



End of Project Evaluation Report

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

28 April 2023

Thenjiwe Sisimayi, PhD

Table of Contents

<i>Acknowledgements</i>	iii
<i>Accronyms</i>	iv
<i>Executive Summary</i>	v
1. INTRODUCTION	1
2. BACKGROUND TO THE PROJECT	2
2.1 The Project	3
2.2 Project Design	3
2.3 Scope of the Evaluation	4
2.4 Purpose	4
2.4.1 Specific Objectives	4
3. EVALUATION METHODOLOGY	6
3.1 Study Design	6
3.2 Evaluation Framework.....	6
3.3 The People: Evaluation Participants	7
3.3.1 Identification of Evaluation Participants	7
3.3.2 Identification of Documents for Desk Review	7
3.4 Data Collection Methods and Processes	7
3.4.1 Secondary Data.....	7
3.4.2 Primary Data	7
3.5 Data Analysis and Interpretation	8
3.6 Data Quality Assurance Measurers	8
3.7 Ethical Considerations.....	9
3.8 Evaluation Reference Group (ERG).....	10
3.9 Validation of Evaluation Results.....	10
3.10 Limitations	10
4. EVALUATION RESULTS	11
4.1 Context of Covid-19, Gender Equality & Human Rights in Zimbabwe	11
4.2 Gender Equality and Human Rights.....	11
4.3 Profile of Respondents	12
4.3.1 Demographic Characteristics of Respondents	12
4.4 Project Review	12
4.5.1 Relevance	13
4.5.2 Effectiveness and Impact	15
4.5.3 Efficiency	22
4.5.4 Sustainability	23
4.5.6 Gender Equality and Human Rights	24
4.5.7 Lessons Learned.....	24
5. CONCLUSION AND RECOMMENDATIONS	25
5.1 Conclusion	25
5.2 Recommendations	26

Acknowledgements

I would like to thank all the stakeholders and individuals who contributed to the successful undertaking of this evaluation, which explored performance of the project on Prevention of COVID-19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe and the final production of this report.

I am especially grateful to the community health cadres, community leaders and the general community members in Guruve and Mbire Districts for sharing their experiences with the project as beneficiaries, implementers and stakeholders. I appreciated the invaluable recommendations they suggested which should strengthen the future course of the project.

I sincerely extend our gratitude to those CHW, women and community leaders and religious who provided in-depth descriptions of status of Covid 19 knowledge, practices and attitudes and changes they confidently attributed to their exposure to the project. Many thanks go to the District and Provincial stakeholders across the various line ministries in the surveyed districts whose insightful views contributed to further analysis in the documentation of the findings in this report.

I thank UN Women Zimbabwe Country Office Team and the Lower Guruve Development Agency as well as the Government of Zimbabwe Line Ministry Representatives for their support and participation in the mobilization of respondents and creating time for interviews during the inquiry and validation process. I also acknowledge the contribution of my colleagues Nyarai Kamilipili and Kudakwashe Muparutsa who played a significant role in assisting with data collection and their abiding commitment to provide a detailed account of the participants' views and recommendations for improving the Covid 19 prevention efforts in Guruve and Mbire. Everyone who participated in this assessment is recognized and their commitment is reflected through the entire existence of this report.

This report was written by Dr Thenjiwe Sisimayi, the consultant who led the consultations and documented the findings of this assessment and recommendations. For correspondence contact +263 773 264 332; Email: thenjiwe.sisimayi@gmail.com

Accronyms

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 Agency
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
WHO	World Health Organization
ZHRC	Zimbabwe Human Rights Commission

Executive Summary

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 on 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, and civil society, with a generous funding support from the Government of Japan amounting to USD740 740.00. 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 19¹. 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 2023²

In implementing the project, UNWOMEN capitalized on its strategic focus and dedication to gender equality and the empowerment of women. As a global champion for women and girls, the project targeted women girls and girls as primary beneficiaries and worked in close collaboration with multi-sectoral partners in government and society to deliver covid 19 awareness, prevention and health promotion messages, support capacity strengthening of health facilities to store and distribute covid 19 prevention supplies and vaccines as well as logistical support for outreach vaccination activities, and women's economic empowerment through training in making locally produced personal protective equipment (PPE).

As the project wound up, UN WOMEN has 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 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. In so doing 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. Below is a summary of key findings of this evaluation:

Relevance

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.

Effectiveness and Impact

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.

