End of Project Evaluation Report

Prevention of COVID 19 infection among vulnerable women & Girls in Drought-affected Districts (Guruve & Mbire) of Mashonaland Central, Zimbabwe, April 2022 – March 2023

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Acronyms

CHW	Community Health Workers
COVID 19	Corona Virus Disease 2019
CSO	Civil Society Organizations
DAC	Development Assistance Criteria (for evaluating development programs)
ERG	Evaluation Reference Group
FGD	Focus Group Discussions
GE	Gender Equality
GoZ	Government of Zimbabwe
HR	Human Rights
LGDA	Lower Guruve Development Association
MSC	Most Significant Change
MWACSMED	Ministry of Women Affairs, Community, Small and Medium Enterprises Development,
ODK	Open Data Kit
OECD	Organization for Economic Cooperation and Development
PPE	Personal Protective Equipment
SRS	Simple Random Sampling
UNEG	United Nations Evaluation Group
UNWOMEN	United Nations Entity for Gender Equality and Empowerment of Women
VfM	Value for Money
VHW	Village Health Workers
WHO	World Health Organization
ZHRC	Zimbabwe Human Rights Commission

Introduction

United Nations Entity for Gender Equality and Empowerment of Women (UNWOMEN), with funding support from the Government of Japan Supplementary Budget (JSB) implemented a 1-year project titled, "Prevention of COVID 19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe". The project was implemented during the period April 2022 – March 2023 in collaboration with the Government of Zimbabwe, academic institutions, civil society and the community, with a generous funding support from the Government of Japan amounting to USD740 740.00. In this regard, this is an end of project evaluation conducted by an independent consultant for the project "Prevention of COVID 19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe" which was conducted in March to April 2023 with funding from the Government of Japan.

Purpose and objectives of the project

The project was implemented with the purpose of strengthening gender responsive prevention of and response to COVID 19 in Guruve and Mbire through enhancing access to COVID 19 testing and vaccination services, provision of PPE and improving knowledge and attitudes on COVID 19[1]. This project was implemented within the broader goals of UN Women global Strategic plan on SP Outcome 4 on Women's equitable access to services, goods and resources. It envisaged to strengthen gender responsive prevention of and response to COVID 19 in Guruve and Mbire through enhancing access to COVID 19 testing and vaccination services, provision of PPE and improving knowledge and attitudes on COVID 19 by March 2023[2]. In implementing the project, UN Women contributed to its strategic focus of gender equality and empowering women.

Evaluation Report Users

The evaluation is intended to assist the UN women and the implementing partner to identify lessons learned, good practices, and factors that facilitated/hindered achievements contribute to accountability, learning and decision-making, and offer practical recommendations to inform the management and coordination of future projects and other related initiatives on humanitarian response.

Purpose and Methodology of the Evaluation

UN Women commissioned an independent evaluation of the project to ascertain the performance of the project against its set objectives and use the findings to inform the design of UN Women's future work around humanitarian response and mitigation. The specific purpose of this evaluation was to assess progress towards achievement of goals and objectives of the project at district levels and ascertain how it contributed to the national level against the standard evaluation principles of relevance, effectiveness, efficiency, sustainability, and impact since its inception in April 2022.

The evaluation adopted a cross-sectional study design employing mixed methods (qualitative and quantitative) approach to data collection methods to measure the project outcomes and impacts. A phased approach in data collection was used. The first phase was on secondary data collection where desk review of reports and other documents relevant to the project was conducted. This phase was followed by primary data collection which included interviews with key informants, Focus Group Discussions, field observations, as well as photography and videography. Below is a summary of key findings of this evaluation.

EVALUATION FINDINGS

Relevance

The project was relevant in the context of COVID 19 and that of the related challenges that were being faced in the districts. The project was designed to serve the populations who are marginalized and often left behind in all aspects of development. It addressed priority needs of the community regarding enhancing the community's access to COVID 19 prevention, testing and vaccination services, improving people's knowledge and attitudes towards prevention of Covid-19, and women's economic empowerment. For instance, health facilities were in need of vaccine storage spaces and transport to conduct mobile vaccinations, the project managed to provide for these needs, and this increased vaccination among the populace of the districts. The populace of Guruve and Mbire districts lacked information on COVID 19 , and the project managed to conduct awareness campaigns and produce Information, Education and Communication (IEC) material in local

[1] UNWOMEN (2022) Project Agreement Document - Prevention of COVID 19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe
[2] UNWOMEN (2023) Final Consultant TORs for the JSB Final Evaluation.

language to enhance knowledge and understanding. With regards to women empowerment, the project trained women on how to make liquid soap and masks to enable them to resale for sustainable income. The project was well thought out, clearly demonstrating the influence of use of empirical evidence to address the true needs and priorities of beneficiaries, national interests, as well as international priorities on gender equality and human rights. With these interventions, the project contributed to the achievement of national priorities such as the Government of Zimbabwe's COVID 19 vaccination programme which adopted a 'whole of government', 'whole of society' approach which created an enabling environment for all partners including the private sector and civil society to work together to take immediate action towards containment of the disease. In addition, the project responded to regional frameworks such as the SADC Protocol on Gender and Development which calls for gender equality and the empowerment of women through, among others, economic empowerment. The Sustainable Development Goals aspire for a world where no one is left behind in health service provision, gender equality and empowerment of women, and this is what the project attempted to do.

Effectiveness and Impact

The evaluation found evidence that the project was largely on track in achieving its intended results across all the four objectives. The project design is based on a Theory of Change that recognises that having strengthened gender responsive prevention of and response to COVID 19 in Guruve and Mbire enhancing access to COVID 19 testing and vaccination services, provision of PPE and improving knowledge and attitudes on COVID 19 [3]. Overall, the short term-impact of the project has been seen in the increase in the uptake of vaccinations by women and girls from 45% to 58.3% and 69.8% in Mbire and Guruve Districts respectively. The project's aspirations to increase access to COVID 19 prevention and response services especially women and girls and those in the most vulnerable and marginalised communities' accessing COVID 19 preventative messages was reached; and the target of 500 women and 50 men were capacitated on how to make multi-purpose liquid soap for economic empowerment. However, despite the intended results of the project, some positive and negative unintended results were witnessed. Positive unintended results include the re-purposing of the soap-making groups by the women into story sharing platforms where they share challenges and get counselling or assistance from others. In addition, the soap-making groups are also used as loan groups, were the women loan each other funds for various development purposes. The negative unintended results include the disbanding of some groups due to mismanagement of funds and this has affected the sustainability of the soap-making project for other team-members. A detailed description of the achievement of results by objective, are highlighted below:

Table 1 Project Target to Output Compliance.

Target	Achieved	Status
Increase the proportion of women and girls and those on marginalized communities who receive COVID 19 vaccination from 45% to 75%.	13 - 24% increase	Significant progress
77 407 people vaccinated against COVID 19	27 319	Some progress
Number of people especially women and girls and those in the most vulnerable and marginalised communities' accessing COVID 19 preventative messages	180,656	Achieved
500 women trained in developing PPE (face masks & soap)	550	Achieved
Produce 2 success stories of the project.	2	Achieved

Objective 1: Improve access to COVID 19 prevention, testing and vaccination services by communities, particularly women and girls, in Guruve and Mbire districts.

The project eased the challenges that stakeholders such as the Ministry of Health were facing by assisting them with the provision of transport to districts for COVID 19 testing and vaccination interventions including outreach to ease logistical challenges and facilitate reach to the furthest areas which had limited or no access to the services. This ensure that women, men, children, people with disabilities and those in hard-to-reach areas were able to access vaccination services. This initiative saw the districts reaching areas that located further from the district centres. Women and girls appreciated that the services were brought closer to the community, not only affording them the opportunity to gain knowledge on COVID 19 but also relieving them of the burden of costs associated with travel to the health facilities which offered vaccination and testing centres.

[3] UNWOMEN (2022) Project Agreement Document - Prevention of COVID 19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe

Objective 2: Improve distribution of COVID 19 infection control supplies including PCR test kits and COVID 19 vaccinations.

Availability and timely distribution of COVID 19 test kits and vaccines was a key priority to complement the massive demand generation activities that were supported by the project. As a result of these initiatives, commendable evidence of improved availability of COVID 19 vaccines and test kits has been witnessed. Although the project initially planned to provide PCR test kits, this was later changed in response to the context where the need for PCR testing declined rendering PCR test kits less essential. According to the district records, No PCR Test Kits were distributed to health facilities and no people received PCR Testing.

Objective 3: Increase knowledge and understanding on covid -19 prevention and vaccination through social behaviour change strategies to promote uptake of Covid -19 vaccination in Mbire and Guruve districts.

Although there is no baseline measure in quantitative terms with regards to the knowledge and understanding on COVID 19 prevention and vaccination, it is commendable to note, according to project reports, that the project reached 103,210 people through various awareness raising strategies which include 13 road shows, 430 t-shirts, 30 hunters' jackets, 3 branded gazebos, 100 java printed fabrics, 2000 flyers, 100 posters and 513 bandanas. These awareness campaigns contributed to the populations of the two districts being more aware of COVID-19 related information. Additionally, during soap-making training sessions people were informed with facts about COVID 19 addressing misconceptions. Community influencers, village heads and village health workers among other stakeholders were informed about covid -19 prevention and vaccination so they could cascade the information down to the villagers. The success of the awareness raising strategies can be attributed to the change in behaviours of the community regarding uptake of vaccines and the claims gathered from the qualitative data. Stakeholders indicated that even though the project effectively began in June 2022 approximately 2 years after the onset of the COVID 19 pandemic, and notwithstanding the national level efforts on prevention and case management of COVID 19 , the greater proportion of the population in Mbire and Guruve were still largely characterized by high levels of vaccine hesitancy which was sustained by lack of accurate information and misinformation about COVID 19 , myths and misconceptions, lack of confidence on the vaccine. The project came at an opportune time. The positive work of the project in changing these perceptions and misinformation was widely acknowledged by the stakeholders and project beneficiaries, all unanimously agreeing that the current levels of knowledge and extent of understanding among the population could not have been achieved in the absence of the project interventions. There was complete consensus that the majority of the population was reached with accurate information via the awareness campaigns and printed materials, and this translated to the uptake of testing and vaccination among the population.

Objective 4: Build capacity of 500 vulnerable women and girls to locally produce Personal Protective Equipment in Guruve and Mbire districts.

A total of 500 women and 50 men were trained on production of all-purpose liquid soap and face masks with a triple down effect of 1,230 women and girls being trained beneficiaries from 82 women led groups. Training was delivered in small groups and adopted a Training of Trainers approach where those who are trained were expected to transfer the skills to others. Those who were trained after the Training of Trainers (ToT) approach reached 1,230. The women were also linked to the markets to sale their locally produced soap, although the majority of those in Mbire reported that they did not receive market linkage. Some of the soap was bought by the project at $1.35 per 500ml and re-distributed in the community with the most vulnerable (elderly and those with disability) being the primary recipients. In total LGDA bought 7,183 litres of liquid soap from the women's groups and redistributed them to 19 health facilities,101 schools, Guruve Prison and 500 vulnerable households in the Mbire.

Efficiency

The efficiency within the project appears to be acceptable, according to what was agreed within the project proposal that was awarded. However, it is difficult to assess the cost/benefits analysis for the project components which was addressing knowledge, behaviour and attitude changes as these involve changes in social, and cultural values and norms which may take time, and these take enormous number of resources. Sometimes these changes can go faster and the uptake of COVID 19 accinations is such an example. To some extent the project achieved behaviour and attitude change (vaccinations) in a relatively short period of time.

- *Project Management*

The general management of the project by the implementing partner was noted to be efficient as it was characterized by specifically dedicated personnel with clear reporting lines and structures. The project had a

specific Project Coordinator who oversaw the entire management of the project and had the technical support of the rest of the steering committee. All the personnel were competent and qualified staff with vast programming experience in working with women, vulnerable populations and participation health and development. Generally, the project demonstrated overall positive target compliance to set output targets.

- *Project's Fund Management*

There is evidence of sound project fund management. The project had in place mechanisms to reduce possibilities of fiduciary risks. The UN Women itself has a strong financial system with internal controls which all showed good management of project funds. In purchasing of any goods and services the project insisted on a Value for Money (VfM) basis and followed stipulated procurement procedures all the time. In addition, the IP used its own facilities and that of stakeholders to conduct monthly and periodical meetings with partners and this resulted in savings that could have otherwise been used for venue hire. Additionally, training sessions for soap-making made use of the IPs facilities.

Sustainability

The sustainability of the project was reviewed with particular focus on the extent to which the project's results will be sustained over time. Thus, examining the strategies that have been put in place to ensure sustainability of results, including integration of lessons learned from implementation of this project. Overall, the project made efforts to ensure sustainability of the interventions in two broad ways, that is:

- *Strengthening partnerships and collaborations with other government allied and community stakeholders:* The project was implemented within a whole of government – whole of society approach which is about building mutual partnerships and networking not only with the stakeholders of top levels like at national and provincial levels, but it is also about building a partnership with the district and communities at the roots of the villages in Mbire and Guruve. This approach enabled the project to build strong confidence among the stakeholders and community cadres who were the key drivers of community mobilization and information dissemination. The project inclusively brought multi-sectoral stakeholders and facilitated their active participation in the decision-making process from project design right through to taking appropriate intervention implementation modalities. This was evidenced from the time the project undertook fact finding missions and the series of stakeholder consultative meetings and regular meetings and updates on monthly basis. The partners had the opportunities to hold dialogue and formulate common strategies and resource pooling carrying out collective work to accelerate access to COVID 19 prevention services.

- *Ensuring active involvement and participation of women and community members in the implementation of the project activities:* The nature of the project was that the key interventions were implemented by the beneficiaries themselves and their active participation cultivated a spirit of ownership of the project. The women, Community Health Workers (CHW), community leaders, and gender champions were all drawn from the community and became the vehicles of information and knowledge sharing which in itself contributed to project sustainability. This approach also reflects the key principles of Human Rights which stress the importance of leaving no one behind. The various cadres involved in the project represented all the categories of the community members. The project achieved its intention to afford everyone access to COVID 19 prevention and vaccination services including those most vulnerable and in hard-to-reach areas.

Gender Equality and Human Rights

The evaluation assessed the project's considerations on integration of gender equality and human rights into the project design and its implementation. The analysis also assessed how such integration (if at all) advanced the achievement of the project results. The findings indicated that there was a strong integration of gender equality and human rights into the project design and implementation. The way in which the integration of these concerns advanced the achievement of project results is visible throughout all the stages of the project from design to implementation, and the subsequent manifestation of the project effects on the project beneficiaries. The project recognised that as the COVID 19 pandemic unfolded, while everyone was affected, women and girls were carrying the greater proportion of the negative impacts both economically and socially. As such the design of the project specifically targeted women and girls with economic strengthening interventions while also capacitating the health system with resources to support and increase reach and access for both women and men, the elderly, people living with disabilities and children.

Women as the primary beneficiaries of the project testified of the gains they earned through the project and ripple effects reached men and boys manifesting in greater results which are indicative of positive impact. By undertaking outreach vaccination activities, women were afforded access to life saving vaccines which some may otherwise have foregone due to shortage of time and to balance travel and demands of childcare and

unavailability of financial resources to pay for transport. The root causes of gender inequality were addressed through the capacity and skills building on training on production of PPE with the opportunities for income generation. This reduces women's economic dependence on men.

Lessons Learned

Consultations with the stakeholders and project beneficiaries, as well as observations by the evaluator indicated the following as the key lessons learned and worth considering in the implementation of future projects. These lessons can also be integrated into other development projects in other sectors.

i. Availing COVID 19 prevention services, or any other health services and bringing such services closer to the people can increase uptake and utilization within short periods of time.

ii. If capacitated, women can work independently and effectively manage themselves and their income generating projects.
   - *This was observed among the women's groups who were able to proceed with making all-purpose soap and diversify their small business soon after they received empowerment through training.*

iii. A project transition strategy/ exit strategy needs to be communicated with project beneficiaries and other stakeholders well in advance to ensure that there is no confusion as to whether project is still under the support of a donor partner or not.
   - *This enables other stakeholders to adjust and plan to absorb any support activities that beneficiaries may require.*

Conclusions

Overall, the project achieved its intended objectives as findings highlight that awareness was raised on COVID-19 prevention measures and this increased knowledge in the targeted communities. The uptake of COVID 19 vaccinations increase in a context where, in the absence of this project, some may have foregone getting vaccinated or remained with lack of knowledge and understanding of COVID 19. As this was a community wide intervention, it is bound to have ripple effects in both issues related to COVID 19, other vaccine preventable diseases, gender equality and women economic empowerment. The project was well coordinated and actively involved other the multisectoral partners. The monthly meetings held at district levels were a strong vehicle for strengthening capacity and collaborative efforts, as well as a smart transition strategy. This success was a result of a combination of factors including the clear integration of women's rights and gender equality concerns in the design and practical implementation of the project. This evaluation concludes that this project has generated good lessons and is the type of project that can be replicated with some adjustments to optimize impact.

Recommendations

The evaluation suggests the following recommendations based on the findings of the assessment.

Relevance, Gender Equality and Human Rights

UN Women must maintain its strategic focus and dedication to gender equality and the empowerment of women and is encouraged to continue to excel in its coordination role and promote initiatives that advance gender equality. This includes:

a. Working closely with the Government of Zimbabwe, Civil Society Organizations other development partners ensuring that gender equality and women's rights concerns are integrated into all programs and in all sectors. Mbire and Guruve Districts remain in need of this support.

Effectiveness and Sustainability

Devise more innovative, young people friendly income generating projects which are appealing to the girls who are youth, and not necessarily heavily contested by the adult women and men. The all-purpose soap making initiative saw older women more involved which could easily crowd away the younger ones. Key considerations in the development and implementation of appropriate women's economic empowerment projects include:

b. Support the exit or transition phase of the project by continuing to attend the monthly meetings at district level offering technical assistance.

c. **Ensure a holistic approach to introduce women and girls to the complete value chain for locally produced products.** Even though this project has come to an end, future projects can build on the achievements of this project. Those who were trained can be linked to the markets.

d. **Extend financial and support to the MWACSMED to deliver technical assistance to the community via their gender champions groups.** The Ministry lacks adequate funding to ensure consistent supply of technical support to the community cadres and depends on the private-public partnerships for these to remain in place. They have human resources who are dedicated to the tasks but over time they spend more time in offices instead of conducting field visits due to lack of financial resources.

Efficiency

Projects with a short lifespan such as this one, should not be too reliant on procuring equipment that is essential to the achievement of project results outside the country of operation, especially where alternative sources may be obtainable within the local context. If the projects require procurement of equipment and vehicles, they must consider opportunities for doing such locally or have a longer lifespan. If local procurement is considered, strict compliance to procurement procedures must be adhered to just as is expected.

- This is to ensure that the project delivers on its promises without questions or doubts from collaborating stakeholders.

1. INTRODUCTION

United Nations Entity for Gender Equality and Empowerment of Women (UN Women) Zimbabwe Country Office engaged an independent consultant to conduct an end of project Evaluation of the "Prevention of COVID 19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe' in line with the rules and regulations on programmatic evaluations of United Nations Evaluation Group (UNEG). This report presents synthesized findings from this end of project evaluation as well as recommendations for improving implementation and effectiveness of future projects related to this one. The evaluation was conducted in March and April 2023. The project was implemented during the period April 2022 – March 2023 in collaboration with the Government of Zimbabwe (GOZ), academic institutions, Civil Society Organisations and the community, with a generous funding support from the Government of Japan amounting to USD740 740.00.

1.1 Context of Covid-19, Gender Equality & Human Rights in Zimbabwe

The emergence of COVID 19 in Zimbabwe, since the recording of the first case in March 2020, has had substantial appalling effects on people's lives and livelihoods. Since the emergence of COVID-19, Zimbabwe has recorded over 260 000 cases and over 5000 deaths. By the end of March 2020, a total of 8 cases had been recorded in Zimbabwe rising to 36 839 in March 2021; 246 182 in March 2022, and 264 511 in March 2023.[4] The pandemic brought with it a number of challenges whose effects are still being faced today. COVID 19 regulatory measures included the need for lockdowns and restricted movement and the functioning of the formal and informal sectors which deepened inequalities and poverty. The Government of Zimbabwe responded by placing a series of measures and Statutory Instruments to combat the pandemic. Some of the measures introduced by the President to combat COVID 19 had impacts on the day-to-day lives of the people. These measures worked on the one hand but on the other hand grossly affected the people's livelihoods, with women and girls being the most affected. Women and girls took on the increased burdens of unpaid care work and domestic violence and loss of livelihoods and income as they depended significantly on informal trading. Those living in the geographically hard-to-reach areas which were already lagging behind in terms of development and access to services such as Guruve and Mbire districts in Mashonaland Province were further marginalized by the COVID 19 pandemic[5]. To date, women and girls remain the hardest hit by the socioeconomic fallout from the pandemic. They are living in deeper poverty and suffering from a slow recovery which is also marred by inequalities in all spheres of social and economic development.

To combat the disease, in February 2021, the Government of Zimbabwe (GoZ) began rolling out the COVID 19 vaccination program in a phased approach with frontline healthcare workers and other essential workers, as well as the elderly and people with co-morbidities who were considered at high risk of severe disease being prioritized. The eligibility was expanded to all adults over 18 years old at a later stage and eventually those from 12 years and above. The immunization effort, however, was faced with significant vaccine hesitancy that was fuelled by low levels of desire to obtain the vaccine among individuals who were eligible, lack of knowledge, scepticisms, widespread suspicion, and lack of faith in the vaccine. This was especially true in rural areas where there was a severe dearth of reliable information, individuals relied on unreliable social media sources, and infodemic was more prevalent.

[4] Government of Zimbabwe, Ministry of Health and Child Care (2022) COVID 19 Situation Reports March 2020 – March 2023
[5] UNWOMEN (2022) Project Agreement Document - Prevention of COVID 19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe

1.2 Intervention Area

Mashonaland Central Province is one of the ten Zimbabwe Provinces. It covers the northern mainland of the country, and it stretches into to the Zambezi valley and the Mozambican border in the north east. It is dominated by the Shona speaking locals. The capital of the province is Bindura which is about 90 kilometers from the capital city Harare. The province is made up of eight (8) administrative districts (Figure 1) namely Bindura, Guruve, Mazowe, Mbire, Mt. Darwin, Muzarabani, Rushinga, and Shamva. According to the Population Census of 2022, the province has an estimated population of 1, 384 891. Women constitute 50.8% of this population. Mbire and Guruve districts are among the most-hard to reach and marginalized districts in the province. Guruve has an estimated population of 153 602 while Mbire has 83 724. In both districts, women constitute a higher proportion, 50,7% and 51% respectively[6].

- Gender Equality and Human Rights

Zimbabwe adopted a constitution that caters for women and men's needs through providing a clause that calls for the equal representation of women and men in all spheres of life. However, despite the existence of this clause and other policies and legal frameworks in support of gender equality, the scale remains skewed toward men. Women and girls remain marginalized in the political, social, and economic sectors. In the economic sector for example, the national economic structure mainly depends on the informal sector where women are largely found in the agrarian sector with 80% of the women's population living in rural areas and 70% of the rural women engaged in agriculture in land owned by men.[7] Inequalities between men and women, uncontrolled salaries, hazardous working conditions, and operational environments are characteristics of the informal sector. In rural areas, women mostly work on farms and gardens and sell their produce for income. In some cases, they engage in trading in the informal sector selling food, clothes, and other commodities. The economic vulnerability of women puts them at risk of sexual and gender-based violence. In districts such as Mbire and Guruve cases of gender-based violence and child marriages are rampant mainly due to lack of knowledge and poverty. The emergence of COVID-19 further exacerbated these challenges as lock-downs hindered women from selling their produce to get income and sustain their livelihoods. In recognition of such challenges that women and girls are facing, the Government of Zimbabwe has engaged with some development partners to end gender inequalities. . The JSB Programme is one such complementary effort to government initiatives aimed at advancing the economic status of women in the context of COVID-19.

With regard to Human Rights, Zimbabwe is a signatory to international human rights frameworks and in order to ensure the domestic protection of human rights, the Constitution of Zimbabwe established the Zimbabwe Human Rights Commission (ZHRC). The Constitution mandates the ZHRC with a primary role of promoting and protecting human rights at all levels of society. During the peak of COVID-19, the government introduced measures that restricted freedom of movement and affected the right to work and economic development. However, when the situation eased, the government relaxed restrictions and ultimately removed them restoring the rights to movement and economic advancement. The JSB programme further complemented these efforts by the government and ensured that HR principles were incorporated into the project design. The project ensured that they would contribute to the right to health and healthcare (through vaccines, access to testing and PPE), the right to knowledge (through awareness campaigns that addressed the prevailing misinformation) and the right to economic advancement (through introducing skills training for women and girls).

1.3 Project Background and Theory of Change

Zimbabwe has recorded over 264 644 cases and more than 5 685 deaths as a direct result of the COVID-19 pandemic since its emergence in 2019[8]. The pandemic has had significant catastrophic effects on people's lives and livelihoods, further deepening the inequalities and poverty in areas which were already lagging even

[6] Government of Zimbabwe (2022) Census Report, Zimbabwe Statistical Agency. Retrieved 25 April 2023 from https://www.zimstat.co.zw/wp-content/uploads/publications/Population/population/census-2012-national-report.pdf
[7] UN Women (2022) Zimbabwe. https://africa.unwomen.org/en/where-we-are/eastern-and-southern-africa/zimbabwe#:~:text=Gender%20Equality%20Context%20in%20Zimbabwe&text=Zimbabwe%20adopted%20a%20constitution%20that,government%20and%2011.5%25%20in%20Cabinet.
[8] Government of Zimbabwe, Ministry of Health and Child Care (2023) COVID 19 Situation Report 25 April 2023.

before the pandemic struck. The health system which was already overwhelmed and weak was further debilitated by the emergence of COVID 19 which ushered in some strong disruptions of many essential health services. As a response to COVID 19, immediate interventions promoted lockdowns and restrictions of movement, raising awareness, and spreading information about the disease, its prevention and case management. These measures worked on one hand but on the other hand grossly affected the people's livelihoods, with women and girls being the most affected. Women and girls took on the increased burdens of unpaid care work and domestic violence and loss of livelihoods and income as they depended significantly on informal trading. Those living in the geographically hard to reach areas which were already lagging behind in terms of development and access to services such as Guruve and Mbire districts in Mashonaland Central Province were further marginalized by the COVID 19 pandemic[9]. To date, women and girls remain the hardest hit by the socioeconomic fallout from the pandemic. They are living in deeper poverty and suffering from a slow recovery which is also marred by inequalities in all spheres of social and economic development.

As part of the response to the COVID 19 pandemic, the Government of Zimbabwe (GoZ) adopted a 'whole of government', 'whole of society' approach which created an enabling environment for all partners including the private sector and civil society to work together to take immediate action towards containment of the disease. In February 2021, the Government of Zimbabwe (GoZ) began rolling out the COVID 19 vaccination program in a phased approach with frontline healthcare workers and other essential workers, as well as the elderly and people with co-morbidities who were considered at high risk of severe disease being prioritized. The eligibility was expanded to all adults over 18 years old at a later stage. However, the vaccination program was met with huge vaccine hesitancy driven by lack of confidence in the vaccine, lack of information, scepticism, widespread mistrust, and low levels of intention to receive the vaccine among those who were eligible. This was more pronounced in rural districts where accurate information was significantly lacking, and people depended on unverified social media sources and suffered from infodemic.

Following the development of the COVID 19 Vaccine Demand Strategy in April 2021, Zimbabwe has seen an increase in the uptake of the vaccines. This is indeed a commendable achievement towards containment of the pandemic, however overall vaccination and other preventative programs at national level, the extent of reach of these programs in marginalized and hard to reach communities has remained low. Mbire and Guruve districts in Mashonaland Central Province of Zimbabwe are amongst hardest to reach districts, are adversely and disproportionately affected by the COVID 19 pandemic and its underlying impacts which are further compounded by climate induced drought and economic recession. In these two districts women and girls are highly negatively impacted by inequality and gaps both in the access and utilization of available vaccines. COVID 19 Vaccine uptake and adoption of effective COVID 19 prevention strategies are also hindered by both supply and demand related factors. On the supply side, there was limited availability of Covid -19 prevention and infection control supplies including PCR test kits. Each district was served by one outreach vehicle, making it difficult to increase accessibility of testing and vaccination services to remote communities within the districts who do not have clinics within the wards[2]. On the demand side there were elevated levels of vaccine hesitancy compounded by existing gender and social norms affecting update of vaccines. Key drivers of vaccine hesitancy include lack of demand generating and awareness raising activities for vaccine rollouts, myths related to risks of infertility in women, impotency in men, or risk of death myths based on religious grounds especially among the apostolic sects prevalent in the area, as well as fear of side effects coupled with limited knowledge on what to expect or medical follow-up if treatment needed.

In response to these gaps and as part of ensuring that such hard-to-reach areas have access to COVID 19 prevention services and protective materials, UN Women received funding from the Government of Japan to complement the GoZ efforts to contain the pandemic. UNWOMEN implemented the project through its Implementing Partner (IP), Lower Guruve Development Association (LGDA) in partnership with the GoZ line ministries of Women Affairs, Youth, Education, Local Government, and Bindura University. Table 2 details the key roles of these stakeholders in the project. Lessons from UN Women's previous work have shown that effectiveness in advancing the women's rights and empowerment is strongly positively anchored on engagement and participation of women themselves, the local and national stakeholders in the implementation of of international, regional and national gender equality commitments coupled with knowledge generation and dissemination. It is in this context that the project focused on preventing COVID 19 infection among vulnerable women and girls in Mbire and Guruve Districts through direct engagement if women and girls in promoting uptake of COVID 19 testing and vaccination services, provision of PPE, dissemination of information to improve knowledge and attitudes on COVID 19, capacity strengthening of health facilities that are key in the implementation of the project to prevent COVID 19.

[9] UNWOMEN (2022) Project Agreement Document - Prevention of COVID 19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe

Table 2: Stakeholder of the project and their roles

Name of Stakeholder	Role in Project
Embassy of Japan	Funding Support
UN Women	Programme management and monitoring the performance of the project in accordance with the corporate requirements
LGDA	A local community-based organization well-known and trusted by the communities and has a deep understanding of the challenges that the communities faces. LGDA was responsible for implementation of all the project activities working with communities in Guruve and Mbire districts.
MWASMED	Responsible for overall guidance in relation to the engagement of women and girls and the development of soap-making groups for the purposes of economic empowerment, which fall within the Ministry's mandate of small and medium enterprises.
Ministry of Youth	Mobilization of youth and guidance on engagement the youth in the most effective manner.
Ministry of Primary and Secondary Education	Assisting LGDA with logistical support and access to schools for vaccination programs and awareness raising on COVID 19 prevention
Ministry of Local Government	The main representative arm of the government in districts and is responsible for overseeing the overall administration of various programmes in the districts. The Ministry was responsible for overseeing and coordinating the local leadership, providing guidance and oversight in the districts of operation, as well as to assist UN Women and LGDA with access to the local leaderships and populace.
Bindura University	Training women on soap making and production of PPEs.

