



**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

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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<sup>1</sup>. 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<sup>2</sup>. 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

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<sup>1</sup> 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

<sup>2</sup> 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<sup>3</sup>. 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.

<sup>3</sup> 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.<sup>4</sup> 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<sup>5</sup>. 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.

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<sup>4</sup> Government of Zimbabwe, Ministry of Health and Child Care (2022) COVID 19 Situation Reports March 2020 – March 2023

<sup>5</sup> 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<sup>6</sup>.

### ▪ 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.<sup>7</sup> 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<sup>8</sup>. 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

<sup>6</sup> 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>

<sup>7</sup> 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.>

<sup>8</sup> 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<sup>9</sup>. 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<sup>2</sup>. On the demand side there were elevated levels of vaccine hesitancy compounded by existing gender and social norms affecting uptake 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.

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<sup>9</sup> 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**

<b>Outcome</b>	Improved access by communities, particularly women and girls, to COVID 19 prevention, testing and vaccination services in Guruve and Mbire.
<b>Outputs</b>	<ul style="list-style-type: none"> <li>▪ <b>Output 1.1:</b> 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.</li> <li>▪ <b>Output 1.2:</b> 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.</li> <li>▪ <b>Output 1.3:</b> Vulnerable women and girls are equipped with knowledge and skills to develop Personal Protective Equipment (i.e., face masks, sanitizers, and soap)</li> </ul>
<b>Inputs &amp; Activities</b>	<ul style="list-style-type: none"> <li>▪ Provide logistical support to district COVID 19 testing and vaccination interventions and outreach.</li> <li>▪ Refurbishing vaccination storage spaces through undertaking reparations of equipment and refrigerators and other cooling machines for vaccine storage.</li> <li>▪ 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.</li> <li>▪ Training women on production and distribution of PPE in the community</li> <li>▪ 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.</li> </ul>

### 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 the 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 emphasizes 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<sup>10</sup>. 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
<b>Relevance</b>	<ul style="list-style-type: none"> <li>- 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.,</li> <li>- Is the intervention aligned and contributes to the national policies and priorities on HR and GE?</li> </ul>
<b>Effectiveness</b>	<ul style="list-style-type: none"> <li>- Are there any key results on HR and GE?</li> <li>- Are the results achieved through implementation of interventions that recognized and utilized a human rights-based approach and gender mainstreaming strategy?</li> </ul>
<b>Efficiency</b>	<ul style="list-style-type: none"> <li>- Did the intervention provide adequate resources for integrating HR and GE in the intervention?</li> <li>- Did the allocation of resources prioritize women and individuals who are marginalized?</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- Does the project demonstrate that it advances key factors that need to be in place for long term realization of HR and GE?</li> <li>- Did institutions involved build capacity to maintain environment conducive to systematically address HR and GE concerns?</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>- Have the rights holders been able to enjoy their rights?</li> <li>- Has the project resulted in the empowerment of the targeted groups and influences those outside the intervention's target groups?</li> </ul>
<b>Participation and Inclusion</b>	<ul style="list-style-type: none"> <li>- Have the rights holders been involved and participated in the various stages of the intervention freely and meaningfully?</li> <li>- Did the intervention support the participation of women and those in marginalized areas?</li> </ul>

## 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
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<sup>10</sup> 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 with disabilities, those who represent adolescent girls in and out of school, and senior citizens. The FGD guides were tailored for each type of group and were 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
<b>Women 18 – 24yrs</b>	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.
<b>Women 25+</b>	1	
<b>CHW/VHW</b>	2	
<b>Community Leaders</b>	2	
<b>Men</b>	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
<b>UNWomen</b>	2	All the KIIs 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.
<b>LGDA</b>	1	
<b>Line Ministry Stakeholders</b>	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 Measures

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<sup>11</sup>. 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 contrast 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.

<b>Guideline</b>	<b>Obligation: I,</b>
<b>Independence and Impartiality</b>	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
<b>Credibility</b>	Ensured that findings of the evaluation are credible and based on reliable data and observations.
<b>Accountability</b>	Remained accountable to successfully complete this evaluation and deliver a quality report that can be used for advancing humanity
<b>Honesty &amp; Integrity</b>	Ensured that the entire exercise is based on honesty and integrity
<b>Confidentiality</b>	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
<b>Respect for Dignity and diversity</b>	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
<b>Informed consent and assent</b>	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.
<b>Avoidance of Harm</b>	Ensured that no participants under 18 years were interviewed in this evaluation 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.