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

Based on the project target to output compliance, two of the 5 targets were fully achieved while one showed some progress and the for the other two, qualitative data indicated that there was positive progress, however there was not enough data to validate in quantitative terms.

¹ UNWOMEN (2022) Project Agreement Document - Prevention of COVID-19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe

² UNWOMEN (2023) Final Consultant TORs for the JSB Final Evaluation.

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%.		
51 605 people receive PCR Covid-19 testing.		
77 407 people vaccinated against Covid 19	27 319	Some progress
500 women trained in developing PPE (face masks & soap)	550	Achieved
Produce 2 success stories of the project.	2	Achieved

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. 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.

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.

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 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 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.

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 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.

- *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 Director 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. 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.

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 also the 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, 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.

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 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.

- i. 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.*
- ii. 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.
- iii. 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.*
- iv. 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.
- v. 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.*
- vi. 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.*

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. A global champion for women and girls, UN Women's support and leadership in this project significantly contributed to accelerating access to covid 19 awareness, knowledge and prevention. The interventions were particularly implemented to with direct intention to truly benefit women and girls in Mbire and Guruve districts. UN Women is encouraged to:

Continue and excel in its coordination role and promote initiatives that advance gender equality. This includes:

- 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.
- 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, diarrhea, 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.

- While this project was catalytic and bridging and emergency gap, it created fertile ground for initiatives that support recovery from the catastrophic effects of Covid-19 on livelihoods. It created some social capital among the community and stakeholders to strongly collaborate. Partners are ready to sustain an enabling environment for women's empowerment to thrive. This is an opportune time.

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 community.

The all-purpose soap making initiative saw older women more involved which could easily crowd away the younger ones. Key considerations in the development and implementation of appropriate women's economic empowerment projects include:

- 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 Ministry of Women Affairs, Community, Small and Medium Enterprises Development, (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.
- 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.
- 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.

Ensure a wholistic approach to introduce women and girls to the complete value chain for locally produced products. Even though this project has come to an end will not be extended, future projects can build on the achievements of this project. Those who were trained can be linked to the markets.

Extend financial and support to the MWACSMED and gender 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. The 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.

Undertake a thorough case study and document the culturally sensitive approach used in this project to earn trust, confidence and acceptance and subsequent uptake of vaccines by the religious sectors who have traditionally objected to modern medicine and other health interventions. This project made a true success story and if the approach can be understood, replicated on a larger scale, thousands of women and girls across the country and other similar contexts will be reached with lifesaving vaccines and health information. This will contribute to the development, equality and equity agenda for all women and girls.

- A 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.
- 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.

Efficiency

Projects with a short lifespan such as this one, should not be procurement heavy. If they require procurement of equipment and vehicles, they must consider opportunities for doing such locally instead of procuring outside the country, especially the goods that can be found in the local market. If local procurement is considered, strict compliance to procurement procedures must be adhered to just as is expected.

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

1. INTRODUCTION

United Nations Entity for Gender Equality and Empowerment of Women (UNWOMEN) has commissioned an independent evaluation of the project on 'Prevention of COVID-19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe' in line with the rules and regulations on programmatic evaluations of United Nations Evaluation Group (UNEG). The project was implemented during the period April 2022 – March 2023 in collaboration with the Government of Zimbabwe, academic institutions, and civil society, with a generous funding support from the Government of Japan amounting to USD740 740.00. 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.

As the project comes to an end, UNWOMEN intends 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.

- It is expected that the findings will contribute to accountability, learning and decision-making, including practical recommendations to inform the management and coordination of future projects related to this thematic area and other related initiatives on humanitarian response.

The goal of the evaluation was to establish the extent to which the project achieved its main objective 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.

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.

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. BACKGROUND TO THE PROJECT

Zimbabwe has recorded over 264 644 cases and more than 5 685 deaths as a direct result of the Corona Virus disease (COVID-19) pandemic since its emergence in 2019³. 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 behind even 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 Province were further marginalized by the Covid-19 pandemic⁴. 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, skepticism, 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 wards². 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 accessories, UNWOMEN received funding from the Government of Japan to complement the GoZ efforts to contain the pandemic. UNWOMEN worked in partnership with Lower Guruve Development Association (LGDA), the GoZ line ministries of Gender, Youth, Education, Local Government, and Bindura University to implement a project focused on preventing COVID-19 infection among vulnerable women and girls in Mbire and Guruve Districts. The project aimed to contribute towards enhancing access to COVID 19 testing and vaccination services, provision of PPE and improving knowledge and attitudes on COVID 19.