1.4 Project Theory of Change

The project's theory of change stipulates that:

- **If** women and girls, particularly those who are vulnerable and marginalised and drought-affected districts are supported to effectively participate in COVID 19 prevention and response interventions,
- **If** their capacity to develop, and distribute COVID 19 personal protective equipment and undertake economic empowerment activities.
- **If** the capacity of national and district stakeholders and institutions is strengthened to implement prevention and response interventions and service delivery is enhanced,

Then,

- There will be gains in gender equality and women's empowerment will be increased.

1.5 The Project and Its Objectives

The project was titled Prevention of COVID 19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe. Its overall objective was to strengthen gender responsive prevention of and response to COVID 19 in Guruve and Mbire through enhancing access to COVID 19 testing and vaccination services, provision of PPE and improving knowledge and attitudes on COVID 19 by March 2023.

Specific Objectives of the project were to:

1. Improve access to COVID 19 prevention, testing and vaccination services by communities, particularly women and girls, in Guruve and Mbire.
2. Improve distribution of COVID 19 infection control supplies including PCR test kits and COVID 19 vaccinations
3. Increase knowledge and understanding on covid -19 prevention and vaccination through social behaviour change strategies to promote uptake of Covid -19 vaccination in Mbire and Guruve districts.
4. Build capacity of 500 vulnerable women and girls to locally produce Personal Protective Equipment in Guruve and Mbire districts.

Project beneficiaries

The principal beneficiaries and stakeholders of the project were vulnerable women and girls. Additionally, the project secondary beneficiaries were men and boys in the community, Government of Zimbabwe (GoZ) line ministries (Health, Gender, Youth & Local Governance) as well as academia and community cadres including Community Health Workers (CHW), and Religious and Community Leaders.

Table 3: Project Results Framework

Outcome	Improved access by communities, particularly women and girls, to COVID 19 prevention, testing and vaccination services in Guruve and Mbire.
Outputs	▪ **Output 1.1:** Improve targeted distribution of COVID 19 infection control supplies including PCR test kits and COVID 19 vaccinations for access by marginalized communities, including women and girls. ▪ **Output 1.2:** Increase knowledge and understanding by communities, particularly women and girls, on covid -19 prevention and vaccination through gender responsive social behavior change strategies to promote uptake of Covid -19 vaccination in Mbire and Guruve districts. ▪ **Output 1.3:** Vulnerable women and girls are equipped with knowledge and skills to develop Personal Protective Equipment (i.e., face masks, sanitizers, and soap)
Inputs & Activities	▪ Provide logistical support to district COVID 19 testing and vaccination interventions and outreach. ▪ Refurbishing vaccination storage spaces through undertaking reparations of equipment and refrigerators and other cooling machines for vaccine storage. ▪ Undertake community advocacy and awareness raising through conducting engagement activities to advocate for, and raise awareness about COVID 19 using print, radio, and other media tools, plays /road show, use of message screening, conducting educational sessions on covid in schools and community wide and infusing covid talks in other activities (e.g., government community meetings, to reach the target groups. ▪ Training women on production and distribution of PPE in the community ▪ Capacity building and skills strengthening village health workers, community influencers, and volunteers to gain confidence to encourage uptake of COVID 19 vaccination among the community.

1.6 Project Design and Changes

The project capitalized on the human rights (HR), gender equality (GE) and gender mainstreaming approaches to facilitate for improvements in access to and utilization of COVID 19 prevention (including testing) and case management by the communities, particularly women and girls in the two districts. The project results framework is shown in Table 3. The priority activities of the project were:

- **To provide logistical support to district COVID 19 testing and vaccination interventions and outreach.** The project was expected to purchase two fit-for-purpose vehicles which were to be used by the districts to conduct outreach activities.
- **Refurbishing vaccination storage spaces** through undertaking reparations of equipment and refrigerators and other cooling machines for vaccine storage.
- **To undertake community advocacy** and awareness raising through conducting engagement activities to advocate for, and raise awareness about COVID 19 using print, radio, and other media tools, plays /road show, use of message screening, conducting educational sessions on covid in schools and community wide and infusing covid talks in other activities (e.g., government community meetings, to reach the target groups.
- **Capacity building and skills strengthening** village health workers, community influencers, and volunteers to gain confidence to encourage uptake of COVID 19 vaccination among the community.
- **Training women** on production and distribution of PPE by women in the community

With these activities, the project sought to benefit 103 210 community members, especially women and girls and those in the most vulnerable and marginalized communities with increased access to COVID 19 preventive messages. Additionally, the project sought to also achieve the following targets over a 12-month period:

- Increase the proportion of women and girls and those on marginalized communities who know about COVID 19 from 45% to 75%.
- 51 605 people with access to PCR COVID 19 testing.
- 77 407 people vaccinated against COVID 19
- 500 women trained in developing Personal Protective Equipment (PPE) (face masks and soap)

- Produce 2 success stories of the project.
- Purchase two fit-for-purpose vehicles which were to be used by the districts to conduct outreach activities.
- Refurbish vaccination storage spaces through undertaking reparations of equipment and refrigerators and other cooling machines for vaccine storage.

1.7 Changes to the Project Design

However, due to various circumstances some aspects of the project design were altered. In order to provide logistical support to district COVID 19 testing and vaccination interventions and outreach **t**he project was expected to purchase two fit-for-purpose vehicles which were to be used by the districts to conduct outreach activities. However, these vehicles could not be delivered during the lifespan of the project due to procurement challenges, therefore, the project design was altered to hire vehicles to ensure project continuity. The project sought to refurbish vaccination storage spaces through undertaking reparations of equipment and refrigerators and other cooling machines for vaccine storage. However, instead of carrying out repairs, the project donated new refrigerators for select local clinics and hospitals that were facing vaccination storage challenges. Furthermore, the initial project design was to train women on how to make soap and masks, but due to the relaxation of government regulation on the need and use of masks, the project did not continue with mask making trainings, but instead invested more in soap training for the targeted women.

2. END OF PROJECT EVALUATION

2.1 Purpose of the End of Project Evaluation

The overall purpose of the evaluation was to assess progress towards achievement of goals and objectives of the Project at district levels and ascertain how it contributed to the national level against the standard evaluation principles of relevance, effectiveness, efficiency, sustainability, and impact since its inception in April 2022. The evaluation also purported to identify lessons learned, good practices, and factors that facilitated/hindered achievements contribute to accountability, learning and decision-making, and offer practical recommendations to inform the management and coordination of future projects and other related initiatives on humanitarian response. The findings of this evaluation are of significant importance to UN Women as they will inform the future work around pandemic preparedness and humanitarian response and mitigation. Other users of the findings include stakeholders who participated in this project and include the LGDA, Government of Zimbabwe and their line ministries, Government of Japan, UN Agencies, development partners, CSOs, Academia, the general community of Mbire and Guruve districts.

2.2 Scope of the Evaluation

The evaluation was conducted at district level assessing the project's performance from April 2022 to March 2023. Stakeholders of the project that participated in the evaluation included LGDA, UN Women, relevant government ministries and departments, women and community members participating in the project as the direct and indirect beneficiaries of the project. The evaluation assessed the project outcome and all the output areas as well as the activities planned for implementation.

2.3 Objectives of Evaluation

In addition to assessing the effects and impact of the project on the target groups, the evaluation also explored the relevance, efficiency, integration of human rights and gender equality and sustainability of the project. Based on the findings, the evaluation, provides recommendations and suggestions for consideration for future similar programs

2.3.1 Specific Objectives

Specifically, the evaluation assessed the project's performance regarding the following:

a. **Relevance:** The extent to which the Project has been conceptualized, planned and designed to respond to national, regional and international normative frameworks for gender equality and women's empowerment.
   - Particular emphasis was directed at how relevant the project (design, including planned activities and target outputs and outcomes) was to the needs and priorities of the beneficiaries, national, regional and international priorities?

b. **Effectiveness and Impact:** The project's achievements against planned project goal, outcomes and outputs as stated in the project document, any intended and unintended effects on gender equality, women's rights, including the use of innovative approaches.
   - This entailed assessing the extent to which the project reached the targeted beneficiaries at the project goal and outcome levels and the extent to which the project generated positive changes in the lives of targeted and untargeted community members.
   - Identification of the key changes in the lives of the project beneficiaries, both direct and indirect,
   - Assessing the replicability of the project at national scale, the ownership of the Project by the government and the contribution of the Project in building the capacity of the government to drive the gender equality and women's rights.
   - Assessing the contribution of the project in strengthening the capacity of partners in complementing government efforts and collaboration.
   - To document the Most Significant Changes (MSC), if any brought by the Project to date, and ascertaining the extent of the project's contribution to the results

c. **Efficiency:** The extent to which the project economically utilized the available resources/inputs to achieve the results. Primary focus will be directed at assessing:
   - Value for money and management of the budget.
   - Efficiencies in the project's strategies and interventions deliver Value for money and presentation of tangible evidence to show the Value for money successes and/or failures.

d. **Sustainability:** The extent to which the project's results will be sustained over time. This focused on the documentation of the strategies that have been put in place to ensure sustainability of results, including integration of lessons learned from implementation of this project and other projects and evaluations. The dimensions of sustainability that were considered in this evaluation are:

- The level of ownership generated, effective partnerships established, and capacity strengthened through processes.
- Community level sustainability – assess ownership, participation and inclusion of national duty-bearers and rights-holders.

e. **Gender Equality and Human Rights:**
   - How gender and human rights considerations have been integrated into the project design and implementation. (process)
   - How attention to/integration of gender equality and human rights concerns advanced the achievement of the project results.

Specific questions for each of the key thematic areas of the evaluation were developed and used to draw out primary and secondary data which was used as evidence in addressing the evaluation objectives.

2.4 Guiding Frameworks and Principles

The UN Women Evaluation Policies and United Nations Evaluation Group (UNEG) guidelines on Integrating Human Rights and Gender Equality in evaluation and the UNEG Ethical Guidelines for evaluation were used as the guiding frameworks for the evaluation. The following principles were adhered to during the evaluation: Do No Harm, national ownership and leadership; fair power relations and empowerment; participation and inclusivity; independency and impartiality; transparency; quality and credibility; and innovation.

2.5 Evaluation Methodology

2.5.1 Evaluation design and approach

The evaluation adopted a Cross-sectional Study Design and employ mixed methods approaches (qualitative and quantitative) to process and analyse primary and secondary data. A phased approach in data collection was utilized, with the process beginning with a desk review of all secondary data. This was followed by primary data collection using key Informant Interviews (KII) Focus Group Discussions and field observations complemented with professional photography to adequately inform the data collection methods and flow of data. This study design was considered efficient and effective to achieve the goal of this evaluation. The cross-sectional design allowed for documentation of the current situation regarding the factors under review giving a snapshot of the project. In line with the UNEG Handbook for Integrating Human Rights and Gender Equality Perspectives in Evaluations in the UN System, a gender-responsive and human rights-based approach was applied throughout the evaluation process. This included analysing the extent to which the project's interventions and programming approach are based on international human rights standards (including CEDAW). The extent to which the project is operationally directed to promoting and protecting human rights was examined, including the degree to which the project's strategies, design and implementation seek to analyse inequalities and redress discriminatory practices and unjust distributions of power that impede development progress. The evaluation was conducted in an inclusive and transparent manner, with all stakeholders of the project and project beneficiaries including those living with disabilities participating in data collection through interviews. Stakeholders were also afforded an opportunity to express their perspectives in a stakeholder validation workshop and review of the draft evaluation report.

2.5.2 Users of the Evaluation

The evaluation report is intended to be used by the UN Women and LGDA to take note of lessons, gaps and opportunities that can be used to design future projects. Other partners such as the GoZ line ministries can also make use of the report to inform and improve on future interventions by UN Women, LGDA or other partners. Based on the report, UN Women will be responsible for developing management responses and action plans to the evaluation findings and recommendations. The final evaluation report will be made publicly available on the UN Women Global Accountability and Tracking of Evaluation (GATE) System http://gate.unwomen.org/. It will also be disseminated during regional, national and district meetings.

2.6 Evaluation Criteria

The evaluation Criteria that were used is the Organization for Economic Cooperation and Development – Development Assessment Committee (OECD-DAC) Criteria which emphases measurement of relevance, effectiveness, efficiency, impact and sustainability of the projects. These factors have been described in earlier section and how the particular

emphasis on what was assessed. Human rights and gender equality (HR & GE) were integrated into this OECD-DAC Criteria ensuring that each domain is assessed on how the intervention aligned and contributed to HR and GE. Table 1 gives examples of how the integration of HR and GE was assessed against each domain criteria[10]. The Evaluation Matrix used is attached in Annex 1.

Table 4: Examples on assessment of integration of HR & GE in OECD-DAC Criteria

OECD-DAC Criteria	Integration of HR & GE in DAC Criteria
Relevance	- Was the intervention designed to contribute to results in critical human rights and gender areas as identified through human rights and gender analysis and guided by international conventions e.g. CEDAW, CRC etc., - Is the intervention aligned and contributes to the national policies and priorities on HR and GE?
Effectiveness	- Are there any key results on HR and GE? - Are the results achieved through implementation of interventions that recognized and utilized a human rights-based approach and gender mainstreaming strategy?
Efficiency	- Did the intervention provide adequate resources for integrating HR and GE in the intervention? - Did the allocation of resources prioritize women and individuals who are marginalized?
Sustainability	- Does the project demonstrate that it advances key factors that need to be in place for long term realization of HR and GE? - Did institutions involved build capacity to maintain environment conducive to systematically address HR and GE concerns?
Impact	- Have the rights holders been able to enjoy their rights? - Has the project resulted in the empowerment of the targeted groups and influences those outside the intervention's target groups?
Participation and Inclusion	- Have the rights holders been involved and participated in the various stages of the intervention freely and meaningfully? - Did the intervention support the participation of women and those in marginalized areas?

2.7 The Evaluation Participants

The participants for this evaluation were women and girls, men and boys in Mbire and Guruve districts who are the direct beneficiaries of the intervention, and those who are indirectly impacted by the project; GoZ line ministries at community, district levels and CSO representatives, and the UN Women Project and Management Team, and Government of Japan representatives. Participants comprised of program officers, representatives of government line ministries, women, community and religious leaders and community health workers. The participants were individuals who provided their informed consent to the evaluation and the following factors were considered as the guiding criteria for selection.

- Involvement and participation in the project interventions either as a direct beneficiary to one or more of the interventions or as an indirect beneficiary who can attribute any changes to themselves or community to the
- Perceived or known knowledge of the situation of COVID 19 and its intensified effects on the people, their livelihoods and coping mechanisms in the district.
- The role they play in the response to COVID 19 as part of a multi-sectoral partnership.
- Comparative advantage (technical or otherwise) and access to the intended program beneficiaries
- Availability to respond to the evaluation interviews within the data collection period (in person or virtually)
- Access to official and accurate data and evidence regarding COVID 19 and women, girls and general community dynamics and other information relevant for the baseline assessment.

Table 4 provides a breakdown of participants by district.

Table 4: Evaluation Respondents by District

Name of Stakeholder	No. of Respondents

[10] United nations Evaluation Group (2014). Integrating Human Rights and Gender Equality in Evaluations. New York: UNEG

	Guruve District			Mbire District		
	Total	**male**	**female**	**Total**	**Male**	**Female**
MoHCC	3	1	2	3	1	2
Ministry of Youth	1	1	-	-		
Local Gvt/District Administrator	2	1	1	1	1	
Min of Women Affairs	2	1	1	1		1
Min of Education	-			1		
Beneficiaries' individual KII	3			4		
Individual IAQ	3			18		
UNWOMEN	2	-	2			
LGDA	1	1				
FGD				Group 1: 12 Participants 4 Village Heads (3 M ,1 F), 6F, 2 M) Group 2: 15 Participants 3 Village Heads (2M,1F 13 Women, 1 man (Village Health Workers)		

Findings presented in report do not include the data obtained using the IAQ as there were not enough participants to enable meaningful analysis that can be generalized. However, the findings from the 21 participants are attached as an Annex 9.

2.8 Data Collection Methods and Processes

2.8.1 Secondary Data

This was done as the first phase of the evaluation. Documents that were reviewed are indicated in the foregoing section. A desk review guide was used to ensure adequate review of literature that helped to answer the evaluation objectives. Evidence obtained through desk review informed the development and refinement of the primary data collection tools and appropriate methods used to collect data and triangulate what is in literature. The desk review guide was designed to seek information by thematic area as guided by the EOCD-DAC criteria with additional enquiry focused on the assessment of inclusion of human rights and gender equality. Data was entered against each thematic area and indicating what information was available and what gaps exist for further enquiry.

- *Desk Review*

Documents for desk review were selected based on their credibility and contextual relevance. These documents included the program document provided by UN Women, the Program Agreement Document provided by LGDA, and the UN Women-WHO Joint Mission Scoping Report of March 2022, the Project Baseline Assessment Report, Quarterly Project Progress and Financial Expenditure Reports. Other literature that was reviewed included the National and District COVID 19 Surveillance Reports and UN and other partner websites. National strategic documents and regional and international frameworks were also reviewed.

2.8.2 Primary Data

Primary data was collected using four different data collection instruments customized to match the type of respondents. All data collection was undertaken during the day times when it was highly likely that people of different social capital profiles were able to participate and give their voices to the evaluation.

a. **Quantitative Survey (IAQs):** Respondents were identified from the project beneficiary database using SRS and were be asked to respond to a 15 questions Knowledge, Attitudes, Practices & Behaviour (KAPB) questionnaire. These were interviewer administered in local languages to ensure maximum participation and ease of understanding. Data were entered into an ODK platform specifically designed for the purposes of this evaluation. The survey was considered as a key approach to provided quantitative data in measuring levels of knowledge and attitudes of beneficiaries. It was also used to snowball identification of participants who could participate in the most significant change stories.

b. **Focus Group Discussions (FGDs):** Two FGDs were undertaken with various groups. They were constituted with participants who identify in the same categories ensuring that power dynamics are addressed and maintained a group size of 8 – 12 individuals. The groups ensured a good balance of women and men and afforded each participant an opportunity to share their views and opinions. The evaluation spoke to groups including women in general community, and those who participated in the trainings, Community Health Workers, and Community Level Duty Bearers etc. In each group, there was a good representation of the

vulnerable groups including people l with disabilities, those who represent adolescent girls in and out of school, and senior citizens. The FGD guides was tailored for each type of group and was co-facilitated by a team of research assistants. A data entry template for FGDs was used to capture the responses and where possible, quotable quotes were collected from the participants. Participatory approaches to collecting the data were applied and these included such activities as battery techniques and demonstrations. The discussions were limited to 30-45 minutes each. Table 3 shows the FGD participants.

Table 5: Breakdown of FGD Participants

FGD Category	No of FGDs	Justification
Women 18 – 24yrs	1	All the participants in these groups provided information that contributed to the evaluation objectives. Their responses were used to triangulate data and information that was obtained from the desk review and KIIs. They also provided evidence of the most significant changes that were obtained as a result of the project interventions.
Women 25+	1	
CHW/VHW	2	
Community Leaders	2	
Men	1	

c. **Key Informant Interviews (KIIs)**: This tool was applied to the key stakeholders described in Section 3.3. The questionnaire sought for independent responses, and the questions also sought to triangulate the findings from the desk review and FGDs. These were interviewer administered.

Table 6: Proposed KII Breakdown

KII	No of KIIs	Justification
UNWomen	2	All the KIs provided information to address the evaluation objectives. Their responses were used to triangulate data and information that was obtained from the desk review, Observations, and FGDs. They also provided evidence of the most significant changes that were obtained as a result of the project interventions.
LGDA	1	
Line Ministry Stakeholders	4	

d. **Most Significant Change (MSC):** The MSC stories were collected. The approach to collecting these largely depended on the level at which such change was perceived to have happened and could be attributed to the project interventions. Changes were expected to have occurred at any of the levels (individual, household, community, district and Provincial levels). The determination of whether changes are perceived as most significant was solely based on the evaluation participants' discretion and substantiated with evidence and information that demonstrates reasonable attribution to the project. Ranking of changes identified was done with relevant respondents. An MSC guide was used to support the discussions leading to the identification of what was ascertained as the most significant of all.

e. **Photography and Intervention Site Observations** was done to complement all levels of data collection and dissemination. Random and specifically targeted photoshoots were conducted during data collection and intervention site tours. A site observation checklist was used to ensure that high definition (HD) shots required for the report are not missed.

Data collection, including desk review was completed in 10 working days during the month of April 2023, with 4 days allocated for desk review and development of data collection instruments, primary data collection in the two districts being done in 6 days (3 days per district). An evaluation design matrix was developed based on the one that was used for the baseline assessment which enabled identification and measurement of baseline indicators.

2.9 Data Analysis and Interpretation

A data analysis plan was developed in line with the evaluation design matrix (Annex 1). Qualitative data were analysed in line with key themes of the OECD-DAC Criteria and reported in sync with the themes that emerge from the KII, MSC and FGDs. Quantitative analysis relied on descriptive statistics. Data were disaggregated by age, sex, belonging to religious affiliations etc., and where appropriate absolute numbers were used without further review as these were presenting as accurate figures of the project's achievements. The findings from the baseline survey were compared with the findings of the end of project evaluation. Thorough comparisons of data obtained from different sources was done and triangulated and ensured that differences in perspectives on how people were affected by the intervention are clear.

2.10 Data Quality Assurance Measurers

The evaluation adopted a mixed methods approach and principles of use of both qualitative and quantitative approaches to data collection and analysis were applied throughout. This approach allowed for evaluation findings to be triangulated for consistency. Confidence in the findings from the qualitative data was ascertained through the use

of the Trustworthiness Criteria[11]. The criteria assess credibility, transferability, dependability, and confirmability. This ensures that biases from single sources are eliminated. Data obtained from other methods was compared and used to contrasts and substantiate evidence as a basic measure for quality assurance.

Quantitative data was collected using an online Open Data Kit (ODK) Questionnaire. The majority of the questions were multiple choice. Skip instructions and patterns were embedded into the tool to ensure completeness of the responses. Triangulation questions were included to verify correctness of respondent answers. This contributed towards data quality assurance. Data collection tools were generally standard and piloted with the first respondents and no adjustments were required. Data security was ensured throughout the evaluation by restricting access to the evaluator. The quantitative survey was done using smart and intelligent tools that can be commanded to run the descriptive analysis and outputs downloadable without need to involve people who are external to the evaluation. Data were stored in a password protected cloud server.

2.11 Ethical Considerations

The evaluation adhered to all the ethical guidelines at all the stages of the evaluation from participant engagement through data protection. The evaluation was also guided by the UNEG Ethical Guidelines and the UNEG Code of Conduct for Evaluation in the UN System. This means that she strictly complied with the following obligations.

Guideline	Obligation: I,
Independence and Impartiality	Remained impartial and independent from UN Women and all stakeholders involved in the program at all times. All conclusions made will be backed by verifiable evidence
Credibility	Ensured that findings of the evaluation are credible and based on reliable data and observations.
Accountability	Remained accountable to successfully complete this evaluation and deliver a quality report that can be used for advancing humanity
Honesty & Integrity	Ensured that the entire exercise is based on honesty and integrity
Confidentiality	Respected all participants and stakeholders' right to provide information in confidence. Participants were appraised of the limits of confidentiality. Ensured that none of the information can be traced to its source and that no one will be prejudiced as a result of their participation in the evaluation and sharing their views
Respect for Dignity and diversity	Respected the differences in culture, local customs, religious beliefs and practices, personal interaction, gender roles, disability, age and ethnicity, and be mindful of the potential implications of these differences when planning, carrying out and reporting on evaluations. Remained mindful of these differences throughout the evaluation and ensure use of tools that are appropriate for the setting. Respected their privacy and provide maximum attention to all stakeholders who are engaging in the process. Minimized distractions and disturbances while interacting with stakeholders during this evaluation
Informed consent and assent	Afforded all participants an opportunity to offer verbal informed consent before responding to the evaluation questions. Obtained written consent for use of their images that will be captured. Where participants respond in groups, shared confidentiality will be emphasized. Ensured that no participants under 18 years were interviewed in this evaluation
Avoidance of Harm	Ensured that no harm was brought to the people as a result of participating in this evaluation. Particularly, written consent for IAQ participants and KIIs, and FGDs are excluded in view of the evolving context as the country builds up to the harmonized elections. Made sure that a distress and referral protocol for the evaluation team was readily available to enable immediate intervention should unforeseen harms emerge.

[11] Lincoln, Y. S and Guba, E. G. (1985) Naturalistic Inquiry, Thousand Oaks, CA: Sage

Accuracy, Completeness & Reliability	Submitted an evaluation report and presentations that are accurate, complete and reliable.
Transparency	Articulated and clearly outlined the purpose of the evaluation, the criteria applied and the intended use of findings to all stakeholders without withholding anything.

2.12 Validation of Evaluation Results

The findings of the evaluation were validated in various ways.

a. In the field during data collection, the evaluator summarized their findings based on their understanding and presented these to the participants before the interviews were closed. For example, just before closing the FGD, the evaluator ran a summary of key issues discussed and asked the participants to confirm if all had been understood well. the evaluator advised the participants that their agreement means that she will be sharing these findings as what the group shared as a consensus.
b. At district and provincial levels, a full presentation of preliminary findings was shared in a workshop format and stakeholders contributed to deepening the analysis and elicit potential conclusions and recommendations. During the validation workshop, the stakeholders also had the opportunity to correct inaccuracies and seek clarification.

2.13 Limitations

The evaluation was negatively affected by poor turn out of participants in Guruve District as the data collection period coincided with another meeting in the selected Ward. This reduced the opportunity to collect quantitative data, and no FGDs were conducted in Guruve. Another limitation was the time and financial constraints, to consider postponing data collection in Guruve District. As a result, fewer interviews were conducted in Guruve. Nonetheless, the data obtained from Mbire and KIIs in Guruve are considered sufficient to enable the evaluation draw plausible conclusions as representatives of beneficiaries participated in the stakeholder validation meeting where everyone was in one room providing inputs and reflections on the evaluation. As such, findings of this evaluation must be interpreted with caution taking into considerations these limitations.

3. EVALUATION FINDINGS

3.1 Project Review

This section presents the findings of the evaluation. The results are presented by evaluation criteria and in alignment with the evaluation objectives.

3.2 Relevance

In assessing the projects relevance, the evaluation analysed the extent to which the project was conceptualized, planned and designed to respond to national, regional and international normative frameworks for gender equality and women's empowerment. Particular emphasis was directed at how relevant the project (design, including planned activities and target outputs and outcomes) was to the needs and priorities of the beneficiaries, national, regional and international priorities.

3.2.1 Relevance to the gender equality context and needs of the targeted beneficiaries.

There is no question that the project was relevant in the context of COVID 19 and that of the districts. The project was designed to serve the populations who are marginalized and often left behind in all aspects of development. It addressed priority needs of the community regarding enhancing the community's access to COVID 19 prevention, testing and vaccination services, improving people's knowledge and attitudes towards prevention of Covid-19, and women's economic empowerment. The project was well thought out, clearly demonstrating the influence of use of empirical evidence to address the true needs and priorities of beneficiaries, national interests, as well as international priorities on gender equality and human rights. The extensive situation analysis, involving literature review and inclusive stakeholder consultative meetings and fact-finding missions prior to design of the project design was a good standard practice. The situation analysis provided evidence on the significant challenges in both demand and supply of Covid – 19 infection control supplies including PCR test Kits and vaccines as well as the ripple effects of the current COVID 19 containment measures on the economic challenges and other factors that perpetuate gender inequality as shown in Table 5

Table 8 : Supply and Demand Side Challenges in Providing Access to COVID 19 Prevention

Supply Side	**Demand Side**
- Health facilities lacked adequate human resources for health to deliver COVID 19 vaccines, shortage of vaccine storage spaces for both static facilities and	- Community lacked adequate accurate information on Covid-19

outreach sites. Some health facilities had fewer health workers trained on COVID 19 vaccination. - Health facilities had inadequate transport to support timely distribution of Covid – 19 infection control supplies and to reach the most-hard to reach areas in the districts. - There was limited Information, Education and Communication (IEC) materials on Covid-19, and that which was available was in English language. This presented a disadvantage for the majority of community members who cannot read or understand English language - The government lacked adequate resources to support the community livelihoods following the catastrophic effects of COVID 19 on the socio-economic aspects of life of the people.	- Community was characterized by high levels of vaccine hesitancy owing to COVID 19 infodemic, stigma and misinformation, low vaccine confidence, lack of trust in science, efficacy, and lack of information on vaccines. - There were pronounced challenges in access to health facilities for some areas which are hard to reach, especially in the context where the nearest facilities were not offering testing and vaccinations due to availability of test kits, trained Health workers or vaccine storage facilities. - Social and economic factors such as religion, poverty and gender inequalities were major contributors to limited uptake and access to prevention and utilization of available COVID 19 vaccination and prevention services. - Lockdowns and closure of informal market spaces exposed women to greater vulnerabilities as their main sources of livelihood depended on the sales of their wares.

3.2.2 Alignment of project goal and objectives to national, regional and international priorities, policies and normative frameworks for gender equality and women's empowerment

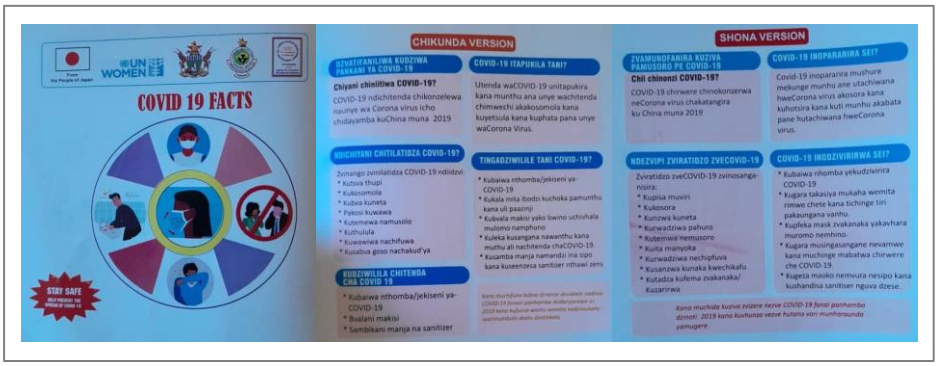
The project design and its activities were also well aligned and in sync with the national priority response efforts in addressing Covid-19, Gender Inequality and enhancing Human Rights. Regarding the response to Covid19, the project was designed and delivered within the guidance of the National Health Strategy (2021 -2025). The overall purpose of the NHS (2021 – 2025) is to improve the health and wellness of the population and eventually ensure universal health coverage. The project interventions were directly contributing to the key health sector outcomes such as improving access to essential medicines and commodities, reducing mortality due to communicable and non-communicable diseases, improving infrastructure and access to medical equipment for quality health service delivery. This strategic focus of the project was supporting building a resilient and sustainable health system. Additionally, the project also supported the Government of Zimbabwe's COVID 19 vaccine rollout through the implementation of the COVID 19 Vaccine Demand Strategy components. The key components of the Vaccine Demand Strategy were all visible in the project including engaging the community through their trusted voices, and framing the conversations in a way that resonated and provided the community with simple, coherent explanations and answered to their vaccination questions. Overall, all respondents were very clear that project interventions were addressing their existing needs.