<sup>11</sup> Lincoln, Y. S and Guba, E. G. (1985) Naturalistic Inquiry, Thousand Oaks, CA: Sage

<b>Accuracy, Completeness &amp; Reliability</b>	Submitted an evaluation report and presentations that are accurate, complete and reliable.
<b>Transparency</b>	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



<p>outreach sites. Some health facilities had fewer health workers trained on COVID 19 vaccination.</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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</li> <li>- 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.</li> </ul>	<ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> <li>- 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.</li> <li>- 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.</li> </ul>
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### 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,*

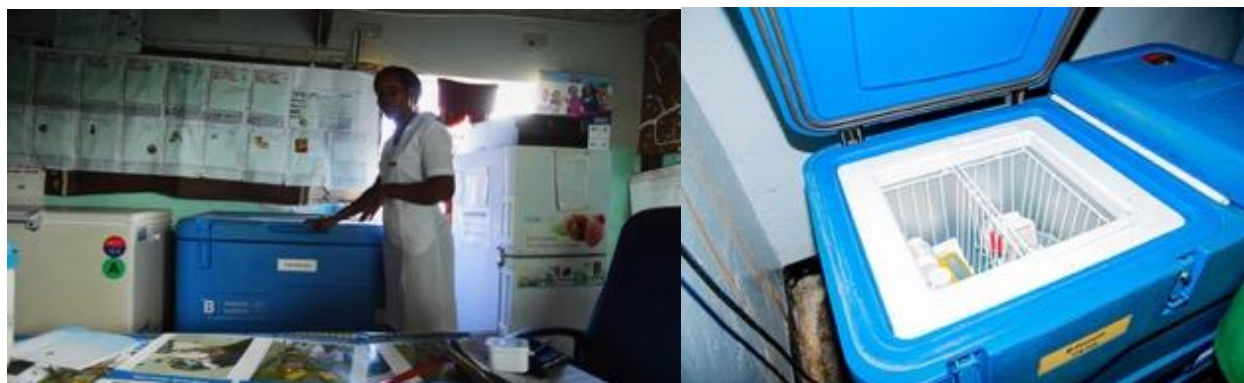
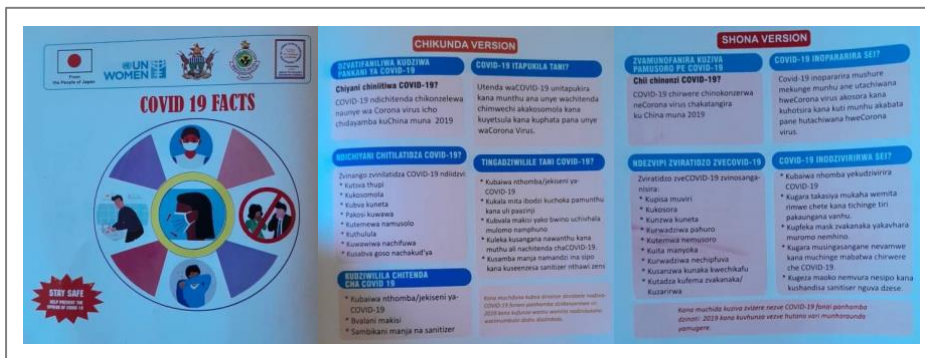


Figure 1: Health Workers Showing the Fridges Supplied by the Project

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<sup>12</sup>. 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

<sup>12</sup> 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 waitewo 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 no longer 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<sup>13</sup>

District Name	District Population*	Total Cases** Cumulative	Vaccinations***			
			1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> 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-19 outbreak

\*\*\* Guruve and Mbire District Health Contact Points

<sup>13</sup> MoHCC (2022) COVID 19 Statistics Supplied by MoHCC District Hospitals (Mbire and Guruve)

