Endline Evaluation of the "SPEAK IT LOUD" Project in Zimbabwe

Amplifying the voices of women's movements to address Violence Against Women and Girls (VAWG) in Mashonaland Central, Mashonaland West, and Manicaland Provinces

Final Report

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List of Acronyms

CSO	Civil Society Organisation
DAC/OECD	Development Assistance Committee/Organisation for Economic Cooperation and Development
GEWE	Gender Equality and Women Empowerment
HP	Harmful Practices
LNOB	Leave No One Behind
MWACSMED	Ministry of Women Affairs, Community, Small and Medium Enterprises Development
PPE	Personal Protective Equipment
SGBV	Sexual and Gender Based Violence
SRHR	Sexual Reproductive Health and Rights
UNTF	United Nations Trust Fund
VFU	Victim Friendly Unit
VSO	Voluntary Service Overseas
WLSA	Women and Law in Southern Africa

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EXECUTIVE SUMMARY

Introduction

This report presents findings of the Endline Evaluation of the Project *"Speak it loud': - Amplifying the voices of women's movements to address Violence Against Women and girls (VAWG) in Mashonaland Central, Mashonaland West, and Manicaland Provinces in Zimbabwe".* The evaluation was conducted between January and May 2023 by a team of independent evaluation consultants. The report presents the key findings of the evaluation, key conclusions and recommendations.

Project Overview

The Speak It Out project was a three-year initiative (April 2020- March 2023) funded by the United Nations Trust Fund (UNTF) and implemented by VSO in collaboration with Women and Law in Southern Africa (WLSA) in three provinces of Zimbabwe: Mashonaland Central, Mashonaland West, and Manicaland. The project objectives were to: empower women's rights groups and CSOs to deliver effective, inclusive and sustainable interventions to prevent and address VAWG cases in the target provinces; strengthen grassroots women's groups' capacity to demand, influence and advance Gender Equality and Women Empowerment (GEWE) and Sexual Reproductive Health and Rights (SRHR), and to eliminate Sexual and Gender Based Violence (SGBV) and harmful practices (HP); improve the women's groups' ability to monitor the quality of services provided at the local level and to engage and participate actively in demanding accountability from duty bearers and decision makers for the SGBV and HP prevention and response; enhance networking, knowledge-sharing and visibility among women's movements to influence a change of behaviour, knowledge, and attitudes on VAWG.

Evaluation Purpose, Objectives and Scope

The overall purpose of the end of project evaluation was to assess the extent to which the project has achieved its goal, purpose and objectives against the standard Development Assistance Committee/ Organization for Economic Cooperation and Development (DAC/OECD) criteria of relevance, effectiveness, impact, efficiency, sustainability, coherence, inclusivity, innovation, knowledge generation, movement building and institutional capacity building and gender equality and human rights since its inception in April 2020.

Evaluation Methodology

The End-Term Evaluation was designed as a qualitative, participatory and inclusive assessment of the project. The evaluation employed both qualitative and quantitative data collection methods, namely: desk review, Key Informant Interviews (KII), Focus Group Discussions (FGDs), significant change stories and a survey for the primary beneficiaries.

A total of 14 key informants were interviewed drawn from VSO, implementing partners and government stakeholders who participated in the programme. These key informants were selected based on the key roles they played in implementation of the programme. Seventeen 17 FGDs (81% of target) were conducted across the three provinces with a combined total of 131 participants. FGDs were conducted with separate groups of women and girls (15-19 years; 20-24 years; above 25 years); boys and men (18-25 years; above 25 years); volunteers; and community leaders. These FGDs included survivors of GBV; women and girls living with HIV; women with disability; and vulnerable and marginalised women.

A survey was conducted among the primary and secondary beneficiaries of the project. The inclusion criteria for the survey were primary and secondary beneficiaries who had not participated in FGDs or in Key Informant Interviews. A total of 381 beneficiaries participated in the survey, representing a 96.2% achievement of the target (n=396). Further, In-depth discussions with individual project participants were conducted to provide specific case studies and stories of change that captured the impacts of the project at individual, household, community and organisational level. Two case studies were conducted per district. The evaluation was guided at all times by the United Nations Evaluation Group (UNEG) Ethical Guidelines and the UNEG Code of Conduct for Evaluation in the UN System.

The main limitation for the evaluation was the unavailability of some of the targeted beneficiaries owing to mobilisation challenges experienced by some of the implementing partners. The evaluation team had

to spend more time in the programme districts than had been originally planned for to enable the team to reach more of the targeted beneficiaries in the hard-to-reach locations.

KEY FINDINGS

Relevance: The project was designed to effectively deliver on the intended impacts and effects and the project objectives were found to be highly relevant to: the GBV situation and context in Zimbabwe and the three targeted provinces where average GBV prevalence is 40%; the capacity needs and priorities of women's rights organisations, CSOs and government stakeholders; and the GBV prevention and response needs and concerns of women and girls, men and boys in the targeted communities. The project was anchored on capacity building of stakeholders and strengthening the women's movement, all key strategies needed for successful advocacy, holding duty bearers to account and improvement of quality of GBV services. The project strategies and activities were found to be highly relevant and appropriate to the GBV programming gaps existing in the targeted provinces and districts. During the outbreak of the COVID-19 pandemic, the project was able to adjust to the context by adopting measures such as provision of supplementary budget to mitigate the impact of the pandemic through provision of Personal Protective Equipment (PPE) and procurement of ICT equipment to enable the project team to work and communicate with beneficiaries virtually thereby minimising disruptions to project implementation. This also made it possible for GBV survivors to continue accessing services as referrals and consultations were conducted virtually. The project was also found to be in alignment with the country's policy and legal framework as well as the country's thrust and focus on fighting GBV. The results of the project will continue to be relevant to the needs of women and girls, both in the short-term and in the long-term.

Effectiveness: Despite implementation disruptions caused by the COVID-19 pandemic, the project recorded commendable results towards its goal, particularly in terms of strengthening the capabilities of women's rights organisation and CBOs/CSOs, creation and strengthening of a network of women's rights organisations and improving the quality and inclusivity of GBV prevention and response interventions. The project managed to reach 83% of the targeted beneficiaries, including the following vulnerable and marginalised groups of women: women and girls with disabilities (4,150); women and girls living with HIV/AIDS (16,569); women and girls who are victims of sexual abuse and exploitation (18.048); and women in detention (40). Besides disruptions caused by the COVID-19 pandemic, coordination limitations between VSO and implementing partners and with other government stakeholders also contributed to the non-achievement of the targeted number of project beneficiaries. The non-granting of a no-cost extension also contributed to the beneficiary target being missed.
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The project created a network of women's rights organisations and platforms to share knowledge, practices and to conduct joint advocacy and lobbying on ending VAWG across the three provinces. This initiative produced tangible outcomes which have greatly benefited the targeted communities in combating GBV. The endline survey showed that there has been a decline in the proportion of primary beneficiaries who experience GBV from 61.6% (65.3% males and 57.8% females) at baseline to 23.5% (17.1% males and 27.5% females). A total of 6,000 women and girls managed to participate in advocacy platforms across the three provinces, representing a 99% achievement of the set target. There has been a significant increase in the participation of men and women in GEWE platforms from 23.1% (males 20.7%; females (25.5%) at baseline to 53.3% (males 53%; females 53.4%) during the endline survey. The proportion of participants who felt that they have benefited from these activities increased from 16.2% (for both males and females) at baseline to 48% (males 38.5%; females 52.3%) during the endline evaluation. However, sustainability and effectiveness of the movement and network was undermined by the non-completion of the movement building capacity training and financial and human resource constraints faced by some of the CBOs. The training module on movement building was only pilot tested in Manicaland and was yet to be rolled out to the other two provinces when the project ended. This lest CSOs in the two districts with minimal training on this subject. The project did not provide direct funding to the CSO partners and given that some of the CSOs had very limited financial resources, they were likely to find it difficult to continue implementing some of the project activities such as awareness creation, advocacy and lobbying and referrals. At the time of the evaluation, some of the CSOs had

minimal activities going on owing to resource limitations. More financial and capacity building support is still needed for these CSOs to reach sustainable levels.

The project has capacitated women's rights organisations to better access and utilise media platforms to amplify their voices and to shift norms and values that perpetuate VAWG. The project managed to hold 3 TV shows and 11 community radio shows, and printed 300 T-shirts with VAWG messages, representing 33%, 73%, and 30% achievement of the planned targets respectively. The non-achievement of the targets was attributed to delays caused by the outbreak of the COVID-19. The project team had planned to meet the target during the no-cost extension period which was however not granted by the donor. 40.1% of the endline survey respondents (42.8% male and 39.1% female) felt that women and girls have access to media platforms, a slight increase of 3.4% from the baseline survey level. However, women and girls' access to and utilisation of the media remains relatively low, particularly for those residing in rural areas with poor radio, TV and cell phone connectivity and limited access. It further created effective platforms that facilitated dialogue and collaboration between women and girls and the duty bearers, resulting in improved trust, responsiveness and coordination among the different actors involved in GBV prevention and response.

Despite COVID-19 implementation delays, the project successfully strengthened the social accountability skills of CBOs and the communities they serve, enabling them to monitor and advocate for better GBV prevention and response services. Capacity training on social accountability was conducted for all the 15 CBOs (100%); 31% of the 900 targeted community members; 71% of the 7 targeted government institutions; and 30% of the 30 targeted government policy and decision makers and implementers. This has enhanced the capacity of CSOs to produce evidence-based policy briefs and position papers. CSOs have successfully adopted citizen-led monitoring mechanisms and are using the tools to track reporting of GBV incidences, referrals and outcomes. However, the project could not meet the targeted outputs owing to implementation delays related to the outbreak of COVID-19. Some of the planned activities were delayed by a year owing to movement restrictions imposed by the government. as implementation of planned activities. The other main challenge is that some of the CSOs are poorly resourced and equipped to be effective in pursuing their social accountability agenda. For example, some of the implementing partners had no funding from donors and did not have equipment such as computers and vehicles to facilitate implementation of their programmes and to recruit critical human resources such as M&E officers and qualified project managers. Resultantly, visibility of these partners in the project areas was limited.

Through its social accountability mechanisms, the project facilitated engagements between CSOs and policy makers that have resulted in positive service delivery outcomes. Increased visibility and awareness creation by CSOs supported by the project has contributed to a significant decline in beneficiary experiences of GBV and in attitudes, behaviours and practices that perpetuate VAWG. The proportion of beneficiaries that acknowledged that harmful practices that fuel SGBV/VAWG existed in their respective communities increased from 31.2% (females 33.3%; males 42.7%) to 60% (60.5% females and 59% males) during the endline survey. This indicates an increase in the level of awareness of what constitutes harmful practices and how these practices are linked to VAWG. The proportion of respondents who experienced GBV in the last 12 months declined by 32% from 61.2% to 29.1% in between the baseline and endline surveys. The significant decline in experiences of both HPs and GBV indicates effectiveness of the GBV campaigns in the targeted communities.

The skills and abilities of CSOs, government partners and other stakeholders to deliver more effective programs that increase the knowledge and awareness on GBV among the communities they serve have been greatly enhanced. The project has fostered a high level of awareness and knowledge among communities on the negative impacts of harmful norms and practices that perpetuate GBV and the need to dismantle such norms and values. The endline survey results revealed a strong negative attitude towards gender-based violence (GBV) among the respondents. Only 3% expressed agreement or strong agreement with the statement that wife beating is acceptable, while 93% of respondents rejected or strongly rejected it. The majority of respondents in the endline survey (94%) agreed that women should be given the opportunity to lead at community level and most of the participants (84%) supported the idea that boys and girls have equal rights, while only 7% opposed it. This indicates a low tolerance for GBV and a rejection of the patriarchal belief that wife beating is normal. Further, the majority of the

respondents (65%) rejected the perception that raping and sexual abuse of women or girls is justified if they are wearing provocative clothing.

The additional funding mitigated the impacts of the COVID-19 pandemic on VSO, WLSA and CBOs staff through provision of personal protective equipment; and enabled the staff to work from home and to reach out to project beneficiaries, in some cases virtually, through procurement of computers and internet connection gadgets.

Coordination: There were coordination deficiencies owing to a lack of common understanding of the roles, mandates, and responsibilities of each partner. WILSA expected capacity strengthening support from VSO's national volunteers, but this did not materialise as the volunteers worked very little with WILSA on the ground as the volunteers claimed that WLSA's visibility on the ground was limited. The volunteers ended up doing some of the work that was supposed to be done by WLSA. Further, there were coordination challenges between WLSA and the CSOs which resulted in WLSA conducting awareness activities on the ground without engaging the CSOs that WLSA was supposed to work through in the respective project areas. The CSOs felt excluded from the activities they were supposed to spearhead. Although, the partnership arrangements worked fairly well in the implementation of the project, there seems to have been lack of common understanding of the of the modalities and roles and responsibilities by some of the partners which affected effectiveness of coordination and project implementation. The implementing partners expected direct budget support from the project since some of them had very limited financial, material and human resources. When this direct budgetary support was not provided, the implementing partners felt that they could not effectively implement the project activities due to resource constraints. This reduced the implementing partners' confidence and motivation to implement project activities.

Monitoring and Evaluation: The global control and management of the M&E system presented challenges in data capturing and management. The project used a global portal managed by VSO head office to monitor and evaluate its progress. The portal had a limited time frame for data entry and then it would close. This system was useful for VSO to collect data from its projects worldwide, but it also had some drawbacks at the project level. Sometimes, the data entry period was too short and the project staff had to hurry to meet the deadline. This increased the risk of making mistakes while entering the data. Moreover, the system did not save the data automatically, which was a problem when there were power cuts. If the power went off during data entry, the M&E team had to start over because the previous data was not saved. This made it more likely that they would miss the deadline for data entry. The M&E system captured global indicators of VSO and not the indicators specific to the project. Some of the indicators were thus not fit for purpose. Further, the M&E template did not disaggregate the data by province or partner, which made granular analysis of the data to assess project performance by province and partner difficult.

Locally there was no adequate budget to support establishment of robust M&E systems, M&E data was not granulated by province and partner and reporting by CBOs was in some cases inadequate. There was inadequate budget support for M&E. Some of the CBOs did not have equipment such as computers that they could use to capture and manage project data. This made it difficult for these CBOs to capture and share data as they had to do it manually. There were also challenges in reporting as some CBOs were not submitting timely reports to VSO and WLSA, and in some cases the reports lacked adequate detail on number of beneficiaries reached disaggregated by gender and the types of activities conducted.

Impact: **T**he project has created an impactful women's movement, CBOs, platforms, and systems to fight GBV. Women's voices have been strengthened through advocacy platforms, social accountability mechanisms as well as through improved capacity to engage in evidence-based advocacy with duty bearers. The project has strengthened the CSOs' ability to organise and galvanise their advocacy efforts and to deliver programmes that are structured and more impactful. This has been effective as shown by a decrease in personal experiences of GBV and an increase in the level of awareness and positive attitudes among the primary beneficiaries of the project. VSO and WILSA worked closely with

government stakeholders at community, district, provincial and national levels. These stakeholders have also had their capacities strengthened by the project through attending various trainings on movement buildings together with the CSOs. These stakeholders now have a better understanding and appreciation of the needs of GBV survivors and are therefore more likely to deliver more appropriate and high-quality GBV services.

Despite the above capacity strengthening efforts, significant gaps still exist that might threaten the sustainability of the project. Some of the CSOs lack adequate funding thus making it difficult for these organisations to be fully functional to carry out their GBV programming activities. The project however did not provide funding to these CBOs for programming or organisational development as its mandate was only confined to providing capacity building support. The CSOs thus remained financially constrained after the end of the project. No unintended impacts of the project were identified during the evaluation.

Efficiency: The project was implemented in a fairly efficient and cost-effective manner, although implementation disruptions caused by COVID-19 resulted in budget underspend and non-implementation of some activities after a no-cost extension was not granted. The Training of Trainer approach ensured that the knowledge and skills generated by the project would be cascaded down to the wider communities at no significant cost after the Training of Trainer process. Efficient implementation of the project was affected by disruptions caused by the COVID-19 outbreak. Movement restrictions meant that planned activities such as training and awareness raising could not be conducted as planned for close to a year. In some cases, there was late disbursement of funds for programming to VSO and the provision of airtime to community volunteers. The late disbursements caused delays in the implementation of some of the planned activities including training and awareness raising in the communities. Coordination gaps between WLSA and VSO on one hand and WLSA and implementing partners on the other affected efficiency of project implementation as some activities were delayed or implemented late. Towards the end of the project, VSO tried to increase the pace of implementation through joint implementation of activities by the national volunteers working with multiple partners. Despite these measures, all the planned activities could not be implemented by the time the project officially ended.

Sustainability: The project established a foundation for sustainability, which however needs further support for increased effectiveness. A foundation for sustainability was established through capacity strengthening of the women' rights organisations, community volunteers, grassroots communities, CSO/CBOs, and government stakeholders at all levels; and cultivating a sense of ownership among primary and secondary beneficiaries through a participatory, consultative and inclusive implementation framework. However, the sustainability of the project achievements and benefits is threatened by inadequate funding of CBOs; and a No Cost Extension that was not granted leading to non-implementation of a well-planned and communicated exit strategy.

Gender Equality and Human Rights Integration: The project integrated gender equality and human rights in its goal, design, and implementation. The project was designed to address GBV which is not only a manifestation of gender inequality but is also a fundamental violation of the human rights of women and girls. In its design, the project sought to promote gender equality and women's rights through creating awareness about GBV and the right of women and girls to leave a life free from violence and abuse. In its design, the majority of the primary beneficiaries targeted by the project were women and girls, who historically bear the heaviest burden of GBV and gender inequality. Capacity-building activities were rolled out to empower women and girls with advocacy skills to enable them to demand their rights and quality GBV prevention and response services. In alignment with the Leave No One Behind principle, the project targeted women in their diversity and ensured that poor, vulnerable and marginalised women, women living with HIV, women and girls who are survivors of GBV, and women with disability, participated in the project.

Social Inclusion: The project embraced the Leave No One Behind principle leading to a high level of social inclusion in the targeting of beneficiaries and high participation of vulnerable and marginalised groups of women in the project. The project targeted vulnerable and marginalised groups of women including: 4,150 women and girls with disability; 15, 569 women and girls living with HIV/AIDS; 18,048 women and girls who are victims of GBV; and 40 women in detention. The project also targeted hard to reach areas where the GBV response and prevention needs of women are greatest.

Coherence: The level of coherence of the project with the national policy and legal framework as well as other GBV programmes in the country was high. The project complemented well and was in alignment with the priority areas of the National Gender Policy; High Level Political Compact on the Elimination of Gender Based Violence and Harmful Practices; National Gender Based Violence Strategy and the Spotlight Initiative Programme in Zimbabwe.

Knowledge Generation: through capacity building of the women's rights organisation in the areas of evidence-based advocacy, social accountability, movement building and awareness creation, the project generated new knowledge among the targeted primary and secondary beneficiaries which will benefit the communities for a long time to come. The knowledge generated has triggered a gradual shift in attitudes and improved knowledge on issues around GBV. The CSOs were also trained in M&E to enable them to adequately capture project data and to monitor progress towards its goal and objectives. Platforms have also been created for the CSOs to share knowledge and good practices and to jointly plan their advocacy activities.

Movement Building: the project managed to create linkages between grassroots women's rights organisations and built their capacities to enable these organisations to jointly carryout advocacy and lobbying campaigns on GBV. Previously, these grassroots organisations carried their work is individual entities with limited interaction and coordination with others doing similar work. Through creating joint platforms for advocacy and capacity building, the women's rights organisations have amplified their voices and have scored significant successes through demanding accountability from duty bearers. The women's rights organisations not commemorate jointly international days such as the 16 Days of Activism and International Women's day where they share knowledge, experiences and good practices.

Institutional Strengthening: institutional capacity building was one of the key focus of the project. In this regard, women's rights organisations and government stakeholders were trained by national volunteers who were experts in various areas including Social Accountability; Monitoring and Evaluation; Advocacy and Communication; Movement Building; Psychosocial Support; and Resource Mobilisation. The trainings conducted has strengthened the institutional capacities of these organisations. When the project started some of the organisations had no M&E systems in place, no properly running financial management systems, and were conducting advocacy campaigns on an ad hoc basis. The CSOs and government partners acknowledged that their systems have been strengthened and they are now able to implement more structured and impactful GBV interventions largely as a result as the institutional capacity building efforts of the project.

KEY LESSONS LEARNT

The following were the key lessons learnt from implementation and evaluation of the project:

Empowered women demand their rights: if women are empowered from grassroots up to national level through awareness creation, capacity strengthening and movement building they are able to effectively advocate for and claim their rights. Before the project, grassroots women's rights organisations in the targeted districts were working as different entities, with little collaboration and coordination and with limited skills to engage and hold duty bearers to account. The groups spoke with divided voices and this resulted in these women's organisations being less impactful in teir work. After the capacity building initiatives of the project women's organisations coalesced together, had louder voices and engaged duty bearers in a more organised and evidence driven advocacy which brought notable impacts in terms of GBV service provision. Through a united voice, the women's organisations to successfully advocate for the establishment of police posts and investigation of malpractices and

corruption among service providers. Six of the CSOs managed to successfully write funding proposals to donors. The empowerment of the women's organisations thus led to increased demand for rights and accountability from GBV duty bearers and service providers.

Flexibility and adaptability: when implementing a project in a volatile and unpredictable environment (such as the one caused by COVID-19 pandemic), there is need for both IPs and funders to be highly flexible and adaptive to the changing circumstances to ensure minimal disruption to project implementation. Additional funding was provided by the funder to ensure minimum disruption to programming after the outbreak of the COVID-19 pandemic. The additional budget was used to purchase Personal Protective Equipment and ICT equipment to enable the project team to work virtually from home and communicate with project beneficiaries. The project responded to the COVID-19 pandemic by shifting some of its activities to online platforms, radio broadcasts and peer-led actions, while ensuring adherence to health protocols and guidelines. Without this flexibility and adaptations, the disruptions to programming caused by COVID-19 could have had more severe negative impacts.