³ Government of Zimbabwe, Ministry of Health and Child Care (2023) Covid 19 Situation Report 25 April 2023.

⁴ 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

As the project comes to an end, UN WOMEN has 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.

2.1 The Project

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 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.

2.2 Project Design

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 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.

The project was implemented in Guruve and Mbire districts with UNWomen working in partnership with the Lower Guruve Development Association (LGDA), the GoZ line ministries of Health, Gender, Youth, Education and Bindura University to implement the project activities among vulnerable and marginalized especially women and girls in Mbire and Guruve Districts⁵.

⁵ UNWOMEN (2022) Project Agreement Document - Prevention of COVID-19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe

2.3 Scope of the Evaluation

The evaluation was conducted at district level assessing the project's performance from April 2022 to March 2023. The purpose and objectives of the evaluation are detailed below:

2.4 Purpose

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 UNWOMEN 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 Government of Zimbabwe and their line ministries, Government of Japan, UN Agencies, development partners, CSOs, Academia, the general community of Mbire and Guruve districts.

2.4.1 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

3. EVALUATION METHODOLOGY

3.1 Study Design

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. It also allows for a comparison with the baseline and pre-intervention scenarios.

3.2 Evaluation Framework

The evaluation framework that was 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 Section 2.4 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 criteria⁶. The Evaluation Matrix used is attached in Annex 1.

Table 1: Examples on assessment of integration of HR & GE in OECD-DAC Criteria

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

⁶ United nations Evaluation Group (2014). Integrating Human Rights and Gender Equality in Evaluations. New York: UNEG

3.3 The People: 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.

3.3.1 Identification of Evaluation Participants

A mix of Simple Random Sampling (SRS) and Purposive sampling was used to identify participants. The participants were those 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.

3.3.2 Identification of Documents for 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.

3.4 Data Collection Methods and Processes

3.4.1 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 study 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 EOOD-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.

3.4.2 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 will 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 questions in this tool were mostly assessing the effectiveness of the project in fulfilling its four objectives. It was also used to snowball identification of participants who may participate in the most significant change stories.
- b. **Focus Group Discussions (FGDs):** These 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 living with disabilities, those who represent adolescent girls in and out of school, and senior citizens. The FGD guides was tailored for each type of group and was co-facilitated by a team of evaluators. A data entry template for FGDs was used to capture the responses and where possible, quotable quotes were be 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 45 – 60 minutes each. Table 3 shows the FGD participants.

Table 2: Breakdown of FGD Participants

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

- c. **Key Informant Interviews (KIIs):** This tool was applied to the representatives of key stakeholders described in Section 3.3. The questionnaire was similar to that which was used as a desk review guide and in addition to soliciting for independent responses, the questions also sought to triangulate the findings from the desk review and FGDs. These were interviewer administered.

Table 3: Proposed KII Breakdown

KII	No of KIIs	Justification
UNWomen	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.
LGDA	1	
Line Ministry Stakeholders	4	

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

3.5 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.

3.6 Data Quality Assurance Measurers

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

of the Trustworthiness Criteria⁷. The criteria assess credibility, transferability, dependability and confirmability. This ensures that biases from single sources are eliminated. Data obtained from other methods was compared and used to contrasts and substantiate evidence as a basic measure for quality assurance.

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

3.7 Ethical Considerations

The evaluator is trained in ethical conduct when undertaking research with human participants. She was obliged to adhere to all the ethical guidelines at all the stages of the evaluation from participant engagement through data protection. She was also guided by the UNEG Ethical Guidelines and the UNEG Code of Conduct for Evaluation in the UN System. This means that she strictly complied with the following obligations.

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

⁷ Lincoln, Y. S and Guba, E. G. (1985) Naturalistic Inquiry, Thousand Oaks, CA: Sage

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

3.8 Evaluation Reference Group (ERG)

This evaluation had an evaluation reference group (ERG) which performed the tasks including assessing the adequacy of the evaluation approach and adherence to the ethical conduct. As the group was kept informed of the progress of the evaluation, it is anticipated that will keep an active eye on the evaluation's compliance to doing no harm and ensuring that the report that will be generated will benefit the agencies involved in the project to design and implement projects that contribute to gender equality, empowerment of women and girls as well as advance humanity in general.

