomes of advocacy rather than aiming for big changes that have a longer horizon.

"And yeah, and this is something that I think we could have done more. Also teaching the doctors, on the process to make it become their culture…if you are proud of the changes that you are doing, it also influences you, your values and your energy." - AMOG staff

A hindering factor in breaking the taboos around terminating a pregnancy was the religious and cultural beliefs and myths, which are widespread, especially in the rural parts of the country. It was suggested that thoughtful attention needed to be paid to these myths and beliefs and that it was of great importance to reach out to the communities in their own language. It is up for discussion whether this is the role of AMOG and whether this should be a focus in a potential new project of the society.

Learning between countries

Linking and learning between countries was of great added value, as was the support from FIGO in communicating about international events, guidelines and achievements.

All interviewees mentioned that the learning between countries and from other societies had been of great added value. The physical and online annual learning meetings have provided an opportunity to understand how other societies run their implementation and to exchange information, on the development of the VCAT training package, for example. Despite this, the survey shows that only two respondents regularly linked up with colleagues in other countries.

"So, if we want, we can copy. If we don't want to, we can do it completely different. Yeah, it's very empowering process. Yeah. With this meeting in Kigali, we learned, for example, about some countries that are more open and others that are not. And the efforts done by FIGO to ensure that we interact is very respectful." - AMOG staff

Findings on Sustainability

Sustainability of the strength of AMOG

Organizational sustainability of AMOG has been strengthened, with investments in systems and procedures and active fundraising ongoing.

Interviewees stressed that ASAP enabled the society to perform at a level that it would not have been capable of without the support and capacity provided. Investments in the organizational capacity of AMOG were noted across the board. The current level of performance and visibility at the level of the capital and in some provinces will be difficult to sustain when the project funds end. Besides funding from projects, AMOG mainly relies on membership fees. The fact that the membership has grown and that more members are paying their fees can be seen as a positive sign of sustainability. Under the project, AMOG was able to develop a strategic plan for the organization and institutionalized human resource arrangements and financial procedures. It was felt that this contributed greatly to a more stable and future-proof AMOG. As the capacity-strengthening survey also showed, project staff greatly benefited from the fundraising skills they gained under the project and AMOG has already received a grant from UNICEF to work with the Ministry of Health in strengthening maternal and newborn care through mentoring.[8] In this regard, the society's structures seem promising in attracting funding from other sources. At the same time, some interviewees expressed that if no new funds could be attracted, this would have implications for staff contracts and the level of performance, which may have to be brought back to a more functional level.

"Sustainability is a very serious issue for organizations like ours that are small. Because the (financial) contribution of its members is very little, it is practically not enough for anything. This means that with the contributions I can keep the employee working for two months or three months at the most. This is what the fight we have now is: how to ensure sustainability." - AMOG leadership

"Any institution or organization or association, unfortunately, does not only require the technical component, but also needs to have an investment for these things to come out. I don't know, for example, if we told AMOG to take this mandate, if it would be able, not technically, technically it is, but would it be able to sustain it? Because it can't be the same people, the same faces doing this job." - Member of the SRHR network

8. Programa de Mentoria em Saúde Materna, Neonatal e Infantil para os Cuidados de Saúde Primários.

A future for safe abortion

The AMOG membership is a key asset that is instrumental in continuing to advocate SRHR. The current initiatives, like accreditation for VCAT training, are good and innovative initiatives to mainstream safe abortion activities in professional education.

When talking about the sustainability of the results of the project, interviewees mentioned that besides senior gynaecologists being actively involved in the project, there was also a new generation of gynaecologists who were getting increasingly involved in advocating safe abortion, even with a heavy workload in the clinic. Also, the society is growing and its relevance has gained importance over the past years, which is likely to contribute to advocating SRHR on behalf of, through and with the society. Also, the message document that was produced under the project is likely to be used by other partners in the future, as well as the (digital) information pamphlets (IEC material).

AMOG members are considering accreditation of safe abortion activities as a way of sustaining the outcomes. For example, when healthcare staff attend VCAT training or webinars, they should be able to get accreditation for the refresher training so they can improve their professional development.