Long-term support: changing attitudes and practices as well as breaking down harmful practices that fuel gender inequality and GBV require long term investment in terms of time and funding as attitudes and practices do not change over a short period of time. The project was implemented for only three years, with the last year being disrupted by the COVID-19 pandemic, leading to non-completion of some of the planned activities. Although there has been a positive change in attitudes and practices of both the primary and secondary beneficiaries, more needs to be done to achieve the goal of a GBV free society.

Partnership and coordination arrangements: a common understanding of the partnership and coordination arrangements and roles and responsibilities of each partner at the inception of the project is key in ensuring that each partner effectively fulfils their mandate in the partnership. There were coordination and implementation challenges as a result of unclear mandates, with WLSA, for example, directly implementing project activities in the communities with limited collaboration with the grassroots women's rights organisation because of lack of clarity of collaboration modalities. In other cases, VSO ended up implementing activities that WLSA was supposed to implement because the later was less visible on the ground and coordination between the two entities was weak. On the other hand, the women's rights groups were expecting direct funding for their activities and yet the focus of the project was on capacity strengthening without direct funding support. This lack of common understanding of the partnership arrangements led to inefficiencies in project implementation as some of the implementing partners lacked financial and human resources to carryout project activities.

Monitoring and Evaluation System: a localised database management system that is fit for purpose and relevant to the country context is key in ensuring collection of relevant M&E data. The project utilised the global VSO M&E system and data base that was not suitably adapted to the local context and was not user friendly. This made it difficult to disaggregated data by district, province and partners to allow granually performance analysis of the project.

Working with women-led and focused organisations is crucial for building trust and credibility among the target communities and ensuring their participation and ownership of the project activities. The project supported grassroots women-led organisations who were familiar with the GBV challenges their respective communities and therefore had a better understanding of the context. By creating linkages among these grassroots organisation, the women's movement was strengthened and the sense of ownership of the project activities was strengthened, which ultimately is key for sustainability.

Engaging men and boys as allies and change agents is essential for addressing the root causes of GBV and harmful practices, such as patriarchy, toxic masculinity and gender stereotypes. The project also worked with male champions and traditional and religious leaders in addressing some of the harmful patriarchal and cultural practices that are key drivers of GBV in the respective communities. This male engagement resulted in a gradual change in attitudes with more males supporting the quest for the elimination of GBV through breaking down negative masculinities and patriarchal practices.

Using multiple platforms and channels, such as radio, social media, peer educators and community dialogues, is effective for reaching a wider audience and raising awareness on GBV issues, especially during the COVID-19 pandemic. Multiples platforms ensure a wide audience reach as using few platforms will result in the exclusion of those targeted audiences without access to those platforms. For example, women in hard-to-reach areas in Mashonaland West province had limited access to social

media, radio, TV and newspapers. These were then reached through community-based peer educators while those with access to social and electronic media were accessed through radio and TV programmes.

Strengthening the capacity of health facilities, village health workers and peer educators is vital for improving the quality and accessibility of health and GBV services for women and girls, especially those living in remote areas. GBV services that are not friendly to survivors will lead to increased none-help seeking behaviour among survivors. Empowering the service providers through capacity building trainings ensured more survivor friendly services which led to an increased use of the services by survivors.

Collaborating with government stakeholders at the national and local levels is key for influencing policy and practice changes on GBV prevention and response, as well as ensuring accountability and sustainability of the project outcomes. Engaging with government stakeholders and building their capacity to effectively respond to GBV was key in ensuring improved service provision to survivors and increased engagement with communities to discuss and jointly find solutions on GBV.

Exit Strategy: a well-planned and executed exit strategy is key to ensuring the sustainability of project results and outcomes. VSO applied for a no-cost extension after it became apparent that implementation of planned project activities could not be completed by the end of the project owing mainly to disruptions caused by the COVID-19 outbreak. VSO was hopeful that the no-cost extension would be granted and had not prepared an exit plan nor informed the communities about the project coming to an end. When the no-cost extension was not granted, the project came to an abrupt end. Communities and stakeholders anticipated the continuation of project activities into the following year. When the project ended abruptly in created anxiety and a crisis of expectation among the stakeholders and beneficiaries which has a potential to damage the relationship between VSO, government partners and communities.

RECOMMENDATIONS

- **No Cost Extension:** There was need to grant the project a no-cost extension to enable implementing partners to complete all planned activities (including capacity building) whose implementation was disrupted by the outbreak of the COVID-19 pandemic. Some CBO capacity gaps have not been adequately addressed. The abrupt ending of the project without a clear exit strategy brough about anxiety and a crisis of expectations among both secondary and primary beneficiaries. A no- cost extension would have enabled the planned activities to be completed for the project to better achieve its goal and objectives.
- **Direct Funding of CBOs:** there was need to fund directly some of the CBOs which had no other ongoing funding as they faced resource constraints to effectively implement project activities. These CSOs had inadequate financial, human and material resources to enable them to carry out activities such as advocacy, awareness creation and stakeholder engagement, Although the CSOs had been capacitated in terms of programming, they lacked resources to execute the project with the acquired capacities. During the evaluation, some of the CSOs had minimal presence in the communities because of resource limitations. Some lacked equipment such as cars and computers to enhance their work. Through direct funding, the operational and human resources capacity of the CSOs would have been greatly enhanced.
- **Strengthen coordination modalities:** Establish a common understanding of mandates, roles and responsibilities of the partnership arrangements at inception through an MOU and a coordination mechanism well communicated and understood by all the partners. There was an apparent lack of common understanding of the roles and responsibilities in the project by VSO, WLSA and the implementing partners which led to limited collaboration between WLSA and the CSOs in implementing project activities, with the later feeling excluded from the implementation process. VSO on the other hand did not feel obligated to work through the CSOs and at times went directly to communities to implement activities without the CSOs. The CSOs felt excluded fro project implementation process.
- **Strengthen the M&E System.** There is further need to strengthen the M&E system of CSOs through adequate budgetary support and by making it relevant to the local context. Although VSO had an M&E advisor who supported the CSOs in strengthening their M&E capacities, the project did not have a budget to support acquisition of hardware and software for the M&E systems. Some of the CSOs did not have computers and therefore could not establish an

electronic M&E system. These CSOs used manual methods of capturing data which are prone to errors and whose data is laborious to analyse. Strengthening the M&E system should have included direct funding for both software and hardware.

- **Exit Strategy:** Design a well-structured Exit Strategy that is communicated to all the stakeholders including beneficiaries. The lack of an exit strategy resulted in an abrupt end to the programme, leaving both primary and secondary beneficiaries' expectations unfulfilled. This creates mistrust and lack of confidence in VSO and its implementing partners by the communities and government stakeholders.
- **Legal Services:** There is need for increase availability and accessibility of legal services by GBV survivors. FGD participants indicated the lack of access to legal services as one of they key gaps in the GBV response. WLSA was mandated to provide legal services to survivors, but it had human resources limitations resulting in these services being available only once a month in some communities. The Legal AID Directorate, which is a government entity mandated with providing free legal services to indigent GBV survivors, is not decentralised to district level and is only available from provincial level upwards. GBV survivors thus have to incur transport and accommodation costs to access the legal services at provincial level, which many of the survivors cannot afford.

1. INTRODUCTION

1.1 About the Report

This report presents findings of the Endline Evaluation of the Project *"Speak it loud': - Amplifying the voices of women's movements to address Violence Against Women and girls (VAWG) in Mashonaland Central, Mashonaland West, and Manicaland Provinces in Zimbabwe".* The evaluation was conducted between January and May 2023 by an independent evaluation consultant.

1.2 Gender Based Violence (GBV) Situation in Zimbabwe

The Government of Zimbabwe (GoZ) recognises that Gender-Based Violence and Harmful Practices (GBV/HP) are: a fundamental violation of human rights; are one of the biggest obstacles to women's participation in decision-making; severely limits women's ability to participate in economic and social activities; and are drawbacks to the country's development aspirations[1]. GBV cases in Zimbabwe are on the increase and widespread, occurring across all socio-economic, cultural backgrounds and regions of the country. The 2020 GBV Situation Analysis Study concluded that GBV has become "endemic in Zimbabwe and its prevalence has reached pandemic proportions, affecting all social classes and prevalent throughout the life-cycle stages – infancy, childhood, adolescence, adulthood, and old age**".** Women and girls are disproportionately affected by GBV with at least one in three women having experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime[2].

The 2019 population based Multiple Indicator Cluster Survey results show that nearly 40% of women aged between 15-49 years have experienced physical violence since the age of 15 years. Of those ever married who experienced physical violence, 72% had violence perpetrated by current husband/partner while for 21% the violence was perpetrated by former husband/partner. The same survey also shows that 11.6% of the female respondents ever experienced sexual violence and for 61.6% of the victims, the sexual violence was perpetrated by current husband/partner and 24.8% by former husband/partner. Further, 34% of the respondents ever experienced emotional violence; 4% of women who have ever been pregnant experienced violence during one or more of their pregnancies; 35% of ever-married women age 15-49 experienced physical or sexual violence from a spouse, and of these women, 37 percent reported experiencing physical injuries; and 42.5% of women and girls ever-experienced an form of violence (physical, sexual and emotional). Of those women that have experienced physical or sexual violence, only 39% sought help to have the violence stopped.

Marriage before attaining 18 years is a fundamental violation of human rights and yet child marriages seem to be common in Zimbabwe. The MICS (2019) results show that 4.8% of women aged between 15 and 49 years were married before they attained 15 years while 32.6% of women aged 20-49 years were married before attaining the age of 18 years. This means one in three girls got married before attaining the legal age of marriage.

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[1] High Level Political Compact on Ending Gender Based Violence and Harmful Practices in Zimbabwe

[2] Multiple Indicator Cluster Survey (2019)

Adolescent birth rate is an indication of teenage pregnancy and sexual abuse of those girls that are aged below 18 years. The MICS (2019) survey shows that 24.1% of women aged 20-24 years have had a live birth before age 18. The proportion of these women is higher in rural areas (30.7%) compared to urban areas (15.7%). Mashonaland Central has the highest proportion of women who have started childbearing before 18 years (37.8%), followed by Mashonaland West (31.3%) and Matabeleland North (30.3%). Bulawayo and Harare have the least proportion of women who started childbearing before 18 years at 11% and 14.6% respectively.

The Situation Analysis results also indicate the high prevalence of negative attitudes towards GBV prevailing in the country. Fifty-four percent (54%) of respondents agreed that beating a wife is justified if she goes out without informing the husband, neglects children or refuses to have sex while 25% felt that a woman is to blame if she is a victim of domestic violence, and 29% believed that rape is justified if the woman behaves in a way that shows she desires sex[3]. Key drivers of GBV include poverty; harmful religious and traditional norms, values and practices; drug and substance abuse; toxic masculinities; technology and social media; politically motivated violence; weak and inconsistent implementation of GBV related laws owing to inadequate financial and human resources; artisanal mining activities; natural disasters; and corruption[4]. Most common forms of GBV identified include Intimate Partner Violence; Sexual Violence including rape; child marriages; teenage pregnancies; human trafficking; cyber bullying; GBV in the workplace; GBV during emergencies; and emotional violence.

1.3 Project Background

VSO is a leading international development organisation which works through volunteers to create lasting change. VSO envisions a poverty-free world, and its mission is to unite people to combat poverty and marginalization. VSO has been operating in Zimbabwe since 1982 and works through collaboration with local partners, government ministries, volunteers, and communities, particularly young people, to provide them with the skills, knowledge, opportunities, and services they require to combat poverty and marginalization. VSO's programming areas include Health, HIV and AIDS and Sexual Reproductive Health and Rights; Sexual and Gender-Based Violence (SGBV); and livelihoods security.

With funding from the United Nations Trust Fund (UNTF), VSO in partnership with Women and Law in Southern Africa (WLSA), has been implementing a 3 year project (April 2020- March 2023) entitled *"Speak it loud':- amplifying the voices of women's movements to address Violence Against Women and Girls (VAWG) in Mashonaland Central, Mashonaland West, and Manicaland Provinces in Zimbabwe.* The project sought to address VAWG in the three targeted

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[3] UNFPA and MWAGCD (2018). Gender Based Violence: Knowledge Attitudes Practices Baseline Survey Report https://zimbabwe.unfpa.org/sites/default/files/pub-pdf/Fact%20Sheet%20Gender%20Based%20Violence%20Knowledge%20Attitudes%20Practices%20Baseline%20Survey%20Report%20-%20March%202018.pdf

[4] GBV Situation Analysis Report (2022)

provinces of Zimbabwe in support of Government and national efforts to address the scourge, which has since been declared a national emergency.

The Goal of the project was to empower women's rights groups and related CSOs to deliver effective, inclusive and sustainable interventions to prevent and address VAWG cases in three provinces of Zimbabwe and promote GEWE. The project also aimed to strengthen the grassroots women's groups' ability to demand, influence and advance GEWE and SRHR, and to eliminate SGBV and HP. The project further aimed to improve the women's groups' ability to monitor the quality of services provided at the local level and to engage and participate actively in demanding accountability from duty bearers and decision makers for SGBV and HP prevention and response. Lastly, the project aimed to enhance networking, knowledge-sharing and visibility among women's movements to influence a change of behaviour, knowledge, and attitudes on VAWG.

Working with partners, VSO supported women's rights groups, youth groups and civil society organizations (CSOs) to form social movements and advocate for change. The project also strengthened their capacity to use evidence, multimedia, campaign techniques and citizen-led monitoring tools to track progress and demand action on VAWG, including sexual and gender-based violence (SGBV), harmful practices (HP) and sexual and reproductive health and rights (SRHR). Furthermore, the project fostered policy dialogue platforms to enhance interaction between women's rights groups and the government for promoting gender equality and women's empowerment (GEWE) and SRHR.

In Manicaland Province, the project was implemented in Mutare; Mutasa, and Chimanimani Districts while in Mashonaland Central Province it was implemented in Bindura, Mbire, Centenary, and Concession Districts. In Mashonaland West Province the project was implemented in three districts of Chinhoyi, Alaska, Kanyaga.

1.4 Project Design and Theory of Change

The project design was based on a Theory of Change (ToC) that if grassroots women's rights groups are capacity strengthened through training and mentoring, they will develop the capacity and capability to influence change through: active involvement and interaction with duty-bearers; networking; knowledge sharing; joint advocacy; awareness-raising activities; and movement building. Implementation of the project was carried out through national volunteers who provided technical capacity support to women's rights groups. Through mentorship provided by skilled volunteers, women's groups and CSOs would also gain improved ability to monitor the quality of GBV services and referral pathways delivered at the local level to hold decision-makers to account where VAWG services are lacking. Volunteers were also trained to capacitate women rights groups to design, implement and monitor programs on VAWG, including SGBV, HPs and femicide.

In line with the principle of Leaving No One Behind (LNOB), the project adopted VSO's social inclusion, gender, and social accountability strategies to reach the most marginalized women and girls. VSO's social accountability approach ensured the development of spaces and processes for engagement, and facilitated platforms for women's rights groups, CSOs and

duty bearers to find joint solutions to eliminating VAWG. After capacity building of the women's rights groups and CSOs, the project's ToC postulated that women's rights groups will actively participate in demanding policy enactment and accountability from duty bearers for VAWG prevention and response.

The project aimed to reach 42,000 women and girls through women's groups, CSOs, schools and community champions and indirectly through strengthened programs which CSOs provide. Women and Law in Southern Africa Zimbabwe (WLSA) led activities in strengthening movement-building, supporting women's rights groups and CSOs to share knowledge, network and jointly advocate for GEWE to end VAWG.

The project sough to address the following specific forms of VAWG:

- Physical violence
- Sexual violence
- Psychological and emotional violence
- Economic violence
- Non-partner violence
- Violence against the girl child
- Harmful practices Early/Child marriage
- Forced marriage
- Women/girls with disabilities

Table 1 below shows the project's targeted beneficiaries.

Table 1: Primary and Secondary Beneficiaries of the Project

Primary Beneficiaries	Secondary Beneficiaries
Adolescents (10-19yrs) Young women (20-24yrs) Adult Women Elderly women (60+yrs)	Members of civil society organizations Members of the public Government agencies

1.5 Stakeholders of The Project

The project had the following national and sub-national stakeholders.

(a) United Nations Trust Fund

The UNTF provided funding for the project through UN Women. UNTF is global mechanism that supports initiatives to prevent and end violence against women and girls. The UNTF was established in 1996 by the UN General Assembly and is managed by UN Women on behalf of the UN system. The UNTF funds projects that address various forms of violence, such as domestic violence, sexual violence, human trafficking, female genital mutilation, and child marriage. The UNTF also promotes awareness, advocacy, and policy change to create a safer and more equitable world for women and girls.

(b) Voluntary Service Overseas (VSO)

VSO was responsible for VSO management, coordination, and monitoring and evaluation of the project. VSO supported the project with funding from the UNTF. It also provided technical and capacity building to CSOs through national volunteers (advisors) who provided training and mentoring support.

(c) Women and Law in Southern Africa (WLSA)

WLSA was a key implementing partner in the project whose mandate was strengthening movement-building, supporting women's rights groups and CSOs to share knowledge, network and jointly advocate for GEWE to end VAWG. WLSA's role also included providing legal and psychosocial support to survivors of GBV, as well as to raise awareness and advocate for the prevention and elimination of GBV in the communities. WLSA worked closely with other stakeholders, such as traditional leaders, police, health workers and civil society organizations, to strengthen the referral and coordination mechanisms for GBV cases. WLSA's contribution to the project was crucial for ensuring that survivors of GBV access justice and receive holistic care and support.

(c) Government of Zimbabwe

Both VSO and WLSA worked closely with the relevant government ministries and institutions involved in the national response to GBV. These included: Ministry of Women Affairs, Community, Small and Medium Enterprises Development; the Victim Friendly Unit (VFU) of the Zimbabwe Republic Police; the Judiciary; Department of Social Development; and Ministry of Health. These government institutions are responsible for providing prevention and response services to survivors of SGBV in the respective provinces and districts where the project was implemented. The Government of Zimbabwe has contributed to the project by providing policy guidance, technical expertise and coordination among different stakeholders. The Government of Zimbabwe has also supported the project's efforts to strengthen the capacity of health, police and justice institutions to deliver quality and survivor-centred services for GBV cases.

(d) Civil Society Organisations

Civil Society organisations (CSOs) played a vital role in the project as partners, service providers and advocates. CSOs collaborated with VSO and WLSA to deliver GBV awareness and education activities, to provide psychosocial and legal assistance to survivors, and to engage with duty bearers and communities to promote positive social norms and accountability. CSOs also contribute to the project's monitoring, evaluation and learning processes, as well as to its sustainability and scalability.

(e) Primary Actors

The primary beneficiaries of the project were women and girls who have experienced or are at risk of experiencing gender-based violence as well as community men and women who participated in various activities aimed at reducing SGBV in their respective communities. VSO refers to intended beneficiaries as primary actors because they are no passive recipients but

rather are actively engaged in efforts to realise desired change. Targeted primary actors played a vital role in the project by participating in various activities, such as: community dialogues and awareness campaigns to challenge harmful social norms and attitudes that perpetuate violence against women and girls; peer education and mentoring sessions to share information and experiences on gender based violence, sexual and reproductive health rights, and life skills; livelihoods and income generating activities to enhance their economic empowerment and resilience; and psychosocial support and referrals to health, legal and protection services to address their needs and rights. Primary actors were also involved in the monitoring and evaluation of the project, providing feedback and suggestions for improvement. Through their active engagement, the primary actors contributed to the achievement of the project's objectives and outcomes, as well as their own empowerment and well-being.

1.6 Project Budget

The project had a budget of USD 986,756 over three years. After the outbreak of COVID-19, an additional budget was made available for institutional strengthening to mitigate the impact of the pandemic on VSO, WLSA and the 15 CBOs.

2. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

2.1 Purpose

The overall purpose of the end of project evaluation was to assess the extent to which the project has achieved its goal, purpose and objectives against the standard Development Assistance Committee (DAC)/Organisation for Economic Cooperation and Development (OECD) criteria of relevance, effectiveness, impact, efficiency, sustainability, knowledge generation, coherence, movement building, institutional strenghthening as well as the cross-cutting gender equality and human rights criteria. The evaluation also sought to identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes The targeted users of the evaluation results include VSO, WLSA, UNTF, CSOs, women's rights organisations, government stakeholders, national GBV response stakeholders and the primary and secondary beneficiaries of the project.

2.2 Evaluation Objectives

The following were the specific objectives of the evaluation:

- To provide quantitative and qualitative information as regards the prevailing situation with respect to VAWG, including DV and IPV data management at both national and subnational levels in line with the principle of 'leaving no one behind, social inclusion and reaching those furthest behind first';
- To complete the "SPEAK IT LOUD" Results framework with appropriate outcome values for the identified indicators with missing data to determine the measurement of the project's impact for all Stakeholders (Central Government, Regional Government and Local Government, Senior Management within the UN, the donor(s) and other partners, such as civil society and the women's movement and even the general public).
- To inform strategic decisions, allowing for the sustainability of program and communication interventions through identification of possible constraints and opportunities for programming for the four main target groups[5] and
- To provide recommendations on areas that need more attention and focus during implementation and ways to strengthen performance monitoring and maximize sustainability.

2.3 Scope of the Endline Evaluation

The Endline Evaluation was conducted in all the three provinces in which the project was implemented. In each of the provinces, two districts (one rural and one urban) were purposively selected. In each district, interviews were conducted with key informants and

5 : (1) Women/girls with disabilities; (2) Women/girls living with HIV and AIDS; (3) Women in detention; and (4) Women/girls victims of sexual exploitation

focus group discussions were conducted with primary beneficiaries of the project, including Adolescents (10-19 years), Young women (20-24 years), older women (60+ years), and secondary beneficiaries such as members of civil society organizations, and members of the public and government agencies.