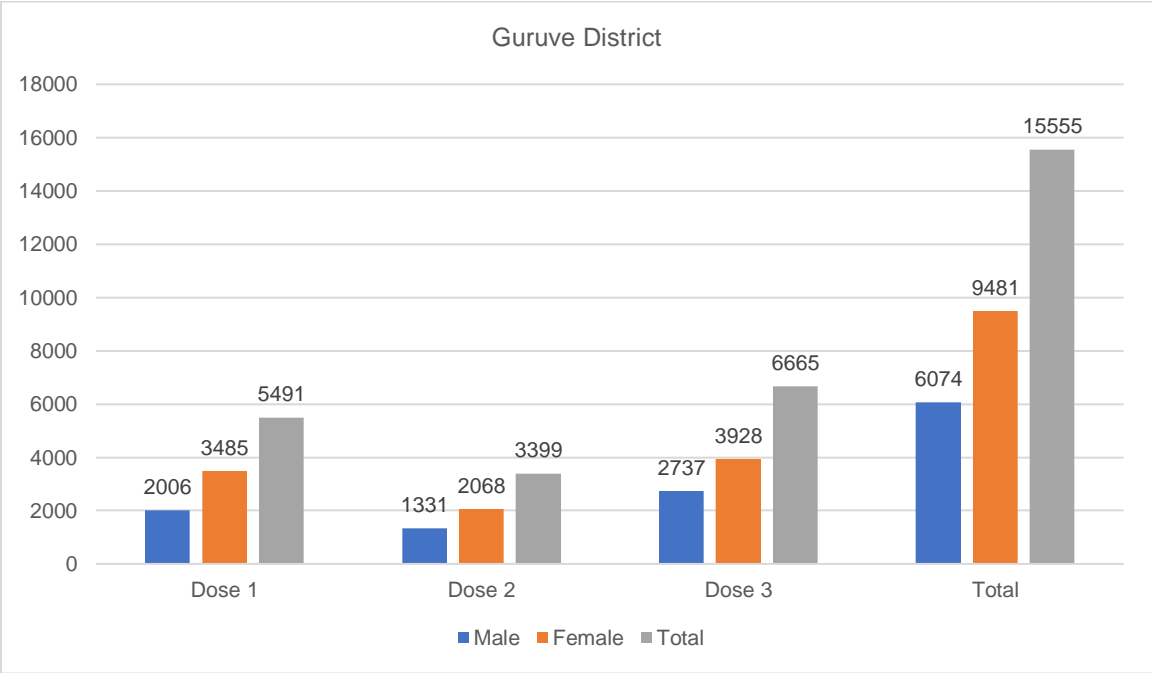
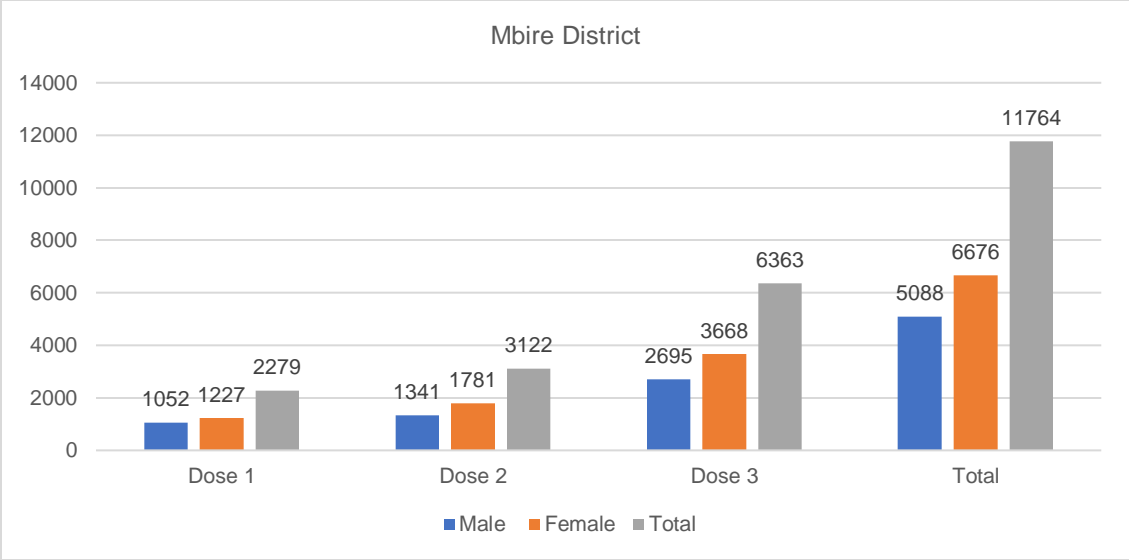


Figure 3 and Figure 4 show the vaccination information disaggregated by gender.

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 likened 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 1<sup>st</sup> 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 soap 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 ndakaremarara, vakanditora vakandiisa mu group revanu vaibatsirwa kugadzira sipo kuti ndizokwanisawo kugadzira ndichivanawo 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:	UN Women MoHCC	Very High
	<b>Continue and excel in its coordination role and promote initiatives that advance gender equality.</b> This includes:		Very High
	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.		Very High
Effectiveness and Sustainability	2. Devise more innovative, young people friendly income generating projects which are appealing to	UN Women MWACSMED	High

	<p><b>the girls who are youth, and not necessarily heavily contested by the adult women and men community.</b> 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:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>d. <b>Ensure a wholistic approach to introduce women and girls to the complete value chain for locally produced products.</b> 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.</li> <li>e. <b>Extend financial and support to the Ministry of women affairs and gender to deliver technical assistance to the community via their gender</b></li> </ul>		<p>High</p> <p>High</p> <p>Medium</p> <p>Very High</p>
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	<p><b>champions groups.</b> 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.</p> <p>3. <b>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.</b> 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.</p> <p>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.</p> <p>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.</p>		<p>Very High</p> <p>Very High</p>
Efficiency	<p>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.</p> <ul style="list-style-type: none"> <li>This is to ensure that the project delivers on its promises without questions or doubts from collaborating stakeholders.</li> </ul>	UN Women	Medium



## References

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

*Annex 1: Evaluation Matrix*

*Annex 2: KAPB Survey - (IAQs)*

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

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

*Annex 5: Photography and Site Observation Checklist*

*Annex 6: Most Significant Change Guide*

*Annex 7: Consent Form for Photos and Videos*

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

*Annex 9: IAQ Analysis Outputs*

*Annex 10: Terms of Reference*