



FINAL EVALUATION

STRENGTHENING UNIVERSAL ACCESS TO QUALITY HEALTH CARE FOR HIV-AIDS PATIENTS IN THE PROVINCES OF MAPUTO AND SOFALA IN MOZAMBIQUE

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EVALUATION DATES: JANUARY - JUNE 2024



COUNTRY:
MOZAMBIQUE



BUDGET:
€884,091



LEAD ORGANIZATION:
Douleurs Sans Frontières

PARTNERS:
AMDEC, provincial and district health services, MSF, local organizations



START DATE:
04/01/2021

END DATE:
31/10/2023

THE PROJECT

Background

Mozambique has been severely impacted by the HIV pandemic. Over the years, the country has made considerable progress in providing antiretroviral therapy to people living with HIV (PLHIV). However, care provision has mainly focused on providing treatment, improving adherence and retention in care, and little attention has been given to psychological care and pain management. It was against this backdrop that Douleurs Sans Frontières (DSF) expanded its activities in Mozambique to two new areas of intervention in the country: the district of Magude and the administrative post of Xinavane in the north of Maputo province, and four districts in the city of Beira, capital of Sofala province.

Project operating model

The project aimed to guarantee access to health care (patient identification and referral system, expansion of areas covered, access to care for key populations); to guarantee quality of care (capacity strengthening of care providers and facilities, improved quality of outreach/home monitoring); to diversify the range of care provision (psychosocial support and awareness within communities, access to diagnosis, improving economic conditions, consideration and management of pain) and to integrate provision into the public health system (advocacy). DSF worked in partnership with the Mozambican organization, AMDEC (Associação Moçambicana para o Desenvolvimento Concertado) and its community health workers, as well as with formal sector health professionals and CSOs working with key populations.

OBJECTIVES

Overall objective

The project aimed to contribute to improving the quality of life of PLHIV/AIDS in Mozambique.

Specific objectives

- ▶ Strengthen access to integrated health services for patients living with HIV/AIDS in Maputo and Sofala provinces.
- ▶ Contribute to viral load suppression among PLHIV by strengthening community support groups.
- ▶ Raise awareness among civil society and key populations of HIV/AIDS and initiate advocacy with institutional partners to improve integrated care services for PLHIV.

EVALUATION RESULTS

Relevance

The project addressed a need currently not covered by health services. However, these needs are not limited to PLHIV, this therefore made the decision to limit services to PLHIV less relevant. In addition, although the services provided by the project are considered important in national strategies, in practice they are not given much attention and are not considered a priority by the national HIV/AIDS program.

Effectiveness

There is sufficient evidence to conclude that the first objective, which was to strengthen access to integrated health services for PLHIV, has been achieved. However, the extent to which the other two objectives have been achieved is less clear. The project has not collected data to measure the second objective and there is insufficient evidence to support the third objective having been met.

Efficiency

Partnering with a Mozambican NGO was a good approach, but ran into several organizational challenges. Overall, the cost of activities was reasonable in relation to the number of people reached. More than half of the budget was spent on project coordination and administration, which is justified given this is a pilot project and once scaled up will incur much lower administrative costs, but this is unlikely to happen. Overall, the activities appear to have been of good quality.

Impact

The most significant area of project impact was improvements to the quality of life of people who received pain management /palliative care services and psychological support. However, as this is a project with limited geographical coverage, the actual number of people reached is quite low.

In addition, it does not appear that the project has had an impact on national strategies and provincial plans.

Sustainability

The project attempted to increase sustainability through different channels, such as collaboration with and strengthening of health facilities, NGOs and local organizations, development of guidelines and advocacy activities with the government. However, most of the activities stopped after the project ended and national health services show no interest in continuing them.



Conclusions and recommendations

The project responded to a real need and filled a gap in the lack of pain management, psychosocial support and home-based care for patients who need it, whether they are living with HIV or other chronic diseases. The project has had a definite impact on the quality of life of a significant number of people, mainly through integrated home-based care activities.

However, there was a discrepancy between the target population and the population in need of services on the ground. The project did not sufficiently involve national health services in the conceptualization of the project and the National AIDS Control Program in the delivery. Although in theory the thematic focus areas of the project are embedded in national strategies, in practice they are not yet considered to be a priority by the Ministry of Health.

In addition, the internal coherence of the intervention logic was weak. Despite advocacy activities, the project failed to integrate its thematic focus areas into provincial plans and there is no indication that they will be included in future national strategies. In the current context, the activities delivered by the project are neither sustainable nor replicable.

Recommendations for future projects addressing pain management among PLHIV:

- ▶ Ensure that the lead organization's objectives are well aligned with the donor's objectives ;
- ▶ Ensure that the logical framework is internally consistent
- ▶ More effectively involve the national health system in project design and monitoring ;
- ▶ Improve coordination with Global Fund recipients on the ground ;
- ▶ Maintain the collaborative approach with a local implementation partner, but choose that partner wisely ;
- ▶ Try to better align activities with existing systems or integrate them into them.

FEBRUARY 2026