2.4 Guiding Frameworks and Principles

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

2.5 Stakeholders of the Evaluation

The evaluation adopted a participatory approach aiming at involving stakeholders at all levels of the project. Different stakeholders were engaged for different purposes and at different phases of the evaluation. Stakeholders of the evaluation included the following:

- VSO
- WLSA
- UNTF
- Volunteers
- CSOs and women's rights organisations
- Government stakeholders
- National GBV response stakeholders and the primary and secondary beneficiaries of the project.

3. METHODOLOGY AND APPROACH

3.1 Evaluation Approach and Design

The evaluation was conducted through a participatory and multipronged approach. Qualitative and quantitative research methods were employed and both primary and secondary data were collected. In line with the UNEG Handbook for Integrating Human Rights and Gender Equality Perspectives in Evaluations in the UN System, a gender-responsive and human rights-based approach was applied throughout the evaluation process. This included analysing the extent to which the project's interventions and programming approach were based on international human rights standards (including CEDAW). The extent to which the project was operationally directed to promoting and protecting human rights was also be examined, including the degree to which the project's strategies, design and implementation sought to analyse inequalities and redress discriminatory practices and unjust distributions of power that impede development progress.

The evaluation also utilised an appropriate mix of data collection methods to gather and analyse data, in order to offer diverse perspectives to the evaluation, and to promote participation of different groups of stakeholders. To ensure an inclusive evaluation, the full range of stakeholder groups were interviewed to avoid biases including gender bias, distance bias (favouring the more accessible), class bias and power bias to ensure the environment guaranteed privacy and confidentiality for participants to speak freely without fear. The sampling of different field sites ensured that the diverse range of stakeholders and situations in project areas were represented. An adequately representative sample was drawn to ensure that the data collected was representative enough and comparable to the baseline.

CSOs were requested to provide details of the categories of the beneficiaries reached by their project activities and the geographical location of these activities. From the different categories of beneficiaries, FGD participants were then purposively sampled to ensure that all the categories of beneficiaries participated in the evaluation separately i.e. survivors of SGBV, poor and vulnerable women from the grassroots communities; young women; women community leaders; male community leaders; young men; and community volunteers. Separate FGDs were conducted for these different categories in a safe and secure environment where confidentiality was assured.

Different data collection methods were used in the evaluation to ensure that adequate data on HR and GE were collected. In conducting desk review, the evaluation looked for specific information such as: evidence of a HR & GE analysis at the design stage; evidence of a detailed and inclusive stakeholder analysis, including the most vulnerable groups; evidence of quality engagement and participation of stakeholders in the various steps of implementation; information on various stakeholder groups collected in monitoring and reporting; evidence of how HR & GE were addressed by the intervention, and the results achieved in the area. The data collected was disaggregated by sex, the methods and tools used were designed to enable GEWE assessments and sampling, triangulation and validation ensured inclusion of all categories of women and men that participated in the project to enable the data to be subjected to GEWE analysis. FGDs were conducted with same sex groups and with

marginalised women and young women who included survivors of GBV; women with disability and other poor and vulnerable women who were purposively selected with the assistance of the local CSOs.

In conducting FGDs, special attention was paid to the constitution of groups to ensure that participants felt safe to participate and communicate their ideas. The FGDs were thus disaggregated by gender, age, social position, income and category (rights holders/ duty bearers) etc. to ensure that the most vulnerable were represented and had safe spaces to air their views. Questions directed to the focus groups included an assessment of their views on HR & GE. Before starting the focus group, the evaluator sought information to help understand the context, the relationships between individuals and groups, the power dynamics, and how the different individuals and groups in the focus group were affected by HR & GE issues.

Selection of key informants for KII reflected the diversity of stakeholders of the intervention. Key informants were identified from key stakeholders of the project including VSO, WLSA, CSOs, CBOs and relevant government ministries and institutions involved in the national GBV prevention and response efforts. A stakeholder analysis informed the selection of key informants. Interviewees were guaranteed that they will not be negatively affected by providing their honest views on HR & GE issues. Confidentiality was assured and anything that could be used to identify the individual interviewees was not included in the report.

3.2 Sampling of Project Sites

Selection of Provinces

All the three provinces of Mashonaland Central, Mashonaland West, and Manicaland where the project was implemented were selected for the evaluation. All the provinces were selected to ensure that the results of the evaluation are representative and comprehensive. By including all provinces where the project was implemented, the evaluation captured the diversity of contexts, challenges, and outcomes that the project encountered. This helped in identifying the factors that influenced the project's effectiveness, efficiency, relevance, sustainability, impact, coherence, knowledge generation, movement building, institutional strengthening, and mainstreaming of gender equality and human rights . Sampling all project provinces increased the credibility and validity of the evaluation findings and recommendations, as they reflect the experiences and perspectives of stakeholders involved in the project across the three provinces.

Selection of Districts

Within each province, two project districts were purposively selected, one rural and one urban. In provinces where there was more than one rural or urban districts, the districts were clustered into urban and rural clusters. From each cluster, one district was randomly selected. Both rural and urban districts were sampled in each province to enable the evaluation to compare the outcomes and challenges of the intervention across different contexts and settings. Sampling rural and urban districts also enabled the evaluation to identify the factors that influence the effectiveness and sustainability of the intervention in different environments.

In total, six project districts were selected as shown in Table 1 below:

Table 2: Sampled Districts for the evaluation

Province	Districts
Mashonaland Central	Bindura (urban); Mbire (rural)
Mashonaland West	Chinhoyi (urban); Kanyaga (Rural)
Manicaland	Mutare (urban); Mutasa (rural)

Selection of wards

In each district, two wards were randomly selected from the total number of wards in which the project was implemented.

3.3 Study Population

The study population for the evaluation consisted of young people and adults aged 14 years and above. The following were the evaluation study population:

- Women and girls living with HIV/AIDS, women and girls with disabilities and women and girls who have experienced or are at risk of sexual abuse and exploitation:
    - Adolescents (10-19yrs)
    - Young women (20-24yrs)
    - Adult Women Elderly women (60+yrs)
- 15 Partner CBOs
- Civil Society Organizations
- VSO
- WLSA
- Volunteers
- GBV Service Providers
- Community members
- Government agencies

3.4 Evaluation Criteria and Key Questions

The evaluation employed the OECD/DAC and UNEG evaluation criteria of Relevance, Effectiveness, Efficiency, Impact and Sustainability and Coherence. The evaluation also applied Human Rights and Gender Equality, Innovation, Inclusivity, movement building and institutional strengthening as additional criteria.

Table 3 below shows the key questions for the evaluation under each evaluation criteria:

Table 3: Evaluation Criteria and Questions

Evaluation Criteria	Evaluation Questions
Relevance	To what extent do the achieved results (project goal, outcomes, and outputs) continue to be relevant to the needs of women and girls and to national priorities on GBV?
Effectiveness	To what extent were the intended project goal, outcomes, and outputs (project results) achieved and how?
Efficiency	To what extent was the project efficiently and cost-effectively implemented?
Sustainability	To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?
Impact	To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?
Knowledge generation	To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?
Coherence	How well does the project fit with other interventions in the country, sector or institution?
Inclusivity	To what extent was the programme inclusive of all the different categories of women across different geographical areas? (e.g. poor and vulnerable women, women who are differently abled, women living with HIV, youth etc.)
Innovation	Did the programme institute any innovative measures during implementation and with what effect?
Gender Equality and Human Rights	To what extent has gender and human rights considerations been integrated into the project design and implementation?
Movement Building	To what extent did the project help in building a women's movement capable of claiming their rights and holding duty bearers to account?
Institutional Strengthening	To what extent did the project strengthen the institutional capacity of women's rights organisations, CSOs and government institutions that participated in the project.

3.5 Sources of Data and Data Collection Methods

The evaluation employed a mixed-method or a pluralist method approach to integrate data from different data gathering methods. Use of mixed methods and gender and human rights responsive approaches not only offer diverse perspectives to the evaluation but also promotes participation of different groups of stakeholders, allows multiple voices to be heard, provides a more holistic picture of the project being evaluated and allows for triangulation of data for

reliability and validity as data from different sources can be compared and any inconsistencies followed up on. Data from multiple sources provide means to develop defendable conclusions about the evaluation. Both quantitative and qualitative data collection methods, including Desk review, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), Anonymous surveys shared via WhatsApp and stakeholder consultative engagements were employed during the evaluation.

3.5.1 Desk Review

A desk review of project documents and relevant national and global literature on GBV was conducted. A review of project documents was conducted to have an in-depth understanding of the project background and context, goal and objectives, implementation framework and approach, expected outcomes and milestones that the project has achieved vis-à-vis what was planned as well as challenges encountered. Document reviewed include: Project Proposal; quarterly and annual progress reports; workplans; baseline and mid-term evaluation reports; training reports; and advocacy activity reports among others. National documents reviewed include the National GBV Strategy; National Gender Policy; Multiple Indicator Cluster Survey (MICS, 2019) and the Zimbabwe Demographic Health Survey (ZDHS, 2015).

3.5.2 Key Informant Interviews

In-depth interviews with key stakeholders and key informants were conducted to solicit their views on key focus areas of the evaluation relating to relevance, efficiency, effectiveness, impacts, inclusiveness, sustainability, coherence, movement building, institutional strengthening and mainstreaming of gender equality and human rights by the project as well as the extent to which the project has achieved its objectives and intended outcomes, including capacity building of different stakeholders such as women's organisations, CSOs and government stakeholders. The key informants were selected based on their knowledge of the project and its activities and were interviewed using semi-structured interview guides. A total of 14 key informants were interviewed. (Please see list of key informants interviewed in the annex of the report).

3.5.3 Focus Group Discussions

Focus Group Discussions (FGDs) were conducted with direct and indirect beneficiaries of the project. The purpose of the FGDs was to listen and capture the voices and perspectives of the beneficiaries of the project in terms of implementation processes, main achievements, weaknesses, challenges and the impacts the project has had on the beneficiaries in general and on the GBV landscape in particular. Participants were asked to reflect on the questions asked by the interviewers, provide their own comments, listen to what the rest of the group had to say and engaged in a conversation. This was meant to elicit ideas, insights and experiences in a social context where people stimulate each other and consider their own views along with the views of others.

FGDs were conducted with separate groups of women and girls (15-19 years; 20-24 years; above 25 years); boys and men (18-25 years; above 25 years); volunteers; and community

leaders. These FGDs included survivors of GBV; women and girls living with HIV; women with disability; and vulnerable and marginalised women. The evaluation targeted to conduct 7 FGDs in each province for a total of 21 FGDs across the three provinces. However, a total of 17 FGDs were conducted (81% of target). In some of the wards, the desired number of FGDs could not be conducted owing to poor turnout of the targeted groups. The evaluation team had to spend more time in the wards than had originally been budgeted for to ensure that those in hard-to-reach areas participated in the evaluation.

Table 4 below shows the distribution of FGDs by province, district and rural/urban location

Table 4: Distribution of FGDs

Province	District	No. of FGDs	# of participants
Manicaland	Mutare Urban	2	15
	Mutasa Rural	3	23
Mashonaland Central	Bindura Urban	4	31
	Mbire	3	23
Mashonaland Central	Chinhoyi urban	2	15
	Kanyaga	3	24
Total		**17**	**131**

3.5.4 Survey

A survey was conducted among the primary and secondary beneficiaries of the project. The inclusion criteria for the survey were primary and secondary beneficiaries who had not participated in FGDs or in Key Informant Interviews. The anonymous survey was conducted using the digital KoboCollect platform. The survey targeted GBV survivors, institutions and organizations involved in the national GBV response that participated in the project. To ensure anonymity, phone numbers, names, and any other personal information about respondents were not disclosed. The survey captured and quantified information relating to the specific components of the project, including the responsiveness, availability, accessibility and quality of GBV services. The survey also solicited respondents' perception on the extent to which the project has addressed some of the drivers of GBV in their respective communities and the sustainability potential of the project interventions.

The evaluation used equal sample sizes across all the three provinces and districts. Proportional sampling could not be employed as the distribution of project beneficiaries was not disaggregated by province or district. For comparability, the evaluation adopted a similar sample size determination formula used during the baseline and mid-term evaluation.

For the sample size determination, the evaluation used a statistically representative sample of project beneficiaries using a 95% confidence interval and a 5% margin of error. Furthermore, to account for no-response, the size of the sample was increased by at least 10%. The formula below was used to determine sample size.

$$n = N \times \left(\frac{Z^2 p(1-p)}{e^2} \Big/ \left(N - 1 + \frac{Z^2 p(1-p)}{e^2} \right) \right)$$

Where;

n is the sample size required; **N** is the target population; Z is the critical value of the normal distribution required confidence interval i.e. 95% confidence interval; **P** is the sample proportion; 0.5 proportion; e is the margin of error-5% margin of error. The table below illustrates the sample size determination methodology:

Sample determination	
N	42 000
Z	95% making a critical value of 1.96
P	0.5
1-p	0.5
E	5%
Sample size(n)	396 (132 per province)
sample disaggregation	Adolescents, young women, adult women and elderly women
Disability inclusion	1%

Survey Coverage

A total of 381 beneficiaries participated in the survey, representing a 96.2% achievement of the target (n=396). The 100% target could not be achieved in some of the districts owing to mobilisation challenges faced by some CSOs. The evaluation team had to spend more time than originally planned in the project areas to access more project participants, particulary those in the hard to reach areas. Table 4 below shows the distribution of survey participants by province.

Table 5: Survey Participants by Province

Province		Frequency	Total Percent
	Manicaland	108	28.3
	Mashonaland West	145	38.1
	Mashonaland Central	128	33.6
	Total	**381**	**100.0**

Most of the survey participants were in Mashonaland West (38.1%), followed by Mashonaland Central (33.6%) and Manicaland (28.3%). In Manicaland and Mashonaland Central Provinces the target 132 respondents could not be achieved owing to mobilisation challenges encountered by the CSO partners in those provinces that resulted in less respondents than the targeted being available during the evaluation.

3.5.5 Case Studies and Most Significant Change Stories

In-depth discussions with individual project participants were conducted to provide specific case studies that captured the impacts of the project at individual, household, community and organisational level. The case studies were designed to capture the "before and after" scenarios and to identify most significant changes that have occurred to these individuals or groups of beneficiaries resulting from their participation in the project. The case studies helped

in supporting some of the generalised findings of the evaluation. Case studies capture the voices of project participants in a manner that provides vivid pictures of project impact. The participants for case studies were identified with the assistance of key stakeholders and beneficiaries participating in FGDs. Case studies were selected on the basis of their ability to vividly demonstrate change that has largely been influenced by the project. Focus was also on significant changes that occurred to beneficiaries as a result of their participation in the project and the factors that were central to making that change happen. Two case studies were conducted per district. The stories reflect the impact of the project on the diverse range of project participants.

3.6 Data Management and Analysis

3.6.1 Data Management

All qualitative data from KIIs and FGDs were audio recorded by the research team during the interviews. Upon completion of each interview, the interviewers completed an interview summary form highlighting key issues emerging from the interview as well as characteristics of the interview process, including the appropriateness of the setting, logistics, and questions needing revision or inclusion in the interview. For FGDs, the note taker reviewed the recordings and expanded the notes they jotted down during the interview. The audio recordings were then transcribed into detailed notes, capturing all the key messages emerging during the interviews and FGDs.

For the survey, all the data from the tablets was transferred to the KoboCollect platform at the end of each day by each enumerator. The data was then reviewed for completeness and accuracy on a daily basis and feedback provided to the enumerators the following day. At the end of each mission, the research team reviewed its data and “cleaned” it by dealing with any errors during the writing, reading, storage, transmission, or processing of data. Data cleaning checked for validity, reliability, completeness, integrity, precision, and timeliness.

The evaluation team ensured a high level of data security. All data collected was kept securely by team members in password-protected recorders and tablets. The data was only accessible to the evaluation team members and care was taken to ensure that the data was not accessed by people not authorized to access it.

3.6.2 Data Analysis

Qualitative data analysis

The thematic content analysis method was used to analyse the qualitative data. The data was organised by themes and sub-themes based on the responses from the KII, FGDs, and document review. The analysis aimed to:

- Find the main themes and sub-themes, and note the common or repeated responses across the data sources.
- Reflect the range of perception or experience.

- Compare and contrast the different respondents.
- Detect any outliers or unusual opinions or positions.

Quantitative data analysis

Quantitative data analysis was conducted using the Statistical Package for Social Sciences (SPSS). The data was analysed using both descriptive and inferential statistics. In descriptive terms, the data was analysed using frequencies, cross-tabulations, and measures of central tendency..

3.7 Ethical Considerations

The evaluation team followed VSO's Safeguarding Policy and other relevant policies. The evaluation team respected the international standards on conducting evaluations with vulnerable people such as: preventing sexual exploitation; preventing sexual violence, including sexual harassment; avoiding child abuse and protecting people's privacy and confidentiality. The evaluation was guided by the World Health Organisation (WHO) Ethical and Safety Recommendations for Intervention Research on Violence Against Women. The following measures were taken to enhance the ethical credibility of the assessment:

(a) Safety of Respondents and Researchers

To ensure the safety of both the respondents and researchers, the Key Informant Interviews, survey interviews and FGDs were conducted in secure and safe venues located in the community such as community halls and hired venues where confidentiality was assured. The research took measures to avoid exposing participants to any physical, psychological, social, or legal risks or harms. Where feasible, the FGDs and individual interviews were in most cases conducted in physical locations that both the participants and evaluators were comfortable with to avoid stigmatisation of the respondents. All the GBV survivors and guardians of survivors who participated in the evaluation went through a risk assessment by their GBV service providers to ensure that they were psychologically prepared to participate in the discussions. During the interviews and FGDs, the psychosocial support officers from the GBV service providers, through which the survivors and guardians of survivors were recruited, as well as a social worker from the Department of Social Development, were on standby to provide psychosocial support, counselling and referrals in the event of adverse events and emergencies occurring during the interviews and FGDs.

(b) Informed Consent

Participants were asked if they had provided initial consent to their service providers to voluntarily come and participate in the evaluation. Upon confirmation of primary consent, the purpose and objectives of the evaluation were fully explained to the participants as well as the type of questions that would be asked during the discussion. The participants were informed that the evaluation would not focus on participants' experience of GBV but on awareness, knowledge, participation in GBV prevention interventions and advocacy and access to GBV services.

The risks and benefits of participating in the evaluation were fully explained to the participants. The main risks highlighted included potential psychological re-traumatisation and breach of

confidentiality by some of the participants in the group discussions. Participants were informed that they were free not to participate or to leave the discussion at any time should they feel that the identified risks would play out. They were also informed that they can choose not to discuss specific questions that they were not comfortable with. To mitigate against the risks, participants were informed that their SGBV service providers were on standby to offer immediate assistance in the event of adverse effects and emergencies. The evaluation team emphasised the importance of confidentiality in protecting both the survivors and researchers and stressed the need for all participants to adhere to the confidentiality guidelines provided.

Participants were also informed that the benefits accruing from participation in the evaluation assessment were that their views and experiences of participating in the project will be used to generate lessons learnt, and to identify what has worked well and what has not worked so well in the project. Their views and experiences will then be used to inform strategies aimed at strengthening similar programmes in future with improved impact in the fight against GBV.

The participants were informed that the evaluation team was independent and was guided by the principle of objectivity in conducting the assessment. In this regard, participants were encouraged to feel free to provide their objective views during the discussions without fear of reappraisals as discussions would be kept highly confidential and no names and recognisable identifiers of individual participants would be used in the data and reports that will be produced after the evaluation. An opportunity to ask questions until they fully understood the objectives of the evaluation and the implications of their participation was provided to the participants.

Once the above processes were completed, the participants were asked if they wished to participate in the evaluation assessment through a verbal consenting process, which was audio recorded. The consenting process was conducted verbally to reduce the risk of contracting COVID-19 and cholera through a written consenting process. Participants were also preferred verbal consent to written consent for health reasons as well as for the purposes of safety and anonymity. For participants aged below 18 years, verbal assent was obtained from them after obtaining consent from their parents or guardians first. All the participants invited to participate in the assessment consented to participate in the FGDs and individual interviews.

(c) Confidentiality and Anonymity

All the evaluation data were stored in password-protected laptops to ensure that it was only accessible to the assessment team. All names and personal circumstances, which may lead to the identification of research participants, were modified in field notes and respondents were identified through a unique identifying number only. All FGDs and interviews were conducted in private and in safe spaces to protect participants from harm.

3.8 Ensuring Inclusivity

In line with the Leave No One Behind principle, the evaluation ensured participation of vulnerable and marginalised groups of women including women with disability, survivors of GBV, women living with HIV and poor and marginalised women and girls. These groups of women were deliberately targeted to ensure that their views and experiences are also

captured in the endline report such that some activities can be tailor-made to suit their particular needs during the project implementation phase. Participants with disabilities were visited in their homes, comfort zones, or convenient places where helpers of their choice assisted the research team during interviews.

3.9 Limitations and Mitigation Strategies

The project's evaluation took place after its completion. As a result, some staff members who had been part of the project implementation had left their organisations and this posed a challenge for community mobilisation during the evaluation. This was especially the case in Mutare, where the project participants were hard to reach, as some had moved away from the town. In rural districts, poor mobile network coverage and long travel distances also hindered mobilisation. The evaluation team addressed these limitations by conducting some key informant interviews remotely and by allocating more time than planned in districts to account for delays in the mobilisation process. The evaluation team had to spend a longer period in the field to be able to access the targeted number of beneficiaries. The evaluation team also provided transport to the CBOs to enable them to access the targeted communities in areas with low or no mobile phone connectivity. The CBOs had not been able to reach these communities owing to a lack of transport and poor communication network. Although this delayed the data collection process, the extra number of days in the field enabled the evaluation team to increase its target reach of beneficiaries.