"…The project really helped us as we could not carry out outreach testing and vaccination programmes due to limited vehicles. We had the vaccines, but no vehicles", Health Worker, Guruve District Hospital,

"…We had a shortage of cold supply chain equipment for our medicine that requires refrigeration, and we were facing a challenge of storage, the LGDA project really assisted us as we now have additional storage space and can safely store our COVID 19 vaccines…" Health Worker, Guruve District Hospital,

Figure 1: Health Workers Showing the Fridges Supplied by the Project

The project's core interventions were designed to provide support to the national efforts towards improving access to accurate information on COVID 19 . There were advantages in having existing community structures such as the Community Health Workers, Gender Champions, Community and Religious Leaders in the project. Key Informants in this evaluation claimed that these cadres are powerful and have stronger convening power which was optimally used to play a key role of community mobilization and information dissemination. It was a good approach with proven results as these cadres are trusted sources of information and have greater influence on their fellow community members. By working closely with existing community structures, the project ensured a quick buy-in of the stakeholders and thereby increasing its potential for smooth and successful implementation. This was particularly emphasized in FGDs where examples of this approach worked to breakthrough and reach the traditionally and religiously hard to reach population with vaccine uptake and general health seeking behavior. By working closely with existing community structures, the project ensured a quick buy-in of the stakeholders and thereby increasing its potential for smooth and successful implementation.



"…Village Health Workers were going around spreading information about COVID 19 and distributing the IEC materials. They used all available platforms like funerals, community development meetings, women's groups meetings. They were everywhere sharing these messages…"

Figure 2: Samples of IEC materials distributed by CHW

"…LGDA engaged church leaders and spoke to them about the advantages of taking vaccinations. They hit a breakthrough here as members of the Johanne Marange Nyenyedzi yeChinomwe Sect managed to get vaccinated through the influence and encouragement by LGDA and the Ministry of Health…"

The project was also noted to be well aligned to the aspirations of the National Gender Policy (2013 – 2017) which categorically specifies its intentions to achieve a gender-just society where men and women enjoy equality and equity and participate as equal partners in the development process of the country. Its main goal is to eradicate gender discrimination and inequalities in all spheres of life and development[12]. The policy elaborates priority areas in its quest for gender equality including gender and health, constitutional and legal rights, economic empowerment, and media and ICT. All these components are key features in the project's response package. The project made deliberate efforts to provide integrate women's economic empowerment interventions into their COVID 19 prevention response where women were exposed to training and capacity strengthening to produce their own soap and facemasks for personal use and retail purposes for income generation.

Beyond the alignment to the national priorities, the sync of the project's intervention activities and deliberate efforts to contribute to the normative frameworks for gender equality and women's empowerment cannot be over-emphasized. The Sustainable Development Goal 5 - Achieve gender equality and empower all women and girls is one of the 17 goals which specifically sets targets to promote women's empowerment, eliminate all forms of discrimination against all women and girls everywhere. The project was deliberate on targeting those women and girls in the marginalized communities and affording them opportunities to access to life-changing information, lifesaving vaccines and empowering them with economic strengthening interventions.

The joining of forces between the implementing partner LGDA, and various government line ministries and government allied institutions on a whole of government – whole of society approach was an important factor to the success of the project and sustaining an enabling environment for project implementation. Throughout the implementation phase, the project ensured that it remained relevant and addressed the real needs of the community by keeping all stakeholders

[12] Government of Zimbabwe Ministry of Women Affairs, Gender and Community Development (n.d.) National Gender Policy (2013 – 2017).

aware of their activities through collaborations and monthly stakeholder meetings. In these meetings, coordination of the response was enhanced and opportunities for integrating vaccine demand creation and uptake of vaccines were devised to the benefit of the project and efficient use of the resources. Furthermore, the project was sensitive to the changing context of COVID 19 in the country. For example, at the beginning of the project, there was emphasis on masking up, however, as context changed with relaxation of COVID 19 regulations, the emphasis on wearing masks was limited to specific situations such as gatherings. Financial resources earmarked for making masks was repurposed towards training on soap making.

"…When government announced that masks were no longer mandatory, the project repurposed funds that were intended for mask making to soap making…"

"*…An arrangement was made by LGDA and UN Women to hire LGDA vehicles since the vehicles that the project had purchased had not yet arrived…"*

3.3 Project Performance and Effectiveness/Impact

The project had four specific objectives which it assumed, if they were all met, they would contribute to strengthening gender responsive prevention of and response to COVID 19 in Guruve and Mbire. The effectiveness of the project was assessed by measuring the project's achievements against its planned objectives. Specific focus was placed on ascertaining the extent to which the project reached the targeted beneficiaries at the project goal and outcome levels, and the extent to which the project generated positive changes in the lives of targeted beneficiaries and untargeted community members. The objectives of the project were to:

1. Improve access to COVID 19 prevention, testing and vaccination services by communities, particularly women and girls, in Guruve and Mbire.
2. Improve distribution of COVID 19 infection control supplies including PCR test kits and COVID 19 vaccinations
3. Increase knowledge and understanding on covid -19 prevention and vaccination through social behavior change strategies to promote uptake of Covid -19 vaccination in Mbire and Guruve districts.
4. Build capacity of 500 vulnerable women and girls to locally produce Personal Protective Equipment in Guruve and Mbire districts.

The results of the project effectiveness are presented by project objectives. Overall, it is too soon to speak about the impact of this project as implementation of activities effectively began in June 2022 meaning that the project had been active for approximately 10 months, however, the evaluation found evidence that the project was largely on track in achieving its intended results across all the four objectives.

3.3.1 Improve access to COVID 19 prevention, testing and vaccination services by communities, particularly women and girls, in Guruve and Mbire.

To achieve this objective, the project assisted with the provision of provided transport to existing district COVID 19 testing and vaccination interventions including outreach to ease logistical challenges and facilitate reach to the furthest areas which had limited or no access to the services. The project hired seven (7) local vehicles to ferry the COVID 19 testing and vaccination outreach teams. This was an alternative initiative to ensure project activities were carried out and the population has access to the vaccines. The project was expected to purchase two fit-for-purpose vehicles which were to be used by the district hospitals to conduct outreach activities, however at the time of this evaluation, these vehicles had yet to be delivered to the facilities. Key informants reported that this was due to bottlenecks associated with the supplier who was facing a backlog challenge caused by COVID 19 regulations. Stakeholders indicated that the vehicles were now in-country and being branded and re-purposed to Ambulances and were soon to be handed over to Mbire and Guruve District Hospitals support continuation of the project activities. It should be noted, however, that at the validation meeting, stakeholders raised concern over the decision to re-purpose the vehicles into ambulances. The Ministry of Health said this was alright as it would still assist with patients, however, being an ambulance, it means that its use will now be restricted to medical emergencies whereas if they were left as service vehicles, they would be appropriate for outreach activities. Stakeholders indicated that they were not very impressed with this decision which was still made to go ahead against their suggestions to retain the vehicles as service vehicles and not ambulances. In response, UNWomen highlighted this decision was greatly influenced by donor requirements

and the information to keep them as outreach vehicles was not communicated in time with the Implementing Partner as conversions were already done. The stakeholder and the beneficiaries also reported that the hired vehicles were not necessarily fit for all-terrain lamenting that there were still some areas that were not reached. However, also they applauded the innovation as it served a purpose to increase reach to where they could with the available resources.

This initiative saw the districts reaching areas that located further from the district centres. Women and girls, including the elderly and those living with disabilities appreciated that the services were brought closer to the community, not only affording them the opportunity to gain knowledge on COVID 19 but also relieving them of the burden of costs associated with travel to the health facilities which offered vaccination and testing centres.

" Ma Nurse nevanhu veLGDA vakauya pano pa Neshangwe Primary School kuzobaya vanhu. Ini ndakaita wekutanga kubaiwa, uyezve ndaiyamwisa. Kuuya kwavakaita kuno kwakabatsira nekuti vanhu vese vaiyamwisa vana vakabva vazviona kuti ndabaiwa , zvakazoita kuti ivo vaitewo shungu dzekubaiwa"

"health personnel and LGDA staff conducted a vaccination outreach programme here at Neshangwe Primary School. I was the first person to be vaccinated, in addition to that, I was breastfeeding. The outreach programme was beneficial to this community because people saw me getting vaccinated, yet I was breastfeeding and this made them get vaccinated as well."

"*vamwe vatinogara navo vanorwara, vamwewo vakura havachakwanisa kufamba, saka kuuya kwakaita vaccination programme paNeshangwe Primary School kwakatibatsira kuti tingotakura vanorwara kuvaunza padhuze"*
'some of the people that we live with are ill, others are elderly and they can nolonger walk. The outreach vaccination programme was very helpful to the community because we just carried the sick a short distance for them to get vaccinated."

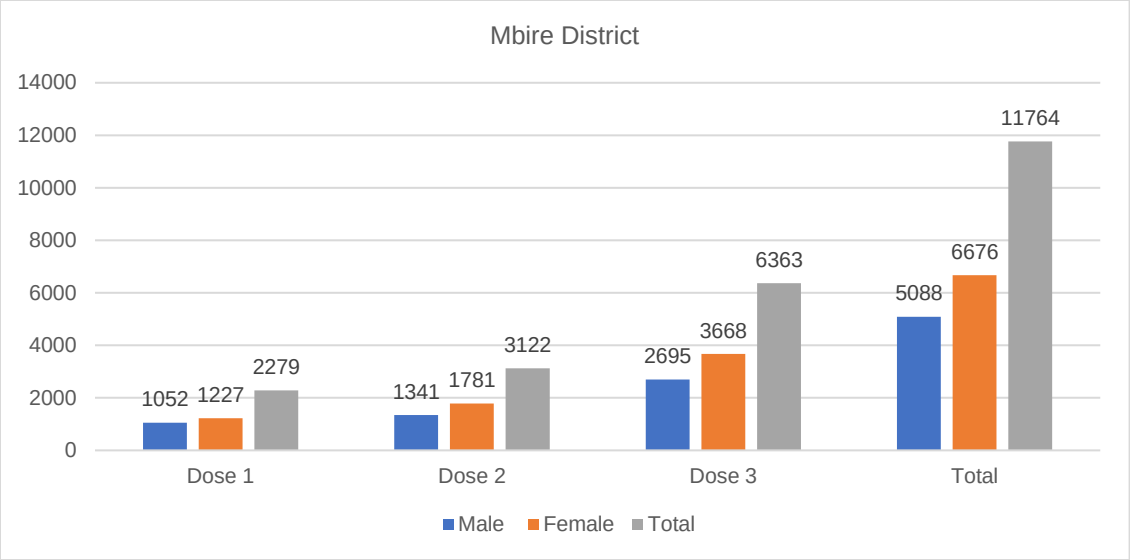
Based on the statistics from the National COVID 19 Situation Report of 24 April 2023 Mashonaland Central Province had recorded a total of 14766 cumulative cases, 332 deaths and had 13 Active cases of COVID 19 . Table 5 shows the statistics on vaccination coverage for Mbire and Guruve Districts during the period 01 June 2022 – 31 March 2023

Table 9: COVID 19 Prevalence &Vaccination Coverage in Mbire and Guruve Districts 01 June 2022 – 31 March 2023[13]

District Name	District Population*	Total Cases** Cumulative	Vaccinations***			
			1st Dose	2nd Dose	3rd Dose	Total
Mbire	83 724	1056	2279	3122	6363	11764
Guruve	153 602	1946	5491	3399	6665	15555

*Government of Zimbabwe Zimstat (2022) Population and Housing Census. ** Total deaths since the onset of COVID-19Outbreak
*** Guruve and Mbire District Health Contact Points

[13] MoHCC (2022) COVID 19 Statistics Supplied by MoHCC District Hospitals (Mbire and Guruve)



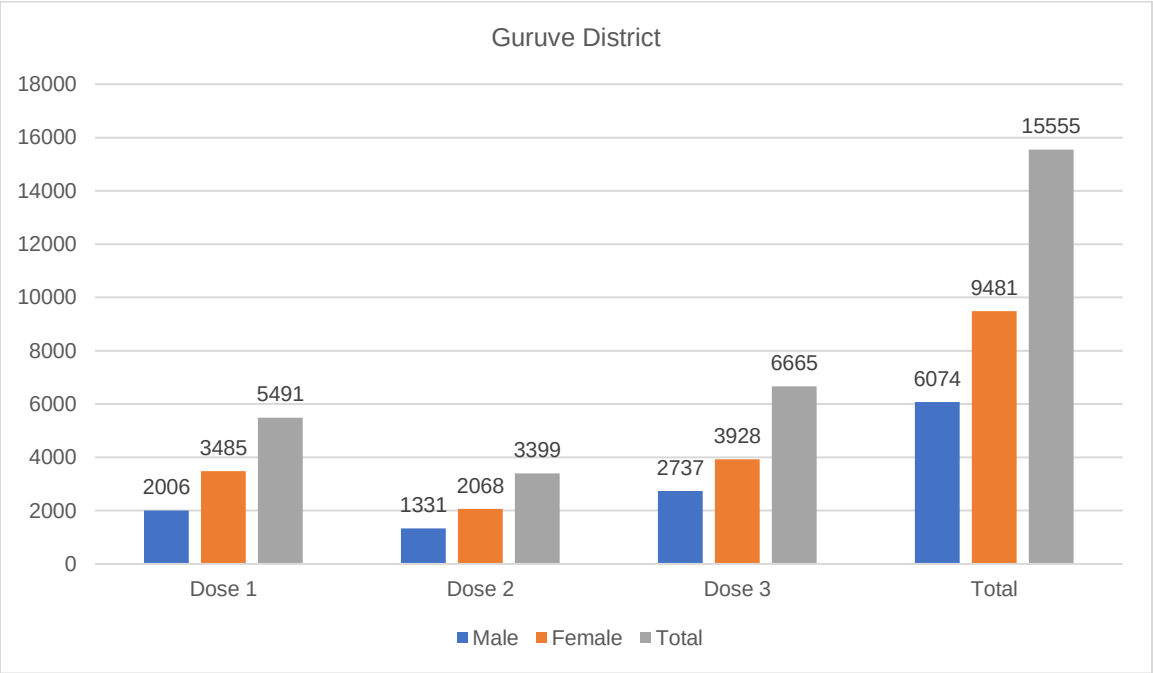


Figure 3 and Figure 4 show the vaccination information disaggregated by gender.

As can be seen for the Figures above, more females (Aged 12+) were vaccinated compared to males. This can be partly attributed to the fact that project targeted women and girls, as well as the population of women and girls is more than that of men and boys. In both districts.

The project also supported the health facilities with purchasing new refrigerators and other cooling machines for vaccine storage as a way to complement and increase the facilities vaccine storage capacity A total of four (4) *refrigerators* were purchased and donated to Mushumbi, Mariga and Mahuwe clinics in Mbire District and one to Guruve District Hospital. The availability of cooling and storage facilities increased opportunities for the community to have access to vaccination services which were not spoilt from inadequate temperatures required for vaccines. The availability of cooling and storage facilities increased opportunities for the community to have access to vaccination services, which would otherwise be interrupted by having fewer quantities of vaccines at any given time.

"LGDA donated solar powered refrigerators for vaccines and we appreciate this because we had a challenge of storage space. The refrigerators are solar powered therefore we have no fear of the vaccinations getting spoilt if we have power cuts"

Figure 5: Fridges supplied by the project.

Community advocacy and awareness raising was the mainstay of the project with various community engagements done to raise awareness about COVID 19 promoting attitude change and uptake of vaccines. This was done using print, radio, plays and road shows, conducting educational sessions on covid in schools and community wide and infusing covid talks in other activities, e.g., government and community meetings, to reach the target groups. By the end of the project an estimated total of *180, 656* direct and indirect beneficiaries had been reached through 13 road shows, 430 t-shirts, 30 hunters' jackets, 3 branded Gazebos, 100 Java printed fabrics, 2000 flyers, 100 posters and 513 bandanas.

The project used a best practice approach of capacity building and skills strengthening of community health workers, community influencers, and gender champions to influence uptake of COVID 19 vaccination among the community. This was a carefully thought-out approach and significantly enhanced the project's reach to the hard to reach population and making particular breakthrough to the religious objectors. One exciting example of this was elaborated by one of the religious leaders from the Johanne Masowe Nyenyedzinomwe Sect

"…Without the helping hand of this project and the good dialogue between us, LGDA and Government Health Workers, it would have been difficult for us…to embrace COVID 19 testing and vaccination…" Leader of an Apostolic Sect, Mbire District

By the end of the project 500 women and 50 men had been trained on production of all-purpose liquid soap, and this was a notable success and well acknowledged intervention which addressed multiple immediate needs of the community. Soap making is a life skills, economic strengthening and COVID 19 prevention strategy which also had positive ripple effects to prevention of other diseases which can be prevented by handwashing and maintaining good hygiene practices. Women who directly benefited from the training and men who were indirect beneficiaries told stories of positive change at personal and household levels which they attributed to contribution of the project. An example of this positive change is detailed in Memory Gomo's* most significant change story. Another reflection on the effect of the project on the indirect beneficiaries is from a man who survived the COVID 19 infection and attributed his recovery to the support he received from his wife who had attended the training supported by this project.

I would like to thank my wife for taking good care of me after I was diagnosed with COVID-19. Her knowledge on how to take care of a COVID patient had been shared with her through the LGDA project.., Male beneficiary Ward 9Mbire District

Using an Output tracker derived from the project logframe, the intervention demonstrated positive output target compliance as shown in Table 6

Table 9: Project Target to Output Compliance.

Target	Achieved	Status
Increase the proportion of women and girls and those on marginalized communities who receive COVID 19 vaccination from 45% to 75%.	13 -24% increase	Significant progress
77 407 people vaccinated against COVID 19	27 319	Some progress
Number of people especially women and girls and those in the most vulnerable and marginalised communities' accessing COVID 19 preventative messages	180,656	Achieved
500 women trained in developing PPE (face masks & soap)	550	Achieved
Produce 2 success stories of the project.	2	Achieved

The evaluation could not establish specific statistics regarding percentage increase on the proportion of those who received Covid -19 vaccination from 45% to 75%. There were no reliable records to help in calculating this rate. Regarding PCR COVID 19 testing, there were no PCR test kits distributed in and the context did not require such given the decline in the number of COVID 19 cases across the country. COVID 19 vaccination rates saw a slight increase from 15 296 on 31 May 2022 to 27 319 on 31 March 2023. While the actual targets were not met, overall the project is applauded for its achievements as these are not far off when compared to the broader context in Zimbabwe, whose national testing rate is estimated at 1.9/10,000 per week, from a recommended 10/10,000.

3.3.2 Improve distribution of COVID 19 infection control supplies including PCR test kits and COVID 19 vaccinations.

Availability and timely distribution of COVID 19 test kits and vaccines was a key priority to complement the massive demand generation activities that were supported by the project. There is indeed good evidence of improved availability of COVID 19 vaccines and test kits. Although the project initially planned to provide PCR test kits, this was later changed

in response to the context where the need for PCR testing declined rendering PCR test kits less essential. According to the district records, No PCR Test Kits were distributed to health facilities and no people received PCR Testing.

3.3.3 Increase knowledge and understanding on covid -19 prevention and vaccination through social behaviour change strategies to promote uptake of Covid -19 vaccination in Mbire and Guruve districts.

It is difficult to report the proportion of increase in knowledge and understanding on COVID 19 prevention and vaccination in quantitative terms as the project did not measure the baseline values for this indicator. However, attribution can be made based on the context and behaviours of the community regarding uptake of vaccines and the claims gathered from the qualitative data. Stakeholders indicated that even though the project effectively began in June 2022 approximately 2 years after the onset of the COVID 19 pandemic, and notwithstanding the national level efforts on prevention and case management of COVID 19 , the greater proportion of the population in Mbire and Guruve were still largely characterized by high levels of vaccine hesitancy which was sustained by lack of accurate information and misinformation about COVID 19 , myths and misconceptions, lack of confidence on the vaccine. The project came at a time when some people had come to appreciate the realities of COVID 19 , but there were still some people who believed in myths, misconceptions and inaccurate information which was spread via social media platforms and word of mouth from unverified sources. According to participants in Mbire and Guruve, before the project, it was common to find people who:

- Strongly believed that COVID 19 was a disease that would only affect residents of Harare and those who travelled to Harare and abroad. They understood it to be a disease of the rich
- Believed that COVID 19 virus was not going to thrive in their community due to the high temperatures and prevailing climatic conditions in their districts, as the virus can only thrive in cold or cooler climatic conditions.
- Believed that getting a vaccine was succumbing to the triple illuminati/evil spirits which is referenced in the Holy Bible.
- Thought that this was a biological warfare and attack on their reproductive capacities, and
- Were convinced that there was no Covid-19, instead this was an underground government scam to obtain funding and other resources for personal gain.

The positive work of the project in changing these perceptions and misinformation was widely acknowledged by the stakeholders and project beneficiaries, all unanimously agreeing that the current levels of knowledge and extent of understanding among the population could not have been achieved in the absence of the project interventions. There was complete consensus that the majority of the population was reached with accurate information via the awareness campaigns and printed materials, and this translated to the uptake of testing and vaccination among the population.

Using the battery technique to assess knowledge with FGD participants to measure their knowledge levels and obtain their views on the extent to which they attribute the knowledge increase to the project, the evaluation noted with encouragement that there was a positive attribution. The participants indicated that if their knowledge was to be liken to a battery before the project, their knowledge levels were at 1 bar (low charge) and due to the project, their knowledge is now at 4 bars (almost full). The 1st bar attributed to knowledge gathered from other sources and the unfilled bar left to chance that they may be other things they are still to learn but may be not from this intervention.

3.3.4 Build capacity of 500 vulnerable women and girls to locally produce Personal Protective Equipment in Guruve and Mbire districts.

A total of 500 women and 50 men were trained on production of all-purpose liquid soap and face masks with a triple down effect of 1,230 women and girls being trained beneficiaries from 82 women led groups. Training was delivered in small groups and adopted a Training of Trainers approach where those who are trained were expected to transfer the skills to others. Those who were trained after the training of trainers (ToT) approach reached to 1,230. As indicated earlier, the effect of the training was largely positive firstly at the direct beneficiaries' personal level and further to the indirect beneficiaries. The women were also linked to the markets to sale their locally produced soap, although the majority of those in Mbire reported that they did not receive market linkage. Some of the soap was bought by the project at $1.35 per 500ml and re-distributed in the community with the most vulnerable (elderly and those living with disability)

being the primary recipients. In total LGDA bought 7,183 litres of liquid soap from the women's groups and redistributed them to 19 health facilities,101 schools, Guruve Prison and 500 vulnerable households in the Mbire community.

Both stakeholders and FGD participants, while acknowledging the positive outcomes of the training, raised some concerns over the selection criteria used to identify the beneficiaries who received the training. For example, in Mbire, women indicated the priority was given to those who were already identifying as gender champions drawn from the existing program supported under the spotlight initiative, and those who already owned sewing machines. These individuals are perceived as better-off in terms of economic status compared to those who have none. It was in this view that the project targeting was perceived to have not fairly benefited the most deserving. Furthermore, gender champions are considered to already have a better exposure to gender equality and other empowerment initiatives, by restricting targeting to this criterion, it was highly likely that those who haven't been actively engaged in the related activities would be left out.

"pakatanga project zvakanzi kurikudiwa ma gender champions kuti vadzidziswe kugadzira sipo, vanga vasiri magender champions vakatosara."
"when the project started we were advised that only gender champions were required to make up the group of people who would be trained on soap-making. Those who were not gender-champions were left out"

"kwakanzi varikuda kudzidziswa kugadzira ma mask vanofanirwa kunge vaine muchina yekusonesa"
"we were advised that those who want to be taught how to make masks should have sewing machines"

"pakawanika mukana wekuti vamwe vapindewo muma groups, ma gender champions vaibva vadaidza hama dzavo"
"whenever there was an opportunity for people to be part of the sop making groups, gender champions would call their relatives or close friends to join"

Further consultation with stakeholders at the Evaluation Validation Meeting, the Ministry of Women explained that, the reasons for this selection criteria was purely one informed by the practicalities of group formation and minimum standards required as a policy for community members to receive donor supported economic strengthening interventions. Other stakeholders also added that with the project implementation timeline of approximately 10 months, it would have been unlikely for the project to have achieved these results, as group formation takes a longer time. Another concern raised by the stakeholders was that relating to the identification of the consultant who facilitated training on production of PPE, where the Ministry of Women Affairs, Community, Small and Medium Enterprises Development were only involved in Guruve but not in Mbire which resulted in perceptions that the quality of soap produced was of poor quality and hard to sell.

"As a Ministry, we noted with concern that LGDA did not involve the Ministry of Women Affairs in identifying the facilitator and this is our core mandate as the Ministry. We raised this concern with the Director of LGDA and registered our displeasure…"

The project produced the two success stories of the project as expected. These were widely published in the media and covered key development issues and changes that the project contributed into the lives of the beneficiaries. These can be found from the following links:

- Including people with disability pathway to greater acceptance of COVID 19 vaccination https://www.herald.co.zw/including-people-with-disability-pathway-to-greater-acceptance-of-covid-19-vaccination/
- Overcoming vaccine hesitancy barrier among Apostolic sects in Guruve https://www.herald.co.zw/overcoming-vaccine-hesitancy-barrier-among-apostolic-sects-in-guruve/
- Guruve, Mbire women venture into soap making to wash off poverty. https://www.herald.co.zw/guruve-mbire-women-venture-into-soap-making-to-wash-off-poverty/
- Soap making project transforms Mbire villagers' livelihoods https://www.newsday.co.zw/local-news/article/200004915/soap-making-project-transforms-mbire-villagers-livelihoods

Table 10: Summary of factors facilitating and inhibiting attainment of project objectives.

Facilitating factors	Inhibiting Factors
Using the whole of government - whole of society approach enabled active participation and involvement of all stakeholders in the project from design to implementation and this fostered ease of coordination, ownership and supported possible sustainability of the project gains.	**Hired vehicles were not fit for purpose and not all terrain** which left the gaps in reaching other areas which required high clearance off-road vehicles
Use of innovations and integration gender equality and human rights, particularly targeting women and girls: - combining community awareness campaigns with road shows and street drama and having vaccination services on site was an important attraction for entertainment and learning and access to services at the same place and time. This saves time for women who would not have to create time for separate activities.	**Competing activities in the community suffered from numerical inadequacy of human resources for health** and this somewhat slowed down the pace where outreach activities had to be postponed accommodating other activities that required same health workers.
Use of existing community structures - CHW, Gender Champions, Community Leadership for community mobilization. This enabled the project to break traditional barriers associated with religious beliefs	**Limited time for project implementation:** However, it remained an acknowledged reality that this was a catalytic project complementing efforts to address a humanitarian crisis.

3.4 Efficiency

On project efficiency, the evaluation assessed the extent to which the project economically utilized the available resources or inputs to achieve the results. Primary focus was placed on how productively the resources were used to realize the results (Value for Money). Particular attention was also placed on project management and funds management.

The efficiency within the project was good in view of what was agreed within the project proposal that was awarded. However, it is difficult to assess the cost/benefits analysis for the project components which were addressing knowledge, behaviour and attitude changes as these involve changes in social, and cultural values and norms which may take time, and these take enormous number of resources. Sometimes these changes can go faster and the uptake of COVID 19 vaccinations is such an example. To some extent the project achieved behaviour and attitude change (vaccinations) in a relatively short period of time.

Training and local production of soap and face masks was an efficient way of saving resources as these were re-usable masks. Stakeholders and FGD participants spoke highly of the model which they felt brought the community together and accelerated the innovations and learning on Covid-19, economic empowerment within the same platform. Economically speaking, this is a huge success, as the community remains with both knowledge and life skills, and both can be passed on to the other community members and even generations. Working with and through existing structures (line ministries and community cadres) to deliver the project interventions such as information dissemination, community mobilizations seem to have been adequate and in alignment with promoting efficiency as each stakeholder was bringing on board their expertise and comparative advantage. This was local expertise requiring no extra financial resources. There could have been some inefficiencies in the hiring of vehicles to support distribution of COVID 19 vaccines and other supplies as this cost was not factored in the project. However, the evaluation acknowledges that this was possibly the next best alternative to allow for project implementation as procurement of project vehicles was dragging and the project had a limited timeframe for implementation.

- **Project Management**

The general management of the project was noted to be efficient as it was characterized by specifically dedicated personnel with clear reporting lines and structures. The project had a specific Project Coordinator who oversaw the entire management of the project and had the technical support of the rest of the steering committee comprising of the Project Coordinator, Project Officers, Communications Officer, Monitoring and Evaluation Expert, Finance Officer. The structure was sufficient for the size of the of the project covering two districts. All the personnel were competent and qualified staff with vast programming experience in working with women, vulnerable populations and participation health and development. Cost savings were also made in use of the IP's facilities and DDC offices for convening meetings and trainings and avoiding use of hotels which cost much higher fees. Generally, the project demonstrated overall positive target compliance to set output targets.

- **Project's Fund Management**

There is evidence of sound project fund management. The project had in place mechanisms to reduce possibilities of fiduciary risks. These included having a well-defined authorization and approval terms for any funds disbursements,

which were also dependent on project activities and timelines. The UN Women itself has a strong financial system with internal controls which all showed good management of project funds. In purchasing of any goods and services the project insisted on a Value for Money (VfM) basis and followed stipulated procurement procedures all the time. Unfortunately, the evaluation did not have access to any audited financial reports, however Key informant interviews revealed that there is minimal variance of the costs incurred to the budget with the variance of the overall budget pegged at 1%. This is remarkable and reflective of minimal fiduciary activities. The negative variances, implying over-expenditure, were within reasonable range (max 11%) and were largely as a result of under-budgeting on inception and had plausible explanations, such as the unanticipated rise in fuel and underestimated trip distances.