3.9 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 she understood well. She also 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.
- c. A final workshop with the Evaluation Reference Group and some of the members of UN Women management formed the final step towards of the evaluation and validation of the results. At this workshop recommendations were also firmed up. The evaluator ensured that the evaluated group are not interfering with the drafting of recommendations. She also elaborated on strategies how the management can implement the suggested recommendations in future projects.

3.10 Limitations

The evaluation was negatively affected by poor turn out of participants in Guruve District as the data collection period coincided with the preparations for Zimbabwe Independence Commemorations and Celebrations. 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 results, fewer interviews were conducted in Guruve. Nonetheless, the data obtained from Mbire and Klls in Guruve are considered sufficient to enable the evaluation draw plausible conclusions. As such, findings of this evaluation must be interpreted with caution taking into considerations these limitations.

4. EVALUATION RESULTS

4.1 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 2023.⁸ 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 pandemic⁹. 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 fueled by low levels of desire to obtain the vaccine among individuals who were eligible, lack of knowledge, skepticism, widespread suspicion, and lack of faith in the vaccine. This was especially true in rural areas where there was a severe dearth of reliable information, individuals relied on unreliable social media sources, and infodemic was more prevalent.

4.2 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 still 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 lands owned by men.¹⁰ 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. 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. In 2021, for example, the Government of Zimbabwe committed to implementing gender equality in all its operations and frameworks and partnered with the United Nations in implementing the Spotlight Initiative of eliminating violence against women and girls (EVAWG), Together with the UN and EU, the government committed to accelerating efforts to eliminate GBV against women and girls in Zimbabwe. Other development partners have complemented these efforts by introducing programs aimed at advancing the economic status of women. 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 were in some instances a violation of human rights as they restricted freedom of movement and affected the right to work and economic development. However, when the situation eased, the government relaxed restrictions and ultimately

⁸ Government of Zimbabwe, Ministry of Health and Child Care (2022) Covid 19 Situation Reports March 2020 – March 2023

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

¹⁰ 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>.

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).

4.3 Profile of Respondents

Mashonaland Central Province is one of the ten and 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% respectively¹¹.

4.3.1 Respondents

Participants comprised of program officers, representatives of government line ministries, women, community and religious leaders and community health workers. Table 4 provides a breakdown of participants by district.

Table 4: Evaluation Respondents by District

Name of Stakeholder	No. of Respondents	
	Guruve District	Mbire District
MoHCC	3	3
Ministry of Youth	1	-
Local Gvt/District Administrator	2	1
Min of Women Affairs	2	2
Min of Education	-	1
FGD	-	Group 1: 12 Participants <ul style="list-style-type: none"> ▪ 4 Village Heads (3 Male and 1 Female), 6 Women, 2 Men Group 2: 15 Participants <ul style="list-style-type: none"> ▪ 3 Village Heads (2 male, 1 female), 13 Women, 1 man (VHW)
Beneficiaries' individual KII	3	4
Individual IAQ	3	18
UNWOMEN		2
LGDA		1

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.

4.4 Project Review

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

¹¹ Government of Zimbabwe (2022) Census Report, Zimbabwe Statistical Agency. Retrived 25 April 2023 from <https://www.zimstat.co.zw/wp-content/uploads/publications/Population/population/census-2012-national-report.pdf>

4.5.1 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.

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 gold standard practice. The findings the project of the situation of need, gaps and opportunities for supporting and complementing existing efforts to address the problem of Covid 19 in Mbire and Guruve Districts. 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 5: Supply and Demand Side Challenges in Providing Access to Covid-19 Prevention

Supply Side	Demand Side
<ul style="list-style-type: none"> - Health facilities lacked adequate human resources for health to deliver Covid-19 vaccines, shortage of vaccine storage spaces for both static facilities and outreach sites. Some health facilities had fewer health workers trained on Covid-19 vaccination. - Health facilities had inadequate transport to support timely distribution of Covid – 19 infection control supplies and to reach the most-hard to reach areas in the districts. - There was limited Information, Education and Communication (IEC) materials on Covid-19, and that which was available was in English language. This presented a disadvantage for the majority of community members who cannot read or understand English language - The government lacked adequate resources to support the community livelihoods following the catastrophic effects of Covid-19 on the socio-economic aspects of life of the people. 	<ul style="list-style-type: none"> - Community lacked adequate accurate information on Covid-19 - Community was characterized by high levels of vaccine hesitancy owing to Covid-19 infodemic, stigma and misinformation, low vaccine confidence, lack of trust in science, efficacy and lack of information on vaccines. - There were pronounced challenges in access to health facilities for some areas which are hard to reach, especially in the context where the nearest facilities were not offering testing and vaccinations due to availability of test kits, trained Health workers or vaccine storage facilities. - Social and economic factors such as religion, poverty and gender inequalities were major contributors to limited uptake and access to prevention and utilization of available covid-19 vaccination and prevention services. - Lockdowns and closure of informal market spaces exposed women to greater vulnerabilities as their main sources of livelihood depended on the sales of their wares.