"I think yes, there has to be initiative, if there is no interest and self-initiative, it will not move forward. So, where is the interest? We are interested in something that we were involved in, which is maintenance of crediting. So we want that, in the Order [of Gynaecologists], we already have that but with the support of AMOG, if the person made a manual or the person made a webinar, it counts as credits for maintaining the accreditation." - AMOG member

Without such a regulatory system behind VCAT training, interviewees questioned whether gynaecologists would continue to actively reach out to do it, as all have busy clinics to run and these activities require logistics, as one AMOG member put it:

"Yes, I can continue working…because there is still a need to inform. Talking about abortion is still frowned upon and judged, so there is a need to advocate for more agencies, to improve the indicators...as for technical material, competence and the desire to continue expanding further, this exists, but what can prevent us from doing it, are the logistical means, because to be able to gather people and move around, there is a need for transport, support in terms of snacks, transport for the participants, etc."- AMOG member

Interviewees also see a future for safe abortion through the AMOG members in the provinces. This end evaluation shows that commitment has increased and that the project provided an opportunity for members

to reflect on their professional position. Many (44% of the surveyed members) have moved on in their position and seem to be more open, technically competent and confident to provide safe abortions. Furthermore, the project showed that AMOG members increasingly saw that there was a role to play for healthcare providers in the public debate and many have opened up to participate in the discussions. Interviewees indicated that this was likely to continue beyond project funding.

What various stakeholders at different levels were clear about is that the project sparked renewed energy for the implementation of the safe abortion law and that it further strengthened an already good relationship with the Ministry of Health. This level of engagement is very likely to remain and can be capitalized on when raising funds.

AMOG members, running and marching against maternal mortality, Maputo - AMOG Mozambique

Discussion

The project has been very timely in Mozambique and builds on joint efforts by civil society organizations in anticipation of the approval of the law on safe abortion. In this regard, the project has benefited from the cooperation already in place and the respected image built by the Mozambican Association of Gynaecologists and Obstetricians (AMOG) over the past years. The end evaluation shows that the Advocating for Safe Abortion Project (ASAP) was able to give this thought leadership on safe abortion a push and has contributed to visibility of the issue, even in an environment where the Ministry of Health had to deal with the COVID-19 pandemic.

The evaluation also shows that, even in a country with a conducive legal environment, there are still many challenges to deal with and that advocacy is a complex activity. However, the society has navigated the politics of advocacy and has mostly taken a straightforward approach to putting safe abortion on the agenda. For example, consistently celebrating commemorative days, such as Safe Abortion Day and thereby enabling the Ministry of Health and other parties to support the topic openly, or to develop and spread the ethical guidelines on SRHR in conjunction with the Ministry of Health. The hands-on way of working seemingly worked well and this has been possible due to the open and progressive environment for safe abortion, because this approach may not be suitable for countries with more restrictive legal settings.

A feature that stands out is the relationship building with many actors, be they media, community leaders or schools, but also government representatives, police and small groups like the Runners. While people have praised AMOG for creating this movement and involving others in advocating safe abortion, there is also some caution that may need to be taken into account. The project provided an opportunity to implement and test various strategies. However, the time frame was relatively short to find out what really worked and what should be a priority. Advocating in the most strategic way requires continual reflection and follow-up. While this has definitely been part of the nature of the project, the evaluation showed that it could be strengthened.

The results of the project have been noted in various areas. The project has strengthened AMOG as a society and especially contributed to a sense of belonging by the network members because the work of the network has been very visible. The investment in the society, by providing webinars, training members as VCAT trainers and subsequently enabling them to deliver the training in the health facilities is seen as an important area of work and fully in line with AMOG's mandate and role. And while the first thoughts have gone in to sustain these results in the form of accreditation and cooperation with the Order of Gynaecologists and continual engagement with the members on the topic of safe abortion, it should be noted that sustaining the dedicated work on safe abortion seems to be fragile without funding.