3.5 Sustainability

The sustainability of the project was reviewed with particular focus on the extent to which the project's results will be sustained over time. Thus, examining the strategies that have been put in place to ensure sustainability of results, including integration of lessons learned from implementation of this project. The particular dimensions of sustainability that were considered in this evaluation are:

- The level of ownership generated, effective partnerships established, and capacity strengthened through processes.
- Community level sustainability – assess ownership, participation and inclusion of national duty-bearers and rights-holders.

Overall, the project made efforts to ensure sustainability of the interventions in two broad ways:

- Strengthening partnerships and collaborations with other government allied and community stakeholders.
- Ensuring active involvement and participation of women and community members in the implementation of the project activities

a. Strengthening partnerships and collaborations with other government allied and community stakeholders.

The project was implemented within a whole of government – whole of society approach which is about building mutual partnerships and networking not only with the stakeholders of top levels like at national and provincial levels, but it is also about building a partnership with the district and communities at the roots of the villages in Mbire and Guruve. This approach enabled the project to build strong confidence among the stakeholders and community cadres who were the key drivers of community mobilization and information dissemination. The project inclusively brought multi-sectoral stakeholders and facilitated their active participation in the decision-making process from project design right through to taking appropriate intervention implementation modalities. This was evidenced from the time the project undertook fact finding missions and the series of stakeholder consultative meetings and regular meetings and updates on monthly basis. The partners had the opportunities to hold dialogue and also the formulate common strategies and resource pooling carrying out collective work to accelerate access to COVID 19 prevention services. In the collaborations each stakeholder delivered on their comparative strengths. The two examples of this are:

- Ministry of Women Affairs oversaw all the women co-operatives and assisted in managing and monitoring them to ensure their sustainability. As the project comes to an end, the soap-making groups will continue receiving support from the Ministry of Women Affairs which will ensure that those who were trained will train others. Additionally, the soap-making groups are now multi-purpose groups that are diversifying to other initiatives that aim for economic strengthening such as ISALs which are themselves self- sustaining if principles are well adhered to.
- Ministry of Health and Child Care is a parent ministry which leads the national response on health service delivery. The initiatives to increase and strengthen its cold chain management will enable the facilities to continue stocking adequate amounts of vaccines and deliver services with minimal limitations. Working with the CHW further enables continuation of information dissemination beyond the life of this project and reach will likely remain wider as these cadres represent all community denominations.

The project stakeholders and beneficiaries all demonstrated positive levels of ownership of the project and its results and vowed to take the gains of the project forward. Some of the promises made by project stakeholders are indicated below:

"…As the Ministry we are working towards ensuring that the project is sustained through engaging our cadres in the community to ensure that the groups remain functional and the training continues…" MWACSMED

"…After making the soap, LGDA bought the soap that we had made and gave us the payment. We used the payment to buy more ingredients so that we could continue making soap as we now have the knowledge and skills. Beneficiary of PPE Soap Training, Guruve District, Ward 2

"…When we were trained on how to make soap, we were told to go and train others as well, and that is what we are doing and will continue doing" Beneficiary of PPE Soap Training

"…My wish is for the project outcomes to continue because it helped us the physically challenged to learn how to make soap. The money I got from selling soap helped me to procure some medicine for myself and so I will continue with soap making, Beneficiary of Soap Training, Guruve District, Ward 2,

b. Ensuring active involvement and participation of women and community members in the implementation of the project activities

The nature of the project was that the key interventions were implemented by the beneficiaries themselves and their active participation cultivated a spirit of ownership of the project. The women, CHW, community leaders, and gender champions were all drawn from the community and became the vehicles of information and knowledge sharing which in itself contributed to project sustainability. This approach also reflects the key principles of Human Rights which stress the importance of leaving no one behind. The various cadres involved in the project represented all the categories of the community members. The project achieved its intention to afford everyone access to COVID 19 prevention and vaccination services including those most vulnerable and in hard-to-reach areas.

It is also crucial to state that while the project made efforts to promote sustainability, it could not entirely eliminate some of the threats to sustainability. For example, the evaluation could not find any evidence suggesting that partners were ready to scale up the interventions to other districts. There was lack of clarity on how the new groups to be trained in soap making were going to obtain capital to kick start the projects. Not much was done to promote market linkages beyond the districts of operation should the production of soap increase. The CHW and the rest of the community cadres are performing their roles on a voluntary basis and some incentives to keep them motivated may be required, however the project did not make any provisions to address the possible need for this in the future.

3.6 Gender Equality and Human Rights

The evaluation assessed the project's considerations on integration of gender equality and human rights into the project design and its implementation. The analysis also assessed how such integration (if at all) advanced the achievement of the project results.

The findings indicated that there was a strong integration of gender equality and human rights into the project design and implementation. The way in which the integration of these concerns advanced the achievement of project results is visible throughout all the stages of the project from design to implementation, and the subsequent manifestation of the project effects on the project beneficiaries. The project recognised that as the COVID 19 pandemic unfolded, while everyone was affected, women and girls were carrying the greater proportion of the negative impacts both economically and socially. As such the design of the project specifically targeted women and girls with economic strengthening interventions while also capacitating the health system with resources to support and increase reach and access for both women and men.

Women as the primary beneficiaries of the project testified of the gains they earned through the project and ripple effects reached men and boys manifesting in greater results which are indicative of positive impact. By undertaking outreach vaccination activities, women were afforded access to life saving vaccines which some may otherwise have foregone due to shortage of time and to balance travel and demands of childcare and unavailability of financial resources to pay for transport. The root causes of gender inequality were addressed through the capacity and skills building on training on production of PPE with the opportunities for income generation. This reduces women's economic dependence on men, just as one of the women in FGDs articulated.

" kutenga sipo kwaitidhurira, zvaitonetsa mumba kugara uchikumbira mari yesipo nezvimwe zvinhu kuna baba, asi ikozvino tavakugara nesipo yedu uye tava kutengesa kuti tiwane mari yekubatsirika" Beneficiary of PPE training Guruve District, Ward 2.

"buying soap used to be very expensive for us, it was difficult for us to always be asking our husbands for money, but now we have our own soap that we make ourselves and we can sell it to get income"

The majority of gender champions and VHW are women, and they were the main vehicles for information transfer to their fellow residents which gave the empowerment and confidence to participate and lead in the interventions that have a direct impact on their lives. While the majority of primary beneficiaries were women, the project also afforded a sizable number of men as primary beneficiaries in the training on multi-purpose soap ensuring inclusion and non-discrimination of either gender. The targeting of beneficiaries also deliberately ensured inclusion of the people with disabilities and having them participate along with everyone.

"…LGDA haina kundisiya nekuti ndakaremara, vakanditora vakandiisa mu group revanu vaibatsirwa kugadzira sipo kuti ndizokwanisawo kugadzira ndichiwanawo mari…" PLWD, Beneficiary of PPE training, Guruve District, ,

"…LGDA did not exclude me because I am disabled, they included me in the soap making training so that I can be able to make my own soap and sell it to get some income"

3.7 Lessons Learned

Consultations with the stakeholders and project beneficiaries indicated the following as the key lessons learned and worth considering in the implementation of this project. These lessons can also be integrated into other development projects in other sectors.

a. If women and community members are afforded an opportunity and support, they can facilitate accurate dissemination of health information and transfer it amongst themselves.
   - They are an efficient and effective mode of information dissemination among their community members.

b. Availing COVID 19 prevention services, or any other health services and bringing such services closer to the people can increase uptake and utilization within short periods of time.

c. Putting project beneficiaries at forefront of implementation and ensuring inclusive stakeholder engagement and participation in all stages of the project promotes ownership and may translate into long term sustainability of the project gains, ensuring that beneficiaries will enjoy their rights much longer.

d. Projects with a short life-span such as this one, if they require procurement of equipment and vehicles, must consider opportunities for doing such locally instead of procuring outside the country, especially the goods that can be found in the local market
   - If local procurement is considered, strict compliance to procurement procedures must be adhered to just as is expected.

e. A project transition strategy/ exit strategy needs to be communicated with project beneficiaries and other stakeholders well in advance to ensure that there is no confusion as to whether project is still under the support of a donor partner or not.
   - This enables other stakeholders to adjust and plan to absorb any support activities that beneficiaries may require.

4. CONCLUSION AND RECOMMENDATIONS

4.1 Key Conclusions

Relevance: Overall, the project was very relevant in addressing the priority needs of women, girls and the generality of the community in Guruve and Mbire Districts. While the prevalence of COVID 19 has significantly declined across the country, it remains a threat to public health. The project made commendable contributions to the national efforts and aspirations to leave no one behind in health service provision, gender equality and empowerment of women as they are well articulated in the national policies, strategic frameworks and regional frameworks. The contribution of the project was delivered in a whole of government – whole of society approach which is an effective way of bringing stakeholders together to deliver as one on a common cause. This approach also stands greater opportunities to strengthen collaborations, strengthen capacity and promote long term sustainability of shared results.
Furthermore, its relevance lay in its women empowerment and community-led approach which ensured active involvement participation of women, CHW, Gender Champions, Community and Church Leaders in bringing positive change amongst themselves and their community. This approach proved to be effective in ensuring reach and breaking some of the major barriers to uptake of COVID 19 prevention services. The participation of community and church leaders in the project was observed to be a major breakthrough especially for the Apostolic Sects which are commonly objectors to modern medicine and use of health facilities. The participation of the women and community members seems promising of sustained benefits of the project results. At the time of this evaluation, project beneficiaries especially women who were trained in making all-purpose soap were observed to be still actively engaging in production of soap and some had diversified their small businesses.

Effectiveness: The project was also effective in achieving its intended objectives. The evaluation findings show that the project was highly effective in raising awareness and increasing knowledge on COVID 19 in the community. Results also show that to some extent the project had been on course towards influencing the behaviours such as uptake of COVID 19 vaccination in a context where, in the absence of this project, some may have foregone getting vaccinated or remained with lack of knowledge and understanding of COVID 19. As this was a community wide intervention, it is

bound to have ripple effects in both issues related to COVID 19, other vaccine preventable diseases, gender equality and women economic empowerment.

Efficiency: The project managed to implement nearly all its planned activities. There were delays in delivery of the vehicles which were meant to support logistical arrangements for delivery of vaccination services owing to shipment challenges which were beyond the control of the project. The project was innovative to use alternative transport options to ensure implementations goes ahead and to a greater extent, the project was executed fairly efficient.

Sustainability: The project was well coordinated and actively involved other the multisectoral partners. The monthly meetings held at district levels were a strong vehicle for strengthening capacity and collaborative efforts, as well as a smart transition strategy. This success was a result of a combination of factors including the clear integration of women's rights and gender equality concerns in the design and practical implementation of the project. This evaluation concludes that this project has generated good lessons and is the type of project that can be replicated with some adjustments to optimize impact.

4.2 Recommendations

Table 11 provides the recommendations for consideration by UN Women and partners in future similar interventions. These recommendations were generated in consideration of the overall findings of the assessment, and also capture the direct inputs from all the stakeholders and women who were consulted during the assessment. At community level, the participants were afforded opportunities to offer recommendations on how the project could be improved and what could have been done differently during the interviews. Their responses were validated before the interviews were closed. The multi-sectoral stakeholders provided their recommendations during the report validation meeting as well as through the review comments on the draft report. Priority ranking of the recommendations is based on the overall consensus generated during the consultations.

Table 11: Recommendations for considerations with priority rankings

Strategic Area	Recommendation	Responsibility	Priority
Relevance, Gender Equality and Human Rights	1. Maintain a strategic focus and dedication to gender equality and the empowerment of women. As a global champion for women and girls, UN Women's support and leadership in this project significantly contributed to accelerating access to COVID 19 awareness, knowledge and prevention. The interventions were particularly implemented to with direct intention to truly benefit women and girls in Mbire and Guruve districts. UN Women is encouraged to: **Continue and excel in its coordination role and promote initiatives that advance gender equality**. This includes: a. Working closely with the Government of Zimbabwe, Civil Society Organizations other development partners ensuring that gender equality and women's rights concerns are integrated into all programs and in all sectors. Mbire and Guruve Districts remain in need of this support. b. Scale up, adjust as necessary and replicate this kind of project in these and other districts of Mashonaland Central Province. This could entail promoting uptake of all vaccine preventable diseases including covid-19, polio, measles, cholera, cervical cancer, TB, diarrhoea, hepatitis B, tetanus, etc., and integrate women's economic empowerment programs and life skills strengthening for women and girls. As this project already supported health facilities with refrigerators and vehicles to support cold chain management and distribution of vaccines to hard-to-reach areas, implementation going forward will be less capital intensive.	**UN Women MoHCC**	**Very High** **Very High** **Very High**
Effectiveness and Sustainability	2. **Devise more innovative, young people friendly income generating projects which are appealing to**	**UN Women MWACSMED**	**High**

	the girls who are youth, and not necessarily heavily contested by the adult women and men community. The all-purpose soap making initiative saw older women more involved which could easily crowd away the younger ones. Key considerations in the development and implementation of appropriate women's economic empowerment projects include: a. Support the exit transition phase of the project by continuing to attend the monthly meetings at district level offering technical assistance. This could entail following up with the line ministries involved in this project and sharing the findings of this evaluation and pointing out how and where each stakeholder could use its comparative advantage to take the gains of the project forward. For example, in their diversity, all stakeholders have an opportunity of complementing the deliberate efforts of government to encourage women to form groups and register with the MWACSMED as this is a pre-requisite for accessing most development partner supported projects that involve women's economic empowerment initiatives. This does not require financial resources as the same platforms used in community mobilization for this project can be used to encourage this, especially amongst those women who haven't been actively participating in the development work. b. Placing deliberate efforts in the identification and selection of appropriate projects for the area younger women and for older women, targeting and selection mechanisms for participants, skills development, financing mechanisms and market linkages. The identification of the relevant projects is participatory and uses such techniques as Timeline Plotting, Ranking and Matrix Scoring. c. Using a "cost sharing and pass-on" approach may also be adopted in which start- up capital for is provided as a loan to beneficiaries which they should payback after an agreed timeframe so that it can be forwarded to others who are waiting for it. In this way, the project encourages women and girls to become responsible and accountable for their projects, allows them to play the role of monitoring and influencing each other on achieving their set goals and also promotes project ownership while reducing dependency on donor support tendencies. This is possible considering that the MWACSMED already works in this area and can train the women and girls on a wide spectrum of business development principles and can link them to the markets, help them form cooperatives and access loans from financial institutions. d. **Ensure a wholistic approach to introduce women and girls to the complete value chain for locally produced products**. Even though this project has come to an end will not be extended, future projects can build on the achievements of this project. Those who were trained can be linked to the markets. e. **Extend financial and support to the Ministry of women affairs and gender to deliver technical assistance to the community via their gender**		**High** **High** **Medium** **Very High**

	champions groups. The Ministry lacks adequate funding to ensure consistent supply of technical support to the community cadres and depends on the private-public partnerships for these to remain in place. They have human resources who are dedicated to the tasks but over time they spend more time in offices instead of conducting field visits due to lack of financial resources. 3. **Undertake a thorough case study and document the culturally sensitive approach used in this project to earn trust, confidence and acceptance and subsequent uptake of vaccines by the religious sectors who have traditionally objected to modern medicine and other health interventions**. This project made a true success story and if the approach can be understood, replicated on a larger scale, thousands of women and girls across the country and other similar contexts will be reached with lifesaving vaccines and health information. This will contribute to the development, equality and equity agenda for all women and girls. a. A detailed concept note and case study documentation protocol can be developed and the study be undertaken. This is one study that can be undertaken with the urgency it deserves given its potential to contribute to positive change in this area of women's rights and gender equality. b. Men and boys are gate keepers in this space, as such if they are understood, interventions that address the norms that sustain inequalities can be devised and implemented to the equitable benefit of both.		**Very High** **Very High**
Efficiency	4. Projects with a short lifespan such as this one, should not be procurement heavy. If they require procurement of equipment and vehicles, they must consider opportunities for doing such locally instead of procuring outside the country, especially the goods that can be found in the local market. If local procurement is considered, strict compliance to procurement procedures must be adhered to just as is expected. • This is to ensure that the project delivers on its promises without questions or doubts from collaborating stakeholders.	**UN Women**	**Medium**

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Annexes

Annexes 1 – 10 are attached in a separate folder as follows:

Annex 1: Evaluation Matrix

The evaluation matrix is shown in Table 2. The matrix provides details of the key questions and sources of data to address the evaluation objectives.

Table 2: Evaluation Matrix

Evaluation Domain	Key Questions	Indicators	Participants	Data Collection Tools
Relevance	To what extent was the Project conceptualized, planned and designed to respond to national, regional and international normative frameworks for gender equality and women's empowerment.	National, Regional and International Gender Equality Instruments to which the project contributed. Alignment to national priorities No of meetings with national counterparts	UN Women Zimbabwe CO and Regional Office Ministry of Gender, Ministry of Health, Local Government, Ministry of Youth, Ministry of Education	Desk review guide Key Informant Interview Guide
	What were the specific activities implemented by this project	List of interventions undertaken List of activities indicated in the Project Agreement Document	UN Women LGDA/ Implementing Partners Community Health Workers Stakeholders, Ministry of Gender, Ministry of Health, Local Government, Ministry of Youth, Ministry of Education Women & Men	Key Informant Guide Desk Review Guide FGD Guide KAPB Questionnaire Observation Checklist
	Was the project responding to a need that was recognised by target beneficiaries	Links to the context Contribution to addressing the need that exists in the community.	UN Women LGDA/ Implementing Partners	Desk Review Guide Key Informant Guide

		Alignment of activities to the problems faced by women and girls in the community	Community Health Workers Stakeholders, Ministry of Gender, Ministry of Health, Local Government, Ministry of Youth, Ministry of Education Women & Men	FGD Guide KAPB Questionnaire
	Was the project appropriately responsive to political, legal, economic, institutional, changes in the country?	Links to the context Contribution to addressing the changing needs that exists in the community.	LGDA/ Implementing Partners Community Health Workers	Key Informant Guide FGD Guide
	Were the intended beneficiaries of the project involved in the design and implementation of the project, and did they benefit from the intervention	Problems identified and prioritized by beneficiaries. Evidence of community and stakeholder consultation Perception of beneficiaries and stakeholders on the relevance of the project	UN Women LGDA/ Implementing Partners Community Health Workers Stakeholders Ministry of Gender, Ministry of Health, Local Government, Ministry of Youth, Ministry of Education Women, men Community leaders	FGD Guide Desk Review Guide Key Informant Guide
Effectiveness and Impact	To what extent did the project achieve its planned goal, outcomes and outputs,	Target Compliance – reach to target beneficiaries.	UN Women LGDA/ Implementing Partners	Key Informant Guide Desk Review Guide FGD Guide

		Contributions to positive change in the lives of the beneficiaries and wider community Change that's considered as most significant and attributed to the project. Key changes in respect to the problem the project sought to address. Perception of replicability of the project at national scale, Perception of ownership of the Project by stakeholders, beneficiaries Contribution of the Project in building the capacity of the government to drive the gender equality and women's rights. Contribution of the project strengthening the capacity of partners in complementing government efforts and collaboration.	Community Health Workers Stakeholders Ministry of Gender, Ministry of Health, Local Government, Ministry of Youth, Ministry of Education Women & Men Community leaders	KAPB Questionnaire Observation Checklist MSC Questionnaire
Efficiency	To what extent to do the project economically utilize the available resources/inputs to achieve the results.	Presentation of tangible evidence to show the Value for money. Presentation of scenario analysis for each intervention delivery strategy Successes of the project	UN Women LGDA/ Implementing Partners Community Health Workers Stakeholders Ministry of Gender, Ministry of Health, Local Government, Ministry of Youth, Ministry of Education Women & Men	Key Informant Guide Desk Review Guide FGD Guide KAPB Questionnaire Observation Checklist

			Community leaders	
	Did the project utilize the available resources (financial and human) in a timely manner	Funding Burn Rates Project Management Structure and functions	UN Women LGDA/ Implementing Partners	Key Informant Guide Desk Review Guide
Sustainability	To what extent are the project's results likely to be sustained over time?	strategies that have been put in place to ensure sustainability of results. integration of lessons learned from implementation of this project. Perception of the project ownership by stakeholders and beneficiaries Perception of effective partnerships established, and capacity strengthened through project processes. Community level perception of depth of participation in the project	UN Women LGDA/ Implementing Partners Community Health Workers Ministry of Gender, Ministry of Health, Local Government, Ministry of Youth, Ministry of Education Women & Men Community leaders	Key Informant Guide Desk Review Guide FGD Guide KAPB Questionnaire Observation Checklist
Gender Equality and Human Rights	Have gender and human rights considerations have been integrated into the project design and implementation. (process)?	Norms and standards for GE and WE implemented in the project. Evidence and Perceptions on the extent to which the project contributed to the dynamics of access and utilization of health services and prevention of C-19	UN Women LGDA/ Implementing Partners	Key Informant Guide Desk Review Guide MSC Questionnaire
	Did the project pay attention to/integration of gender equality and human rights concerns advanced the achievement of the project results.	Evidence of contribution of the project's integration of GE and HR to the achievement of the project results	UN Women LGDA/ Implementing Partners	Key Informant Guide Desk Review Guide MSC Questionnaire

Annex 2: KAPB Survey - (IAQs)

Sociodemographic Information

District Ward

a. Age
b. Sex
c. Religion
d. Marital Status
e. No of Children (Biological (n); Fostering (n),
    i. No of School Going Children in the household
    ii. No of children U5,
f. No of Adults living in the household Male (n), Female (n)
g. Daily Household Chores by Yourself,
    i. By males/females, by other females
h. Employment status
i. Education

Knowledge of Covid 19

a. Ever heard of Covid – 19
b. Mention any 3 Symptoms of Covid 19
c. Mention any 3 things to do when suspecting that you have Covid 19
d. Mention any 3 things to do when caring for someone with Covid 19
e. Ever had Covid 19
f. Ever been tested for Covid 19
g. What kind of test did you have?
h. Who can get Covid-19?
i. Covid -19 is curable? True or False?
j. Have you been vaccinated for Covid 19?
    i. How many doses?
k. Know anyone who had covid 19?

Sources of Information

a. Where did you hear/learn about Covid 19? Outreach site, mobile clinic, dance show?
b. Where do people go to learn about Covid 19?
c. How much does it cost to get vaccinated for covid 19?
d. How do people tell each other about Covid 19 in your area?
e. Which organizations have been working on Covid 19 in your area?

Source of PPE

a. Do you have any masks?
b. Do you have hand sanitizer?
c. What do you use for washing your hands?
d. Where do you get your masks and sanitizers?
e. Can you make any mask?
f. Can you make soap?
g. Can you make hand sanitizer?

h. Have you received training in making PPE?
    a. When was the training?
    b. How long was it?
i. Who/which organization facilitated the training?
j. Do you know anyone who received the training in making PPE? Soap, Sanitizer, Masks?

k. Where did they get the training?

Attitudes and Beliefs

True or False?

a. I do not believe that there is Covid-19.
b. Covid-19 is a scam.
c. There is no Covid 19
d. Covid-19 is real.
e. Covid-19 is a disease of the rich people and those who travel the world.
f. If one is vaccinated, they are immune to Covid 19
g. Covid 19 Vaccines do not work?

True or False

h. When I suspect that one has Covid 19 I will
    i. Refer them to the clinic.
    ii. Encourage them to get tested for Covid-19
    iii. Tell them to take herbal concoctions!
    iv. Encourage them to manage the symptoms at home and not expose others.
    v. Stay away from them.
    vi. Tell everyone I know about it so that they too can stay away from them.

Behaviours

Yes, or No?

a. When I feel sick and suspect that I have Covid-19 I will
    i. Wear a mask to protect others from the risk of infection?
    ii. Go and get a Covid-19 test?
    iii. Isolate myself from others until I get better.
    iv. Behave normal and not wear any mask to avoid being stigmatized.
    v. Take some over the counter medicines quietly and carry on with my life.

Ends//

Annex 3: FGD Guide – Women, Men, Community Leaders

Section 1: General Information

1. What are the common health conditions in this community? How is Covid-19? How does one get to know that they have Covid 19? When do people start to suspect that they have Covid 19?
2. What is the current situation regarding covid-19 in general? New Infections, prevalence of cases, deaths, recoveries, active cases? How does this situation compare with 2021 and 2022? What about stigma, misinformation?
3. How long did it take for the people in this community to believe there is Covid 19? Why did it take this amount of time? Do people now/still believe that there is Covid-19? Why do you think so?
4. How has Covid-19 affected this is community in general? How did it affect the various groups of people? Children, Young people, women, men? Let's talk in terms of economic situation, social, health, religious situation etc.
    a. In your opinion, of all these groups, which ones were the most affected and why?
5. What has made people believe that there is Covid 19? What interventions have happened in the community in response to Covid-19? Who/which organizations? What have they been doing?
6. What has been your role in the interventions? Men and Women, Girls and Boys, Community Leaders?
7. Where do people get information about Covid-19 nowadays? What kind of messages do they get? (Prevention, Care, Support, help, healing). What about health services for Covid-19? What services are available to the people now? How accessible are they for the people? Men, women, boys and girls? What are the challenges that each of these groups face when seeking access to Covid 19 services? How are these currently addressed?

Section 2: The project

1. Which the stakeholders are involved in development work including prevention of C-19 in the district?
2. Do you know about the Prevention of Covid-19 project by LGDA? Please describe what you know about it. Probe distribution of Covid-19 infection control supplies and PCR Test kits, Vaccination kits, Information, training on making PPE (face masks, sanitizers, soap).
    a. What was the purpose of this project?
    b. Who are the beneficiaries of the project? For the various interventions

Relevance

1. Was this project necessary for this community? Which interventions were most important for you and which ones were not? Why is that so? What were the priority needs of the community with regards Covid-19?
    a. Was there any other stakeholder already doing the same interventions?
2. Has the project been helpful to the community? How so? Is this sufficient? Are there still gaps?
    a. What else could the project have done?
3. Did you contribute to the decision making? When the project was planned, were you consulted? Were your suggestions/contributions considered?
4. Was the way the project was designed supportive of women and girls? How about men and boys?
5. Is this project still relevant?
6. If there were changes to be made to this project, what are they? Why? (Interventions or delivery approaches of the project)

Effectiveness and Impact

1. Do you think the project achieved its objectives? Information dissemination, training people on making PPE?
2. Were the intended beneficiaries actually reached? Were there others who were left out?
3. How did the project benefit women and girls? What about other people? General community
    a. Of all these beneficiary groups, which ones benefited more than others? How is that? Why did this happen in this way?
    b. What are the key changes that have happened in the lives of the people in this community which you can attribute to the contribution of this community? Is this common among women, girls, men, or boys?

    c. How did this change come about?
    d. Could there be other factors that contributed to thus change?
4. Are these changes going to last for a long time? Why do you think so? What shows that they will last this long?

Sustainability

1. What was done by the project to make sure these changes last even longer?
2. What will you or the community do to make sure the changes last even longer?
3. As a community, are there any lessons you learned from this project which you think be applied to other project similar to this one? GE? Application of WE and HR principles? Efficiencies? Collaborations?

Efficiency

1. In your view, could these results have been achieved if a different approach was used? What kind of approach could have been used which is cheaper and more effective? E.g., in information dissemination, distributing vaccines, training people on making PPEs?
2. Were the people working with you in this project knowledgeable of the project goal and strategies of implementation?

Human Rights and GE

1. Did the project interventions address the issues that perpetuate gender inequality?
2. How did the project contribute to changing the power imbalances between men and women in this community?
3. How would you rate the project on ensuring that there was?
    a. Participation of the community in all the interventions
    b. Empowerment of women
    c. Inclusion and non-discrimination of the people
4. Based on your rating, which groups of people where mostly reached and those who were left behind?

Recommendations

Do you have any recommendations for this project? What would you suggest a project do to achieve more results? How can such recommendations be applied?

Annex 4: Key Informant Guide – UNWomen, Line Ministries and Stakeholders

Criterion	Questions
Introductory and context questions	1. Please describe the role of UNWomen in Zimbabwe. Is the portfolio aligned with national policies, strategies and international human rights norms? a. What is the overall context of the issues that UNWomen seeks to address in-country? b. Overall, how would you rate the achievements of UNWomen in their response to GE and HR in the country? c. How did UNWomen respond to the Covid-19 Pandemic? d. What is the current situation of Covid-19 in country and in the districts of operation? How does it compare to the 2020 -2021? e. Describe the JSB Project under evaluation. What was its main goal and objective? Implementation modalities? f. How was the project implemented? When did the project begin? Were there other partners
Relevance	1. Why was this project necessary? How did UN Women determine the relevance of the project and the specific interventions for the project? 2. Were there any consultations with national counterparts in the formulation of the project and throughout implementation? How did the consultations help with integration of national priorities and needs of the community? 3. Did the choice of interventions and delivery mechanisms remain the most relevant to the changing context of Covid-19 and related situations in the target intervention areas? 4. What demonstrates that the intervention was positioned within the national development space and policy space? 5. Was the project responsive to the changing context of development challenges and the priorities in national strategies on GE and WE? 6. Give specific examples of strategies that were deliberately undertaken to assist efforts towards gender equality and the empowerment of women? How did it directly benefit women and girls? What about men and boys? 7. How did the intervention complement other programs in the at provincial, district and community level? What kind of partnerships were developed or strengthened? 8. Who are the partners with whom the project was delivered? In your view is the choice of partners most relevant to the situation of women and marginalized groups? 9. Is your partnership with the Implementing or other partners in the project working? 10. Is this project or its interventions still relevant? Why? If there were changes to be made to this project, what are they? When is or would have these changes should have been made? What made the changes fail/succeed? (Interventions or delivery approaches of the project)
Effectiveness and Impact.	1. Did the project achieve its objectives? Information dissemination, training people on making PPE? Facilitating distribution of Covid-19 Vaccines and increasing access to PCR Testing? How would you rate the extent to which each of these were achieved? Quantitative and qualitative achievements. 2. Were the intended beneficiaries actually reached? Were there others who were left out? 3. How did the project benefit women and girls? What about other people? General community a. Of all these beneficiary groups, which ones benefited more than others? How is that? Why did this happen in this way?