4. EVALUATION FINDINGS

This section presents the key findings of the evaluation informed by the synthesized analysis of data from desk review of project documents, key informant interviews with project stakeholders and Implementing Partners (Ips) and Focus Group Discussions (FGDs) with project participants and beneficiaries. The evaluation results are presented using the OECD/DAC evaluation criteria of Relevance; Effectiveness; Efficiency; Impact; Sustainability; Coherence; Human Rights and Gender Equality mainstreaming; Movement Building; and Institutional Strengthening .

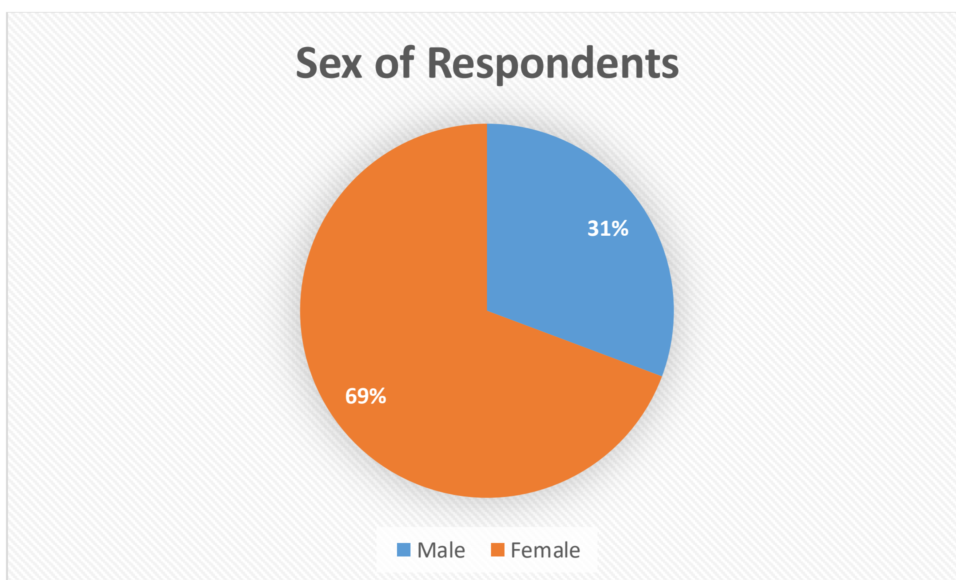
4.1 Demographic Characteristics of Survey Participants

A total of 381 project beneficiaries participated in the survey that was conducted during the evaluation. Below are the demographic characteristics of the participants.

Sex of Respondents

Figure 1 below shows sex composition of the respondents.

Figure 1: Sex of Respondents



Out of 381 respondents, the majority (69%) were female while 31% were male.

Distribution of respondents by age group

Table 6 below shows the distribution of respondents by age group.

Table 6: Distribution of Respondents by Age Group

Age Group	Frequency	Percent
15-19 years	120	31.5
20-24 years	94	24.7
25-35 years	57	15.0
36 years and above	110	28.9
Total	381	100.0

Respondents aged 15-19 years comprised the majority of the respondents (31.5%), followed by those aged above 36 years (28.9%) and 20-24 years (24.7%). The least represented was the 25-35 years age group (15%).

Religion

Most of the respondents belonged to the Apostolic churches (39.4%), followed by Pentecostal (28.3%); Roman Catholic (6.6%); Anglican (5.5%); and Methodist (5.2%). Other religions comprised less than 2% of the participants while 6.8% of the respondents stated that they did not belong to any religion.

Marital status

Most of the respondents (42%) were married and currently living with the spouse while 39% were single and never married, 10% were divorced or separated, 5% were widowed and 3% were married but living apart from their spouse for family or work reasons.

Close to half of the respondents (48%) were married when they were aged between 15-19 years; 33% were married between 20-24 years; 19% were married between 25-35 years and 0.5% (n=2) were married when they were below 15 years. The fact that most of the respondents were married between 15-19 years indicates high prevalence of child marriages in the three provinces.

Educational Status

The majority of the respondents (82%) were not enrolled in any educational institution while 18% were enrolled in school or college. Of those that were in school or college, the majority were doing Form 4 (25%), while 23% were in college or university; 16% were in Form 2 and another 16% were in Form 3; 15% were doing Advanced Level; and 4% were in Form 1. Only 3% of the respondents were in Primary school.

Head of household

Most of the respondents had parents as heads of their households (36%); while 33% of the respondents had their households headed by a spouse and 21% of the respondents were household heads themselves.

Registration Documents

Table 7 below shows possession of national documents by the respondents.

Table 7: Possession of National Documents

Document	Yes (%)	No (5)
National Identity Card	87	13
Birth Certificate	93	7
Passport	18	82

The majority of the respondents had a birth certificate (93%) and national Identity card (87%). A significant proportion of the respondents did not have national ID card (13%) while 7% did not have certificate of birth. Most of the respondents were not in possession of a passport (82%) as only 18% had this document.

Disability challenges

Table 7 below shows some disability challenges faced by the respondents.

Table 8: Disability challenges

Disability Challenge	No difficulty (%)	A lot of difficulty (%)	Some difficulty (%)	Cannot at all (%)
Difficulty seeing, even if wearing glasses	85	0.5	15	0
Do you have difficulty hearing, even if using a hearing aid?	96	0	4	0
Do you have difficulty walking or climbing steps?	93	1	6	0.3
Do you have difficulty remembering or concentrating?	92	0.3	8	0
Do you have difficulty (with self-care such as) washing all over or dressing?	98	0.5	1.8	0
Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?	99.5	0	0.5	0

A significant proportion of the respondents had some difficulty in seeing (15%); walking (6%); remembering or concentrating (8%); and hearing (4%) while 1% has a lot of difficulty in walking; 0.5% seeing and dressing and washing; and 0.3% remembering or concentrating.

4.2 Relevance

Question 1: *To what extent were the project's goal and objectives suited to the national context and to the needs and priorities of the targeted beneficiaries, partners, and stakeholders?*

Finding 1: The project goal and objectives were highly relevant to the Gender Based Violence situation and context of the country and the targeted provinces.

The primary and secondary beneficiaries of the project; implementing partners; CSOs; and government stakeholders who participated in KIIs and FGDs during the evaluation were unanimous in highlighting the relevance of the project to the national GBV context as well as to the needs and priorities of the targeted beneficiaries. The project's Goal was to ensure that *"women's rights groups and associated CSOs provide quality, inclusive and sustainable interventions to prevent and respond to incidences of violence against women and girls (VAWG) across Zimbabwe and advance gender equality and women's empowerment (GEWE)".*

The "Speak It Out" project targeted the three Provinces of Manicaland, Mashonaland Central and Mashonaland West. These have the highest GBV prevalence in the country. Against a national average GBV prevalence of 39.4%, Mashonaland Central Province has the highest GBV prevalence (45.5%), followed by Manicaland (43.1%) and Mashonaland West at 42.6%.

Given the high prevalence of GBV in the country, and in particular among the three targeted provinces, the project sought to contribute towards national efforts to prevent and respond to SGBV, a phenomenon that the Government of Zimbabwe has declared a national emergency.

Finding 2: The project was highly relevant to the GBV capacity needs and priorities of government stakeholders, CBOs and CSOs

The project sought to contribute towards the national response by strengthening the capacity of women's rights organisations and CBOs to enable these to effectively create awareness on GBV, demand accountability from duty bearers and advocate for the provision of quality GBV prevention and response services.

As noted by CBOs that participated in the evaluation, the response to the GBV pandemic has been hamstrung by, among other factors, limited capacity of women's organizations in terms of systems, approaches, and strategies to effectively advocate and engage duty bearers in political, economic, and development processes thus inhibiting movement-building at the national and grassroots levels. Women's organizations and groups require evidence-informed advocacy, lobbying, action-oriented research, and monitoring skills to strengthen their role as change agents. The project's efforts to strengthen the CBOs' capacities addressed key capacity gaps that the CSOs/CBOs have been struggling with that limited effectiveness of their work.

> We have been doing work on GBV at community level for years, but we were not doing it effectively because we lacked capacity. We were not documenting the activities that we were doing nor the results of our work. We did not know that we can demand for accountability from duty bearers and monitor the quality of GBV services. We were just doing our work blindly. The capacity-building activities that we went through under this project has enabled us to be more effective in our work. For example, before we do any advocacy activities, we do research to get the facts right before we confront the duty bearers. With facts, it is more effective. This project addressed some of the key gaps that we had as CBOs.
>
> **KII with CBO**

Key government stakeholders such as MWACSMED, VFU and Ministry of Health and Child Care all concurred that the project not only addressed capacity needs of CBOs but also the capacity needs of government institutions that they could not address because of limited funding. Owing to budgetary and human resource constraints, government institutions were unable to effectively carryout awareness campaign s on GBV as well as on the referral system. These institutions were also unable to reach areas located in hard-to-access areas. By building the capacity of CBOs and women's organisations to conduct awareness and advocacy at grassroots level, the project has addressed a key gap in terms of reach and coverage.

> The project was relevant to the mandate and needs of the Ministry of Women Affairs, especially on the drive to end VAWG and GBV. Grassroots organizations were capacitated by the Speak it Loud project, which enabled them to spearhead advocacy campaigns against VAWG and GBV in areas where we have limited coverage because we have limitations in terms of human and financial resources. We do not even have a functioning car, so we cannot reach some of the areas to create awareness on GBV. (KII. MWACSMED)

The project facilitated linkages between the CBOs and CSOs working on GBV in the respective provinces and training them together. In this regard, the project strengthened coordination among GBV responders which stakeholders noted, has always been lacking.

Finding 3: The project was highly relevant to the needs and priorities of targeted beneficiaries and communities.

Communities targeted by the project were overwhelmingly agreed that the project was relevant to their needs and priorities. Across all districts visited during the evaluation, communities concurred that GBV was prevalent in different forms including physical, sexual, economic and emotional abuse; child marriages; child physical and sexual abuse. Communities identified the key drivers of GBV as: poverty; alcohol, drug and substance abuse; financial disputes; harmful practices such as child marriages, virginity testing and labia elongation. They further concurred that several challenges exist in effectively addressing the scourge of GBV. These challenges include lack of awareness of different forms of GBV, limited knowledge on where to get services, long distances that one has to travel to access services, and lack of legal services and safe houses as well as inadequate One Stop Centres. The project sought to address these gaps through awareness creation, community dialogue sessions and capacity building of CBOs so that they could be able to offer services such as counselling, referrals and legal

> There was a lot of fighting in this community, especially among young couples particularly after harvesting when men would misuse proceeds from the harvest. There were also a lot of child pregnancies and child marriages in the community. When the project was introduced, we were very happy because it was addressing a concern that we have always had about the high prevalence of GBV in the community. We wish it could continue because GBV still exists.
>
> **Focus Group Discussion Participants**

services and to demand accountability from service providers. In this regard, the project was perceived to be as highly relevant to the needs of the communities in general and to GBV survivors in particular. The goal and objectives of the project remain relevant to the GBV needs of the communities.

Finding 4: The project was in alignment with the country's policy and legal framework.

The project Goal and objectives were also in alignment with national legal and policy framework on GBV. The Constitution of Zimbabwe (2013) has several provisions seeking to address GBV. Section 23 prohibits discrimination on the grounds of sex, gender and marital status. The constitution outlaws all traditional practices customs and values that constitute a violation of human rights and calls for the respect of the dignity of the person. The Constitution of Zimbabwe Amendment (No.20) ACT 2013- part II Section 52 provides for protection and freedom from all forms of violence from public and private sources. Section 53 protects citizens from being subjected to physical or psychological torture or to cruel, inhuman or degrading treatment or punishment. Section 25 (b) of the constitution calls upon the Government to protect and foster the institution of family and to adopt measures for the prevention of domestic violence.

The Domestic Violence Act of 2007 provides for protection and relief to victims of domestic violence and long-term measures for prevention of domestic violence. The act expanded the ambit of violence into the previous 'sacred' spaces of the domestic sphere. The Sexual Offences Act (2002), now part of the Criminal Law (Codification and Reform) Act of 2006, criminalises marital rape and prescribes sanctions for acts of GBV. The Marriages Act No.1 of 2022 was harmonised with the provisions of the constitution and criminalises child marriages.

The project goal and objectives were noted to be in alignment with those of the High-Level Political Compact (HLPC) on Ending Gender Based Violence and Harmful Practices (2021-2030) in Zimbabwe which was launched by the President of Zimbabwe in October 2021. The HLPC calls for institutional strengthening, prevention and service provision and for CSOs to support government efforts to eradicate GBV. One of the key focus areas of the project was institutional strengthening and eradication of harmful practices, in alignment with the priorities of the HLPC. The project goal was also in alignment with the national GBV Strategy (currently being revised) whose Key Result Area 1 is Prevention of GBV and Key Result Area 2 is Provision of GBV services, which were also the key focus areas of the project.

Overall, the evaluation concluded that, the project was in strong alignment with both the needs and priorities of beneficiaries, stakeholders and the country. The project was also in alignment with the national legal and policy framework on GBV.

Question 2: *To what extent do the achieved results (project goal, outcomes, and outputs) continue to be relevant to the needs of women and girls?*

Finding 5: **The results of the project will continue to be relevant to the needs of women and girls, both in the short-term and in the long-term.**

The project has empowered women's groups in the selected regions to raise awareness on GBV, support survivors to access GBV services, engage with authorities and demand accountability. These outcomes are aligned with the needs of women and girls. However, GBV is still a major challenge in the selected districts. This requires sustained advocacy, lobbying and capacity building of the women's movement to prevent losing the progress made so far. The capacity building provided by the project will remain crucial in the pursuit of eliminating GBV in the selected provinces. The goal and objectives of the project will remain relevant beyond the project life-cycle.

4.3 Effectiveness

Question 3: *To what extent were the intended project goal, outcomes, and outputs achieved, and how?*

4.3.1 Project Goal: *Women's rights groups and CSOs provide quality, inclusive and sustainable interventions to prevent and respond to incidences of VAWG and advancing GEWE in Mashonaland Central, Mashonaland West, and Manicaland provinces in Zimbabwe.*

Finding 6: The project recorded commendable results towards its goal, particularly in strengthening the capabilities of CSOs and improving the quality and inclusivity of GBV prevention and response interventions. However, the COVID 19 pandemic caused some delays and interruptions in the implementation of some of the planned activities, and the absence of a well-designed gradual exit strategy poses risks to the sustainability of project outcomes.

The Goal of the project was to strengthen the capacity of women's rights groups to enable them to effectively prevent and respond to VAWG in the three targeted provinces. This goal was to be achieved through strengthening the voice and agency of grassroots women's groups in advocating for Gender Equality and Women Empowerment (GEWE), Sexual and Reproductive Health and Rights (SRHR), and Gender-Based Violence (GBV) prevention. The project also sought to enhance the ability of women's rights groups to monitor the quality and accessibility of services provided by local authorities and institutions. Furthermore, the project sought to empower women's rights groups to engage with duty-bearers and key decision-makers to hold them accountable for preventing and addressing SGBV and Harmful Practices (HP). The project aimed at fostering networking, knowledge-sharing and visibility among the women's movement to influence positive changes in behaviour, knowledge and attitude towards Violence Against Women and Girls (VAWG).

Across the three provinces, the project engaged and worked with a total of 15 women's rights groups and CSOs. Capacity assessments were conducted on the CSOs to determine their capacity levels. These CSOs had different levels of capacities and some had capacity limitations that left them unable to engage in quality SGBV prevention and response programming. Capacity gaps identified included: inadequate financial and human resources; inadequate skills to implement, monitor and evaluate activities; limited evidence-based advocacy and lobbying skills; lack of resources to reach out to communities to create awareness on SGBV; and lack of organisational policies, strategies and procedures among other gaps.

> Although we were passionate about our work of fighting GBV, we clearly lacked the necessary tools, skills, and resources to effectively implement our activities. We did not have a Monitoring and Evaluation system and therefore we did not know where we were coming from or going. Now we have learned how to do research and use the evidence for advocacy. We are now better capacitated than we were before the project.
>
> KII with CSO

Through the use of national volunteers, the project provided capacity strengthening training to the CSOs to enable them to effectively discharge on their mandates. Some of the capacity training included: M&E; developing and implementing lobbying and advocacy and communication strategies; media engagement; resource mobilisation and donor engagement; prevention of sexual exploitation and abuse; GBV referral pathway; and movement building and coordination.

There is evidence of improved capacity among CSOs resulting from the capacity strengthening initiatives of the project. By the end of the project, all CSOs except one had developed M&E Plans and engaged an M&E person. Through training on resource mobilisation and donor engagement, seven CBOs/CSOs successfully secured donor funding while four of the CSOs managed to develop communication and advocacy strategies.

> *As you are aware, we have limitations in terms of resources to cover all the areas under our jurisdiction in terms of GBV messaging. The gap is now being covered by the CSOs that participated in this project, who I must say show an improved capacity to disseminate information and to lobby for certain actions to be taken. For example, these CSOs lobbied the police to establish a VFU post in one of the areas that did not have a police post. As I speak, those efforts have been successful as the police have established the police post. The volunteers also visit health centres anonymously to assess the quality of services, and if they witness poor service delivery, they flag it up with the authorities.*
>
> ***(KII with government stakeholder)***

There was also evidence of improved community engagement by the CSOs to create awareness on GBV. Government stakeholders interviewed during the evaluation across all the three provinces acknowledged that there was improvement in advocacy, demand for accountability and geographical coverage of GBV awareness activities by CSOs after the capacity building initiatives by the project.
The final evaluation survey results show that there is a significant increase in the recognition of CSO activities in communities that implement GEWE interventions. At baseline, only 38.5% (41.3% males; and 35.7% females) reported being aware of CSO activities and this rose to 80.3% (79.5% males and 80.7% females) during the final evaluation. Moreover, 41.3% (44.1% males and 38.5% females) reported being aware of CSOs working

to prevent SGBV/VAWG. During the evaluation, this increased considerably to 78.3% (77.8% males and 79.9% females). Regarding the presence of CSOs supporting survivors of SGBV/VAWG, the proportion of respondents who reported being aware increased from 34.8% (36.6% males and 33.0% females) to 75.3% (72.6% males and 76.5% females). The results indicate enhanced engagement by the CSOs in the community as well as an increase in the proportion of women who are aware of CSO presence compared to their male counterparts.

At Goal level, the project sought to influence the 15 CBOs to enter into 3 policy enactment agreements with decision makers in 5 government ministries. By the end of the project, CBOs and women's rights organisations in the project had partnered with the women's rights movement countrywide to pressure the government to make changes to the Marriages Act that criminalises marriage of children below the age of 18. Given that results of policy change lobbying take considerable time to emerge, the project performed well in contributing to one legislative change that has far-reaching implications on child marriages.

One of the indicators of achievement at the Goal level was the reduction of GBV prevalence among the primary beneficiaries. The baseline survey showed that 61.6% (65.3% males and 57.8% females) of the respondents had experienced harmful practices in their family or community in the past 12 months. The endline evaluation survey revealed a significant decrease in the proportion of the respondents who had faced harmful practices to 23.5% (17.1% males and 27.5% females). This suggests that although GBV and harmful practices are still common in the targeted districts, there has been a notable decline among the primary beneficiaries of the project due to increased awareness and knowledge on GBV.

In line with the social inclusion ethos and the Leave No One Behind principle, the project targeted vulnerable and marginalised groups of women including women and girls with disabilities; women and girls living with HIV/AIDS; women and girls who are victims of sexual abuse and exploitation; and women in detention. Table 9 below shows the targeted numbers of vulnerable groups of women and the number reached by the project.

Table 9: No. of targeted vulnerable groups reached.

Targeted vulnerable and marginalised groups of women	Number Targeted	Number reached	% target achievement
Women and girls with disabilities	2,000	4,150	208
Women/girls living with HIV and AIDS	15,000	16,569	110.5%
Women in detention	1,000	40	4%
Women/girls victims of sexual abuse and exploitation	29,000	18,048	62%
Total	**47,000**	**38,807**	83%

Overall, the project managed to reach 83% of the targeted beneficiaries. The project exceeded its target of women and girls with disability (208%) and women and girls living with HIV/Aids (110%). For women and girls who are victims of sexual abuse and exploitation, the project reached 62% of the targeted beneficiaries while it reached only 4% of the targeted women in detention. There were accessibility challenges experienced in reaching out to women in detention while the targeted number of women and girls who are victims of sexual abuse was more than the number of this category of women available in the targeted provinces. In trying to reach out to women in detention, the following challenges were encountered: The COVID-

19 pandemic and the subsequent lockdown measures imposed by the government restricted the movement and access of project staff and partners to the prisons; the prison authorities were reluctant to grant permission for project activities in the prisons, citing security concerns, lack of resources, and competing priorities; the prison staff were not supportive of the project's objectives and activities, and often harassed, intimidated, or obstructed the project staff and partners from engaging with the women in prison; and the women in prison themselves were fearful of reprisals from the prison staff or other inmates if they participated in the project activities or spoke out about their issues[6].

The project tried to overcome these challenges by: building trust and rapport with the prison authorities and staff through regular communication, consultation, and collaboration; providing incentives and recognition to the prison staff who supported the project activities and facilitated access to the women in prison; using alternative methods of communication and delivery of services, such as radio broadcasts, phone calls, letters, and online platforms; and empowering the women in prison to form peer support groups and networks, and to voice their concerns and needs through various channels.

Broadly, the project made efforts to ensure that marginalised and vulnerable groups of women and girls were prioritised in line with its goal. Women and girls with disability, women and girls living with HIV/AIDS and survivors of GBV were reached with GBV messages through radio, television, video skits, social media and bulk SMS messaging. Reporting of GBV incidences was facilitated through the use of WLSA toll free line and VFU hotline numbers. All these efforts increased women's and girls' access to GBV services.