Especially in the first half of the project, a focus has been on creating demand for a safe abortion (instead of unsafe abortion) and while the project progressed, more resources were dedicated towards strengthening the provision of the service at the health facilities. In the midterm review, this focus on raising awareness was identified as a risk if it would not be executed simultaneously with strengthening the health system. The strong focus on VCAT in the health facilities of the last year of the project is therefore seen as a good strategic shift. And while initial signs of change have been reported both at the community level and in the attitude and practice of healthcare workers and support staff, the project was not designed to capture and measure these; further work and analysis of subsequent impacts would be fruitful.

AMOG member talks on a national radio show about the consequences for maternal mortality if women's choices are neglected - AMOG Mozambique

Recommendations

The following recommendations follow from the findings and discussion of the evaluation and were endorsed and expanded upon during the stakeholders' sense-making meeting.

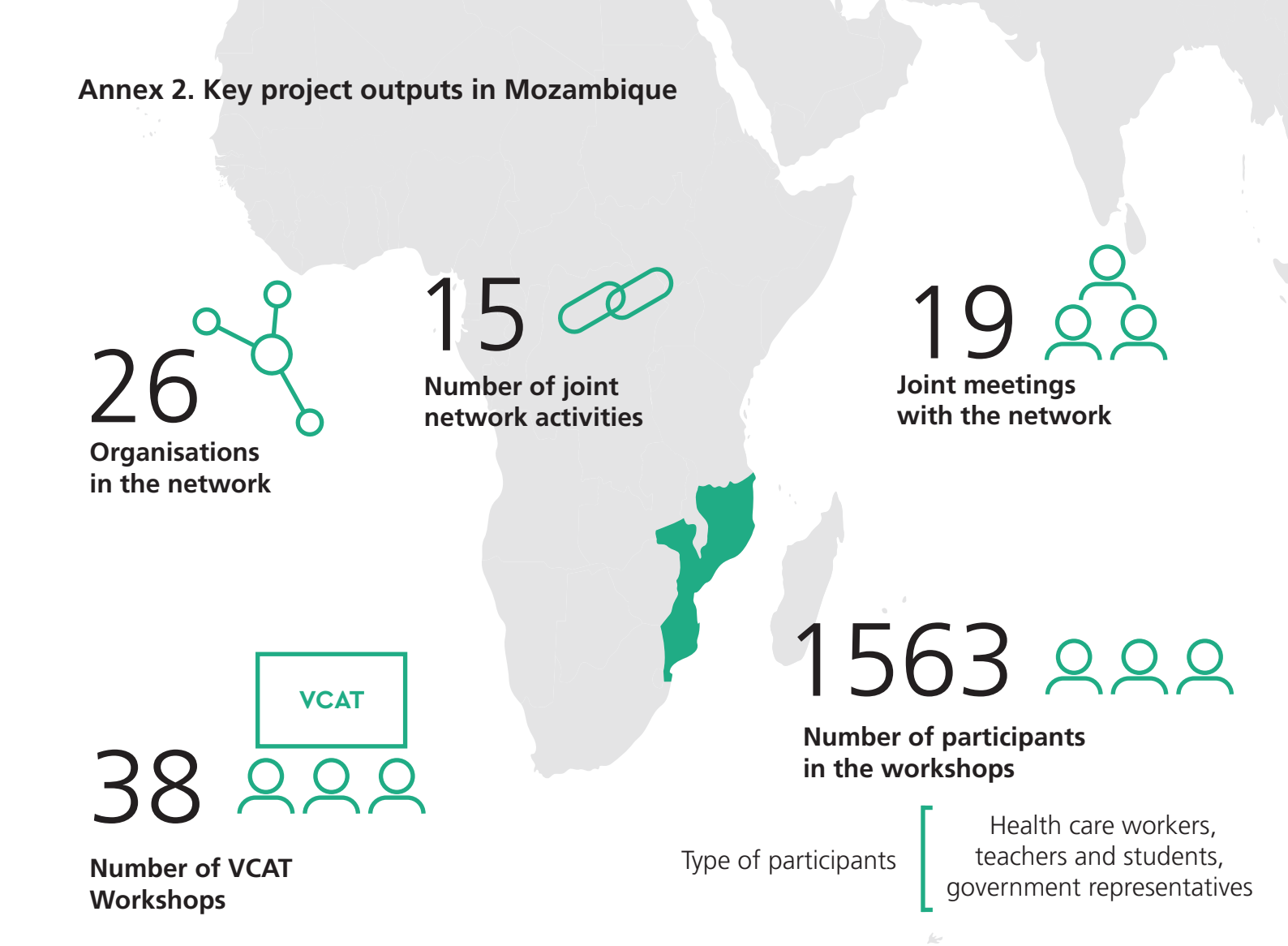
To AMOG and partners:

- Continue to invest in the full society of the Mozambican Association of Gynaecologists and Obstetricians (AMOG) as this is seen as a unique operational structure to advocate safe abortion beyond the capital city of Maputo. This includes sharing tasks and responsibilities among a wide group of members that could possibly be organized by teaming up more senior members with newer members.
- Work with the Ministry of Health, the Order of Gynaecologists and Rede DSR to institutionalize the value clarification and attitude transformation (VCAT) training and explore the feasibility of accreditation.
- Pay more attention to the position of safe abortion and use opportunities to speak out on the position publicly.
- Make use of the recently developed best practices document and integrate the human-centred approach more strongly into VCAT training.
- Continuously reflect on and update VCAT trainings.
- Conduct more VCAT training of trainers to involve the members, and invest in expanding the mentorship programme (currently funded by UNICEF), both of which are likely to strengthen the quality of comprehensive abortion care services.
- As AMOG, focus on the implementation of the law and clinical guidelines and link up with other partners such as Pathfinder and PSI for community outreach.
- In Rede DSR, build on the current level of relationship and ensure more cohesion and synergy between partners.
- Invest in the younger generation of AMOG members.
- To strengthen the availability of evidence and research on safe abortion, partnership can be sought with academic institutions and grants awarded to conduct research.
- Further develop the fundraising strategy and sustainability plan, making use of the new strategic plan.
- Make use of the potential funding and advocacy window with a more progressive President of the United States in office and more space to manoeuvre for the Ministry of Health.

Annexes

Annex 1. Theory of change for the Mozambique project

Annex 2. Key project outputs in Mozambique



26
Organisations in the network

15
Number of joint network activities

19
Joint meetings with the network

38
Number of VCAT Workshops

1563
Number of participants in the workshops

Type of participants: Health care workers, teachers and students, government representatives

15
Number of VCAT trainers trained

2
Number of VCAT ToTs

11
Number of sensitization sessions

Type of participants: Communities, police, journalists

1
Advocacy activities that made use of research findings

1
Research studies in progress

1
Number of research studies completed

Annex 3. Key demographics of survey respondents

	Number of respondents (percentage) (n=53)
Gender	
Female	51%
Male	49%
Other	0%
Age	
18–29 years	0%
30–39 years	34%
40–49 years	29%
50–59 years	22%
60–69 years	15%
70–79 years	0%
Indicate themselves as members of AMOG (all are gynaecologists)	
Yes	100%
No	0%
Active paying member of society (i.e.. paid annual contribution in 2021)	
Yes	98%
No	2%
Length of membership	
Less than 5 years	46%
5–15 years	44%
15–30 years	10%
30 years or more	0%
Region where respondent works (multiple responses possible)	
Maputo	60%
Província	43%
Distrito	0%
Área rural	0%
Other	0%
Type of hospital respondent works in (multiple responses possible)	
No nível quatro (central hospital)	49%
No nível terciário (general or provincial hospital)	34%
No nível secundário (district hospital or health centre)	0%
No nível primário (health post)	0%
Numa clínica privada	27%
Other	7%

Annex 4. Monitoring and evaluation indicators

Baseline results

Note: the baseline and end-line results have not been shown in a combined table as the samples at baseline and end line were not representative of the full membership and not completely comparable for key demographics. Therefore, a difference in percentage cannot entirely be interpreted as a change over time, and statistical significance cannot be provided. This gives an indication of the previous and current situation among a convenient sample.