Criterion	Questions
	b. What are the key changes that have happened in the lives of the people in this community which you can attribute to the contribution of this community? Is this common among women, girls, men, or boys? c. How did this change come about? d. Could there be other factors that contributed to this change? 4. Were this these the expected outcomes? For whom? UN Women, community, Gvt counterparts? 5. What unexpected outcomes (positive and negative) have been achieved? For UN Women, LGDA, community, Gvt counterparts? 6. What were the enabling and hindering factors to achieving the project goals? 7. What examples can you share regarding the project's contribution to making to gender equality and the empowerment of women? a. What role did each of the stakeholders, including beneficiaries play? 8. What are the lessons learned that can be shared with other projects or programs to inform global, regional and national normative work on GE and WR? 9. Are these changes going to last for a long time? Why do you think so? What shows that they will last this long? 10. What was the project's sustainability strategy? a. How did the project ensure that national and stakeholder capacity was strengthened to continue with the interventions and promote GE?
Efficiency	1. In your view, could these results have been achieved if a different approach was used? 2. What kind of approach could have been used which is cheaper and more effective? E.g., in information dissemination, distributing vaccines, training people on making PPEs? 3. Were the people working with you in this project knowledgeable of the project goal and strategies of implementation? 4. What was the UN Women country office project management structure like? 5. When looking at this structure, did it support efficiency for implementation of the project activities e.g., Time for decision making, financial resources etc.? 6. What about that for the Implementing partners and government line ministries? 7. Did both the implementing partners and UN Women have access to the necessary skills, knowledge and capacities needed to deliver the project and its interventions? 8. Were resources for this project sufficient to meet the project goals/ targets?How well did the time and financial resources get managed? a. How about the risks to ensure results were achieved?
Sustainability	1. What was done by the project to make sure these project results will last even longer and be enjoyed by the community? a. Capacity strengthening of Gvt line ministries and Implementing Partners, Community members, women? 2. Are there any lessons you learned from this project which you think be applied to other project similar to this one? GE? Application of WE and HR principles? Efficiencies? Collaborations? 3. Can the project be scaled-up? a. With or without adaptations? 4. How did the project build on existing community structures? 5. Has the community and all other stakeholders been informed that the project has come to an end? How have they responded?

Criterion	Questions
	a. Do they demonstrate a strong sense of ownership of the project and that they will take it forward? What could hinder their efforts?
Human rights and gender equality	1. Did the project interventions address the issues/root causes that perpetuate gender inequality? 2. Did the project interventions address the issues/root causes that perpetuate gender inequality? 3. How did the project contribute to changing the power imbalances between men and women in this community? 4. How would you rate the project on ensuring that there was? a. Participation of the community in all the interventions b. Empowerment of women c. Inclusion and non-discrimination of the people 5. Based on your rating, which groups of people where mostly reached and those who were left behind?
Recommendations	Based on the discussion we have had so far, what recommendations would you like to put forward for this project and other similar interventions? What are the recommendations for: UN Women, LGDA, Line Ministries, Other partners, Community ,Women and Girls, Men and Boys, and funding partners?

Annex 5: Photography and Site Observation Checklist

Checklist

Photos	Tick	Site Observation	Tick
UNWomen Interview Respondents		Supported Health Facilities	
Line Ministry Project Representative		Materials developed - PPE	
Funding Partner Representative		Logistical Support Equipment	
LGDA Project Team			
Women, Girls & other beneficiaries			
IEC Materials			
FGDs			
MSC Story Tellers			
Other:			
Other:			

Annex 6: Most Significant Change Guide

A. Background Information

1. Respondent's Name
2. District
3. Ward
4. Village
5. Age
6. Sex
7. Religion
8. Beneficiary status

B. Participation and involvement in the project and its implementation

1. In your understanding, what was the project all about and what did it seek to achieve? What interventions were implemented in this project? Were there other similar interventions taking place during the project?
2. How did you or your community contribute to the implementation of these interventions? Please describe your roles for each intervention
3. What challenges did you are the project encounter in the implementation of these interventions? How did you overcome these challenges? Who did what and how?
4. Did the project achieve its goal and objectives? Why do you think so? Which one of these was most achieved? Which one was least achieved? Why do you think so?
5. What are the specific changes that were brought by this project? Community level, Individual level?
6. How did these changes come about?

C. Most Significant Changes

7. Of these changes which one is most visible to you or your community?
8. When looking at all these changes which one of these would you say it the most important? Please organize them in order of importance.
9. Were these changes at your personal level or community level? How so?
10. Why do you consider this one to be the most important of them all?
11. Do you think other people would concur with your view on this?
12. Any recommendations

Ends//

Annex 7: Consent Form for Photos and Videos

FORM: Image/Video/MSC Story Consent

***N.B.** This is not for commercial use*

UNWomen uses photos, videos and stories of real people to gain support so that we can help improve Gender Equality and Empowerment of women and people in Zimbabwe. If you share your story with us, it is possible that your photograph, words or video image may be seen by people in many countries of the world, including Zimbabwe. This is because we might use them in printed materials like donor reports. We also might use them in films, websites, social media and television programmes.

We will keep them safe and share only with organisations supporting our work.

If you are happy for us to use your story, photographs or video of you, please complete and sign the form below. We prefer to use your real name but tell us if you do not want us to. Thank you.
Date of photos ☐ / videos ☐ / interviews ☐ (tick all that apply)

In the location (including town/country)

Photographer: _____ Filmed by

Interviewed by

ANY NOTES, CONDITIONS OR REQUESTS
For example: name to be changed and a suggested substitute name

I agree that UNWomen [and its authorised partners]:

1. may use the pictures or videos of me and my story for any purpose, and in any way, that assists WHO's work promoting and achieving good health and well-being;
2. may use, reproduce and distribute all or any part of the photographs, videos or interview on any traditional, electronic or digital media.

I confirm that the above works were made with my knowledge and consent.

My name _____ Age (if under 18)

Address or contact details: _____

Signature: _____ Date: _____

If the person is under 18 years of age:
I confirm that I am the legal guardian of the child named above and therefore may grant permission for this subject release on behalf of the child:

Name of Legal Guardian / Relationship to Child / Date / Signature of Guardian

Name of Witness / Organization or Affiliation / Date / Signature of Witness

Annex 8: Informed Consent Form - KAPB Survey - (IAQs), FGD & KII Participants

CONSENT FORM FOR SURVEY, FGD & KIIK PARTICIPANTS

EVALUATION TITLE: FINAL EVALUATION PREVENTION OF COVID-19 INFECTION AMONG VULNERABLE WOMEN & GIRLS IN DROUGHT-AFFECTED DISTRICTS (GURUVE & MBIRE) OF MASHONALAND CENTRAL

Principal Evaluator: Thenjiwe Sisimayi, Ph.D.

INTRODUCTION

Hello. My name is Thenjiwe Sisimayi. I am an independent evaluator of the project on prevention of covid-19 infection among vulnerable women & girls in drought-affected districts (Guruve & Mbire) of Mashonaland Central by UN Women and LGDA and other partners. We are currently conducting an end of project evaluation in the two districts. I would like to invite you to participate in this evaluation. If you would like to hear more about this evaluation, can I ask if we can talk in private and you decide if you would like to participate. Before we begin, here is the information you should know.

What you should know about this research study:

- The purpose of this evaluation
- Why you are being asked to participate in this evaluation
- This consent form explains the evaluation and your role in the evaluation
- Please read it carefully and take your time to decide
- Your participation is voluntary. You can choose not to take part and if you join, you may quit at any time. There will be no penalty if you decide to quit the evaluation

Purpose of this research

You are invited to participate in a one-on-one / FGD interview. The topic of discussion will be on the performance of the project in the response to Covid-19 in the district and community where you reside. The purpose of this evaluation is to assess the projects relevance, effectiveness and impact, efficiency, sustainability and its integration of human rights, gender equality and women's empowerment, as well as to obtain recommendations for future projects. Thus, we would like to understand the extent to which the project contributed to changes in the community and met its intended objectives. We also want to document the most significant changes that were brought about by the project over the past year in the districts.

Why are you being asked to participate?

We are asking you to participate because we are particularly interested in your knowledge on this project. We believe that you may have rich information on all or some of the topics we are interested in. You have been selected to be part of this study as we heard from the implementing partners that you are a member of the community which received the intervention and either you were directly or indirectly impacted by the project. We are going to talk to many other people in this community who consent to participate, who might be direct beneficiaries or providing the services which the project supported within the district, irrespective of whether they are offering (or once did) the services formally or informally.

Procedures

- I would like to ascertain if you know about the project. Then if you agree, I will ask if you are happy to participate in this study by answering the questions that we have. If you agree to participate, I will take note of your verbal consent and indicate in the consent form and we get into the discussion.

- If you agree to be part of this evaluation, you will be asked to participate in an interviewer administered questionnaire or in a Focus Group Discussion or via Zoom/Teams. The interview will take approximately 30 to 60 minutes, including preparation time. The information you provide will only be used for the specific purpose that I have already heighted and nothing more. I will collect the information through an electronic data collection tool using a (tablet/phone) or by recording yoyr voice. We would also like to ask if you may know any individuals who. May have stories to tell about this project and willing to share.

Risks and discomforts

We have taken steps to minimize the risks of participating in this evaluation. Even so, you may still experience some risks related to your participation, even when the evaluators are careful to avoid them. These risks may include discussing sensitive subjects, such as information about effects of Covid-19 and other issues related to the work you do. You may choose not to answer any question during the interview, and you can stop your participation in the at any time. We also know about the risk of Corona Virus (Covid-19). We have taken and will continue taking precautions to protect you and myself against the coronavirus, including having this interview in well ventilated areas, wearing our masks and sanitizing our hands as frequent as possible or having our discussion via the telephone. Information collected during this interview will be stored electronically in password protected files and computers only. Your anonymized answers will be shared within the evaluation team only. Reports generated from your data will not include any personal or identifiable data that will put you at any risk.

Benefits

There are no immediate benefits to you from participating in this evaluation. However, this evaluation benefits your community. Specifically, by sharing this information we hope to learn how best to improve project interventions and delivery mechanisms in a way that promotes gender equality, empowerment of women and upholding of human rights. Other potential benefits to taking part in this study are that your views about the project will be heard and your recommendations will be useful for planning and implementing future interventions.

Incentives / rewards for participating.

We thank you for your participation in this evaluation, however, you **will not** receive any incentives or rewards for participating in this interview. You may stop your participation in the interview at any time.

Protecting data confidentiality

We will keep the information from this interview safe and confidential. To keep your information safe, the evaluators will keep all digital data encrypted and stored in the cloud with only the relevant evaluation team members having the password to access the files. Data will be kept in password protected servers and will be permanently deleted after 12 months after completing the evaluation. To protect your confidentiality, your real name or any information that could identify you and your family will not be used in the digital data or any written reports. There will be no records that include information that could identify you. If you choose to withdraw from this study, we will delete the questionnaire with your data in it and we will ensure that your data is not used for any purpose.

Right to decline / withdraw

Participating in this evaluation is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time.

What happens if you leave the evaluation?

If you decide to withdraw early, we will not use any of the information you provide us.

Who do I contact if I have questions or a problem?

- Contact for principal evaluator: If you have questions about this research, including questions about scheduling, you may contact Dr. Thenjiwe Sisimayi, on 0773 264 332, email: thenjiwe.sisimayi@gmail.com

Your Questions

- If you have any questions, please ask me so that I can answer them before I give you time to consider your decision?
- If you are satisfied, please sign below

What does your verbal consent mean?

It means

- You have been informed about this evaluation purpose, procedures, possible benefits and risks of participating in this evaluation
- You have been given the chance to ask questions and response given before you sign this form.
- You have not waivered any of your human rights.
- You have voluntarily made an informed decision to participate in this study.