Although the project made significant progress toward its Goal, a number of factors affected its implementation. The outbreak of the COVID-19 pandemic disrupted the implementation of planned activities. Some of the capacity building activities, such as implementation of developed communication and advocacy strategies and the testing and rolling out of the movement building manual, could not be completed by the time the project ended. This is likely to affect the effectiveness and sustainability of 10 CSOs operating in Mashonaland West and Mashonaland Central whose capacity was still to be developed to sustainable levels.

The project did not implement a well-planned exit strategy as it ended abruptly after a no-cost extension was not granted by the donor. The project had an exit strategy anchored on four principles namely participation; capacity building; resource mobilisation; and knowledge management. In terms of participation the project involved the beneficiaries, partners, stakeholders, and donors in the planning, implementation, monitoring, and evaluation of the exit strategy. The project also ensured that the beneficiaries had ownership and control over their own data and decisions. The project also focused on strengthening the institutional, technical, financial, and advocacy capacities of the women's rights groups and CSOs to continue their work on VAWG prevention and response. The project also supported the development of networks and coalitions among the women's movements at local, national, and regional levels. The project further assisted the women's rights groups and CSOs to access alternative sources of funding and resources for their activities. The project leveraged existing

[6] Key Informant Interviews and Desk Review

platforms and mechanisms to advocate for increased allocation of resources for VAWG issues from the government and other donors. Regarding knowledge management, the project documented and disseminated the best practices, lessons learned, challenges, and recommendations from the project implementation. The project also developed tools and guidelines for VAWG prevention and response that can be used by other actors in similar contexts.

The project's exit strategy comprised the preparation phase, transition phase, consolidation phase, and follow-up phase. The preparation phase was supposed to start six months before the project end date while the transition phase was for three months until the project end date. During this phase the project was supposed to handed over the project assets, deliverables, activities, and outcomes to the selected beneficiaries or partners and to provide technical assistance, mentoring, coaching, and training to the beneficiaries or partners to ensure their readiness and capacity to sustain the project impacts. The consolidation phase was supposed to last for three months after the project end date where the project was supposed to monitor and evaluate the progress and performance of the beneficiaries or partners in sustaining the project impacts and provide feedback, guidance, troubleshooting, and referrals to the beneficiaries or partners as needed. The last phase was the follow-up phase which was supposed to last for six months after the project end date. The project was supposed to conduct a post-exit assessment to measure the sustainability of the project impacts and outcomes.

Although the project had an elaborate exit strategy in place, a number of challenges were encountered in executing this strategy. The COVID-19 pandemic and the subsequent lockdown measures imposed by the governments affected the mobility and access of project staff and partners to project border areas, limiting the scope and quality of project activities and outputs. The lack of adequate resources and capacities among some of the project partners and beneficiaries hampered their ability to sustain the project impacts and outcomes after the project end. The weak coordination and communication among some of the project partners and beneficiaries resulted in duplication, fragmentation, or inconsistency of project activities and outputs. Generally, inadequate contingency planning after the outbreak of COVID-19 led to weak implementation of the exit strategy leading to non-completion of project activities within the project lifespan.

Another threat to sustainability is the constrained financial and human resource base of some of the partners who will find it difficult to continue with project activities in the absence of external funding. The project did not provide direct funding to the CSOs.

4.3.2 Outcome 1: *Strengthened and sustainable opportunities, systems, and platforms for women's rights groups and CSOs to share knowledge, network, partner and jointly advocate for GEWE and ending VAWG including SGBV, SRHR, HP and femicide with relevant stakeholders at sub-national, national, regional and global levels.*

Finding 7: The project created a network of women's rights organisations and platforms to share knowledge, practices and to conduct joint advocacy and lobbying on ending VAWG across the three provinces. However, sustainability and effectiveness of the movement and network undermined by

the non-completion of the movement building capacity training and limited financial and human resources by some of the CBOs.

One of the key strategies of the project was movement building, which involved mobilising and organising people around a common vision and goal. The project supported the formation and strengthening of women's groups, networks and coalitions at different levels, from local to national. These groups provide a platform for women and girls to share experiences, learn from each other, access information and services, and advocate for their rights. The project also facilitated linkages and collaborations among different actors and stakeholders, such as civil society organisations, media, government agencies and donors, to amplify the voices of women and girls and to influence positive change.

The project worked with 15 community-based women's rights organization across the three provinces. To strengthen coordination among the women's rights organisations, the CBOs were brought together to discuss their roles and responsibilities in the project and how they can jointly work together within their respective provinces as a network. A secretariate for the network was established and a WhatsApp group platform was created that they used to update each other on the work they are doing and to share information and knowledge among themselves. The WhatsApp platform was also used as a coordination mechanism among the CBOs.

The Network held joint commemorations of international events such as the 16 days of activism against GBV and international women's day. Network members jointly planned for commemorations and participated in the activities together. Other joint activities were road shows and GBV awareness raising at district and provincial levels. Further, the network jointly engaged the media during the commemorations to showcase their work as well as to highlight the challenges they are facing in the fight against GBV.

The Network engaged stakeholders through the stakeholder meeting platforms that were regularly convened in their respective provinces and districts. The Network engaged with government stakeholders including Victim Friendly Unit; Department of Social Development; VFU; Judiciary; Local Authorities; Ministry of Health; and Ministry of Education amongst others. Stakeholder engagement meetings were also used as advocacy platforms by the Network where issues related to GBV that the CBOs wanted addressed were presented and discussed. Such issues included improved GBV service delivery, case management and follow-ups, establishment of police posts and awareness creation in communities. Stakeholder engagement meetings were held regularly across the districts and provinces.

The VSO and its volunteers have been actively involved in advocating for women's and girls' rights at various global platforms. For instance, they submitted a report at the 2022 Commission on the Status of Women (CSW) on how climate change impacts women and girls and increases the risk of violence against women and girls (VAWG). They also proposed an abstract for the 2022 International Conference on Family Planning (ICFP) on how women's movement building can enhance access to family planning services for women.

> Before the project, we used to work as individual CBOs, and we were competing instead of collaborating. We did not coordinate at all. The Speak It Out Loud project brought us together and taught us that there is power in numbers. We can achieve more if we work together with other CBOs than when we work in silos. We have created our network where we share ideas, our activities and lessons learnt. This has been very useful as we are learning from each other and use the comparative advantage of each other to achieve a common goal. We have been doing advocacy, commemorations, and roadshows together, and this has proved very effective.
>
> **KII with CBO in Manicaland**

A movement building guide was developed for the CBOs to facilitate networking and movement building. The guide identified the following as movement building enablers: behaviour change facilitators, community led monitors; psychosocial support focal point persons; community volunteers; village health workers; Child Care Workers; and saltshakers. The movement-building guide was pilot tested in Manicaland Province towards the end of the project and could not be rolled out in the other two provinces as the project had ended.

The project has managed to create a network of CBOs in the three provinces. The CBOs in the network are conducting joint activities and sharing information to strengthen their work on GBV. The movement building efforts however need further strengthening for long-term sustainability.

The movement building efforts involved traditional leaders, men and boys. This was an important strategy engaged by the project as male engagement is key in ensuring that they become partners in the fight against GBV. Male engagement is also important in breaking down toxic masculinities that are responsible for fueling GBV.

The functionality and sustainability of the created women's rights movement critically hinges on financial and human resources. The evaluation established that some of the CBOs were struggling financially and in terms of human resources and were thus becoming less active in the network. CBOs that already had existing funded projects leveraged on these projects to implement the Speak it Out Loud project activities. Those without alternative sources of funding, found it difficult to go out into communities for awareness creation and to participate in the lobbying platforms of the network owing to limited financial and human resources. The evaluation established that poorly funded partners were becoming less active on the Network's WhatsApp platform.

In some communities, there was volunteer fatigue owing to lack of incentives. Volunteers are critical in movement building. During FGDs, volunteers acknowledged that their work was demanding as it required them to travel long distances when conducting community dialogue sessions, counselling and following up on GBV cases. Participation in this voluntary work takes volunteers away from their productive activities for long periods of time and yet there are no incentives to compensate them for the loss of this productive time.

> As volunteers, we spend a lot of time doing our work. We do not have financial incentives and yet we spend a lot of productive time doing voluntary work. It leads to burnout. When you come back home, you come with nothing and sometimes your husband can become upset that you are spending all this time away from home and yet you bring nothing. Some volunteers have been stopped by their husbands because of this. It can cause GBV. Besides, we have to use our own money for communication. The airtime we used to be given is no longer coming. So a token of appreciation will be greatly appreciated.
>
> **FGD with Volunteers**

4.3.2.1 **Output 1.1:** *Women and girls participate in community-level advocacy platforms to advance GEWE, end VAWG including SGBV and HP*

Finding 8: The project facilitated the creation and strengthening of dialogue platforms which resulted in increased participation by men and women and produced tangible outcomes which have greatly benefited the targeted communities in combating GBV.

The project sought to empower women and girls to enable them to participate in community level advocacy platforms on ending VAWG. The project's target was to have 6,050 women participate in these dialogue platforms. A total of 6,000 women and girls managed to participate in these advocacy platforms across the three provinces, representing a 99% achievement of the set target.

Figure 2 below shows the proportion of respondents in the baseline and endline survey that ever participated in advocacy platforms.

Figure 2: Ever participated in advocacy platforms

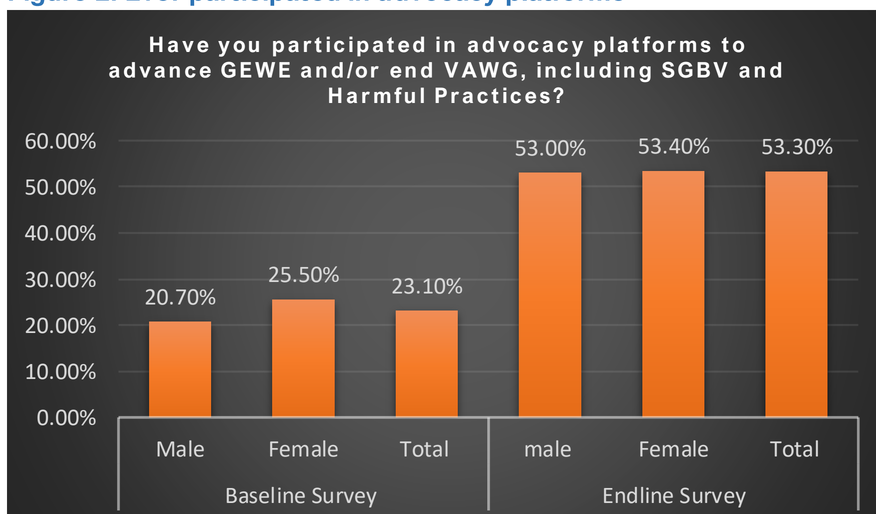
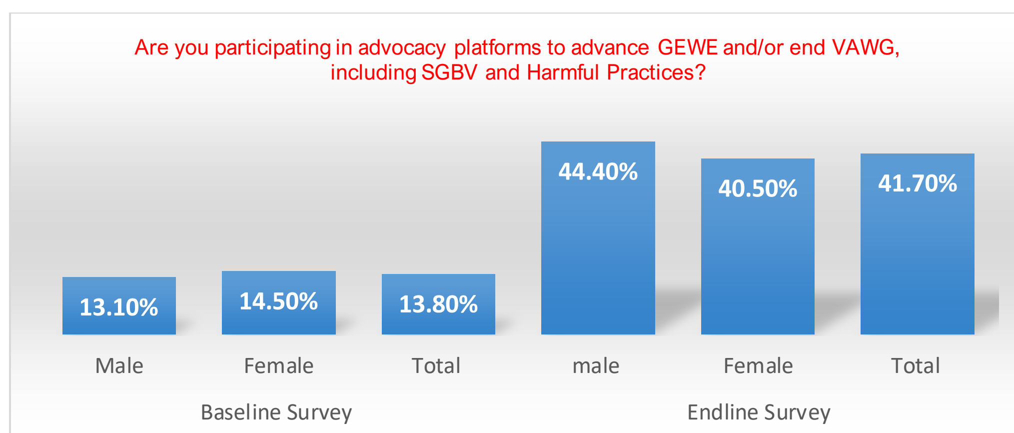


Figure 2 above shows that there has been a significant increase in the participation of men and women in GEWE platforms from 23.1% (males 20.7%; females (25.5%) at baseline to 53.3% (males 53%; females 53.4%) during the endline survey. The increase in participation in these platforms can be attributed to the capacity training and awareness creation activities of the project. Among men and women, the proportion participating is almost the same. This shows that the project did not only target women and girls, but also engaged men and boys as partners in the fight against GBV.

In both the baseline and endline surveys, respondents were asked if they were currently participating in advocacy platforms. Figure 3 below shows the proportion of women participating.

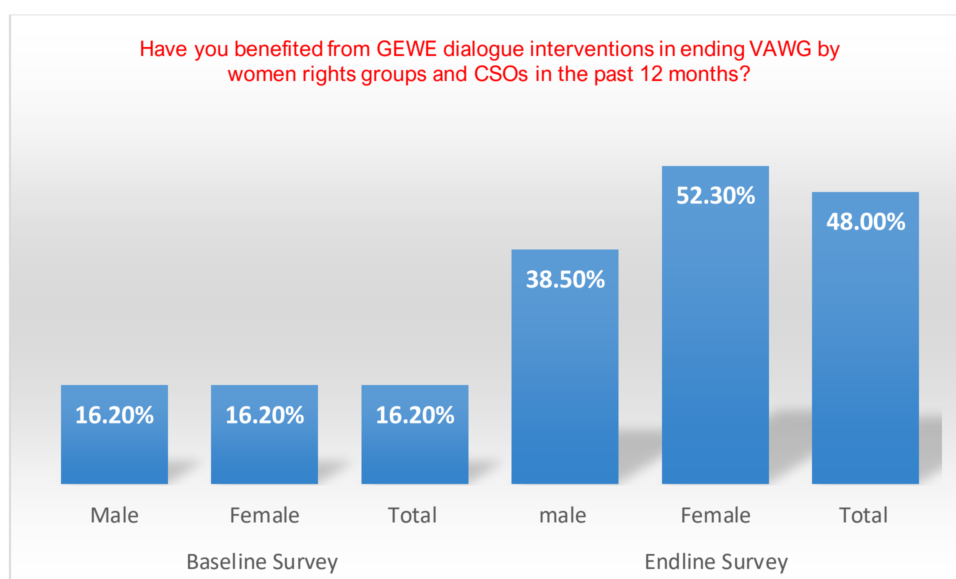
Figure 3: Proportion of women and men currently participating in advocacy platforms.



Current participation in advocacy platforms has increased significantly from 13.8% (males 13.1%; females 13.8%) to 41.7% (males 44.4%; females 40.5%). The proportion of males currently participating during the endline survey is higher compared to that of women. The significant increase in current participation levels can again be attributed to the advocacy and capacity building activities initiated by the project. FGDs with men and women also confirmed that they were participating in advocacy platforms at community and district levels. The increased level of participation is an indication of the extent to which the targeted communities have been empowered to advocate and claim for accountability from the duty bearers.

During the baseline and endline surveys, participants were asked if they have benefited from participating in the advocacy platforms and dialogue interventions. Figure 4 below shows responses for both the baseline and endline surveys.

Figure 4: Benefiting from dialogue platforms.



The advocacy platforms and dialogue interventions have had a positive impact on the participants' perceptions of their role in ending GBV. The proportion of participants who felt that they have benefited from these activities increased from 16.2% (for both males and females) to 48% (males 38.5%; females 52.3%). This shows that the dialogue platforms are becoming more effective and relevant for the participants. Significantly, the proportion of respondents who believed that they benefited from the dialogue sessions was higher among females (52.3%) compared to males (38.5%). There was also an increase in the proportion of respondents who felt they were currently benefiting from dialogue interventions from 13% (Males 12,6%; females 12.7%) at baseline to 41% at endline (males 35%; females 41%).

> We meet as community members to reflect on GBV prevention efforts as well as response. At one time we had problems with health workers who were demanding a GBV survivor should bring a police report first before they can be treated. We engaged both the police and ministry of health on the issue, and we resolved that getting treatment should be the priority over reporting and the issue was resolved ever since. We also demanded transparency from the police who were accused of corruption and taking bribes from GBV perpetrators to release them.
> **(FGD with community women)**

The dialogue sessions have yielded several outcomes on how to tackle GBV, as revealed by the FGDs. Among these outcomes are the creation of by-laws by chiefs to address GBV, the involvement of duty bearers for improved service delivery and the organization of community awareness campaigns. The community dialogue sessions have therefore contributed significantly to the fight against GBV in the targeted communities.

4.3.2.2 **Output 1.2** *Improved access to and utilization of mass media platforms, encouraging agency, voice and shifts in norms and values that perpetuate VAWG.*

Finding 9: The project has capacitated women's rights organisations to better access and utilise media platforms to amplify their voices and to shift norms and values that perpetuate VAWG. However, women and girls' access to and utilisation of the media remains relatively low, particularly for those residing in rural areas with poor radio, TV and cell phone connectivity.

The project aimed to empower women and girls to challenge the norms and values that fuel VAWG by enhancing their access to and use of mass media platforms. The project also supported women's rights organisations to advocate for effective policies and interventions to prevent and respond to VAWG. The project planned to produce and broadcast 9 TV shows, 15 community radio shows, and distribute 1,000 IEC materials on VAWG issues. The project achieved 3 TV shows, 11 community radio shows, and 300 T-shirts with VAWG messages. These represent 33%, 73%, and 30% of the planned targets respectively. The radio shows were aired on Capital FM, Nyaminyami FM, Diamond FM and Radio Zimbabwe to raise awareness on GBV and the challenges faced by the women's movement in addressing GBV.

The statement that women and girls have access to mass media platforms, to encourage agency, voice and shifts in norms and values that perpetrate VAWG, was presented to the respondents in both the baseline and endline surveys. The baseline survey showed that 36.7% of the respondents (32.4% male and 40.9% female) agreed with the statement. The endline survey revealed an increase of 3.4% in the agreement level, reaching 40.1% of the respondents (42.8% male and 39.1% female). This indicates a positive change in the perception of women and girls' access to media platforms.

The survey asked respondents whether they concurred with the statement that mass media platforms can be used by women and girls to promote their agency, voice and changes in norms and values that contribute to VAWG. The percentage of respondents who concurred with the statement was 25.7% at both baseline and endline evaluation. The findings indicate that there was no change in perception on media utilisation between the two surveys. The findings also indicate that women and girls still encounter significant barriers in accessing and using the media. This is mainly because most of the media houses are situated in urban areas and have a limited coverage in rural areas, which makes it hard for women and girls living in remote rural areas to access and use the media.

> In some of the areas in this district, there is poor connectivity, in terms of both cell phone connectivity and radio/TV network. Some of the women also do not possess cell phones and radios and television sets, which makes it difficult to access and utilise these medium of communication.
>
> **(FGD with women)**

The challenges of accessing and utilising the media for women and girls were also revealed by the FGDs. The participants from urban areas reported having better access to media than

those from rural areas. For instance, in some rural areas like Kanyaga in Mashonaland West, cell phone coverage, radio and television connectivity are very limited.

Project partners leveraged social media platforms to communicate and collaborate across different levels at district and provincial level. They created a WhatsApp group for the entire program and another one for each province to share updates, feedback and best practices. The network structure varied in effectiveness among the provinces, with Mashonaland Central leading the way and Manicaland lagging behind. Some of the CBOs such as MAYA in Manicaland and Mumvuri in Mashonaland Central used social media such as Facebook to create awareness and to provide updates on their activities.

WhatsApp groups were also created for volunteers and community leaders. These were mainly used to share information, report GBV cases and to track processing of GBV cases and provision of GBV services by service providers.

While social media had a wide reach, it remained hardly accessible to audiences with limited access to smartphones and the internet. In such situations, the targeted population needs to be reached through radio, awareness campaigns and simple IEC material produced vernacular.

4.3.2.3 **Output 1.3:** *Women and girls participate in community dialogue and interface sessions with duty bearers to find joint solutions to ending VAWG.*

Finding 10: The project created effective platforms that facilitated dialogue and collaboration between women and girls and duty bearers, resulting in improved trust, responsiveness and coordination among the different actors involved in GBV prevention and response.

The project aimed to empower women and girls to end VAWG by facilitating 9 community dialogue and interface sessions with duty-bearers. However, only 3 sessions were held, which is a 33% achievement of the target. The targeted number of sessions could not be achieved owing to disruptions to implementation caused by the COVID-19 pandemic. However, the three sessions enabled women and girls to interact with duty bearers such as the police, health workers, Ministry of Women Affairs to discuss the issues, challenges and concerns they faced in accessing SGBV services. The sessions also provided an opportunity for women and girls to advocate for comprehensive and quality services in responding to VAWG. The interface sessions produced positive outcomes including the following:

- **Mashonaland West:** Establishment of a police post; shelter; and a library with GBV reference material. An investigation into poor health service delivery was launched after the issue was raised by community volunteers during an interface session resulting in health workers implicated being reprimanded and transferred by the authorities.
- **Manicaland:** removal of the requirement for a police report before one gets treatment from the clinic/hospital for GBV related treatment; an investigation into alleged corruption by VFU police; opening of clinics during the night to enable members of religious cults not allowed by the church doctrine to access medical services to do so clandestinely under the cover of darkness.

- **Mashonaland Central:** quarterly meeting with duty bearers to discuss GBV issues including provision of services; intensification of awareness programmes in identified GBV "hot-spot" areas; and training of young women on goat farming by MWACSMED at the request of CBOs

Dialogue and interface sessions proved to be effective platforms for women and girls to discuss joint solutions to combat GBV and to demand accountability in the provision of GBV services. FGDs with women's groups confirmed that where complaints were raised, stakeholders responded positively by seeking solutions to address the identified gaps.