Indicator	Percentage
1. Percentage of surveyed society members (n=35) who rate the society's leadership role in sexual and reproductive health and rights for women, including abortion, as strong	49%
2. Percentage of surveyed society members (n=36) who indicate the society facilitates its members' involvement in advocacy of safe abortion at least to some extent	69%
3a. Perception of surveyed society members (n=36) on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who agree with all four statements	39%
3b. Perception of surveyed society members (n=36) on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who did not agree with all four statements, but agreed at least with the statement to refer women for safe abortion services	56%
4. Percentage of surveyed society members (n=36) who are willing to provide for safe abortion services according to the law	81%
5. Percentage of surveyed society members (n=36) who are willing to provide and/or make referrals for safe abortion services according to the law	94%
6. Percentage of surveyed society members (n=36) who completed training, seminar or workshop on professional and personal norms and values towards legal and safe abortion in relation to abortion	61%
7. Percentage of surveyed members (n=36) who completed training (on VCAT, safe abortion or post-abortion care) by the society	42%
8. Percentage of surveyed society members (n=36) who know all the legal circumstances under which abortion is legal in Mozambique (to save life, in cases of rape, to preserve the physical health of the pregnant person, to preserve the mental health of the pregnant person, in cases of severe fetal abnormality)	47%
9. Percentage of surveyed society members (n=36) who correctly say that national technical guidelines on safe abortion exist	97%

End-line results

Indicator	Percentage
1. Percentage of surveyed gynaecologists (n=41) who rate the society's leadership role in sexual and reproductive health and rights for women, including abortion, as strong	88%
2. Percentage of surveyed gynaecologists (n=41) who indicate the society facilitates its members' involvement in advocacy for safe abortion at least to some extent	95%
3a. Perception of surveyed gynaecologists (n=41) on FIGO's statement of resolution on conscientious objection: percentage of surveyed gynaecologists that agree with all four statements	59%
3b. Perception of surveyed gynaecologists (n=41) on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who did not agree with all four statements, but agreed at least with the statement to refer women for safe abortion services	39%
4. Percentage of surveyed gynaecologists (n=41) who are willing to provide for safe abortion services according to the law	90%
5. Percentage of surveyed gynaecologists (n=41) who are willing to provide and/or make referrals for safe abortion services according to the law	98%
6. Percentage surveyed gynaecologists (n=41) who completed training, seminar or workshop on professional and personal norms and values towards legal and safe abortion in relation to abortion	78%
7. Percentage of surveyed gynaecologists (n=41) who completed a training (on VCAT, safe abortion or post-abortion care) by the society	76%
8. Percentage of surveyed gynaecologists (n=41) who know all the legal circumstances under which abortion is legal in Mozambique (to save life, in cases of rape, to preserve the physical health of the pregnant person, to preserve the mental health of the pregnant person, in cases of severe fetal abnormality)	56%
9. Percentage of surveyed gynaecologists (n=41) who correctly say that national technical guidelines on safe abortion exist	100%

Annex 5. Organizations belonging to Rede DSR

1	AMMCJ – Associação Moçambicana das Mulheres de Carreira Jurídica
2	AMME - Associação Moçambicana Mulher e Educação
3	AMODEFA – Associação Moçambicana para o Desenvolvimento da Família
4	AMOG – Associação de Obstetras e Ginecologistas
5	APARMO – Associação das Parteiras de Moçambique (Association of Mozambican Midwives)
6	ARZ - Associação de Raparigas da Zambézia
7	ASCHA- Associação Socio Cultural Horizonte Azul
8	Coalizão da Juventude
9	DKT Moçambique
10	FORCOM – Fórum Nacional das Rádios Comunitárias
11	Fórum Mulher – Coordenação Para a Mulher no Desenvolvimento
12	ICRH-M
13	Ipas
14	LAMBDA
15	Movimento pela Cidadania
16	Muleide – Mulher, Lei e Desenvolvimento
17	N'weti – Comunicação Para a Saúde
18	NAFEZA - Núcleo de Associações Femininas da Zambézia
19	Ntyiso
20	Pathfinder International
21	Plan International
22	Promura - Associação de Protecção à Mulher e Rapariga em Cabo Delgado
23	PSI
24	Rede Hopem
25	WLSA Moçambique – Mulher e Lei na África Austral

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