Consent and Signatures

1. Participant agrees to participate in this study Yes _____ No_____

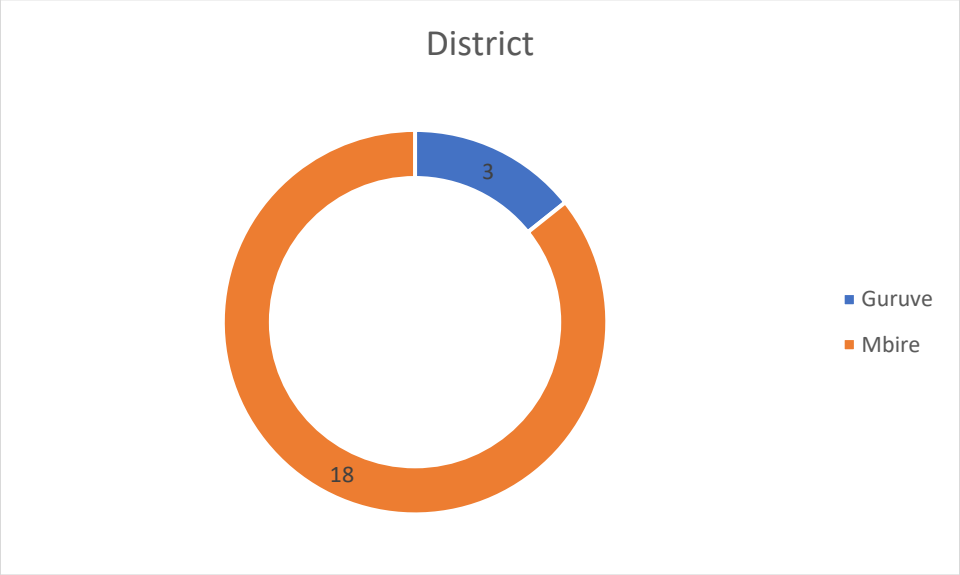
Signature of Principal Evaluator _____

Date: _____/_____/_____

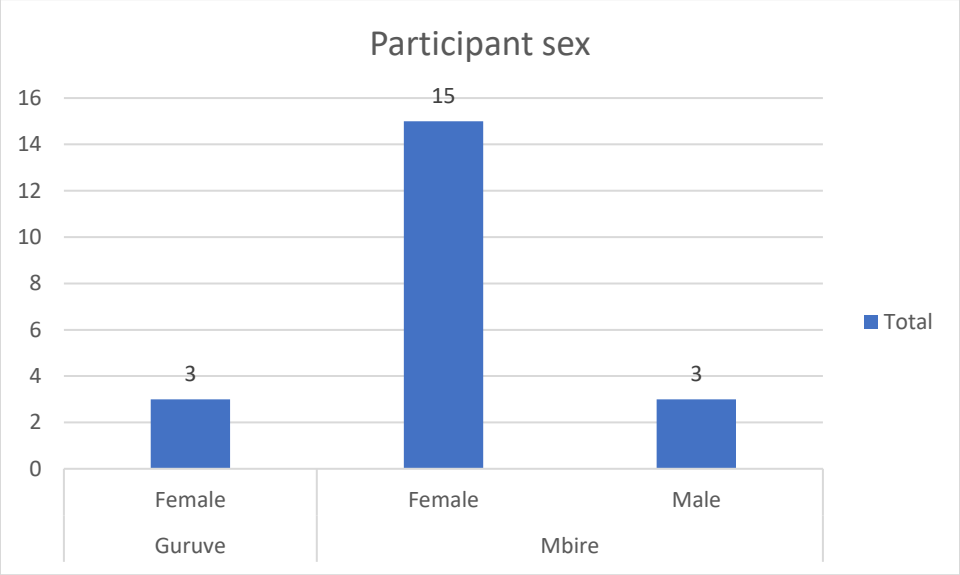
Annex 9: IAQ Analysis Outputs

Interviewer Administered Questionnaire – Survey Results

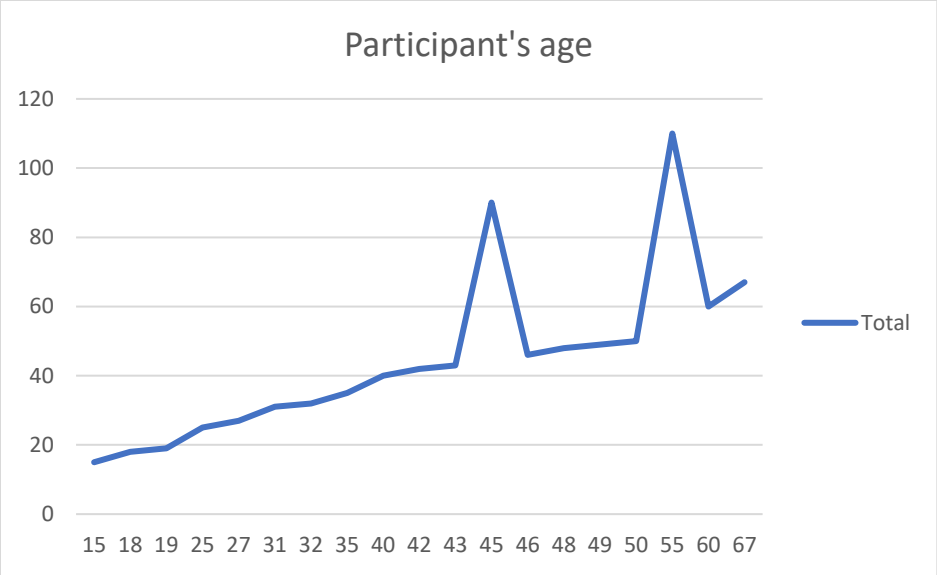
1. Evaluation Districts by Respondents



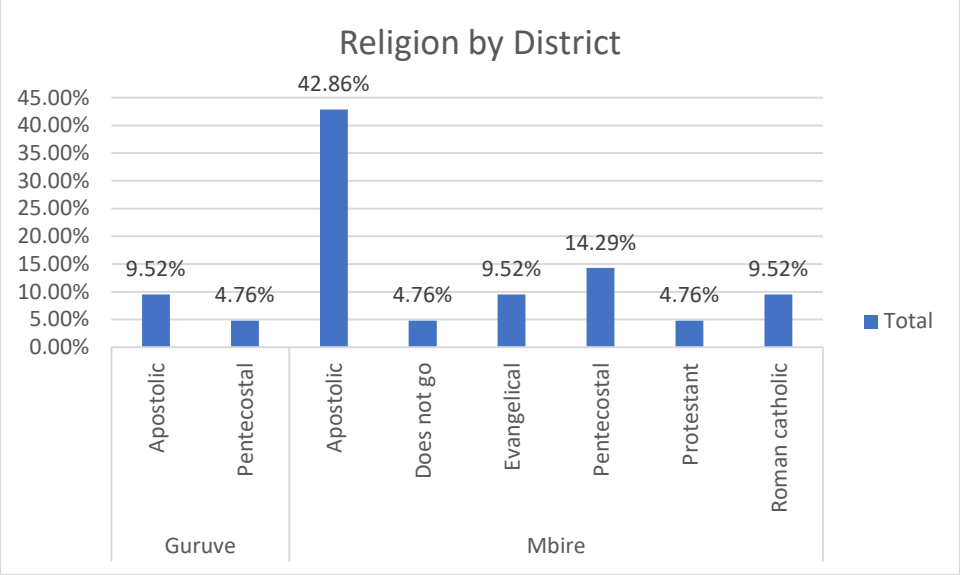
2. Sex



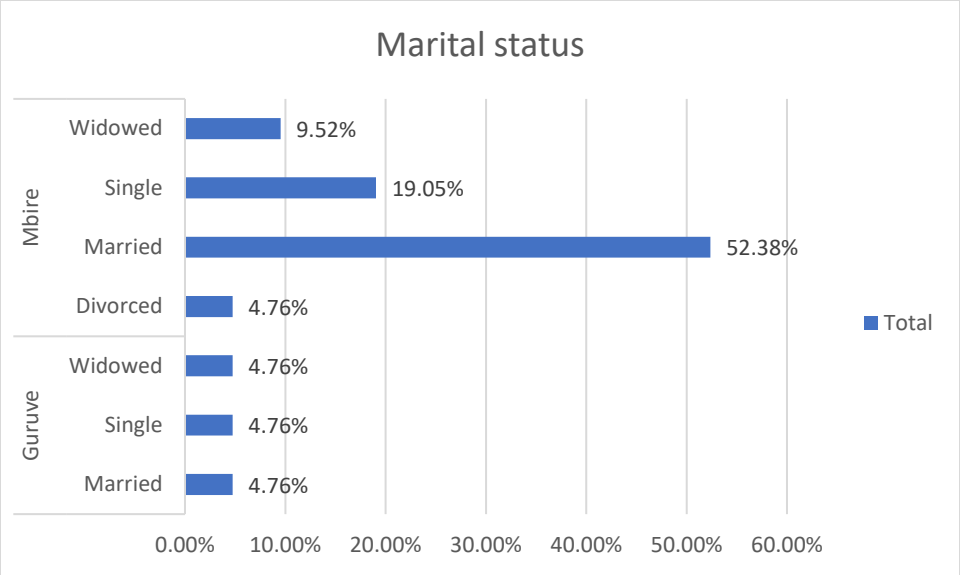
3. Participant's Age



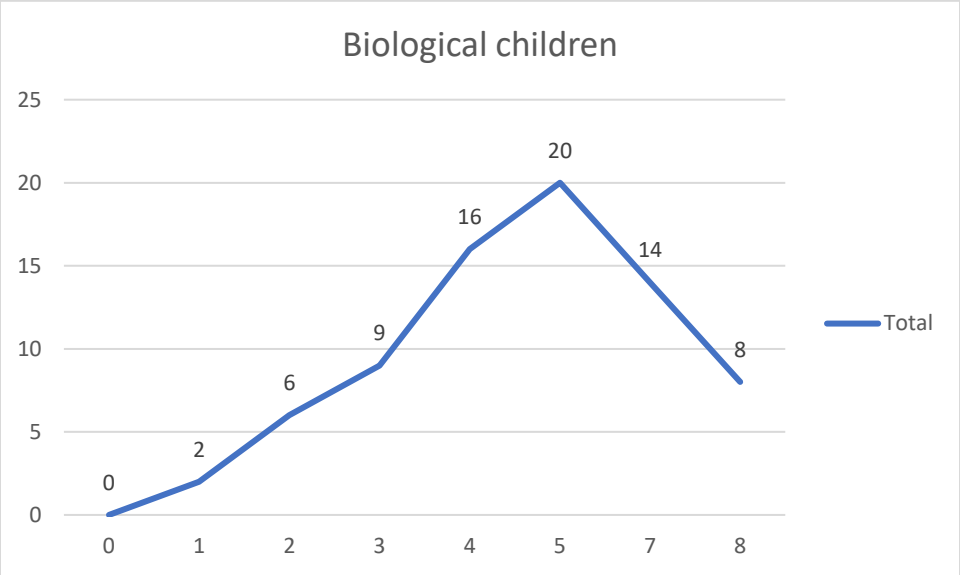
4. Religion Affiliation



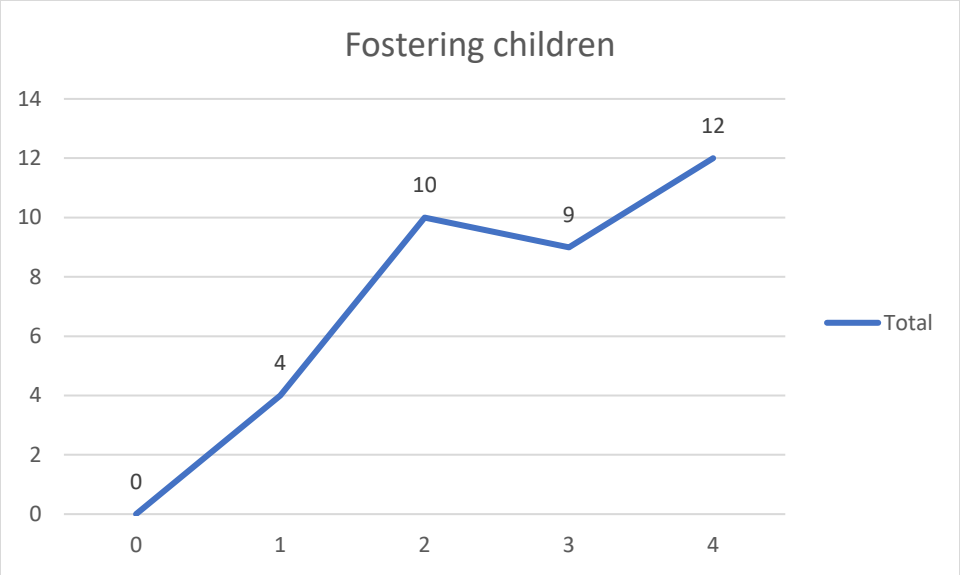
5. Marital Status



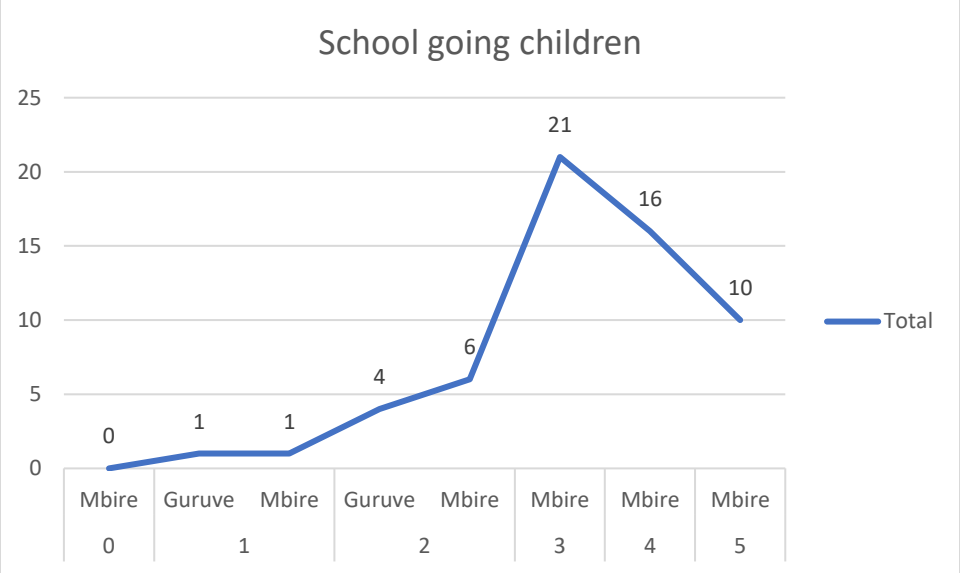
6. Biological children



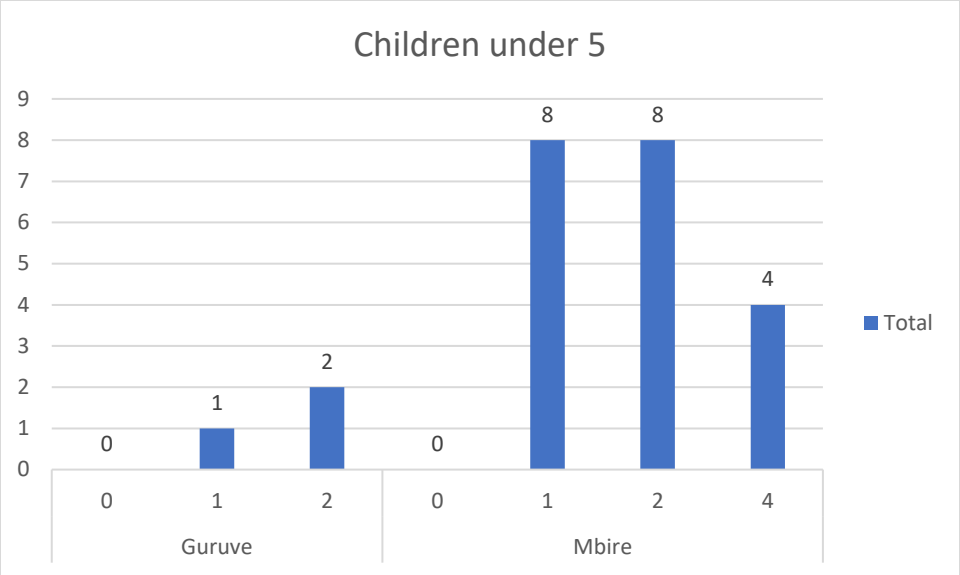
7. Fostering children



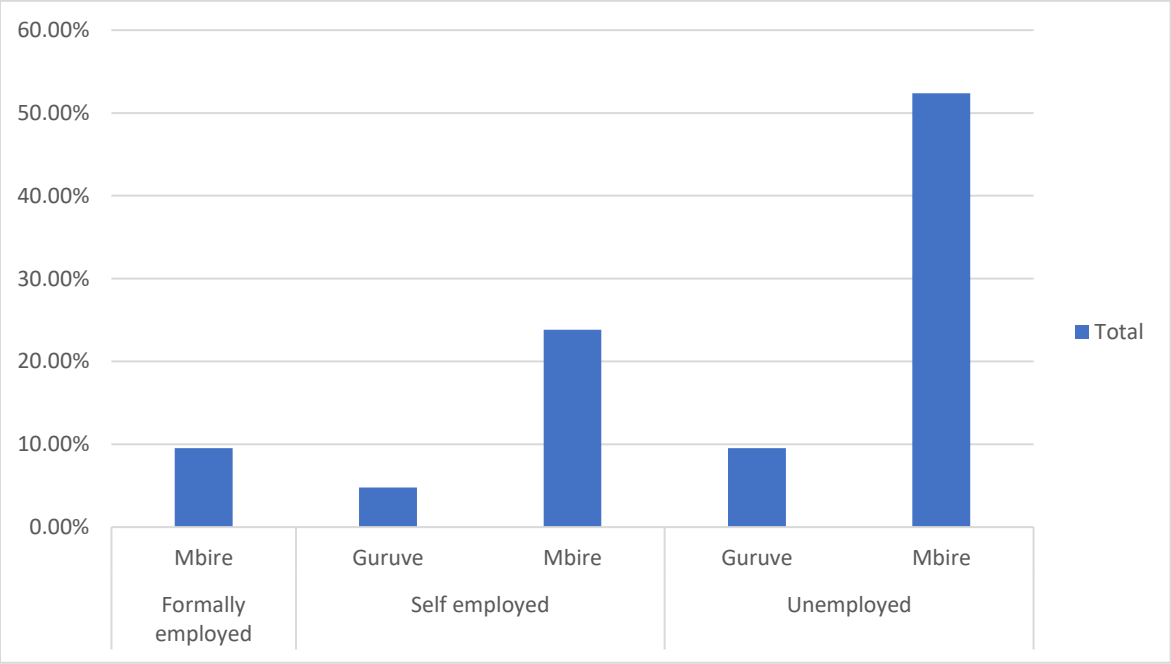
8. School going children



9. Children under 5

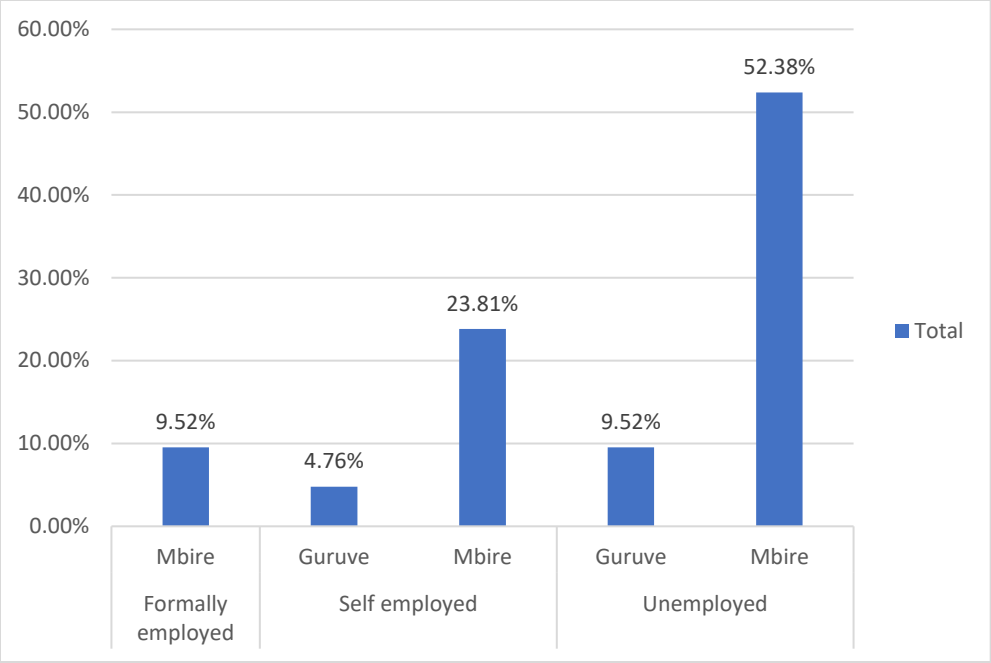


10. Adults living in household by sex

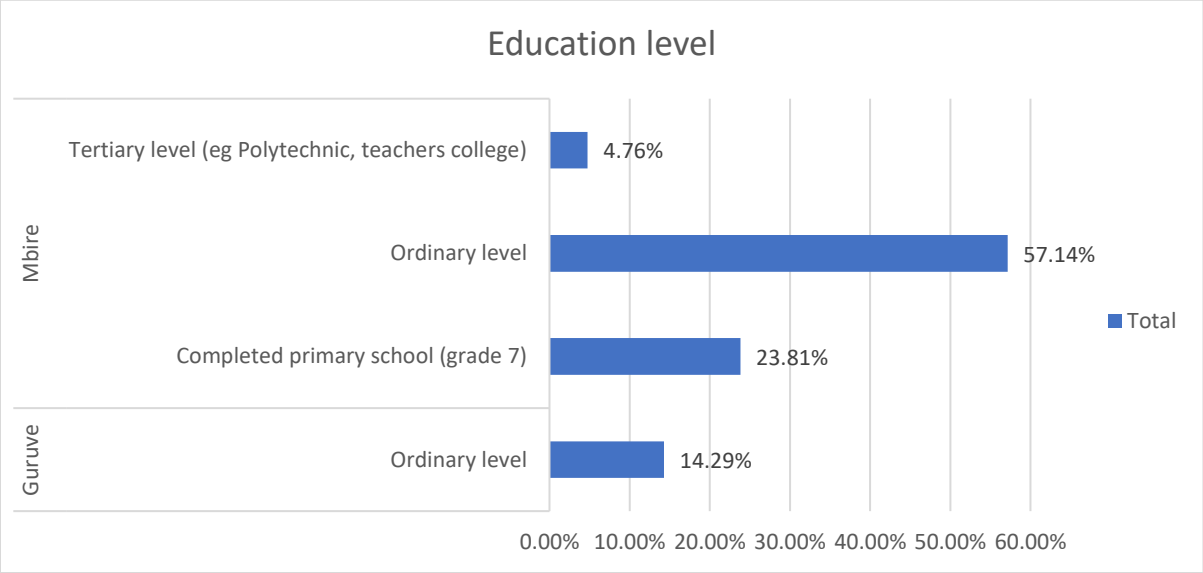


b. Daily household chores by respondent
c. Household chores by male/female

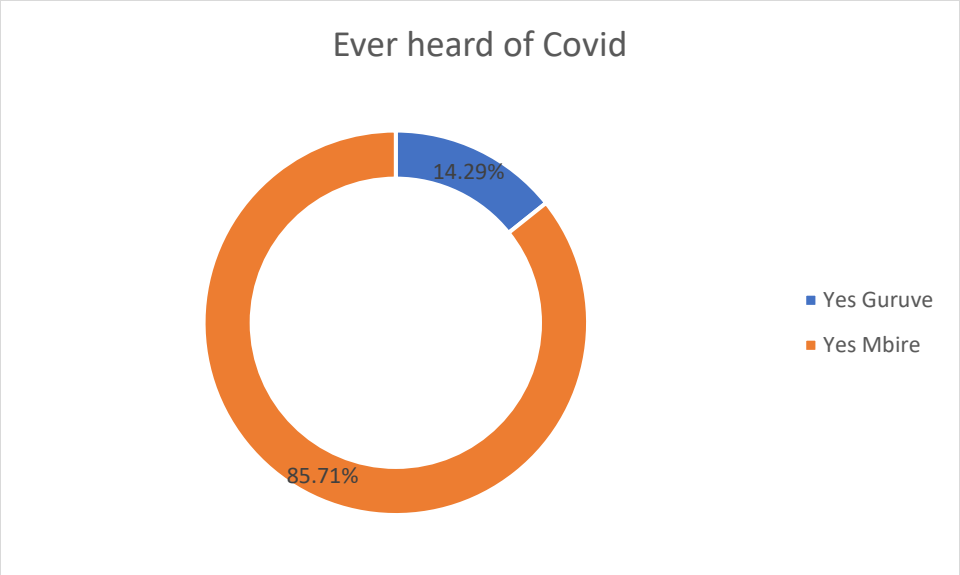
11. Employment status



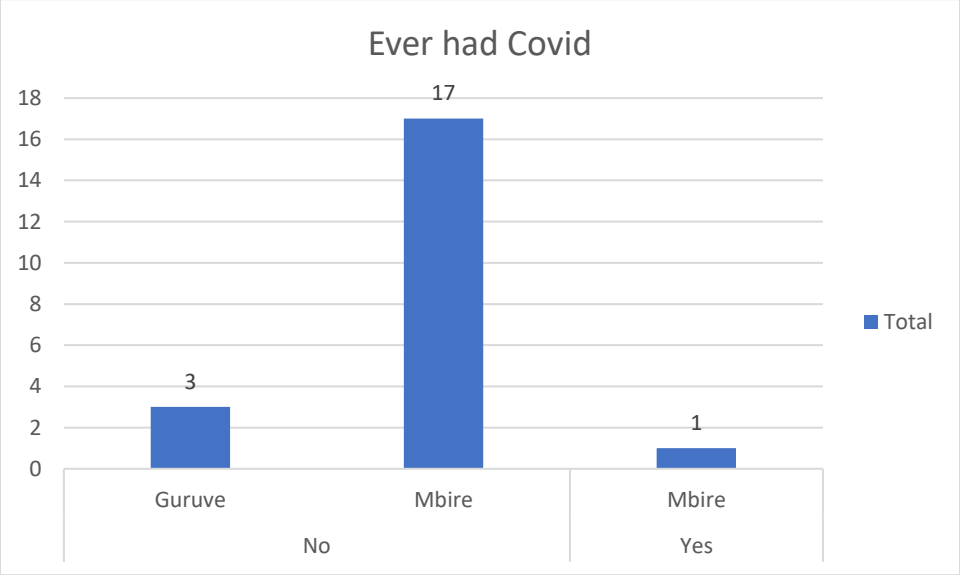
12. Education level



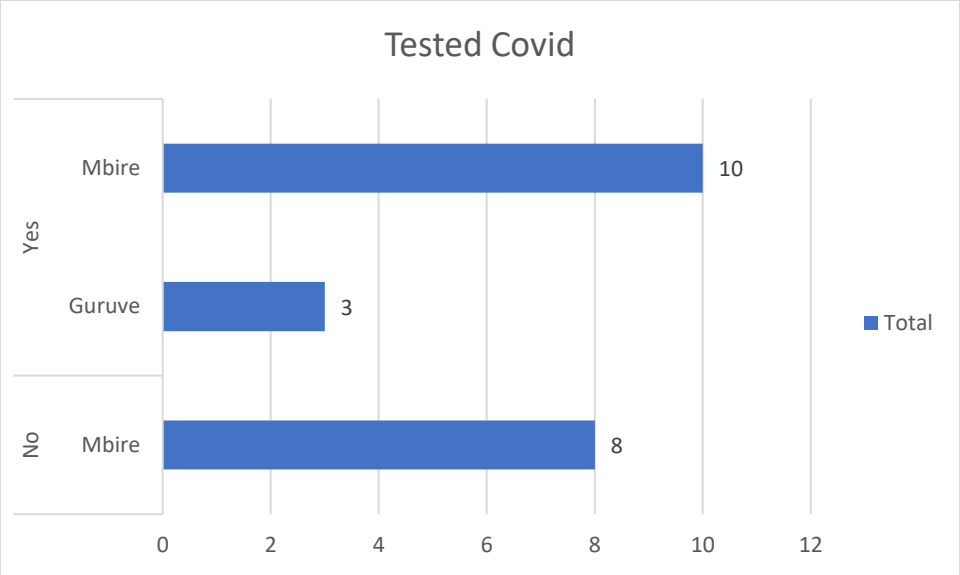
13. Ever heard of Covid



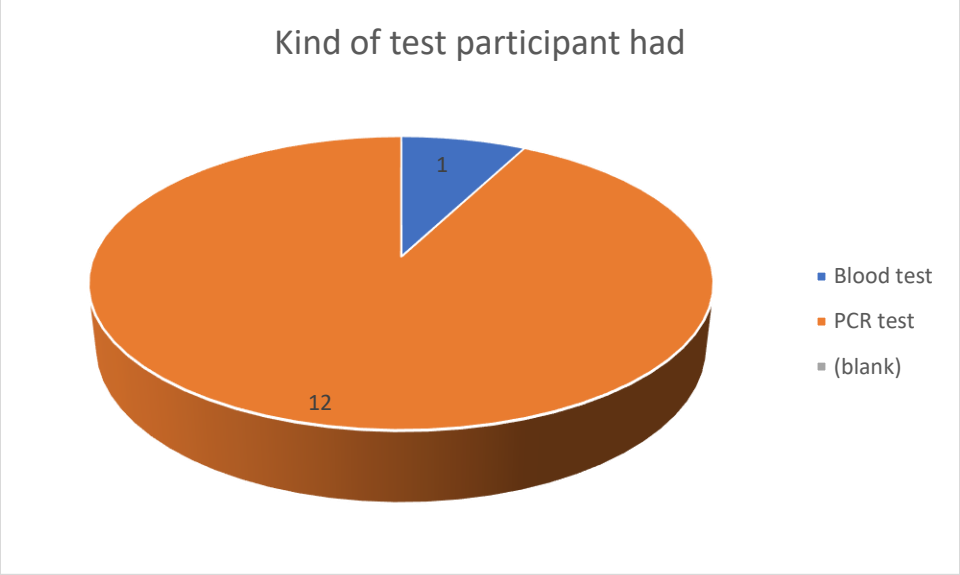
15. Mention 3 symptoms of Covid
b. Mention 3 things to do when suspecting Covid
c. mention 3 things to do when caring for Covid patient
16. Ever had Covid