4.3.3 Outcome 2: *Embedded use of quality social accountability mechanisms enables women's rights groups and CSOs to conduct ongoing evidence-based advocacy and citizen-led monitoring to demand uptake of VAWG prevention and response services and policies.*

Finding 11: The project has successfully strengthened the social accountability skills of CBOs and the communities they serve, enabling them to monitor and advocate for better GBV prevention and response services. However, the project faced challenges in reaching its intended coverage target of beneficiaries due to the COVID-19 pandemic, which affected the implementation of some activities and reduced capacity-building opportunities for some communities.

VSO adopted a social accountability approach in implementing the project. The approach entailed strengthening the capacity of women's rights groups and CSOs to engage in evidence-based advocacy and citizen monitoring to demand from duty bearers quality GBV prevention and response services. Capacity assessments of the 15 CBOs were conducted to ascertain the social accountability mechanisms used by the CBOs to demand accountability from duty bearers in the three provinces. The capacity assessments identified significant gaps in capacity, particularly in terms of use of evidence in advocacy and citizen monitoring of GBV services.

Through the support of social accountability national volunteers, CBOs were trained on social accountability, evidence-based advocacy, and citizenship monitoring. The CBOs were trained using the Movement Building Guidelines developed by the project. CBOs were provided with tools in social accountability and monitoring. The CBOs were trained to use scorecards as a tool to collect feedback from both GBV service providers and service users on various aspects of service delivery, such as availability, accessibility, affordability, adequacy and acceptability of the GBV services. The scorecards also helped to identify gaps and challenges in the GBV prevention and response system, as well as best practices and recommendations for improvement. The citizen monitoring involved participatory processes that foster dialogue and collaboration between different stakeholders, such as CBOs, health workers, VFU, DOD, MWACSMED, judiciary and community members. The monitoring and mystery visits aimed to improve accountability for GBV in the three provinces.

After gathering evidence through the monitoring activities, CBOs wrote reports on their findings and used scorecards to rate the quality of services being provided by different stakeholders. They then used these reports as evidence in their advocacy activities. The reports were also sent to the relevant district and provincial authorities for action.

> We were trained on social accountability and how to monitor quality of GBV services provided by health workers, police, Ministry of Women Affairs, and the judiciary. We use score cards to rate the quality of services. This has been very effective as we have managed to identify gaps and engage the service providers to have these gaps addressed. For example, we received complaints from the community about the attitude of one of the nurses at the local clinic. We went there as mystery clients and confirmed that indeed there were challenges. We engaged the authorities, and the issue was rectified as the nurse was transferred and a new nurse whom we are going along well with was brought in.
>
> **KII with CBO**

Under the Outcome 2 pillar, the project reached all the 15 CBOs (100%); 31% of the 900 targeted community members; 71% of the 7 targeted government institutions; and 30% of the 30 targeted government policy and decision makers and implementers. The project could not meet its planned targets owing to disruptions to project implementation brought about by the COVID-19 pandemic.

All 15 CBOs are applying the social accountability concepts and tools to monitor the quality of GBV services being offered. The CBOs found the tools to be effective in monitoring the delivery of services and in gathering evidence for advocacy.

Some of the CBOs however noted that they needed further training on social accountability for them to be more effective in their work. As mentioned elsewhere in the report, the movement building guidelines, which included a module on social accountability, were only pilot tested in Manicaland due to time limitations resulting in only 31% of the targeted beneficiaries receiving the required movement building module orientation. The capacity gaps in the other two provinces therefore need addressing.

4.3.3.1 Output 1: *Women's rights groups and CSOs gain improved knowledge in social accountability and policy processes to produce evidence-based policy briefs, position papers and petitions supporting advocacy.*

Finding 12: The project has enhanced the capacity of CSOs to produce evidence-based policy briefs and position papers, but the target could not be achieved during the lifespan of the project owing to time limitations related to implementation delays caused by the COVID-19 pandemic.

The social accountability capacity building process was expected to enable CBOs and CSOs to produce evidence-based policy briefs, position papers and petitions supporting advocacy. A total of 6 collaborative policy briefs, position papers and petitions were to be developed by the CBOs. Specific training on development of policy papers was conducted for the CBOs. The target was to have 54 members of CSOs attending a workshop to develop policy briefs.

A total of 230 members attended the workshops on policy briefs conducted in each province, representing a 426% achievement of target.

In the endline survey, 32% of the respondents were aware that workshop to develop policy briefs on ending VAWG had been convened in their respective communities; 27.3% had attended the workshops; and 26.3% reported that such workshops had been convened in the last 12 months.

At baseline only 2 CSOs had the capacity to develop policy briefs and position papers. CBOs interviewed acknowledged that the training had addressed the capacity gaps that existed within their organisations.

The project provided policy briefs capacity training to all the 15 CBOs. The CBOs acknowledged that the capacity building training had greatly enhanced their capacity to produce policy briefs and petitions.

A total of 4 policy briefs out of the targeted 6 were developed during the lifespan of the project due to time limitations, representing a 67% achievement of target. The capacity training was conducted in the last year of project implementation, after COVID-19 caused implementation delays. In Mashonaland West Province, a study conducted to identify causes of delays in concluding GBV cases at the courts was conducted, but a position paper based on the findings could not be developed by the time the project ended because of time limitations.

> We did not know how to develop these policy briefs in a systematic manner. If we had an issue, we would just go to meet stakeholders with nothing written down. Now we know that we need to research, articulate the problem, provide evidence, and come up with a position paper or policy brief which we can present to policy makers and duty bearers. That way your advocacy becomes more effective.
>
> **KII with CBO**

4.3.3.2 Output 2: *Women's rights groups and CSOs adopt citizen-led monitoring mechanisms and are able to track reporting, referral and incidence of VAWG at the community, district and provincial level.*

Finding 13: CSOs have successfully adopted citizen-led monitoring mechanisms and are using the tools to track reporting of GBV incidences, referrals and outcomes. The main challenge however is that some of the CSOs are poorly resourced and equipped.

CSOs and women's rights groups on how utilise citizen-led monitoring mechanisms to track reporting, referral and incidence of VAWG at community, district and provincial levels. Monitoring and Evaluation tools were developed with the support of the M&E expert from VSO. A capacity assessment of the CSOs conducted at the beginning of the project revealed that some of the CSOs had weak M&E systems. Some of the CSOs did not document their activities; worked without set targets; and did not have M&E personnel in their organisations; and did not have equipment such as computers. With the capacity training, all the 15 CSOs except one managed to recruit officers to focus on M&E by the time the project ended. The

M&E systems that were set up by CBOs were used to track reporting, referral and incidence of VAWG in the community.

All the 15 CSOs have been able to identify GBV cases and to make referrals to service providers within their respective communities using the citizen-led monitoring tools developed by the project. A total of 300 monitors were trained throughout the project implementation period. The CSOs have been able to record and refer a total of 1,030 cases.

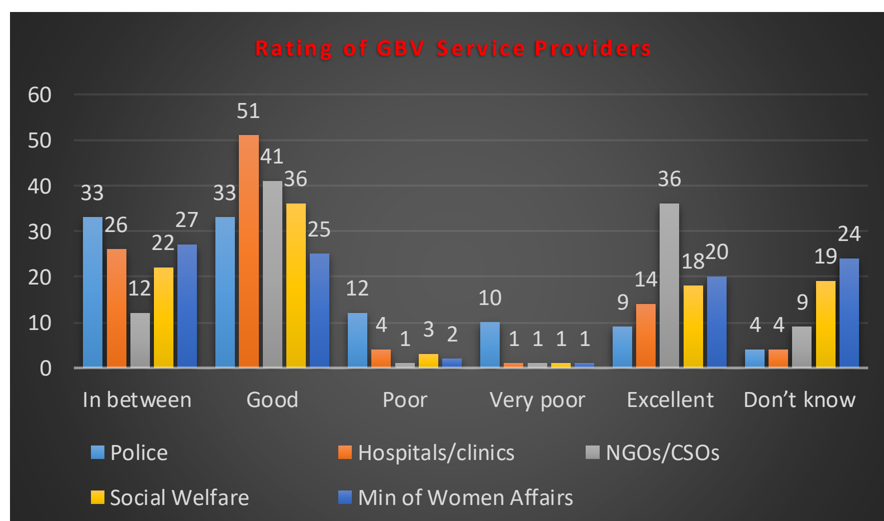
4.3.3.3 Output 3: *Women's rights groups and CSOs engage with policymakers at district and national levels influencing improved services, opportunities, and platforms for VAWG prevention and response.*

Finding 14: The project, through its social accountability mechanisms, has facilitated engagements between CSOs and policy makers that have resulted in positive service delivery outcomes.

After the social accountability capacity training, there was increased engagement by women's rights groups with policymakers and stakeholders at district, provincial, and national levels. As highlighted under Section 4.3.2.3 (Output 1.3). These engagements resulted in positive outcomes that improved accountability and service delivery. The CSOs also engaged with the policymakers to demand platforms where they would interact and discuss issues pertaining to VAWG on a regular basis. The project also engaged duty bearers to capacitate them on the importance of engaging CSOs, women's rights organisations and communities to discuss issues around GBV and service delivery. As a result, a total of 12 district Multistakeholder Dialogue engagements were held across the three provinces where a total of 4, 620 people and 120 service providers and stakeholders participated. The number of beneficiaries of the project that participated exceeded the targeted figure of 4,500 (103% achievement of target) while 80% of the targeted stakeholders managed to attend.

CSOs acknowledged during the evaluation that the engagements have resulted in improved service delivery by service providers. Figure 5 below shows rating of quality of services by different service providers by the respondents.

Figure 5: Rating of GBV Service Providers by respondents



Among the respondents that rated the services as excellent, the highest rating was for NGOs/CSOs (36%), followed by MWACSMED (20%). Most of the respondents rated the services as good. Among those that rated the services as good, the highest rating was for hospitals/clinics (51%), followed by NGOs/CVSOs (41%); Social Welfare (36%) and police (33%). On average, very few respondents rated the services as poor (4%); and very poor (3%) while the highest rating was good (43%); followed by in-between (24%) and excellent (19%).

Overall, most of the respondents (62%) were generally satisfied as they rated the services as excellent or good. Communities and stakeholders attributed improved GBV service delivery to the social accountability mechanisms that were supported by the project.

4.3.4 **Outcome 3:** *Decline in attitudes, behaviours and practices that perpetuate violence at the community level, through quality and inclusive CSO programs and campaigns to prevent and respond to VAWG.*

Finding 15: There has been a significant decline in experiences of GBV, attitudes, behaviours and practices that perpetuate VAWG among the targeted communities through increased visibility and awareness creation by CSOs supported by the project.

The main objective under Outcome 3 was to address the root causes of violence against women and girls (VAWG) by changing the social norms and cultural beliefs that justify and condone it. The project implemented various activities and interventions to raise awareness, challenge stereotypes, and promote positive masculinities and gender equality among different groups of community members. The project also supported the empowerment of women and girls to claim their rights and resist violence in their daily lives.

Both the baseline and endline evaluation measured attitudes, behaviours and practices of the primary beneficiaries towards SGBV and VAWG. Below is a comparison of the baseline and endline survey results to reflect whether there have been any changes before and after implementation of the project.

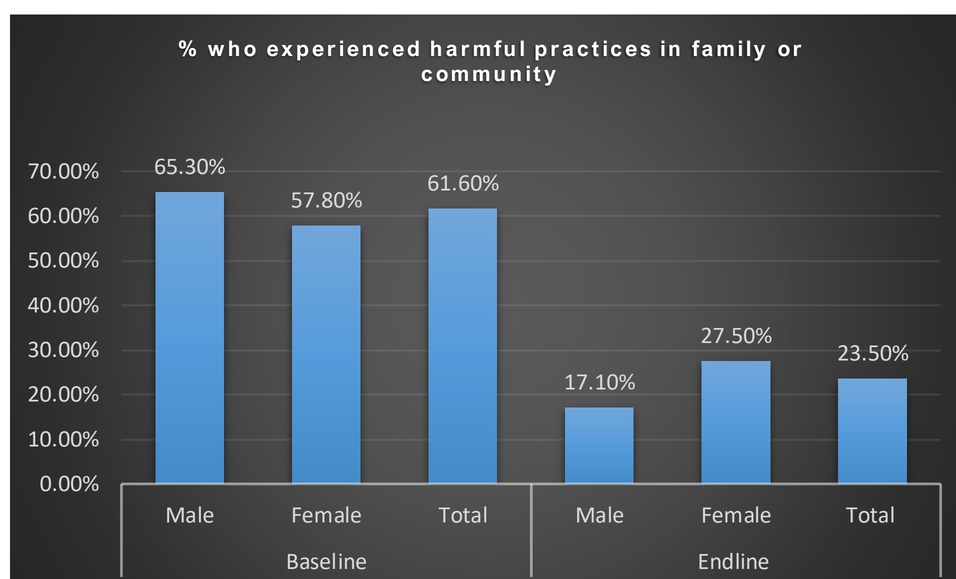
Existence of harmful practices

At baseline, 31.2% of the respondents (females 33.3%; males 42.7%) acknowledged that harmful practices that fuel SGBV/VAWG existed in their respective communities. The proportion of respondents acknowledging the existence of the harmful practices increased during the endline survey to 60% (60.5% females and 59% males). This indicates an increase in the level of awareness of what constitutes harmful practices and how these practices are linked to VAWG. By being aware of the existence and acknowledging that these harmful practices exist, communities are able to strategize on how to dismantle such harmful practices.

Experience of harmful practices and GBV in family or community in the past 12 months

Respondents were asked if they had experienced harmful practices in the 12 months preceding the survey. Figure 7 below shows the proportion of respondents who experienced harmful practices in their family or communities in the past 12 months.

Figure 6: % of respondents who experienced harmful practices in family or community



The CBOs' awareness creation activities in the communities have led to a significant reduction in harmful practices. The endline survey results reveal that the proportion of respondents who experienced harmful practices dropped from 61.6% at baseline to 23.5% at endline. The reduction was more pronounced among males (from 65.3% to 17.1%) than females (from 57.8% to 27.5%). This suggests that women still face a higher GBV burden than men.

The proportion of respondents who experienced GBV in the last 12 months also declined by 32% from 61.2% to 29.1% over the same period. The significant decline in experiences of both HPs and GBV indicates effectiveness of the GBV campaigns in the targeted communities.

Witnessing harmful practices in the past 12 months.

The percentage of survey participants who reported seeing harmful practices in their communities in the past year has decreased slightly from 72.7% (male 78.6%; female 66.7%) to 64.4% (male 72.2%; female 61%). This reduction may be partly due to the awareness campaigns carried out by CBOs and their community volunteers in collaboration with other stakeholders.

4.3.4.1 **Output 1:** *Women's rights groups and CSOs have improved structures and systems to design, implement, monitor, and evaluate quality programs.*

Finding 16: The project has enhanced the skills and abilities of CSOs, government partners and other stakeholders to deliver more effective programs that increase the knowledge and awareness on GBV among the communities they serve.

All the 15 CBOs were trained on designing, implementing, monitoring and evaluating quality programs. After the training the CBOs were able to develop Advocacy and Communication Plans; Monitoring and Evaluation Frameworks; Social Accountability Systems and Tools; GBV Awareness Creation Plans; Gender, Sexual Harassment and Prevention of Sexual Exploitation

Policies; and Financial Management Systems. During the evaluation the CBOs/CSOs acknowledged that the quality of their programming has greatly improved through this capacity training as they are now able to conduct more effective awareness campaigns within communities using community dialogue sessions, roadshows, social media platforms and edutainment. The improved quality of programming has resulted in improved knowledge and awareness of SGBV and VAWG issues in the targeted communities.

Community level of knowledge on Gender based Violence (GBV) is important for several reasons. First, it can help raise awareness and prevent GBV from happening in the first place. Second, it can empower survivors and communities to seek help and support when they experience or witness GBV. Third, it can foster a culture of respect and equality that challenges the norms and attitudes that enable GBV. Therefore, community level of knowledge on GBV is essential for creating a safer and more inclusive society.

Roadshows for awareness creation

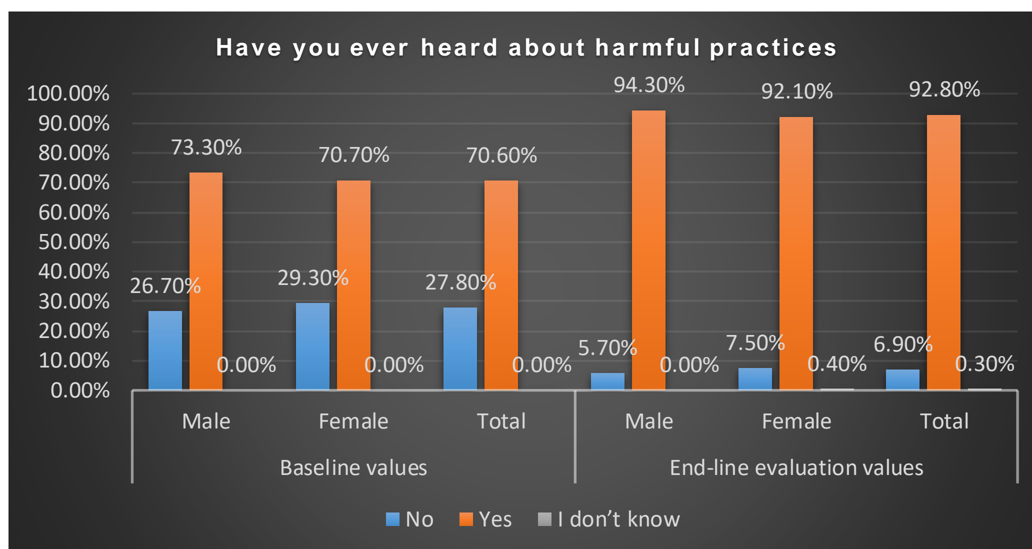
The project provided capacity training for CBOs to equip them with skills to address SGBV and VAWG issues in their communities. The CBOs then organized road shows in Manicaland to sensitize the public on the negative impacts of harmful norms and practices. The road shows attracted participants from various CSOs, government departments, community volunteers and community influencers who joined the campaign against SGBV and VAWG.

The proportion of beneficiaries who witnessed road shows for boys and men in their communities increased by 33.1% from baseline to endline. At baseline, 15.2% of beneficiaries (16.1% males and 14.2% females) reported seeing such road shows, while at endline, 42.5% of beneficiaries (53.3% males and 48.3% females) did so. Moreover, 29% of beneficiaries reported seeing these road shows in the past 12 months at endline, compared to only 7% at baseline. This indicates that the number of roadshows for raising awareness on GBV issues has increased in the targeted communities, resulting in improved knowledge and awareness among beneficiaries.

Knowledge about harmful practices

Figure 7 below shows the proportion of respondents that had heard about harmful cultural practices.

Figure 7: Have you ever heard about harmful practices.



At baseline, 70.6% of the respondents (70.7% female and 73.3% male) had heard about harmful practices. There was a 22.2% increase in the proportion of primary beneficiaries who have heard about harmful practices to 92.8% (92.1% females; 94.3% males). This indicates improved knowledge on issues around harmful practices, which is linked to the awareness campaigns spearheaded by the CBOs and their community volunteers. Slightly more males (94.3%) are aware of harmful practices compared to females (92.1%).

Knowledge about GBV and VAWG

According to the endline survey data, 97% of the participants were aware of GBV and VAWG and their definitions. This indicates a high level of understanding of GBV issues in the three provinces, which can be linked to the awareness campaigns carried out by the project partners and other external actors in the communities.

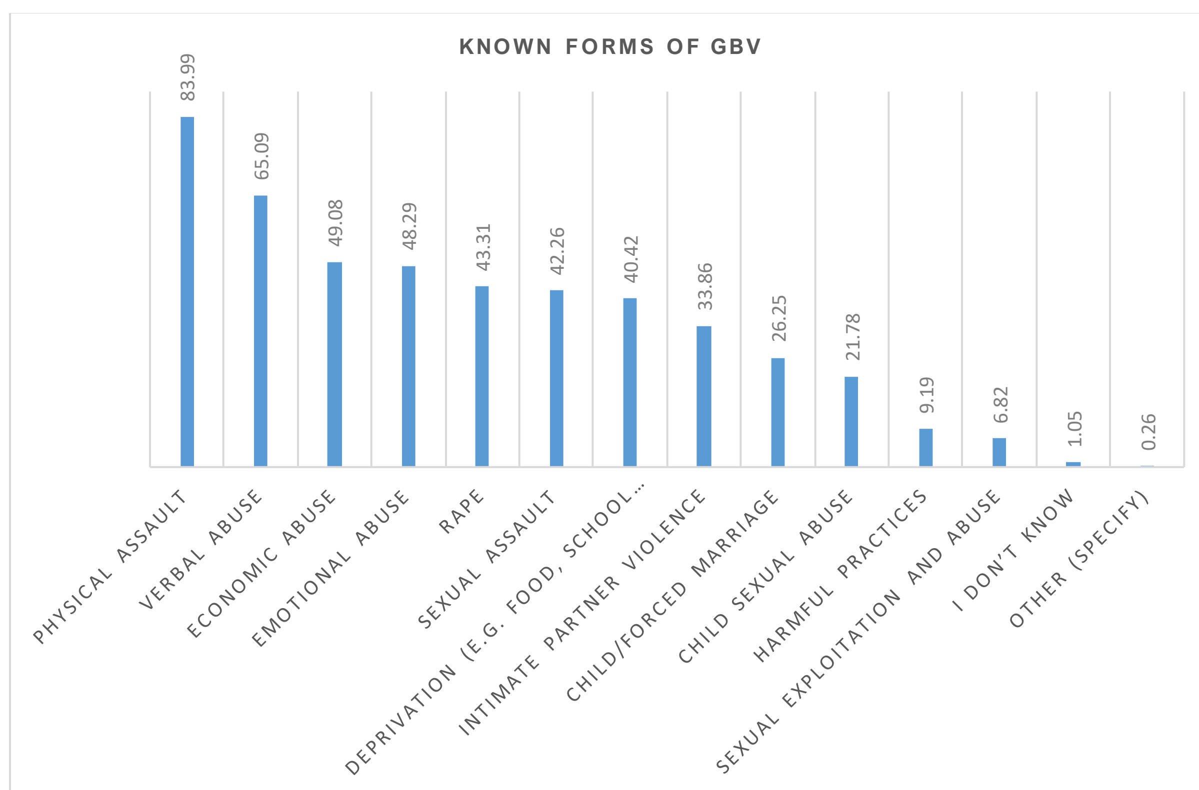
FGDs also revealed high levels of awareness and knowledge on GBV, its various forms, key drivers and its main perpetrators.