Furthermore, 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.

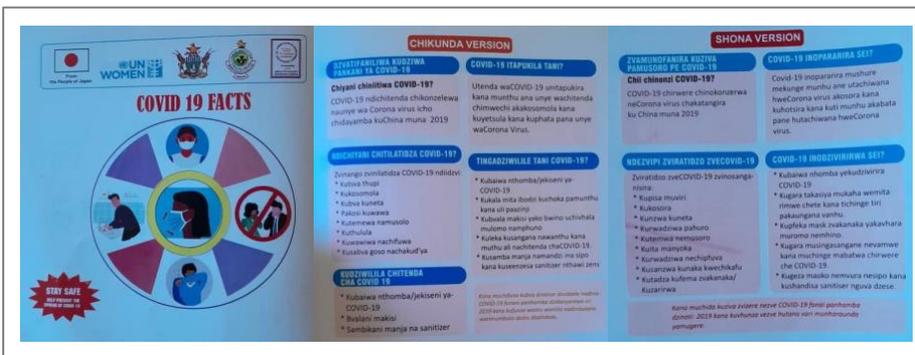
“...The project really helped us as we could not carry out outreach testing and vaccination programmes due to limited vehicles. We had the vaccines, but no vehicles”, Health Worker, Guruve District Hospital,

“...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...”



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.



materials distributed by CHW

“...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

“...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 development¹². 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 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...”

4.5.2 Effectiveness and 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.

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

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.

Objective 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 evaluation report validation meeting, stakeholders raised concern over the decision to re-purpose the vehicles into ambulances. The Ministry of Health this was alright as it would still assist with patients, however, being an ambulance, it means that its use will now be restricted to 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. 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 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”

“vamwe vatinogara navo vanorwara, vamwewo vakura havachakwanisa kufamba, saka kuuya kwakaita vaccination programme paNeshangwe Primary School kwakatibatsira kuti tingotakura vanorwara kuvaunza padhuze”

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 5: Covid 19 Prevalence & Vaccination Coverage in Mbire and Guruve Districts 01 June 2022 – 31 March 2023¹³

District Name	District Population*	Total Cases** Cumulative	Vaccinations***			
			1 st Dose	2 nd Dose	3 rd 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

¹³ MoHCC (2022) Covid 19 Statistics Supplied by MoHCC District Hospitals (Mbire and Guruve)