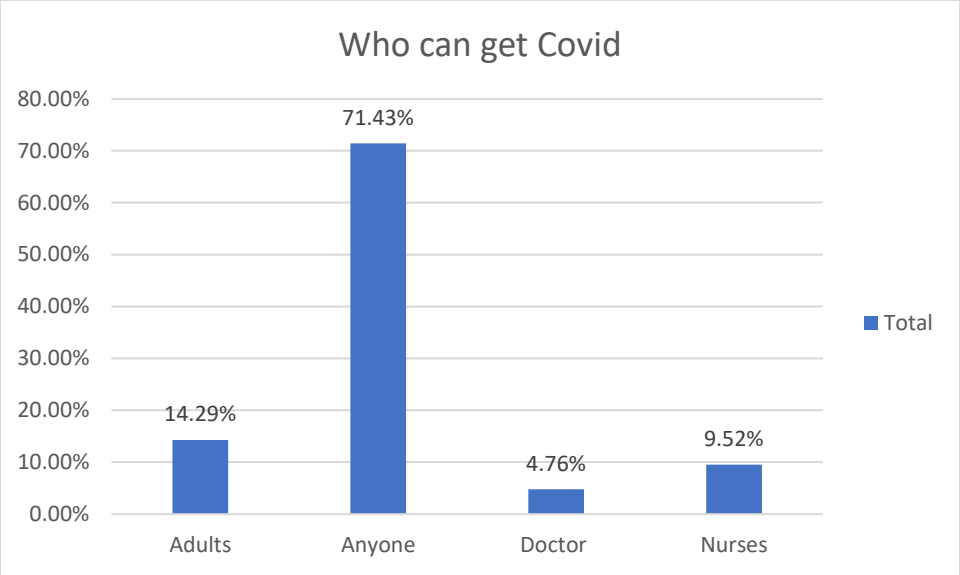
17. Ever Tested Covid



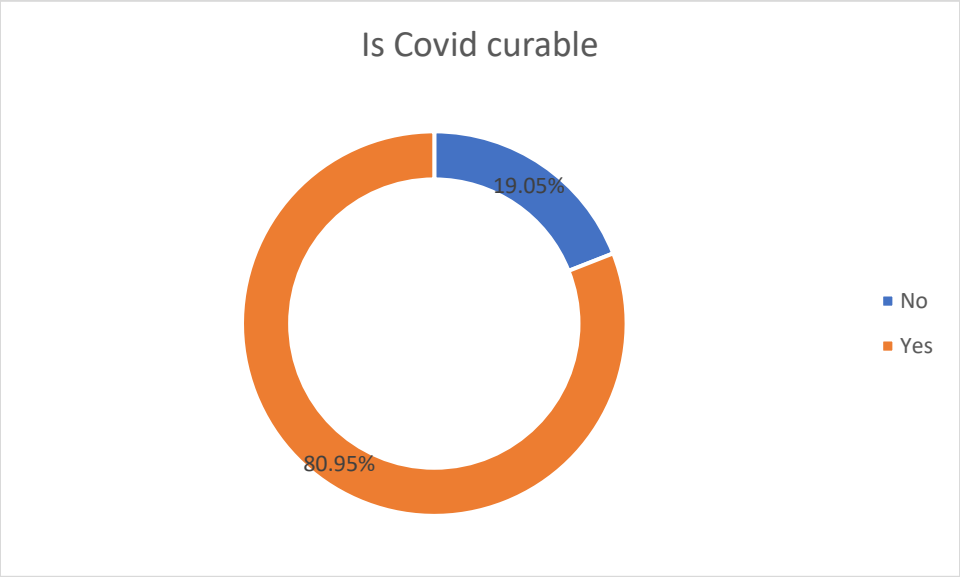
19. Kind of test participant had



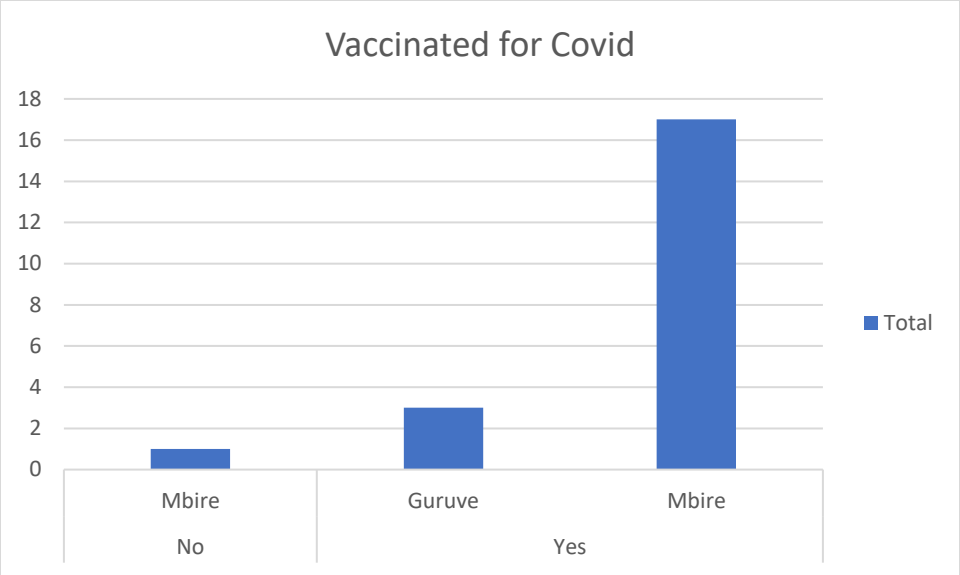
20. Who can get Covid



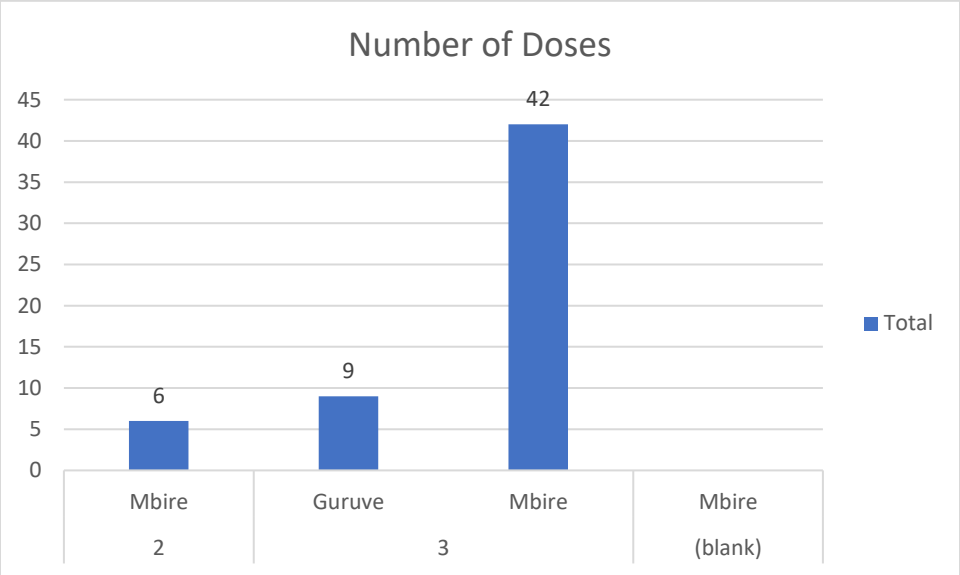
21. Is Covid curable



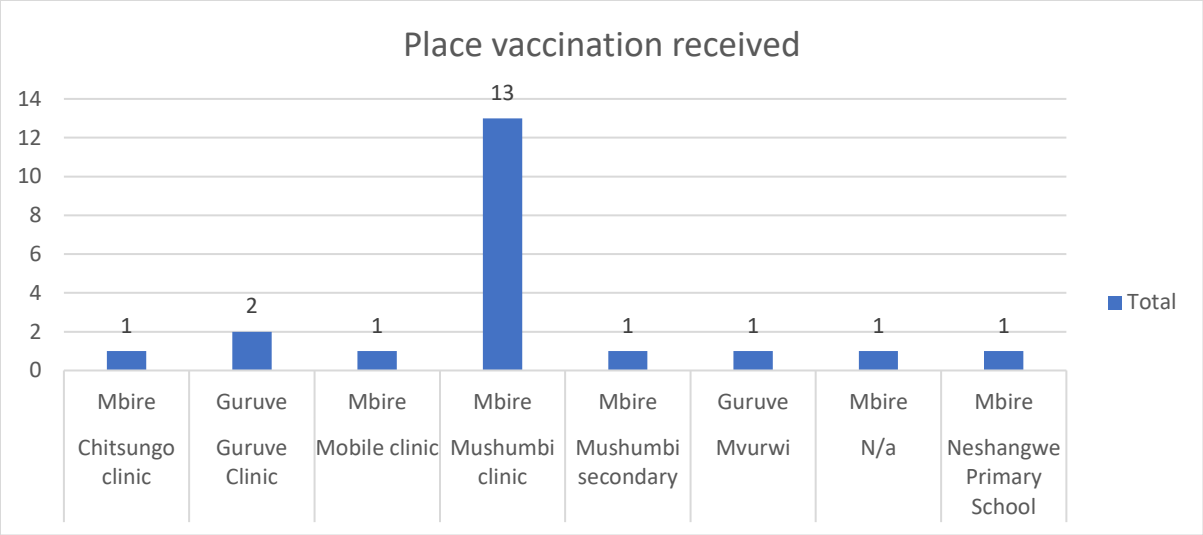
22. Vaccinated for Covid 19



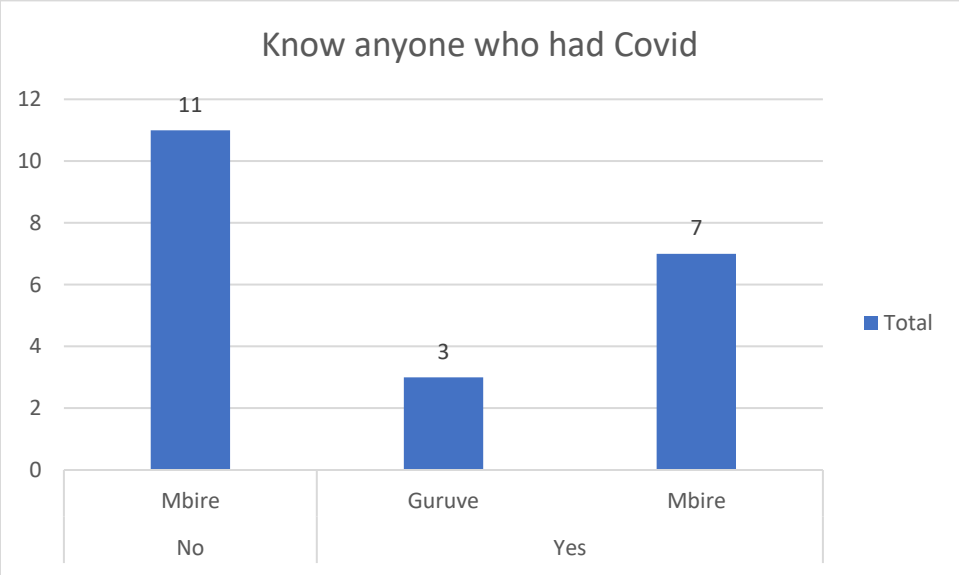
b. Number of Doses



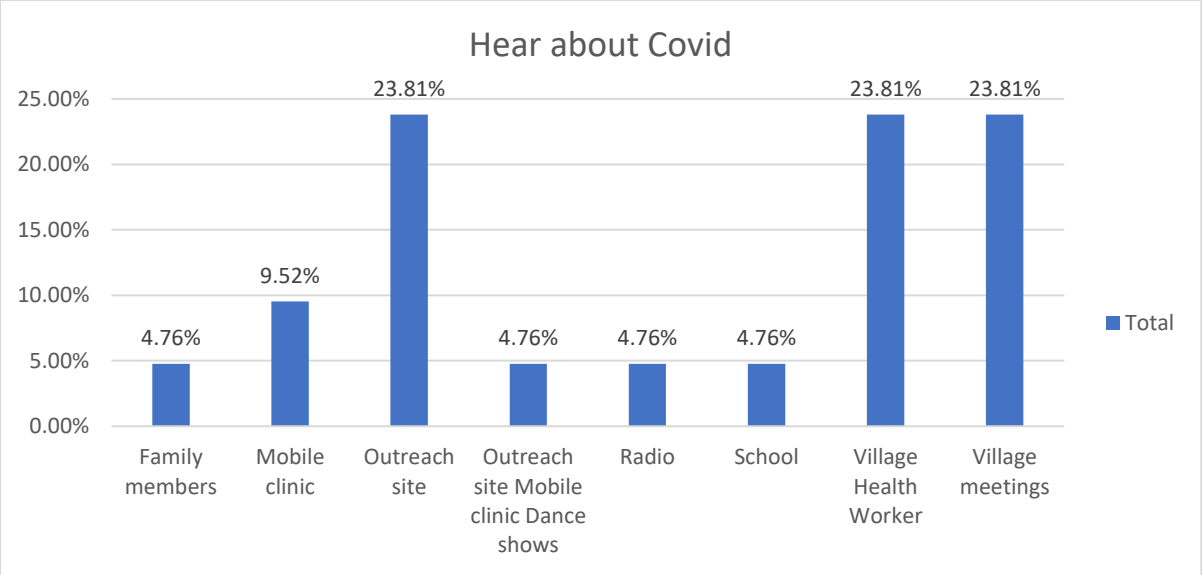
c. Place of vaccination



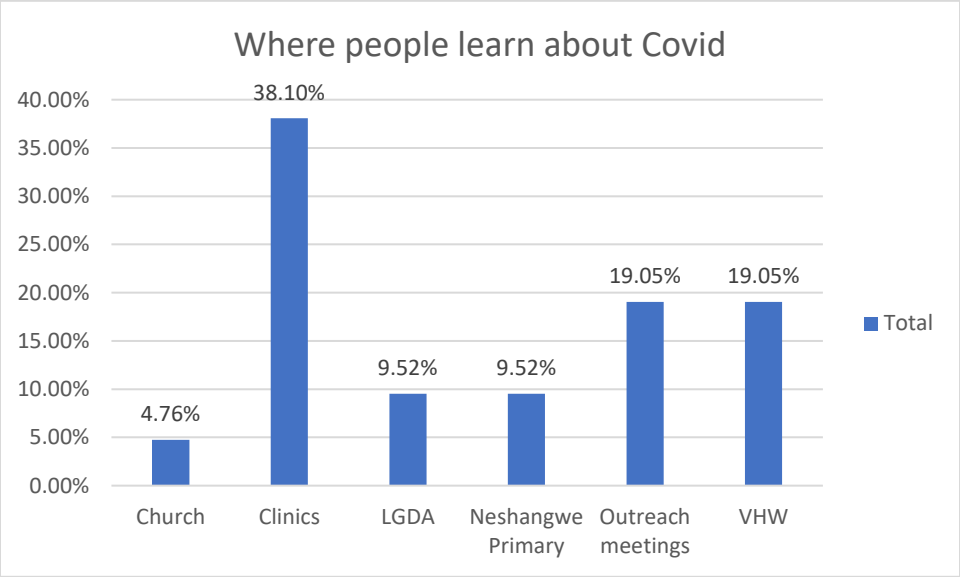
24. Know anyone who had Covid



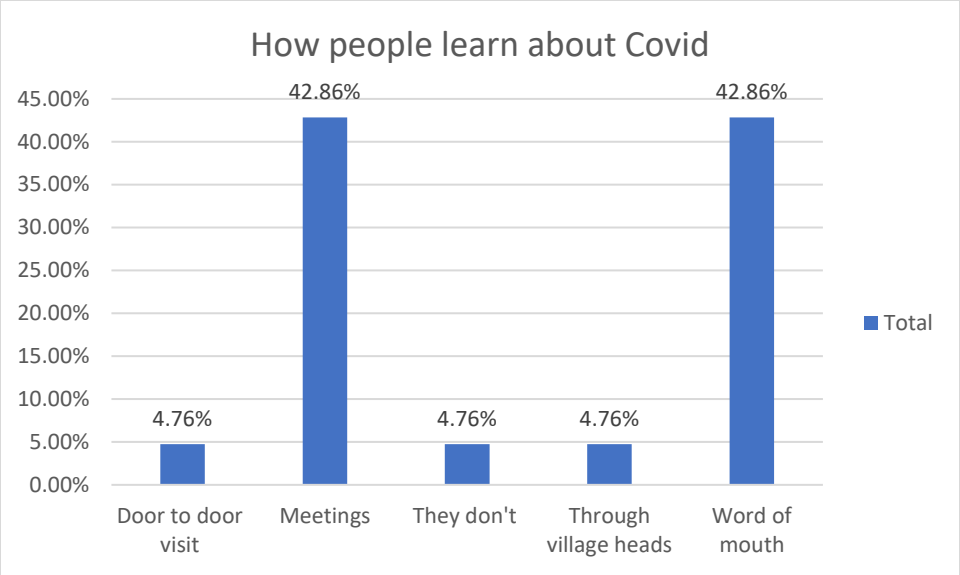
25. Hear about Covid



26. Where people learn about Covid



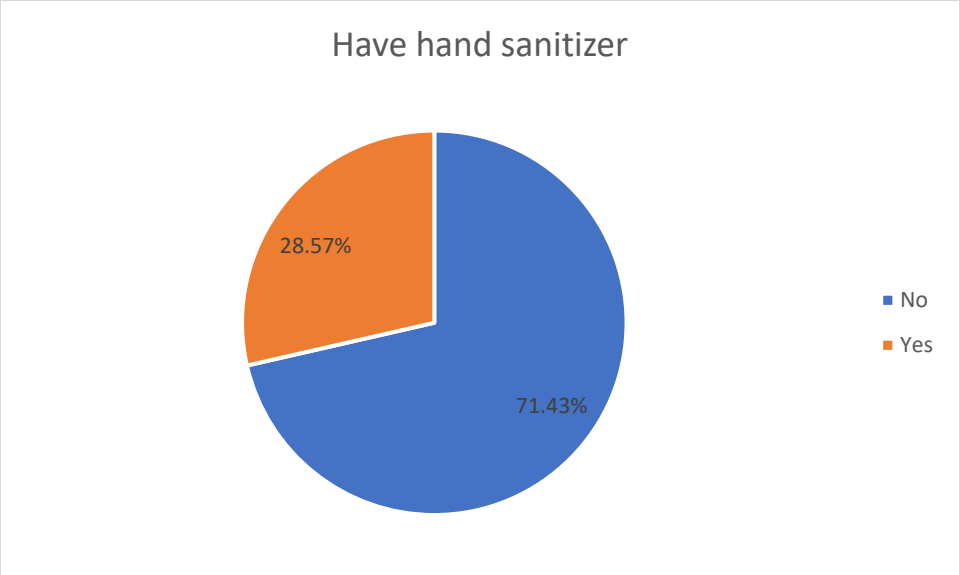
27. How people learn about Covid



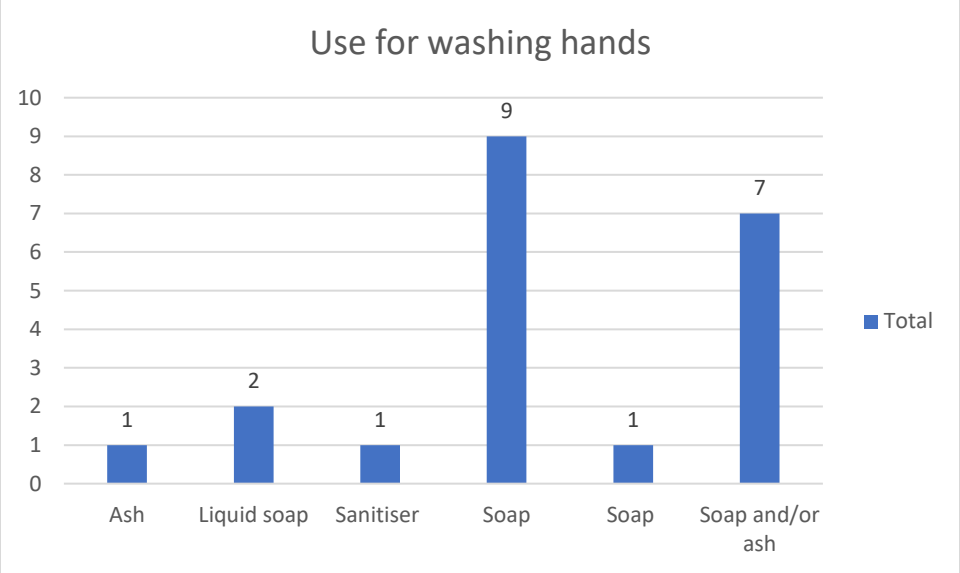
28. Organisations working on Covid

29. Have a mask

30. Have hand sanitizer

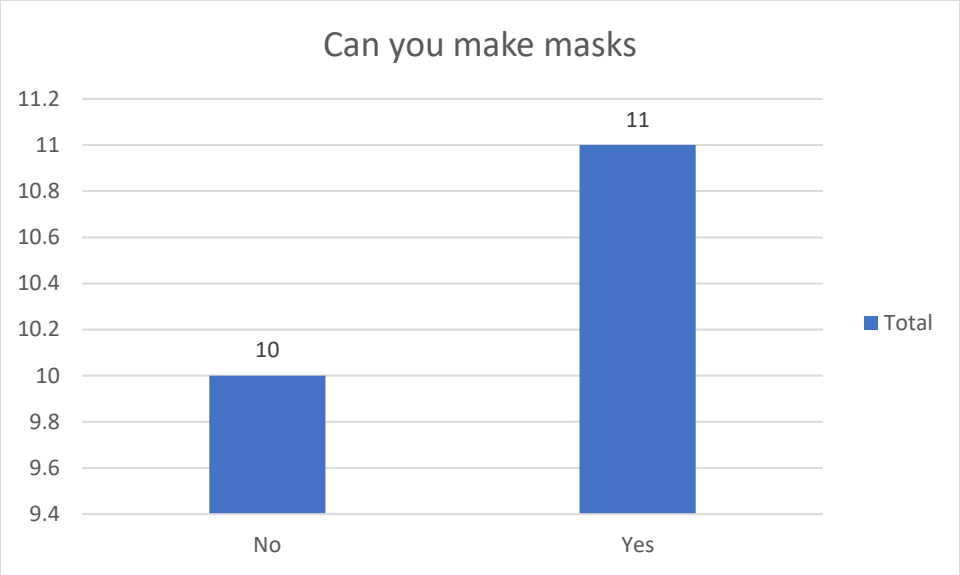


31. What do you use for washing hands

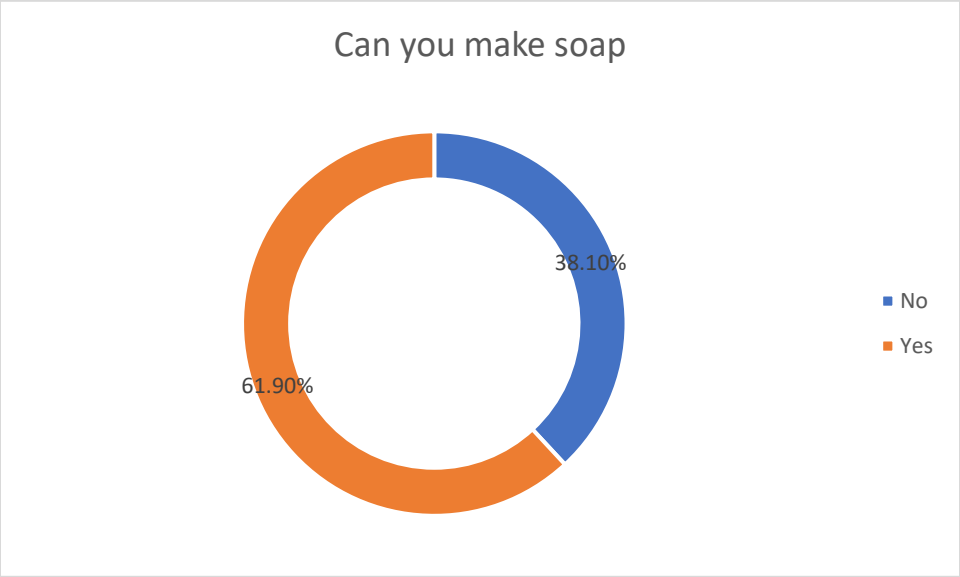


32. Where do you get masks and sanitizers

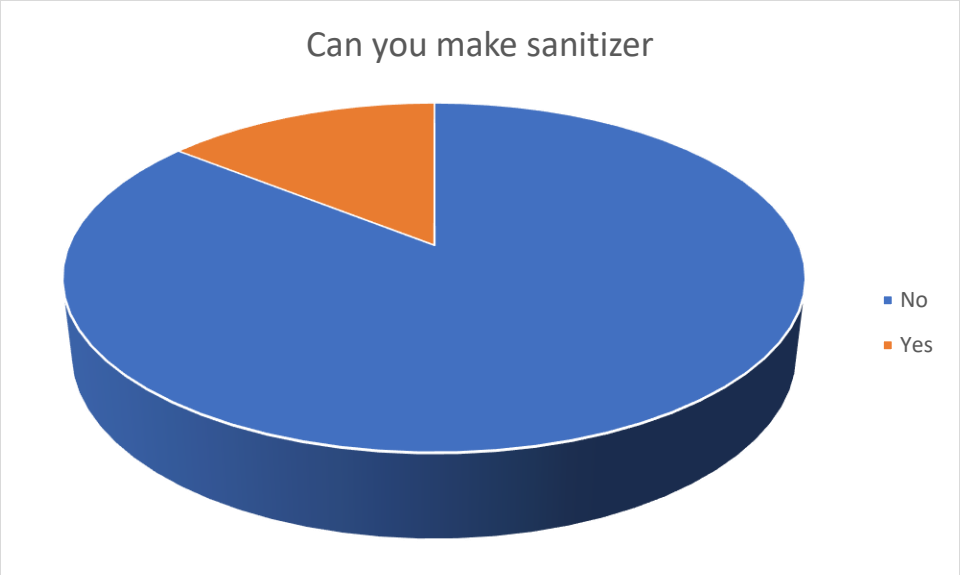
33. Can you make masks



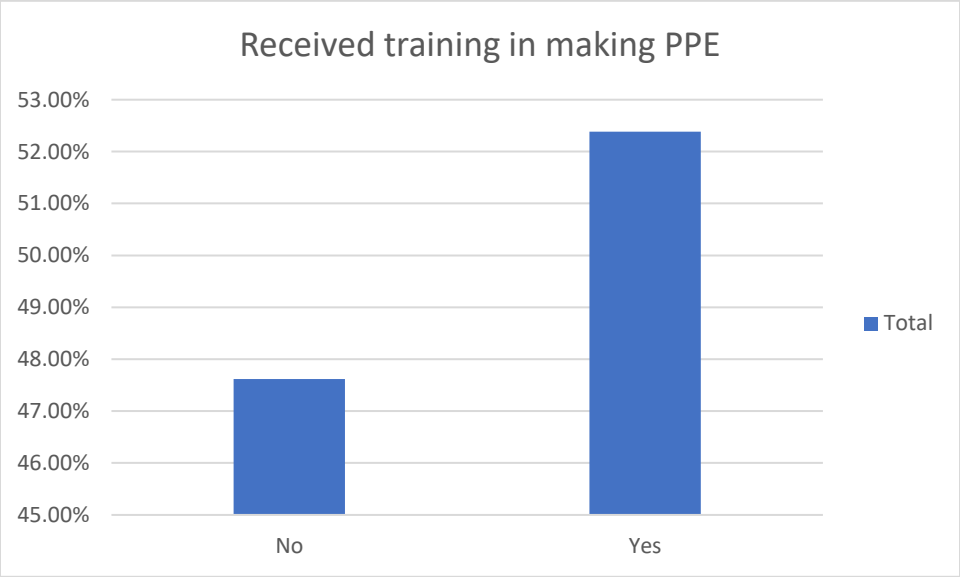
34. Can you make soap



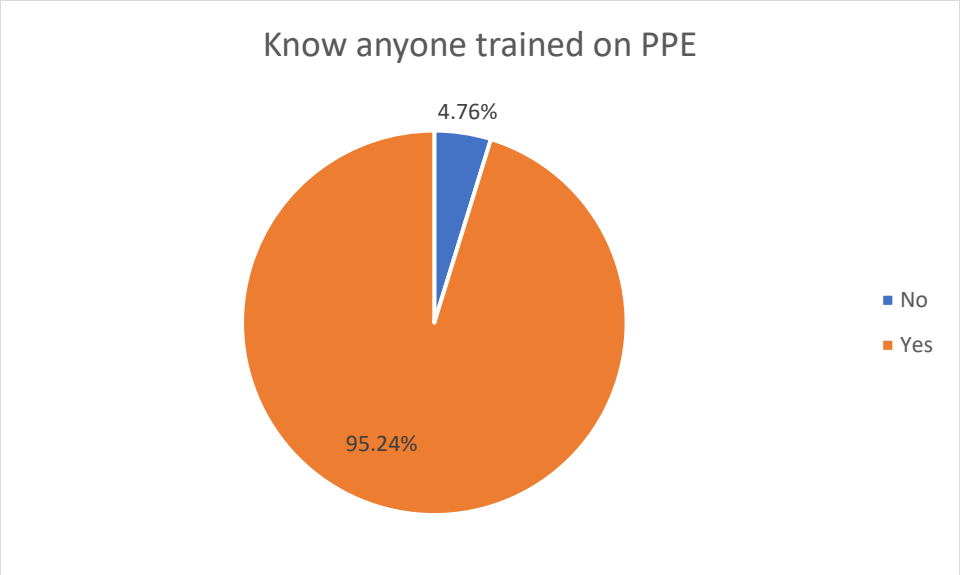
36. Can you make sanitizer



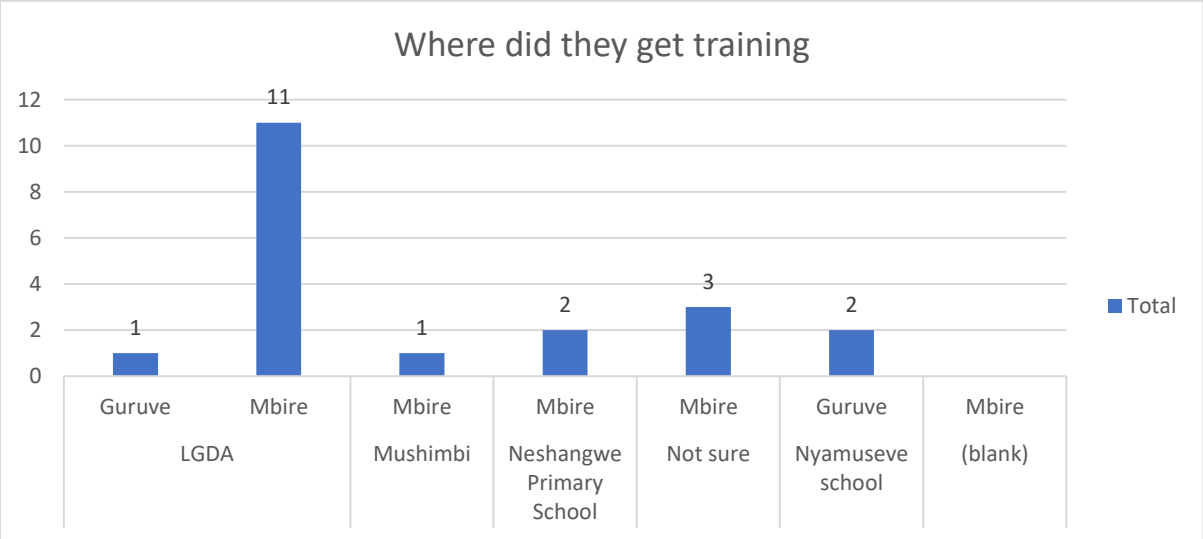
37. Training in making PPE



38. When was the training
b. Duration of training
c. Who trained you
d. How many people were in the training
e. Where the training was conducted
39. Anyone received training in making PPE

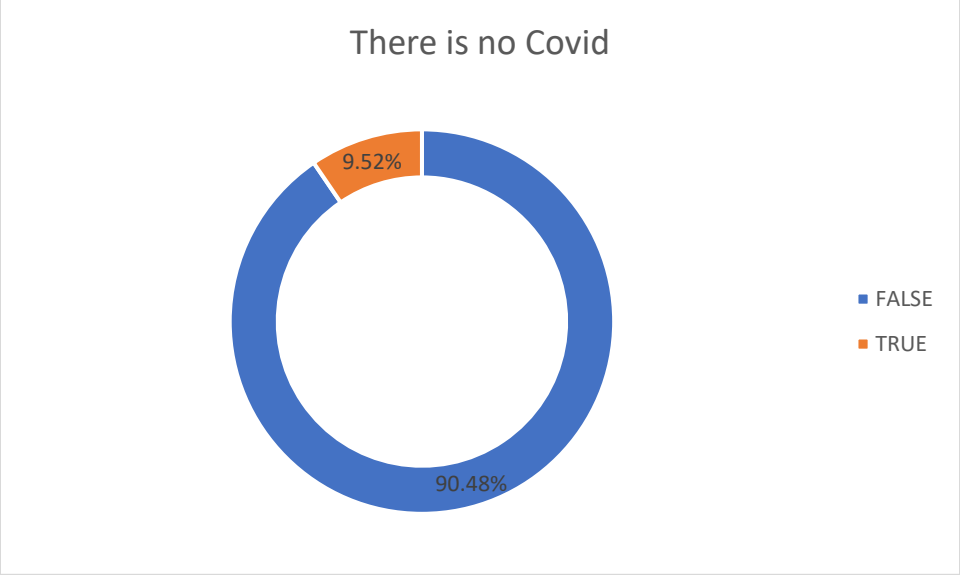


b. Where did they get the training

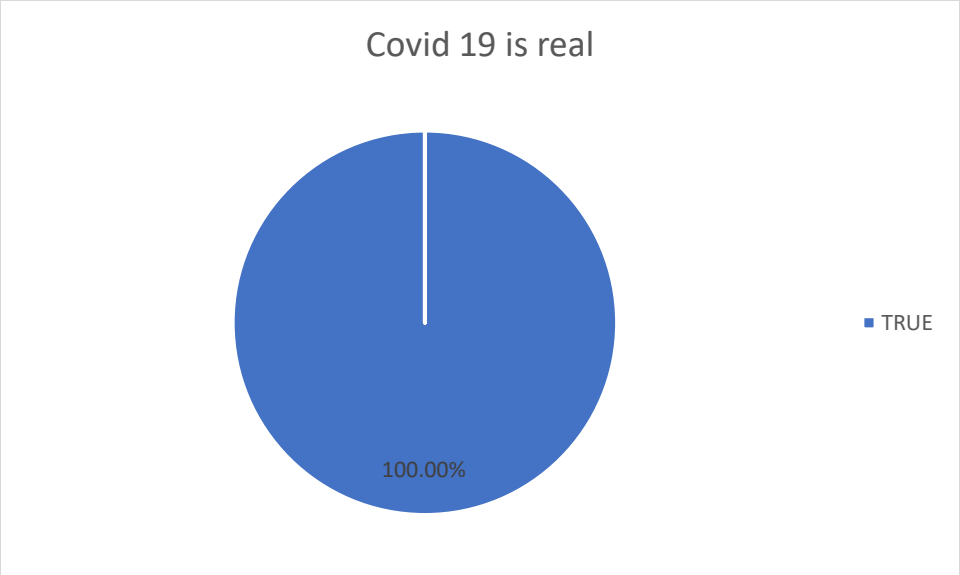


40. Covid is a scam

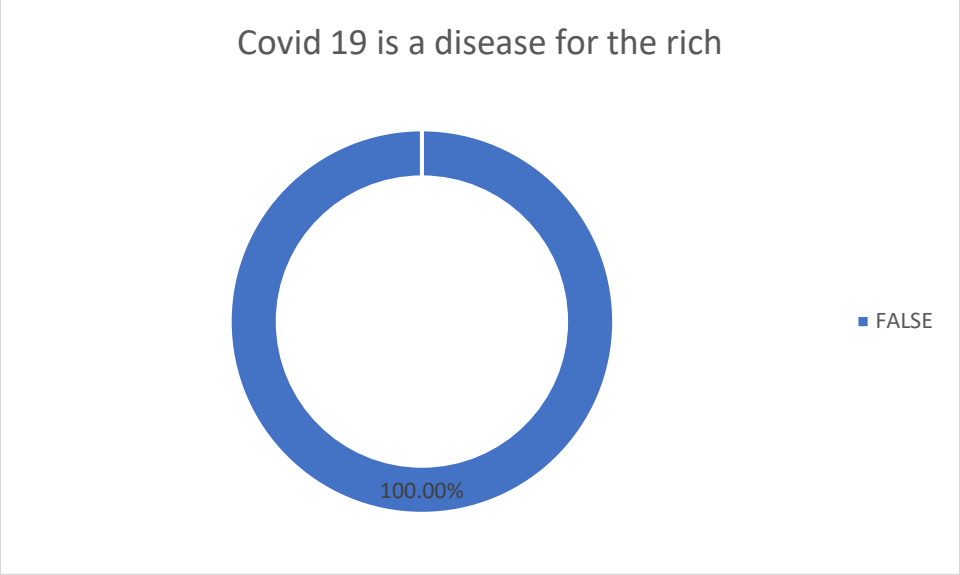
41. There is no Covid



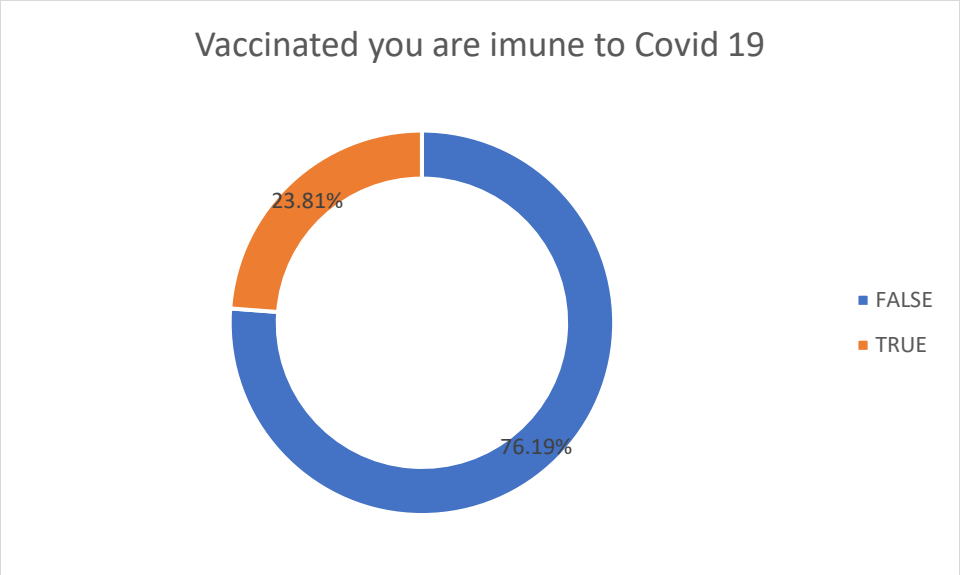
42. Covid 19 is real



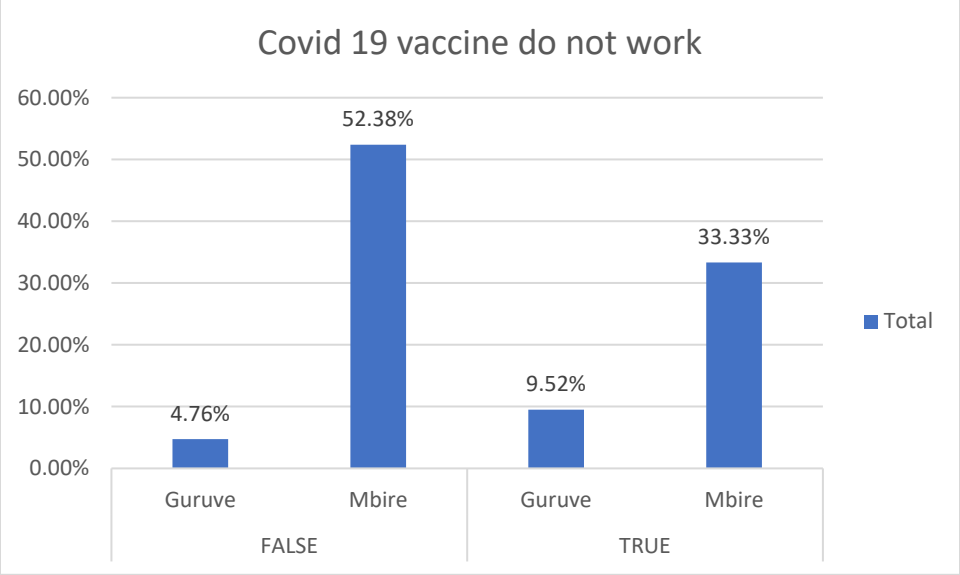
43. Covid 19 is a disease for the rich



44. Vaccinated you are immune to Covid 19

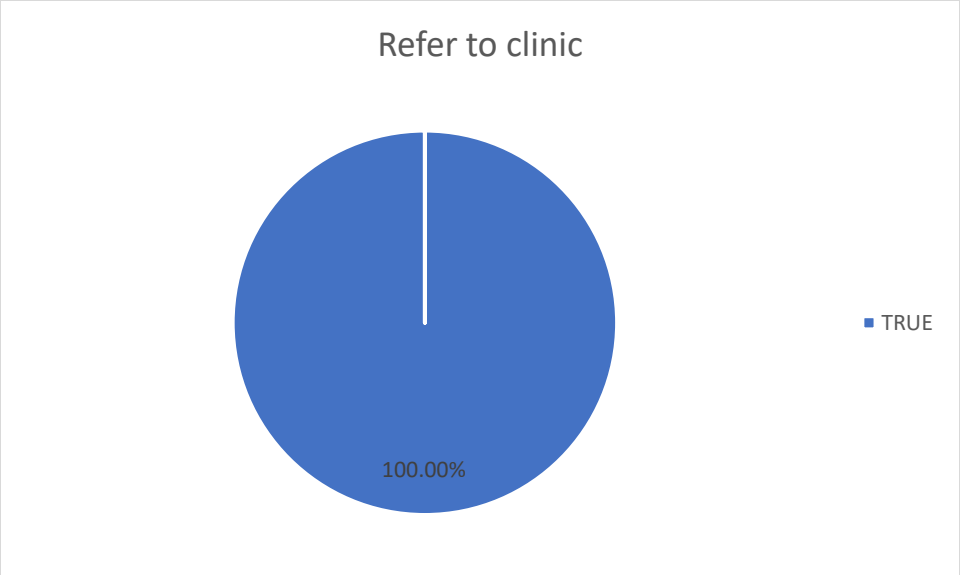


45. Covid vaccines do not work

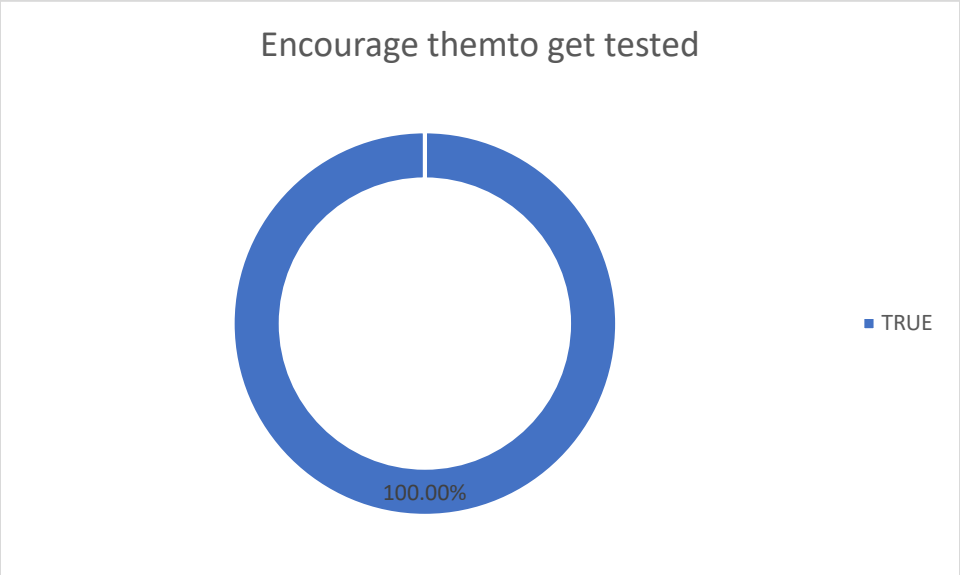


46. When I suspect that one has Covid I will

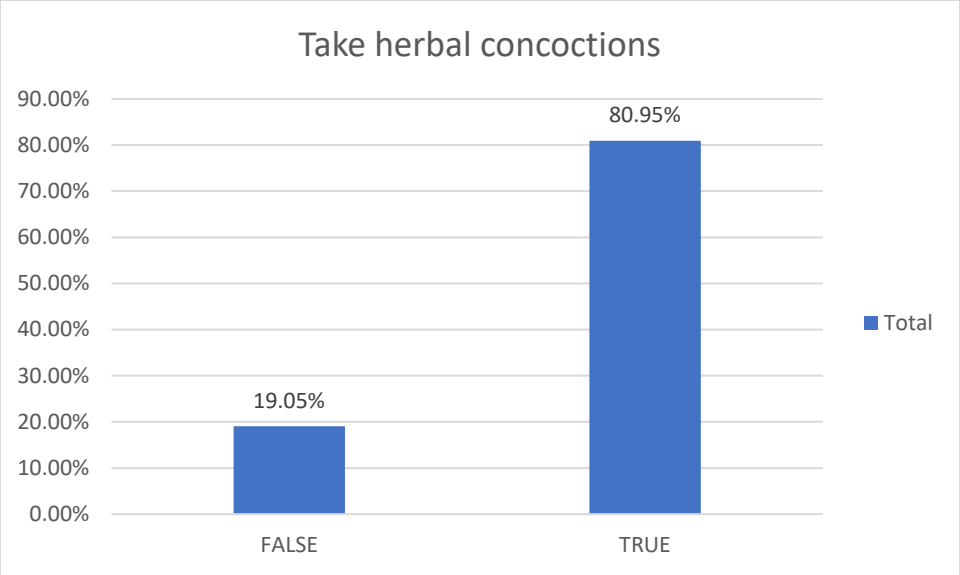
i. Refer to clinic



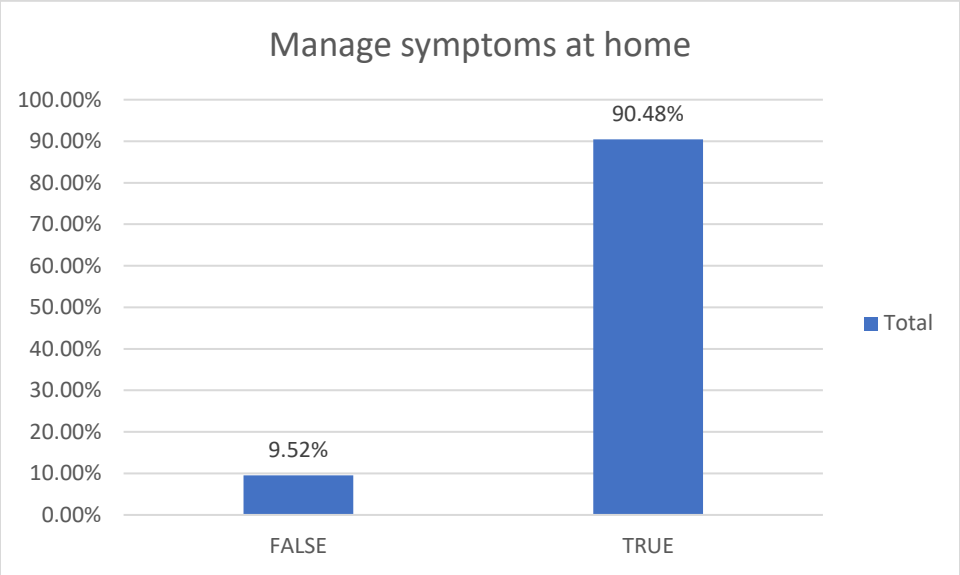
ii. Encourage them to get tested



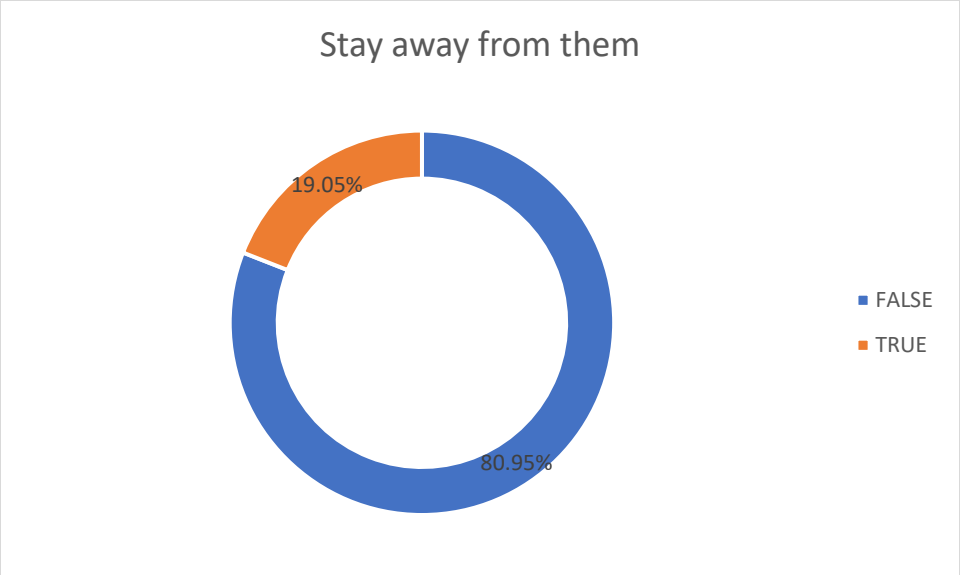
iii. Encourage them to tell herbal concoctions.