> Before the project, we thought GBV only involves physical and sexual violence. We did not know other forms of GBV such as economic violence. We did not know that a woman has a right to work. Our husbands used to refuse to let us work arguing that we will run away from them or be promiscuous once we work. But when we participated in the programme, we started to know our rights and demanded that we be allowed to work. Initially they refused to let us work, but eventually allowed us after they participated in awareness programmes on GBV.
>
> **FGD with young women.**

Known forms of GBV

Respondents were asked to identify forms or types of GBV that they were aware of, their responses are as reflected in figure 8 below.

Figure 8: Known forms of GBV



The endline survey results show that the most common form of GBV reported by the participants was physical assault (84%), followed by verbal abuse (65.1%). Other forms of GBV that were also prevalent included economic abuse (49.1%), emotional abuse (48.3%), rape (43.3%) and sexual assault (42.3%). The survey also revealed other types of GBV such as deprivation of necessities, intimate partner violence, child/forced marriages, child sexual abuse, harmful practices and sexual exploitation and abuse. These findings suggest that there is a need for increased awareness on the different forms of GBV and their impact on the survivors.

Money disputes were identified by the respondent as the most common cause of GBV (64.3%), followed by alcoholism (52%); infidelity (47%), and unemployment (44%). Lack of awareness of women's rights was identified by only 13% of the respondents.

Access to information on SGBV and VAWG

Community access to information on gender-based violence (GBV) is important for several reasons. First, it can help raise awareness and prevent GBV by challenging the beliefs and behaviours that excuse, justify or condone violence and inequality. Second, it can empower survivors and victims of GBV to seek help and justice by providing them with resources and support services. Third, it can inform policy and practice by providing evidence and data on

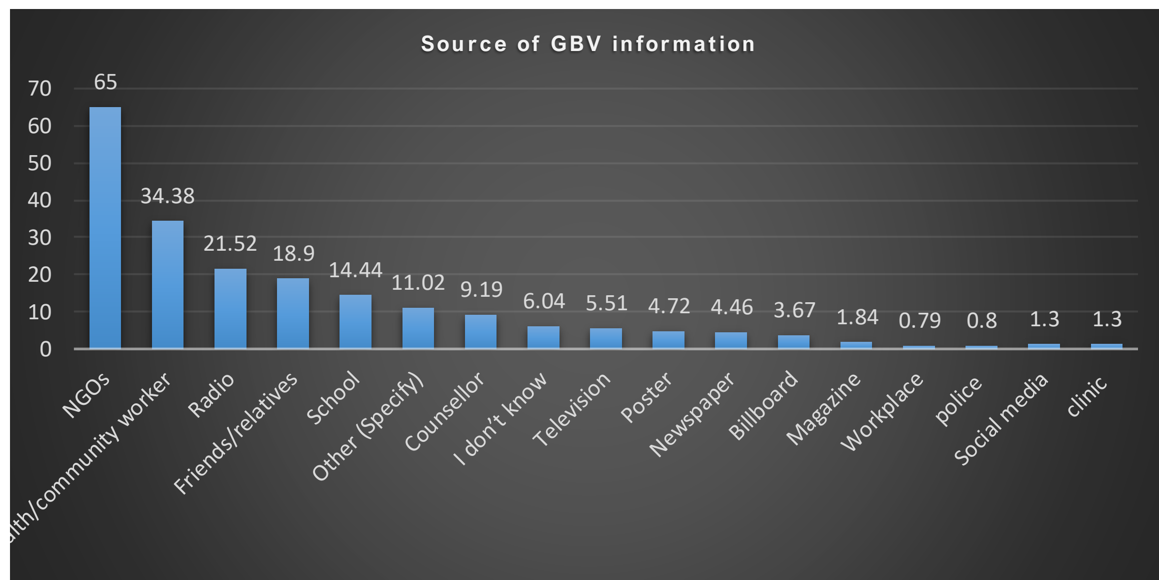
the causes, consequences and solutions of GBV. Therefore, community access to information on GBV is a key intervention to combat this human rights violation and social problem that

According to the endline survey data, the project reached 73% of the participants with information on SGBV and VAWG in the last year. This indicates that the CBOs in the three provinces have been conducting effective awareness campaigns. The project's impact on changing beliefs and norms is significant, given the high level of access to information.

Sources of Information on GBV

Figure 9 below shows the main sources of GBV information for the endline survey.

Figure 9: Sources of GBV information



Most participants identified NGOs as the main sources of GBV information (65.1%) followed by health or community workers (34.4%); radio (21.5%); and friends and relatives (18.9%). Results show the key role played by CBOs and their community volunteers in dissemination of GBV information in the three provinces. The fact that the CBOs and their community volunteers were they key sources of information is also an indication of the improved quality of their programming which led to more effective dissemination of GBV related information. Radio was the third most common source of information on GBV, an indication of the key influence of radio in dissemination GBV awareness information. Other sources cited, but regarded as minor sources of information, include television, posters, newspapers, billboard, magazines, and workplaces.

Police were cited as source of GBV information by 1.3% of the respondents; social media (1.8%); clinic (1.3%) and Ministry of Women Affairs (0.1%). The results show that the targeted communities had limited access to internet and social media. The results also show limited capacity of key stakeholder such as the police and Ministry of Women Affairs to disseminate information due to constraints human and financial resources. In such a scenario, the CBOs supported by the project remained the main players in the dissemination of GBV information in the targeted provinces.

Presence of CBOs/CSOs implementing GBV Programmes in the community

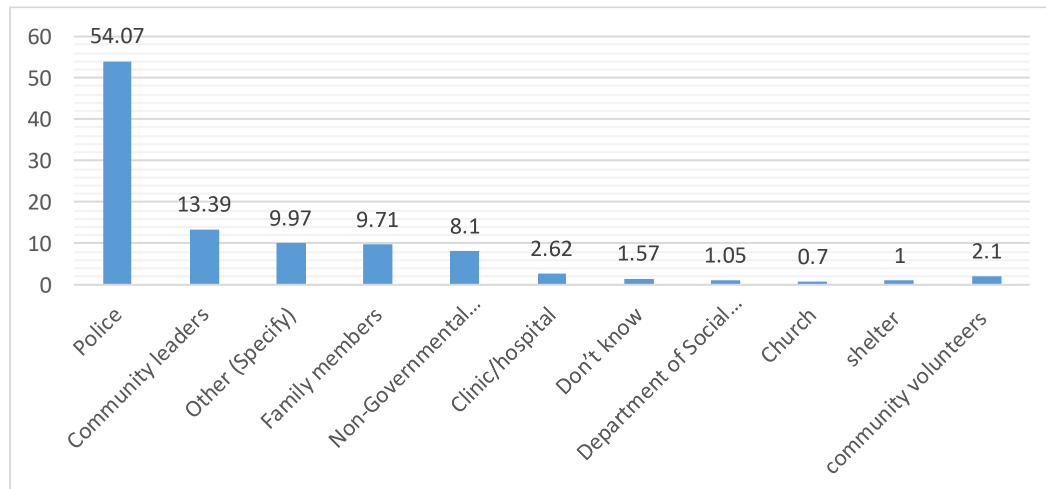
The active presence of CBOs/NGOs in a community is an indication of improved programming capacity. Most of the respondents (79%) reported the presence of NGOs in their communities that were fighting against GBV. This indicates that the majority of community members were aware of the activities of the CSOs within their respective communities. 75% of the respondents acknowledged that the CSOs were assisting and supporting people who have experienced SGBV and VAWG in the communities. The GBV work of the CSOs in the communities was highly visible.

Knowledge on sources of help for GBV survivors

Knowledge and awareness of sources of help for GBV survivors is key in ensuring that the survivors have access to GBV services. In some communities, GBV survivors do not access GBV services because they lack knowledge on where to access the services. It therefore requires intensive awareness campaigns for the help seeking behaviour of survivors to improve. In the endline survey 67% of the respondents knew of the existence of a local safe shelter where survivors of GBV can get protection from. Equipped with this knowledge, communities can refer GBV survivors to these shelters in situations of need.

Figure 10 below shows where those who experience GBV would go first in search of assistance.

Figure 10: Where to go first in search of assistance.



Most of the respondents reported that they will go first to the police (54.1%) in search of assistance. Others would go to community leaders (13.4%); family members (9.71%); NGOs (8.1%) and clinic or hospital (2.6%). Most of the respondents would prefer to go first to the police for protection from the perpetrators before they seek other services. Only 1.6% of the respondents did not know where to go in the case of experiencing GBV, an indication of improved awareness among the community of where to source help in the event of GBV.

Most of the respondents (55%) reported that if they heard of a neighbour or someone in the community who has experienced GBV, they would report to the case to the police. This reflects a relatively high sense of responsibility among community members as previously community members would not bother to report GBV cases as incidences were regarded as a "private and domestic affair".

> Previously, if we saw couples engaged in GBV or parents or guardians abusing children, we never interfered as we thought that it was none of our business as it would be a private affair. But after being educated about GBV, we now realise that it is everyone's responsibility to report any cases of GBV that occur in the community. GBV does not affect only individuals involved, but the community as a whole and therefore it is our duty to report it to community leaders if it's a minor incident and to the police if it is a serious case.
>
> **FGD with men in the community**

4.3.4.2 **Output 2**: *VAWG campaigns adjust norms and values which perpetuate and give rise to VAWG.*

Finding 17: There is a high level of awareness and knowledge among communities on the negative impacts of harmful norms and practices that perpetuate GBV and the need to dismantle such norms and values.

Under this output, the programme sought to adjust norms and values which perpetuate SGB and VAWG through campaigns and education programmes. KII and FGDs revealed that although attitude and norms shift take long to occur, there are indications that there has been a gradual shift in attitudes towards GBV. Communities no longer regard GBV and IPV as an entirely private affair but are taking steps to assume responsibility for tackling any forms of GBV prevalent in their communities. As reported in the previous sections, the level of awareness and knowledge on GBV has increased in the targeted communities, and this has resulted in a gradual shift in attitudes leading to increased reporting of cases.

> As you know, attitudes take long to change, especially patriarchal ones which are a source of power and control. Through our campaigns, we have seen a gradual change in attitudes by community members, men, women, and service providers including police and health workers. People are now beginning to regard GBV with the seriousness it deserves, and this has resulted in increased reporting of cases and community-based actions to tackle GBV. In one of the communities, one chief has introduced by-laws against GBV, and this shows that even traditional leaders, who are custodians of patriarchal culture, are slowly acknowledging that GBV is a challenge that we have the responsibility to tackle.
>
> **KII, Ministry of Woman Affairs**

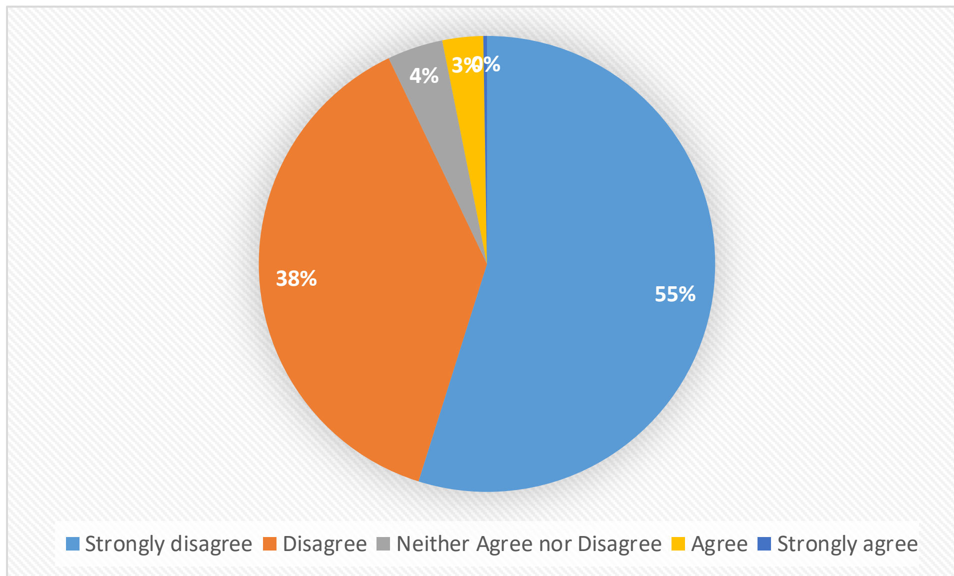
In Manicaland, the project worked with apostolic churches who have traditionally been known to promote harmful practices such as forced child and early marriages and to deny their followers the right to seeking health services. Engagement with the churches has seen some of the church leaders openly speaking against child marriages and GBV while

some of the church members are clandestinely seeking health services from clinics at night to avoid detection by church leaders.

Attitudes towards wife beating.

The endline survey results show negative attitudes towards GBV. Figure 11 below shows responses of project beneficiaries to the statement that *"it is normal for men/boys to beat their wives/girlfriends".*

Figure 11: Is it normal for men/boys to beat their wives/girlfriends.



The survey results revealed a strong negative attitude towards gender-based violence (GBV) among the participants. Only 3% of them expressed agreement or strong agreement with the statement that wife beating is acceptable, while 93% of them rejected or strongly rejected it. There were no significant gender differences in the responses. This indicates a low tolerance for GBV and a rejection of the patriarchal belief that wife beating is normal.

Attitudes towards women's leadership

The majority of respondents in the endline survey (94%) agreed that women should be given the opportunity to lead at community level. There were no significant differences in the responses by gender and across the three provinces. This shows a significant shift in attitudes as previously women were not perceived as capable leaders due to patriarchal attitudes, norms and values. The fact that the overwhelming majority support women leadership at community level indicates a high level of awareness and appreciation of the need for gender equality among men and women in the project communities.

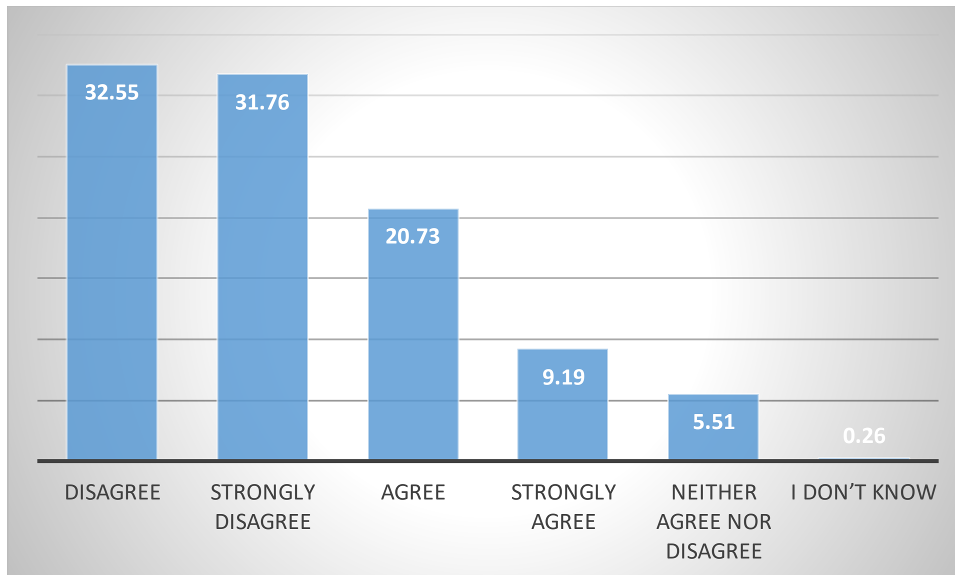
Girls and boys have same rights.

The endline survey results revealed that most of the participants (84%) supported the idea that boys and girls have equal rights, while only 7% opposed it. The data indicates that the project beneficiaries have a positive attitude towards gender equality and have moved away from the traditional belief that boys should have more educational opportunities than girls.

Raping/sexual abuse is justified if the girl/woman is wearing provocative clothing.

Respondents in the endline survey were asked if they believed that rape or sexual abuse is justified if a girl or a woman is wearing provocative clothing.

Figure 12: Raping/sexual abuse is justified if the girl/woman is wearing provocative clothing?



Most of the participants (65%) either strongly disagreed or disagreed with the statement, showing that they recognized rape and sexual abuse as grave violations of human rights regardless of the context. However, a sizable minority of the participants (30%) expressed agreement with the statement, suggesting that they did not fully grasp the severity of rape and sexual abuse as a form of GBV.

Further, although the majority (56%) disagreed or strongly disagreed with the statement that women are to blame for sexual abuse against them if they wear revealing clothes, 35% strongly agreed or agreed with the statement. This again demonstrates that a significant proportion of the beneficiaries have gaps in their understanding of the seriousness of sexual abuse. The results show that more therefore needs to be done to address the negative attitudes concerning dressing and sexual abuse.

Knowledge and attitudes on HIV/AIDS

GBV is both a cause and a consequence of HIV/AIDS, as it increases the risk of HIV transmission and reduces the ability of women to access HIV prevention, testing, treatment and care services. GBV also has negative impacts on the mental and physical health of survivors, their families and communities. Some of the forms of GBV that increase the vulnerability of women and girls to HIV/AIDS include forced sex, intimate partner violence, sexual exploitation, child marriage and female genital mutilation. These practices violate the rights and dignity of women and girls and limit their autonomy and agency over their own bodies and lives. Knowledge and attitudes on HIV/AIDS thus have implications on GBV outcomes and are therefore important to ascertain.

The majority of the respondents (82%) had been tested for HIV and 72% reported that they had tested negative while 10% reported testing negative. 18% did not know their status. The level of awareness of HIV/AIDS was generally high among the respondents. The majority of the respondents were aware that: having sex with one, faithful and uninfected partner reduces the risk of HIV transmission (87%); using condoms every time one has sex prevents an HIV negative person from getting HIV (89%); a person cannot get HIV from a mosquito bite (89%); voluntary medical circumcision reduces the chances of contracting HIV (78%); and that one cannot contract HIV by sharing a meal with an infected person (94%). The high level of awareness and knowledge on HIV indicates intense HIV awareness programmes that the communities have been exposed to.

Despite the high HIV awareness levels, knowledge on the existence of Pre- and Post-Exposure prophylaxis was limited. Only 31% of the respondents knew that there are tablets that an HIV negative person can tale to reduce the chances of getting HIV, 40% thought there were no such tablets and 29% did not know if such tablets existed or not. The lack of awareness of Pre- and Post-Exposure prophylaxis has implications for survivors of GBV who might miss out on this service after experiencing GBV.

4.3.5 Outcome 4: *Institutional Strengthening and Adaptation*

Question 4: How were the additional funds utilised and with what impact?

Finding 18: The additional funding mitigated the impacts of the COVID-19 pandemic on VSO, WLSA and CBOs staff through provision of personal protective equipment; and enabled the staff to work from home and to reach out to project beneficiaries, in some cases virtually, through procurement of communication computers and internet connection gadgets.

Due to the impacts of COVID-19, the project was provided with additional funds from the Spotlight Initiative for institutional strengthening and adaptations. The funds were meant to strengthen VSO, WLSA and the 15 CBOs and to cushion these institutions from the impacts of the pandemic. The additional funds enabled VSO and WLSA to protect staff and their family members through the provision of Personal Protective Equipment (PPEs). The funds were also used to purchase IT equipment such as laptops and internet access gadgets to enable staff to work from home. Dignity kits and food packs were provided to the 15 CSOs which they distributed to vulnerable women and girls at risk and survivors of VAWG in the provinces.

By providing additional funding for institutional strengthening and adaptation during a period of a global crisis, UN Women demonstrated flexibility and adaptability that is needed when programming in a humanitarian disaster context. This enhanced the protection of both staff and beneficiaries from the deadly COVID-19 virus. The funding also enabled the institutions to procure equipment such as computers that were used to communicate virtually with project beneficiaries. Some of awareness campaigns were conducted virtually through webinars and WhatsApp platforms during the national lockdown. There was a surge in GBV cases during the lockdown period and the additional funding enabled the project partners to reach out to survivors of GBV to provide services.

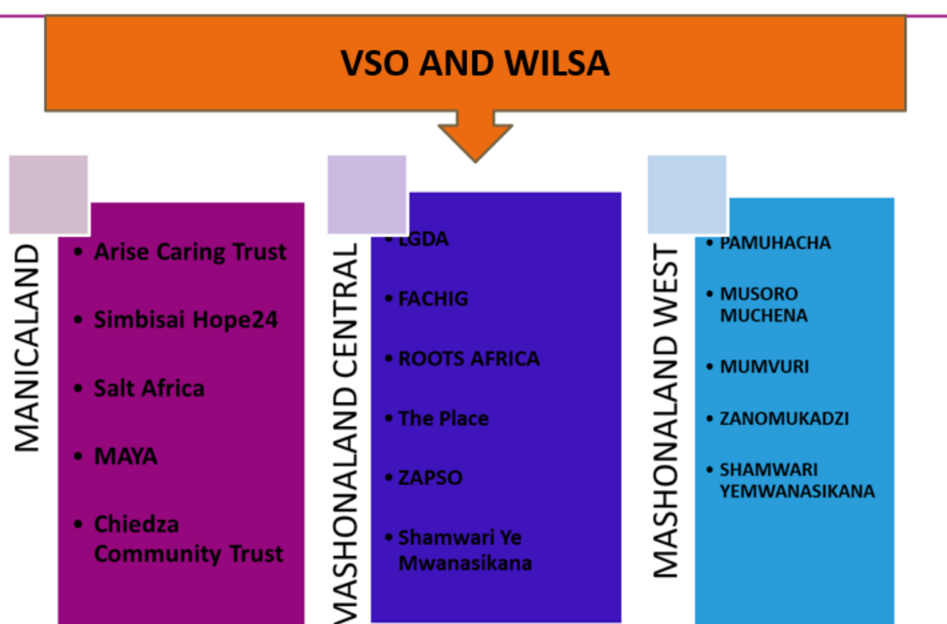
4.3.6 Coordination

Question 4: How effective were the Partnership and Coordination arrangements of the project?