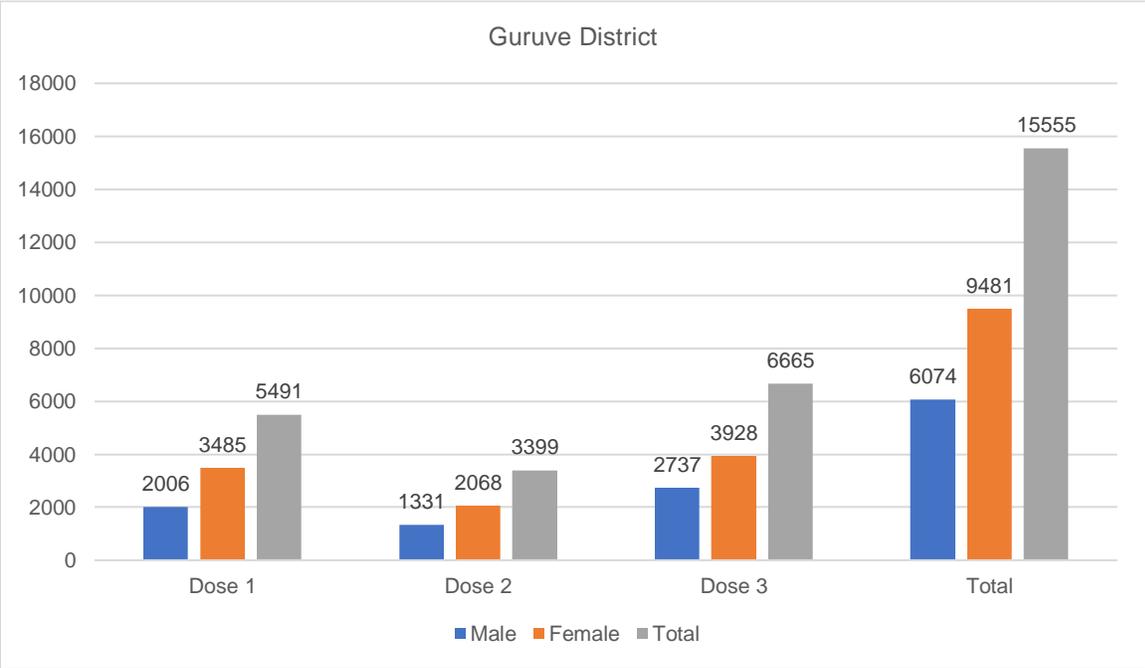
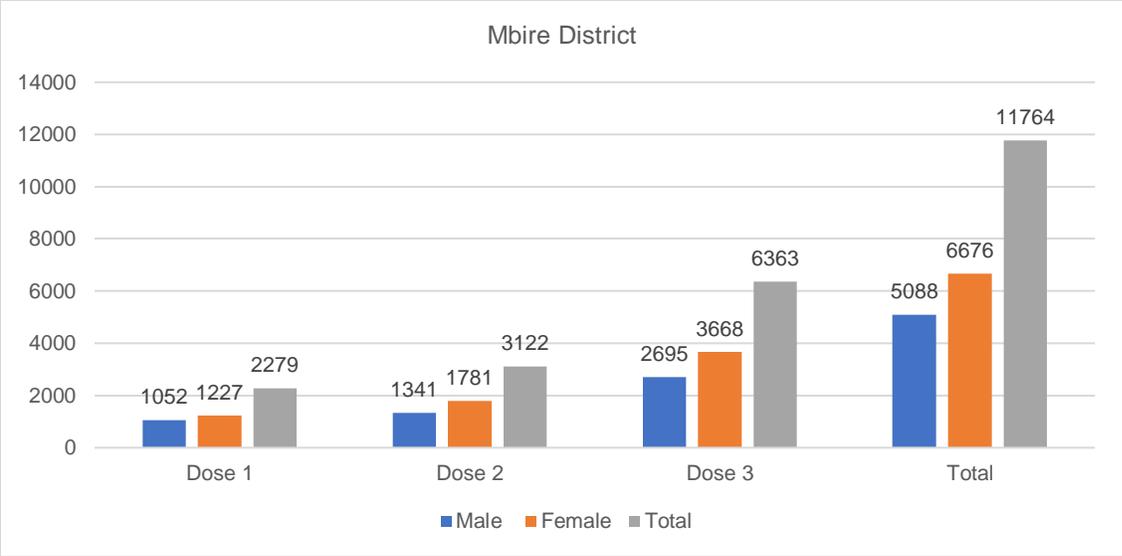


Figure 3 and Figure 4 show the vaccination information disaggregated by gender.

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

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

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



Figure 5: Fridges supplied by the project.

Community advocacy and awareness raising was the mainstay of the project with various community engagements done to raise awareness about Covid-19 promoting attitude change and uptake of vaccines. This was done using print, radio, plays and road shows, conducting educational sessions on covid in schools and community wide and infusing covid talks in other activities, e.g., government and community meetings, to reach the target groups. By the end of the project an estimated total of 180, 656 direct and indirect beneficiaries had been reached through 13 road shows, 430 t-shirts, 30 hunters' jackets, 3 branded Gazebos, 100 zambias, 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...” Madzibaba Ekrome Madyirapanze, Head of the Johane Masowe Nyenyedzinomwe 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 to take care of a COVID patient had been shared with her through the LGDA project., Mr Mwanza, Ward 9, Mbire District

Overall, the project target to output compliance.

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

Table 6: 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%.		
51 605 people receive PCR Covid-19 testing.		
77 407 people vaccinated against Covid 19	27 319	Some progress
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 2023 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.

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. 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.

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.