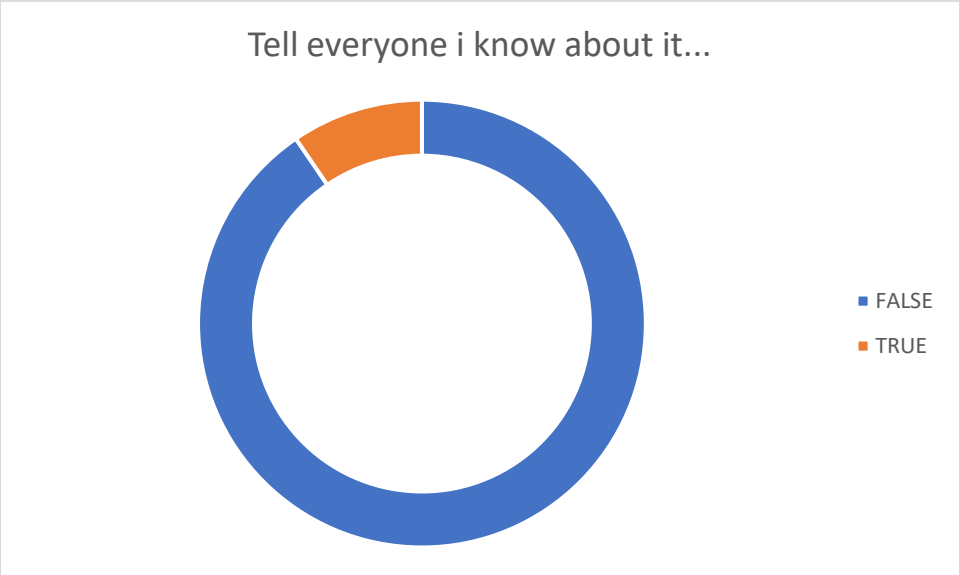
iv. Manage symptoms at home



v. Stay away from them

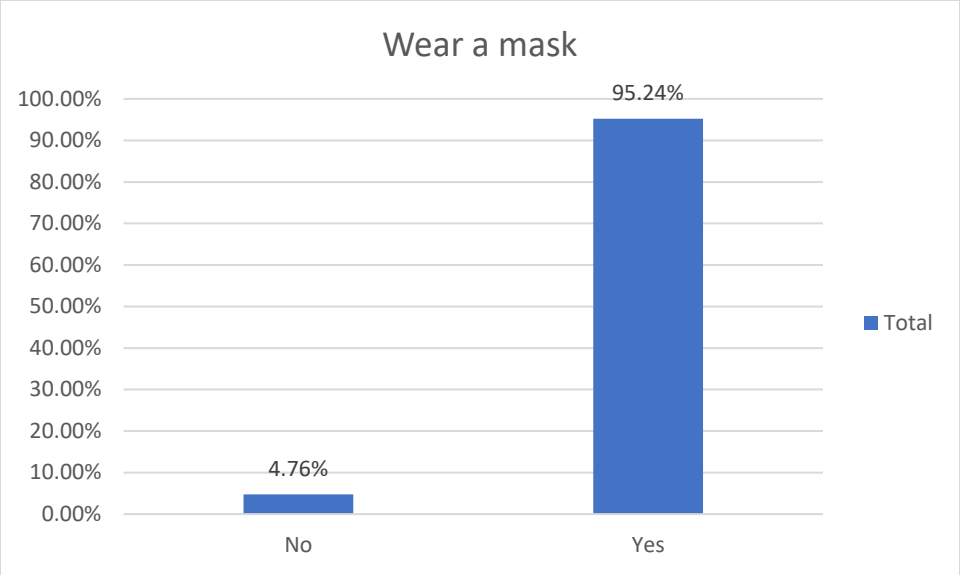


vi. Tell everyone I know about it



47. When I feel that I have Covid I will…

i. Wear mask

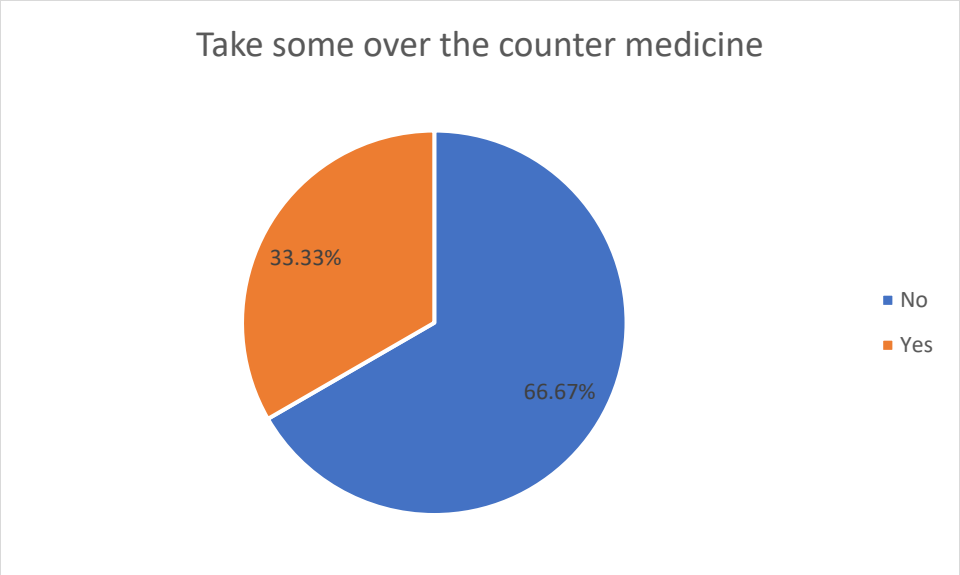


ii. Go get tested

iii. Isolate from others

iv. Behave normal and not wear a mask

v. Take some over the counter medicine


Take some over the counter medicine
33.33%
66.67%
No
Yes

Annex 10: Terms of Reference

TERMS OF REFERENCE FOR THE FINAL EVALUATION PREVENTION OF COVID-19 INFECTION AMONG VULNERABLE WOMEN & GIRLS IN DROUGHT-AFFECTED DISTRICTS (GURUVE & MBIRE) OF MASHONALAND CENTRAL

I. Background

1.1 Introduction

United Nations Entity for Gender Equality and Empowerment of Women implemented a project on ': Prevention of COVID-19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe' (from April 2022 – March 2023). The project intended to strengthen gender responsive prevention of and response to COVID 19 in Guruve and Mbire through enhancing access to COVID 19 testing and vaccination services, provision of PPE and improving knowledge and attitudes on COVID 19. The project was generously funded by the Government of Japan with the resources amounting to $US740,740.00.

The project was aligned to the United Nations Sustainable Development Cooperation Framework (UNSDCF) People Pillar. The project also contributes to the UN Women global Strategic plan on **SP Outcome 4 on** Women's equitable access to services, goods and resources. The objectives of the Project were achieved through collaborations with Government of Zimbabwe, Academic Institutions and civil society.

1.2 Context

More than a year into the Covid-19 pandemic Zimbabwe has recorded over 133 505 COVID-19 cases.[14] The country took a 'whole of government', 'whole of society' approach to respond to the pandemic and began

[14] Government of Zimbabwe, Ministry of Health, and Child Care (2022) Covid 19 Situation Report 19 September 2022. 2 UNWOMEN (2022) Project Agreement Document - Prevention of COVID-19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe Page 5 of 17_ Report_19 September 2022

rolling out the COVID-19 vaccination on 22 February 2021 as part of the comprehensive public health pillar of the response. However, despite the roll out of vaccination and other preventative programmes at national level, the extent of reach of these programmes in marginalised and hard to reach communities has been low. Mbire and Guruve districts in Mashonaland Central Province of Zimbabwe are adversely and disproportionately affected by the pandemic due to the underlying impacts of COVID -19, climate induced drought and economic recession. From May 26 to August 11, 2021, there was a drastic increase in COVID 19 cases being recorded from 1752 to 7707 in Mashonaland Central according to the Ministry of Health and Childcare situation reports, Guruve being one of the hot spots. Women and girls in the two districts are impacted by gaps both in the supply side of vaccinations and the demand side that hinders communities to make decisions related to vaccine uptake and adopt effective covid-19 prevention strategies. Evidence reveals that Guruve and Mbire districts has vaccinated only 45% of the eligible population. In addition, Covid19 vaccination and prevention in the communities has been affected by secondary waves of the virus and emergence of new and more transmittable variants (Omicron). The vaccine supply side is marred by limited availability of Covid -19 prevention and infection control supplies including PCR test kits. Each district is served by one outreach vehicle, making it difficult to increase accessibility of testing and vaccination services to remote communities within the districts who do not have clinics within the wards. On the other hand, the demand side is affected grossly by vaccine hesitancy and existing gender and social norms affecting update of vaccines. Existing key drivers of vaccine hesitancy include lack of demand generating and awareness raising activities for vaccine rollouts, myths related to risks of infertility in women, impotency in men, or risk of death myths based on religious grounds especially among the apostolic sects prevalent in the area, as well as fear of side effects coupled with limited knowledge on what to expect or medical follow-up if treatment needed.

Control of coronavirus disease 2019 (COVID-19) heavily relies on universal access to testing in order to identify who is infected; track them to make sure they do not spread the disease further; and trace those with whom they have been in contact. The recent surge in COVID-19 cases in Zimbabwe is an urgent national public health concern and requires coordinated efforts to facilitate social and behaviour change communication, scale up testing, provide PPE and administer vaccines to all citizens especially women and girls in Guruve and Mbire Rural districts as they are marginalized and secluded from mainstream programmes most of the time. Failure to ensure equal access to relevant information, goods and services for effective

prevention of and response to COVID 19 may result in more COVID 19 cases and fatalities among women and girls in rural areas.

2. Description of the project

Following the development of the COVID-19 Vaccine Demand Strategy in April 2021, Zimbabwe has seen an increase in the uptake of the vaccines. This is indeed a commendable achievement towards containment of the pandemic, however overall vaccination and other preventative programs at national level, the extent of reach of these programs in marginalized and hard to reach communities has remained low. Mbire and Guruve districts in Mashonaland Central Province of Zimbabwe are amongst hardest to reach districts, are adversely and disproportionately affected by the Covid 19 pandemic and its underlying impacts which are further compounded by climate induced drought and economic recession. In these two districts women and girls are highly negatively impacted by inequality and gaps both in the access and utilization of available vaccines.

Covid 19 Vaccine uptake and adoption of effective covid-19 prevention strategies were also hindered by both supply and demand related factors. On the supply side, there was limited availability of Covid -19 prevention and infection control supplies including PCR test kits. Each district was served by one outreach vehicle, making it difficult to increase accessibility of testing and vaccination services to remote communities within the districts who do not have clinics within the wards. On the demand side is there were elevated levels of vaccine hesitancy compounded by existing gender and social norms affecting update of vaccines. Key drivers of vaccine hesitancy include lack of demand generating and awareness raising activities for vaccine rollouts, myths related to risks of infertility in women, impotency in men, or risk of death myths based on religious grounds especially among the apostolic sects prevalent in the area, as well as fear of side effects coupled with limited knowledge on what to expect or medical follow-up if treatment needed.

2.1. Programme Implementation Strategy

In response to these gaps and as part of ensuring that such hard-to-reach areas have access to Covid-19 prevention services and accessories, UN Women with funding support from the Government of Japan complemented the Government of Zimbabwe (GoZ) efforts to contain the pandemic. UN Women worked in

partnership with Lower Guruve Development Association (LGDA), the GoZ line ministries including Bindura University of Science to implement on the programme on prevention of COVID-19 infection among vulnerable women and girls in Mbire and Guruve Districts. The project aimed is to enhance access to COVID 19 testing and vaccination services, provision of PPE and improving knowledge and attitudes on COVID 19. A baseline assessment was done which helped to track the progress and the contribution that the project has in changing the situation of women and girls in Mbire and Guruve.

2.2. Priorities of the project

The project prioritised strengthening gender responsive prevention of and response to COVID 19 in Guruve and Mbire through enhancing access to COVID 19 testing and vaccination services, provision of PPE and improving knowledge and attitudes on COVID 19 by March 2023.

- Improve distribution of COVID 19 infection control supplies including PCR test kits and Covid 19 vaccinations. With the changing circumstances and guidance from WHO, PCR testing was no longer a priority and the focus was on vaccinations.
- Increase knowledge and understanding on Covid -19 prevention and vaccination through social behavior change strategies to promote uptake of Covid -19 vaccination in Mbire and Guruve districts.
- **500** Vulnerable women and girls in Guruve and Mbire are equipped with knowledge and skills to develop Personal Protective Equipment (i.e., face masks, sanitizers and soap) with the support of Bindura University and Ministry of Women's Affairs, Gender, Small and Medium Enterprises Development.

3. Purpose (and use of the evaluation)

3.1 Purpose

The purpose of the evaluation is to assess progress towards achievement of goals and objectives of the Project at district levels and how it contributes to the national level against the standard evaluation principles of relevance, effectiveness, efficiency, sustainability, and outcome since its inception in April 2022. The overall purpose of the evaluation is to provide an in-depth assessment of the results against the outcomes of the project and performance in terms of the relevance, effectiveness, efficiency, sustainability, and impact. The evaluation is expected to identify lessons learned, good practices, and factors that facilitated/hindered achievement. Through this, it aims to contribute to accountability, learning and decision-making including practical recommendations to inform the management and coordination of future projects related to this thematic area and other related initiatives on humanitarian response.

3.2. Users of the Evaluation

The evaluation report will be used to inform the design of UN Women's future work around humanitarian response and mitigation. Specific users will include the Embassy of Japan (Government of Japan), UN Women Programmes team, government ministries, UN Agencies, development partners Academia and CSOs. UN Women will be specifically responsible for developing management responses and action plans to the evaluation findings and recommendations. The final evaluation report will be made publicly available on the UN Women Global Accountability and Tracking of Evaluation (GATE) System http://gate.unwomen.org/. It will also be disseminated during regional, national and district meetings.

4. Objectives (evaluation criteria and key questions)

The specific objectives of the evaluation are guided by Development Assistance Cooperation (DAC) evaluation criteria of relevance, effectiveness, efficiency sustainability and impact. The evaluators will develop specific review questions, samples of which are set out below for each objective. The objectives of the evaluation are to primarily:

Relevance:

- To assess the extent to which the Project has been conceptualised, planned and designed to respond to national, regional and international normative frameworks for gender equality and women's empowerment.

The suggested questions for the relevance criterion are;

- How relevant is the project (design, including planned activities and target outputs and outcomes) to the needs and priorities of the beneficiaries, national, regional and international priorities?

Effectiveness and Impact:

- To assess progress in achieving planned project goal, outcomes and outputs stated in the project document, any intended and unintended effects on gender equality, women's rights, including the use of innovative approaches.

- To assess whether the project reached the targeted beneficiaries at the project goal and outcome levels and the extent to which the project generated positive changes in the lives of targeted and untargeted in relation to issues of project addressed by this Project? What are the key changes in the lives of those women?
- Assess the replicability of the Project at national scale, the ownership of the Project by the government and the contribution of the Project in building the capacity of the government to drive the gender equality and women's rights. The evaluation will also assess the contribution of the Project in strengthening the capacity of partners in complementing government efforts and collaboration.
- To identify and document any key contributions and added value of short term and long term intended and unintended, positive and negative effect of the project.
- To document the benefits of the project to society.
- To document the Most Significant Changes (MSC), if any brought by the Project to date.

The suggested questions for the effectiveness criterion are;

- What are the main effects of project activities (positive and negative, direct or indirect, intended or unintended)? Has the project achieved its planned objectives and results within its specified period?
    - To what extent can the changes/results that have been achieved be attributed to the inputs, strategies, actions and outputs of the project?
- Has the project been appropriately responsive to political, legal, economic, institutional, etc., changes in the country?
- What, if any, alternative strategies would have been more effective in achieving the Project objectives?

Efficiency:

- To measure how economically the project resources/inputs were converted to results, considering inputs and outputs i.e. assessing value for money and management of the budget. The evaluation will assess whether the Project's strategies and interventions deliver Value for money. Document examples of cases in the project where Value for money successes and/or failures are evident.

The suggested questions for the criterion are;

- Has the project implementation strategy and execution been economical, efficient and cost effective? Have resources (funds, human resources, time, expertise, etc.) been allocated strategically to achieve outcomes?

- To what extent does the management structure of the intervention support efficiency for project implementation?

Sustainability

- To assess sustainability of results as well as document the strategies that have been put in place to ensure sustainability of results. The evaluation will assess the possibility of continuation of benefits accrued to date from the project intervention and recommend any other strategies for sustainability based on lessons learned from other projects and evaluations. The evaluation should consider the following dimensions of sustainability:
- To assess sustainability of the results given the level of ownership generated, effective partnerships established, and capacity strengthened through processes. The evaluation should assess the strategies which have been put in place by UN Women and partners to enhance sustainability and document or present any best practices from within the project or other similar projects.
- Community level sustainability – assess ownership, participation and inclusion of national duty-bearers and rights-holders.

The suggested questions for this criterion are;

- How are the achieved results, especially the positive changes generated by the project in the lives of women and girls, going to be sustained after this project ends.

Gender Equality and Human Rights

- To assess how gender and human rights considerations been integrated into the project design and implementation.
- To review how attention to/integration of gender equality and human rights concerns advanced the area of work?

The suggested questions for this criterion are;

- To what extent has gender and human rights considerations been integrated into the project design and implementation?

5. Scope of the evaluation

5.1. Time frame for the evaluation:

The final evaluation will provide an assessment of the Project from Project inception in April 2022 to March 2023.

5.3 Geographical coverage:

The evaluation will be conducted at provincial and district level. The evaluator will discuss with stakeholders involved in the project that includes government ministries, CSOs and Academia to observe progress and achievements.

The evaluation will be guided by UN Women Evaluation Policies and United Nations Evaluation Group (UNEG) guidelines on Integrating Human Rights and Gender Equality in evaluation (http://www.uneval.org/document/detail/1616) and the UNEG Ethical Guidelines for evaluation. The following key principles will be respected: national ownership and leadership; fair power relations and empowerment; participation and inclusivity; independency and impartiality; transparency; quality and credibility; innovation.

6. Evaluation design (process and methods)

The evaluation methodology will be developed by the Consultant and presented for approval to the Evaluation Reference Group. The methodology should use a combination of quantitative and qualitative research methods and a desk review of Programme overview should be done. It should be utilisation focused, gender responsive and explicitly outline how it will integrate a human rights-based approach and explore the possibility of utilising participatory methods for developing case studies. Data should be disaggregated by sex and according to other relevant parameters.

These complementary approaches will be deployed to ensure that the study:

- responds to the needs of users and their intended use of the evaluation results;
- provides both a substantive assessment of project results, while also respecting gender and human rights principles throughout the evaluation process, allowing for the participation and consultation of key stakeholders (rights holders and duty-bearers) to the extent possible.
- utilises both quantitative and qualitative data collection and analysis methods to enhance triangulation of data and increase overall data quality, validity, credibility and robustness and

reduce bias and will consider among other processes a desk review, meetings, consultations, workshops with different groups of stakeholders.

- consider data collection instruments and methods for example interviews, observations, focus groups, and site visits.
- take measures to ensure data quality, reliability and validity of data collection tools and methods and their responsiveness to gender equality and human rights

6.1 Data collection methods

Some of the data collection tools to be used during the evaluation are:

- **Desk review**

The Consultant will consult all available documentation in preparation for the review, including Programme documents, minutes of the meetings; quarterly reports, annual reports, assessment reports and Programme implementation and research reports from UN Women implementing partners, and this documentation will be made available in good time.

- **Interviews with Key Informants**

The team will conduct a range of interviews with key informants and stakeholders and will visit and interview relevant stakeholders and key staff at UN Women and Government of Japan.

- **Focus group discussions**

The team will conduct focus group discussions with direct and indirect beneficiaries of the Programme.

- **Significant stories**

During the interview the evaluators will support beneficiaries of the Programme to document their stories on how the Programme has impacted on their lives.

7. Stakeholder participation

Key stakeholders to be considered include UN Women, project partners, the funding partner, MWACSMED and MoHCC and Bindura University. Following UNEG Evaluation guidelines and UN Women Evaluation

Policy the evaluation will aim at systematically engaging all key stakeholders throughout the process. The evaluation will establish a management and reference group and members of these groups will be involved at various stages during the evaluation process. This includes, among other things, providing comments on the TOR, reviewing the draft evaluation report, discussing the draft evaluation recommendations, and supporting the utilisation and dissemination of the evaluation findings. Further information on evaluation management arrangements and roles and responsibilities of different stakeholders is provided below in the TOR under Management of the evaluation section.

8. Expected timeframe and deliverables

The expected activities and deliverables for the Midterm evaluation and the estimated number of working days are listed below. The specific number of working days for the evaluation may be adjusted depending on the discussion with the Evaluator.

Activity	Working days
Conduct desk review	4
Drafting and presentation of evaluation inception report, data collection tools and instruments	2
Presentation of the methodology in an inception meeting	1
Field work including presentation and validation of evaluation findings to stakeholders	6
Data Analysis	3
Prepare draft evaluation report	4
Incorporation of feedback and comments from stakeholders and finalize evaluation report	2
Presentation of the findings at a validation workshop to be organised by UN Women.	1
Production of final report incorporating comments from stakeholders	2
TOTAL	**25**

The evaluation consultant is expected to provide:

Deliverable 1: Present and discuss an Inception Report to the Management Group and Reference Group at an inception meeting. An inception report which contains an evaluation objectives and scope, description of evaluation, methodology/methodological approach, the evaluation questions, data collection tools, data analysis methods, key informants/agencies, detailed work plan and reporting requirements. It should include a clear evaluation matrix relating all these aspects and a desk review with a list of the documents consulted.

Deliverable 2: First draft report to UN Women. The Draft evaluation report (30 pages max excluding annexes) which should be delivered within the agreed timeframe in the work plan to allow stakeholder discussion of the findings and formulation of recommendations.

Deliverable 3: Submission of second draft report incorporating feedback from the management group.

Deliverable 4: Deliverable 4 will be in two parts i.e. (i) PowerPoint presentation of the second draft report to the management team including feedback from the reference group received through emails and feedback received from the management team. (ii) A template with feedback received from reference group members and how the comments have been addressed and incorporated in developing the draft report.

Deliverable 5: Presentation of the findings at a validation workshop to be organised by UN Women.

Deliverable 6: Production of final report incorporating comments from stakeholders. Final evaluation report (30 pages max excluding annexes) which should be structured as follows:

- Title Page, table of contents, acronyms
- Executive Summary (maximum five pages)
- Purpose of the evaluation
- Evaluation objectives and scope
- Evaluation methodology including consultation structures put in place during the evaluation process
- Context of subject
- Description of the subject
- Findings
- Lessons Learnt
- Conclusions
- Recommendations
- Annexes (including but not limited to: original Terms of Reference, List of documents reviewed, Data collection tools used, List of UN agencies, implementing partners, staff and other stakeholders consulted).

The evaluation report will follow quality standards outlined in the UNW Global Evaluation Report Assessment and Analysis System (GERAAS), available at http://www.unwomen.org/en/about-us/accountability/evaluation/decentralized-evaluations. The evaluation consultant is expected to familiarize with the evaluation quality standards as they provide the basis for the final assessment of the evaluation report.

The evaluation will be conducted by a local Consultant with extensive experience in conducting evaluations with a focus on gender equality and women's rights. The Consultant will have an overall responsibility for the design of the evaluation process, and provide support in carrying out the research, finalising the relevant components of it and ensuring submission of a consolidated high-quality report.

9. Management of evaluation

To ensure independence of the evaluation consultant, UN Women M&E Team in the CO and the Regional Evaluation Specialist will manage the evaluation. The process will follow UNW standards as outlined in the UN Women Evaluation Handbook: How to Manage Gender-responsive Evaluation, available at https://genderevaluation.unwomen.org/en/evaluation-handbook and the CPE guidance available at https://www.unwomen.org/en/digital-library/publications/2016/3/guidance-on-country-portfolio-evaluations-in-un-women. The Management Group which is the Programmes Steering Committee is the decision-making body with the responsibility of approving reports i.e. the inception report and the evaluation report. Management Group TORs will guide the work of the Evaluation Management Group. The management Group will include:

- Country Representative or Deputy Country Representative
- Evaluation Manager
- Regional Evaluation Specialist

An Evaluation Reference Group will provide support for the evaluation at the technical level. They will review and provide comments to the inception report and the draft report. The Reference Group members will provide comments on the inception report and draft report either through meetings or online via email communications. The role of the group will not lead to influencing the independence of the evaluation, but

rather to ensure a robust and credible evaluation process and ensure the use of the evaluation findings and recommendations through formalized management responses and associated action plans. The work of the Reference Group will be guided by the agreed TORs for the Reference Group. The members of the Reference Group will be:

- UN Women programmes staff
- National government partners
- Development partners/donors
- Gender Results Group
- Civil society advisory group
- Evaluation Manager
- Regional Evaluation Specialist

10. Logistics

UN Women will facilitate this process by providing contact information such as email addresses and phone numbers of their respective partners. UN Women will oversee the logistics of the evaluation and provide support for the arrangements as needed. The evaluation consultant is also responsible for the dissemination of all methodological tools such as questionnaires, conducting interviews; group discussions etc.

11. Evaluation consultant composition, skills, and experiences

11.1. Selection of the Evaluation Consultant

Required Skills and Experiences:

A national consultant with the following skills and experience

- Master level and above educational background in social sciences or a related field.
- 8 – 10 years' experience and knowledge in conducting gender responsive evaluations (quantitative and qualitative methods).
- Documented previous experience in conducting gender-responsive evaluations.
- Extensive experience in conducting evaluations with a focus on gender equality, women's empowerment. Specific evaluation on Humanitarian response will be an added advantage.

- A strong record in designing and leading evaluations, extensive experience in applying qualitative and quantitative evaluation methods incl. data analysis skills.
- Extensive knowledge and understanding of Results Based Management methodologies.
- Experience and understanding of gender equality, human rights, and women's empowerment programming of UN agencies, development partners and government.
- Application and understanding of UN Mandates on Human Rights and Gender Equality.
- Knowledge of regional/country/ local context will be an asset.
- Proven experience and excellent networking and partnership skills with UN agencies, government and CSOs.
- Excellent communication skills, both verbal and written and strong presentation skills.
- Excellent spoken and written English (all deliverables to be in English). Working knowledge of Shona and/or Ndebele will be an asset.
- Capacity to work independently and use own equipment.

The independence of the evaluation consultant is outlined by the UNEG Norms and Standards as well by the UN Women Evaluation Policy. According to the UN Women Evaluation Policy, evaluation in UN Women will abide to the following evaluation standards: Participation and Inclusiveness, Utilization-Focused and Intentionality, Transparency, Independence and Impartiality, Quality and Credibility as well as Ethical Standards. UNEG Norms and Standards and the UN Women Evaluation Policy are publicly available under http://www.unwomen.org/about/evaluation.php;

The Evaluator is to act according to the agreed and signed TORs and to proceed according to all stated agreements.

12. UNEG Norms and Standards and Ethical Code of Conduct

This end of term evaluation will be conducted in accordance with the principles outlined in the UNEG 'Ethical Guidelines for Evaluation.' UN Women has developed the UN Women Evaluation Consultants Agreement

Form[15] for evaluators that must be signed as part of the contracting process, which is based on the UNEG Ethical Guidelines and Code of Conduct. The signed Agreement will be annexed to the consultant contract. The UNEG Guidelines note the importance of ethical conduct for the following reasons:

- Responsible use of power: All those engaged in evaluation processes are responsible for upholding the proper conduct of the evaluation.
- Ensuring credibility: With a fair, impartial and complete assessment, stake- holders are more likely to have faith in the results of an evaluation and to take note of the recommendations.
- Responsible use of resources: Ethical conduct in evaluation increases the chances of acceptance by the parties to the evaluation and therefore the likelihood that the investment in the evaluation will result in improved outcomes.

The evaluators are expected to provide a detailed plan on how the following principles will be ensured throughout the evaluation (see UNEG Ethical Guidance for descriptions): 1) Respect for dignity and diversity; 2) Right to self-determination; 3) Fair representation; 4) Compliance with codes for vulnerable groups (e.g., ethics of research involving young children or vulnerable groups); 5) Redress; 6) Confidentiality; and 7) Avoidance of harm. Specific safeguards must be put in place to protect the safety (both physical and psychological) of both respondents and those collecting the data. These should include:

- A plan is in place to protect the rights of the respondent, including privacy and confidentiality.
- The interviewer or data collector is trained in collecting sensitive information, and if the topic of the evaluation is focused on violence against women, they should have previous experience in this area.
- Data collection tools are designed in a way that are culturally appropriate and do not create distress for respondents.
- Data collection visits are organized at the appropriate time and place to minimize risk to respondents
- The interviewer or data collector is able to provide information on how individuals in situations of risk can seek support.

The evaluation's value added is its impartial and systematic assessment of the programme or intervention. As with the other stages of the evaluation, involvement of stakeholders should not interfere with the

[15] https://www.google.com/search?q=UN+Women+Evaluation+Consultants+Agreement+Form&rlz=1C1CHBD_enZW928ZW928&oq=UN+Women+Evaluation+Consultants+Agreement+Form+&aqs=chrome..69i57.1526j0j15&sourceid=chrome&ie=UTF-8

impartiality of the evaluation. The evaluator(s) have the final judgment on the findings, conclusions and recommendations of the evaluation report, and the evaluator(s) must be protected from pressures to change information in the report. Additionally, if the evaluator(s) identify issues of wrongdoing, fraud or other unethical conduct, UN Women procedures must be followed, and confidentiality be maintained. The UN Women Legal Framework for Addressing Non-Compliance with UN Standards of Conduct and accompanying policies protecting against retaliation and prohibiting harassment and abuse of authority, provide a cohesive framework aimed at creating and maintaining a harmonious working environment, ensuring that staff members do not engage in any wrongdoing and that all allegations of wrongdoing are reported promptly, investigated and appropriate action taken to achieve accountability. The UN Women Legal Framework for Addressing Non-Compliance with UN Standards of Conduct defines misconduct and the mechanisms within UN Women for reporting and investigating. More information can be provided by UN Women if required.

13. Submission of Proposals

The local Consultant is required to submit the following: (i) Technical proposal accompanied with his /her CV. Technical proposals that outlines the proposed approach to the evaluation and the methodology, as well as an assessment of the main challenges and risks to the evaluation, and how these will be mitigated. The proposal should not be more than 5 pages excluding annexes and should not repeat the TORs.