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 – six (666) “mark of the beast” 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 techniques with FGD participants to measure their knowledge levels and obtain their views on the extent to which they attribute knowledge increase to the project, the evaluation noted with encouragement that there was a positive attribution with participants reporting an increase from 1 bar to 4 bars with the 1st bar attributed to knowledge gathered from other sources and the unfilled bar left to chance that they may be other things they are still to learn but may be not from this intervention

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 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.”

*“kwakanzi varikuda kudzidziswa kugadzira ma mask vanofanirwa kunge vaine muchina yekusonesa”
“pakawanika mukana wekuti vamwe vapindewo muma groups, ma gender champions vaibva vadaidza hama dzavo”*

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 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 7: 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

<p>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.</p>	<p>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.</p>
<p>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</p>	<p>Limited time for project implementation: However, it remained an acknowledged reality that this was a catalytic project complementing efforts to address a humanitarian crisis.</p>

4.5.3 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 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 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 Director 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 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. 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.

4.5.4 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 by the Ministry of WA 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 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.

4.5.6 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 kutengesha kuti tiwane mari yekubatsirika” Beneficiary of PPE training
Guruve District, Ward 2.*

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 living with disabilities and having them participate along with everyone.

“...LGDA haina kundisiya nekuti ndakaremaro, vakanditora vakandiisa mu group revanu vaibatsirwa kugadzira sipo kuti ndizokwanisawo kugadzira ndichivanawo mari...” PLWD, Beneficiary of PPE training, Guruve District, ,

4.5.7 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. 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.
- d. 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.
- e. 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.
- f. 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.

5. CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

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.

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 behaviors 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.

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.

5.2 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. As a global champion for women and girls, UN Women's support and leadership in this project significantly contributed to accelerating access to covid 19 awareness, knowledge and prevention. The interventions were particularly implemented to with direct intention to truly benefit women and girls in Mbire and Guruve districts. UN Women is encouraged to:

Continue and excel in its coordination role and promote initiatives that advance gender equality. This includes:

- 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.
- 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, diarrhea, 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.
- While this project was catalytic and bridging and emergency gap, it created fertile ground for initiatives that support recovery from the catastrophic effects of Covid-19 on livelihoods. It created some social capital among the community and stakeholders to strongly collaborate. Partners are ready to sustain an enabling environment for women's empowerment to thrive. This is an opportune time.

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 community. The all-purpose soap making initiative saw older women more involved which could easily crowd away the younger ones. Key considerations in the development and implementation of appropriate women's economic empowerment projects include:

- 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.
- 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.
- 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.

Ensure a wholistic approach to introduce women and girls to the complete value chain for locally produced products. Even though this project has come to an end will not be extended, future projects can build on the achievements of this project. Those who were trained can be linked to the markets.

Extend financial and support to the Ministry of women affairs and gender 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.

Undertake a thorough case study and document the culturally sensitive approach used in this project to earn trust, confidence and acceptance and subsequent uptake of vaccines by the religious sectors who have traditionally objected to modern medicine and other health interventions. This project made a true success story and if the approach can be understood, replicated on a larger scale, thousands of women and girls across the country and other similar contexts will be reached with lifesaving vaccines and health information. This will contribute to the development, equality and equity agenda for all women and girls.

- A 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.
- 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.

Efficiency

Projects with a short lifespan such as this one, should not be procurement heavy. If they require procurement of equipment and vehicles, they must consider opportunities for doing such locally instead of procuring outside the country, especially the goods that can be found in the local market. If local procurement is considered, strict compliance to procurement procedures must be adhered to just as is expected.

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

References

1. UNWOMEN (2022) Project Agreement Document - Prevention of COVID-19 infection among vulnerable women and girls in drought-affected districts (Guruve and Mbire) of Mashonaland Central Province in Zimbabwe
2. UNWOMEN (2023) Final Consultant TORs for the JSB Final Evaluation.
3. Government of Zimbabwe, Ministry of Health and Child Care (2023) Covid 19 Situation Report 25 April 2023.
4. 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
5. United nations Evaluation Group (2014). Integrating Human Rights and Gender Equality in Evaluations. New York: UNEG
6. Lincoln, Y. S and Guba, E. G. (1985) Naturalistic Inquiry, Thousand Oaks, CA: Sage
7. Government of Zimbabwe, Ministry of Health and Child Care (2022) Covid 19 Situation Reports March 2020 – March 2023
8. 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
9. 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>.
10. 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>

Ends//