Finding 19: There was a lack of common understanding of the roles, mandates and responsibilities of each partner which led to coordination deficiencies between VSO, WLSA and the CBOs.

The project partnership comprised UN Women, VSO, WLSA and the 15 CBO. Figure 13 below shows the partnership structure for the project.

Figure 13: Partnership and Coordination Arrangements



The project was funded by UN Women and implemented by VSO and WLSA in three provinces of Zimbabwe where violence against women and girls (VAWG) is prevalent. VSO was the grant manager and oversaw the project's management, monitoring and evaluation. VSO also conducted mass media campaigns, training of trainers, policy processes, citizen-led monitoring and social accountability capacity building for CSOs, research on the prevalence of VAWG, and decision-maker engagement.

WLSA was the sub-grantee and led the project's movement-building component, supporting women's rights groups and CSOs to share knowledge, network and jointly advocate for gender equality and women empowerment (GEWE) to end VAGW. WLSA leveraged its existing linkages as a sub-regional women's rights network to mobilize more women's rights groups' and CSOs to participate in district, provincial and national level advocacy activities such as conferences, decision-maker engagement and mass media campaigns.

VSO and WILSA partnered with 15 women's rights organisations and CSOs that work to prevent and mitigate VAWG, SGBV and HP in their communities. These organisations were already partners of VSO and WLSA, but they needed to improve their organisational processes and systems to design effective projects. The project provided them with training, mentoring and coaching on how to coordinate, plan, implement, monitor and evaluate their projects and conduct evidence-based advocacy. The project also supported them to host community advocacy events, implement citizen-led monitoring activities and establish and strengthen advocacy platforms for women's rights.

Other partners in the project included government institutions involved in the national GBV response including MWACSMED, VFU, DOD, Ministry of Health and Child Care, Ministry of Primary and Secondary Education, Ministry of Justice, Local Authorities and traditional leaders.

The partnership arrangements worked fairly well in the implementation of the project. However, there seems to have been lack of common understanding of the of the modalities and roles and responsibilities by some of the partners which affected effectiveness of coordination and project implementation. WLSA was mainly responsible for movement building and awareness creation in the targeted communities, working through the 15 CBOs. WLSA did not have the understanding that it had to work with and through the 15 CBOs in the project and at times went to communities without the CBOs working on the ground in those communities. In other cases, WLSA partnered with CSOs that were not partners in the project and this created a sense of alienation among some of the 15 CBO partners who felt left out of the project activities. WLSA on the other hand felt that some of the CBOs did not have adequate capacity and therefore preferred working with CBOs with better capacity ahead of those that were partners of the project.

Although WLSA was working with the CSOs on the ground, there were no regular reports submitted by the CSOs on the activities that they were doing. It was thus difficult for WLSA to have an overview of the activities that the CSOs were doing. CSOs on the other hand felt that monitoring visits from both VSO and WLSA were limited.

There was an expectation among CBOs that they were going to get direct funding for their activities. However, the project only supported capacity-building activities and WLSA provided mobilisation fees to the CBOs when they were conducting joint awareness activities in the communities. The lack of direct funding for activities on the ground left some of the CBOs without ongoing funding frustrated and their commitment to the project weaned along the way. Some could not conduct the planned

> When we joined the project, we expected to receive funding to support the activities of the project. We currently do not have any funding and how did they expect us to mobilise communities and carryout awareness campaigns without a budget. It was a bit frustrating because the understanding was that we would get direct funding support.
>
> **KII with CSO**

awareness campaigns because of resource constraints.

Coordination between VSO and WLSA was also beset with some challenges. The two partners at times failed to work jointly as needed, and in some cases WLSA visibility on the ground was limited resulting in VSO going to work on the ground with the CSOs that WLSA was supposed to partner with. WLSA's limited presence also affected availability of legal services to survivors of GBV on the ground. There was also limited collaboration between VSO national volunteers, who were responsible for capacity building of CBOs, and WLSA resulting in the later not benefiting much from the expertise of the national volunteers. Lack of clarity on roles and responsibilities caused these coordination challenges.

However, VSO, WLSA and the CBOs worked closely with government stakeholders such as MWACSMED, VFU, local authorities, department of social development and ministry of health facilities. They conducted joint GBV awareness campaigns and commemorations in the communities.

4.3.7 Monitoring and Evaluation

Question 5: How effective was the Monitoring and Evaluation System of the project?

Finding 20: The global control and management of the M&E system presented challenges in data capturing and management. Locally there was no adequate budget to support establishment of robust M&E systems, M&E data was not granulated by province and partner and reporting by CBOs was in some cases inadequate.

The M&E system of the project was accessed through a global portal controlled by VSO head office. The portal was open for a specific period within which the project data was to be entered before the portal was closed. While this enabled VSO to capture data for its project globally, this system presented challenges at project level. In some cases, the window period for entering data was not adequate resulting in rushed data entry to meet the deadline. This presented the risk of data entry errors. Further, the system did not have the auto save facility, which presented challenges in cases where there were power outages. If power went off during data entry, it meant that the M&E team had to start the process all over again because the data already entered would not have been auto saved. Chances of missing the deadline during the window period were thus high.

The M&E system captured global indicators of VSO and not the indicators specific to the project. Some of the indicators were thus not fit for purpose. Further, the M&E template did not disaggregate the data by province or partner, which made granular analysis of the data to assess project performance by province and partner difficult.

There was inadequate budget support for M&E. Although the project provided M&E support to the implementing partners through M&E capacity training and support in establishing M&E systems, there were a number of challenges that continued to impact negatively on the M&E

capacity of CBOs. Some of the CBOs did not have equipment such as computers for capturing and management of data while others lacked basic computer skills requited to capture data into a database. Other CBOs did not have financial resources to hire qualified and experienced M&E staff. The CBOs resorted to capturing M&E data manually, which proved to be cumbersome and susceptible to errors. This made it difficult for these CBOs to capture and share data as they had to do it manually. These capacity challenges, coupled with coordination challenges between WLSA, VSO and CBOs, resulted in some of the CSOs not submitting reports timely to WLSA and VSO as required. In some cases the reports lacked adequate detail such as gender and disability disaggregated data, number of beneficiaries reached and the organisation's beneficiary target reach. VSO M&E specialist provided continuous support to the CBOs but inadequate hardware and software and limited access to internet continued to be key obstacles to the development of more robust M&E systems. The project did not provide hardware and software support, and this gap thus continued to impact on the M&E capacity of the CBOs.

4.4 Impact

Question 6: To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?

Finding 21: Through capacity building, the project has created impactful women's movement, CBOs, platforms, and systems to fight GBV. These, however, need further strengthening until they have reached levels of sustainability.

By supporting and establishing mechanisms and systems that will have a lasting effect on the GBV situation, the project has made a significant contribution to ending SGBV and VAWG in the targeted provinces. The design of the project, capacity building, and holistic approach to address the diverse needs of GBV survivors are the key factors for the long-term impacts of the project.

The design of the project was premised on capacity building of grassroots CSOs and women's rights organisations to enable them to more effectively: advocate for effective policies and interventions to end GBV; create awareness on GBV in communities; use social accountability mechanisms to monitor and demand quality service delivery from duty bearers. The CSOs that VSO partnered with were already established and working with communities to tackle GBV. these grassroots partners were however working in silos, with limited coordination with others in pursuit of a common agenda. The CSOs also had significant capacity gaps in terms of: advocacy; designing, implementing, monitoring and evaluating programmes; and human and financial resources among other limitations. It is these gaps that VSO and WLSA sought to address through capacity building trainings.

The project has strengthened the CSOs' ability to organise and deliver programmes that are structured and more impactful. The CBOs use community-based volunteers to raise awareness of GBV, identify and refer GBV cases, and to hold duty bearers accountable. This

has been effective as shown by a decrease in personal experiences of GBV and an increase in the level of awareness and positive attitudes among the primary beneficiaries. The CBOs and community volunteers will sustain their impact on the GBV situation with the skills they have gained through the project. The networks that have been formed with the project's support, will also contribute to reducing GBV as the CSOs will keep working together for a long time. The women's movement that emerged from the project is another outcome that will make a significant difference in the fight against GBV.

The women’s rights organisation networking platforms as well as the stakeholder engagement platforms that have been created and strengthened at grassroots, district and provincial levels have had a significant impact on GBV service delivery and will continue to do so in future. VSO and WILSA working closely with government stakeholders at community, district, provincial and national levels. These stakeholders have also had their capacities strengthened by the project through attending various trainings on movement buildings together with the CSOs. These stakeholders now have a better understanding and appreciation of the needs of GBV survivors and are therefore more likely to deliver more appropriate and high-quality GBV services.

WLSA provided legal services to survivors in the targeted communities while VSO provided national volunteers who were technical expects in the various components of movement building. Through this partnership, the two organisations leveraged on the strengths of each other to provide holistic capacity strengthening services.

Despite the above capacity strengthening efforts, significant gaps still exist that might threaten the sustainability of the project. Some of the CSOs lack adequate funding thus making it difficult for these organisations to be fully functional to carry out their GBV programming activities. The project however did not provide funding to these CBOs for programming or organisational development as its mandate was only confined to providing capacity building support. The CSOs thus remained financially constrained after the end of the project.

Some of the CSOs also lack vehicles, computers and other office accessories that are enablers for their work. This makes it a challenge for the CSOs to access communities for awareness creation and to run computerised M&E systems.

Government stakeholders such as MWACSMED, VFU, judiciary services and DSD also face financial, human and material resources to effectively discharge on their mandates. Without vehicles, the departments are constrained in provision of GBV services to survivors. The quality of GBV services that these government stakeholders is thus compromised owing to these resource limitations.

The capacity strengthening thrust of the project has created platforms, systems and structures that will help address GBV in the long term, provided further capacity strengthening support is provided for long-term sustainability.

Question 7: To what extent did the project meet the needs of GBV survivors related to shelter, medical, psychological, legal support and vocational training.

Finding 22: Through GBV awareness campaigns, engagement of service providers and strengthening of the referral system, has ensured that GBV survivors needs are fulfilled. Access to legal services and perceived corruption are the key challenges that act as barriers to the fulfilment of the needs of GBV survivors.

The project adopted a two-pronged approach focused on both prevention and response. For prevention, the project embarked on awareness programmes including community dialogue sessions, road shows, commemoration of international days such as 16 days of activism and international women's day, radio programmes, online webinars during the COVID-19 lockdown and social media skits. During the road shows, participants were provided with information on the referral system and sources of help for survivors of GBV including shelter, medical services, psycho-social support, legal support and police. WLSA also provided information on the legal framework on GBV and further provided legal assistance to survivors in need. The project thus facilitated access to GBV services by providing information on where to access services.

FGD with project beneficiaries revealed that the survivors have been able to access services such as counselling (mostly from CBOs), health, police and shelter. Barriers to accessing services however included limited resources for transport, long distances travelled to access services, perceived corruption by the police, unavailability of legal services as WLSA only came on a few days of the month and delays at the courts to process GBV cases. Through the engagement platforms with stakeholders, some of the barriers have been addressed while some, such as legal assistance, remains challenge for most survivors. To address female economic insecurity, which is often the reason why women endure abuse and not reporting, the project trained some of the survivors to embark on Income Generating Activities (IGAs) such as goat keeping.

To a greater extent, the project facilitated GBV survivors' access to both prevention and response services.

4.5 Efficiency

Question 8: To what extent was the project efficiently and cost-effectively implemented?

Finding 23: The project was implemented in a fairly efficient and cost-effective manner, although implementation disruptions caused by COVID-19 resulted budget underspending and non-implementation of some of the activities after a no-cost extension was not granted.

The project adopted a capacity approach of CBOs and their community volunteers. The CBOs and community volunteers were then required to use their skills to mobilise communities, engage in community dialogues, identify, record and refer GBV cases. The Training of Trainer

approach ensured that the knowledge and skills generated by the project would be cascaded down to the wider communities at no significant cost after the Training of Trainer process. Capacity building of local cadres not only ensured long-term sustainability of the project, but also guaranteed that the project benefits will continue to accrue to the communities without the need for continued financial support.

Efficient implementation of the project was affected by the disruptions caused by the outbreak of the COVID-19 outbreak. Movement restrictions meant that planned activities such as training and awareness raising could not be conducted as planned for close to a year. The backlog of activities could not be cleared by the time the project ended as a no-cost extension of the project was not granted. Key capacity-building activities such as the pilot testing and rolling out of the Movement Building Training Guide could not be completed in all provinces due to time limitations. The non-implementation of some of the planned activities, therefore, affected the effectiveness of some of the project outcomes as well as the efficient utilisation of the budget leading to underspending by the project.

In some cases, there was late disbursement of funds for programming to VSO and the provision of airtime to community volunteers. The late disbursements caused delays in the implementation of some of the planned activities.

4.6 Sustainability

Question 9: To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?

Sustainability of a project relates to the extent to which the benefits, results and impacts of the project will continue to accrue to the targeted beneficiaries after the project life-cycle has come to an end. For sustainability to be achieved, a project needs to build in sustainability mechanisms during design stage. The evaluation assessed the extent of ownership of the project as well as the technical and organisational/institutional sustainability potential of the project. An assessment of the project's exit strategy was also carried to determine its impact on sustainability.

Finding 24: The project established a foundation for sustainability through: capacity strengthening of the women' rights organisations, community volunteers, grassroots communities, CSO/CBOs, and government stakeholders at all levels; and cultivating a sense of ownership among primary and secondary beneficiaries through a participatory, consultative and inclusive implementation framework. However, the sustainability of project achievements and benefits is threatened by inadequate funding of CBOs; and a No Cost Extension that was not granted leading to non-implementation of a well-planned and communicated exit strategy.

Ownership

The design of the project created a foundation for mid-term and long-term sustainability of project benefits and activities. The participatory approach adopted by the project ensured active participation of stakeholders from national, sub-national and grassroots level. Stakeholders were engaged to participate in consultative meetings and workshops, advocacy platforms and training workshops as part of capacity building. The active participation of women's groups and networks, particularly at grassroots levels, cultivated a strong sense of ownership of the project by stakeholders which is a key ingredient in project sustainability. By participating in the project, various stakeholders interviewed felt that the project was their own, which they should continue to spearhead even without external funding because it was for their own benefit and that of the communities and the nation at large.

Technical sustainability

Technical sustainability assessment focused on the extent to which the project has built technical capacity among stakeholders to enable them to continue with the activities initiated by the project. The evaluation established that at provincial, district and grassroots level, the project, through capacity building training and mentoring, has managed to build the technical capacity of CSOs, women's rights organisations, government partners and community structures involved in GBV prevention and response in the three provinces. The CBOs, volunteers and government stakeholders that participated in training on evidence based advocacy and communication; social accountability; project management, monitoring and evaluation; community based monitoring; development of strategies and policies; psychosocial support; case management and referral system; networking and movement building; and resource mobilisation all concurred that they have acquired knowledge and skills that they will continue to apply well beyond the project. As a result of the training CBOs were able to establish and develop M&E systems; Gender and Safeguarding Policies; Donor Engagement and Resource Mobilisation Strategies among other initiatives.

The intensive technical capacity building initiatives that the project supported will continue to be utilised as institutions and individuals now have the skills to apply in their daily work. Advocacy and gender mainstreaming capacity remain the key assets that these stakeholders have which will continue to be utilised for a long time to come. The technical sustainability potential of the project is thus high.

Organisational/Institutional Sustainability

> This project is ours because it is solving problems that affect us on a day-to-day basis. We have been given the skills, so it is left upon us to continue with the work for our own benefit even though we face resource constraints.
>
> FGD with Community Volunteers

The evaluation assessed the potential sustainability of the originations and institutions that spearheaded the implementation of the project. The institutions that supported the project included relevant government ministries and institutions, CSOs, CBOs, community networks and women's organisations. Sustainability potential of some of the CBOs is threatened by funding gaps that these organisations are experiencing. The CSOs/CBOs employ salaried staff and rely largely on donors to implement their programmes. Without

external support, the scope and intensity of their activities will be limited. Survival of these IPs will depend largely on their capacity and ability to fund raise or resource mobilise. At the time of the evaluation, some of the IPs were engaged in minimal activities due to funding constraints.

The women's networks and community volunteers are however likely to continue existing although functionality might be reduced with reduced external assistance. In most cases, these networks depend on volunteers who dedicate their time in pursuit of an agenda that they are passionate about. This motivates the volunteers to continue with their work even without external financial incentives.

Exit Strategy

After implementation delays caused by the outbreak of the COVID-19 pandemic, the project lagged behind in terms of budget spending and implementation of planned activities. By the time the project's life-cycle ended some of the planned activities had not been implemented. There was hope that there would be a no-cost extension to complete the remaining activities. Because of this expectation, there was no adequate communication to the communities that the project was coming to an end as the expectation was that a no-cost extension would be granted by the donor. As a result both project staff and the communities assumed that project activities would continue into the following year. After a no cost extension was not granted, the project ended abruptly without a planned exit strategy for the communities. This is not only likely to cause relationship complications with the communities but is also likely to affect sustainability of some project components, particularly those related to uncompleted capacity building activities.

> We were surprised to be informed that the project had ended as we had pending activities with the communities. The communities were looking forward to those activities and now how are we going to tell them that those activities are no longer happening as promised. This can damage our relationships with the communities as we will be deemed unreliable by these communities we work with. There was need to have us better prepared for the exit.
>
> **KII with CBO**

Overall, the project has created the conditions necessary for mid to long term sustainability through capacity building initiatives at provincial, district and community levels. However inadequate funding for CBOs, none-completion of some capacity building activities and lack of a well communicated exit strategy are some of the key threats to the sustainability of the project's achievements.

4.7 Gender Equality and Human Rights Considerations

Question 10: To what extent has gender and human rights considerations been integrated into the project design and implementation?

Finding 25: Gender equality and human rights were well integrated in the Goal, design, and implementation of the project. The project was designed to address GBV which is not only a manifestation of gender inequality but is also a fundamental violation of the human rights of women and girls.

The project was focused on empowering women's rights groups, CSO/CBOs, communities, and stakeholders to enable them to effectively tackle the scourge of GBV in the three targeted provinces. The project contributed towards the United Nations Sustainable Development Goal (SDG) 5 which seeks to achieve gender equality and the empowerment of women and girls with a target to eliminating all forms of violence and harmful practices against women and girls.

In its design, the project sought to promote gender equality and women's rights through creating awareness about GBV and the right of women and girls to leave a life free from violence and abuse. In its design, the majority of the primary beneficiaries targeted by the project were women and girls, who historically bear the heaviest burden of GBV and gender inequality. Capacity-building activities were rolled out to empower women and girls with advocacy skills to enable them to demand their rights and quality GBV prevention and response services. In alignment with the Leave No One Behind principle, the project targeted women in their diversity and ensured that poor, vulnerable and marginalised women, women living with HIV, women and girls who are survivors of GBV, and women with disability, participated in the project.

Gender equality and human rights were thus well integrated in the Goal, design and implementation of the project.

4.8 Social Inclusion

Question 11: To what extent was the programme inclusive of all the different categories of women across different geographical areas?

Finding 26: The project embraced the Leave No One Behind principle leading to a high level of social inclusion in the targeting of beneficiaries and high participation of vulnerable and marginalised groups of women in the project.

Implementation of the project was guided by the LNOB principle, which advocates for the inclusion of vulnerable and marginalised groups in society. In this regard the project targeted 4,150 women and girls with disability; 15, 569 women and girls living with HIV/AIDS; 18,048 women and girls who are victims of GBV; and 40 women in detention. The project also targeted hard to reach areas where the GBV response and prevention needs of women are greatest. Men and boys as well as traditional leaders were engaged as partners in the fight against GBV.

Overall, the social inclusivity of the project was high as it deliberately targeted marginalised groups of women to participate in the project. .

4.9 Coherence

Question 12: *How well does the project fit with other interventions in the country, sector or institution?*

Finding 27: The project complemented well and was in alignment with the priority areas of the National Gender Policy; High Level Political Compact on the Elimination of Gender Based Violence and Harmful Practices; National Gender Based Violence Strategy and the Spotlight Initiative Programme in Zimbabwe.

The project complemented current national efforts by the Government of Zimbabwe, development partners, CSOs, NGOs and CBOs to eradicate all forms of GBV. Capacity building of CSOs and women's rights organisations as well as communities is a priority area of these national efforts as well as of the National Gender Policy, the HLPC on GBV and HP and the National GBV Strategy. Advocacy and capacity building are also priority areas of the Spotlight Initiative Programme in Zimbabwe which is being implemented by UN Agencies led by UN Women with funding support from the European Union. The level of coherence of the project with national initiatives and priorities on GBV was high.

4.10 Integration of VSO Volunteering For Development Methodology into Project Implementation

All VSO programming is guided by a unique approach referred to as volunteering for development (VfD). This approach guides how VSO works in communities, putting them at the center of their own development. The VfD approach has seven pathways: Inclusion, Engagement, Accountability, Resilience, Safeguarding, Volunteering and Policy and Advocacy. The extent to which each these pathways were integrated into the Speak it Loud project and the contribution to result is summarised in the table which follows

VfD Pathway	Integration of Pathway and Contribution to Results
Inclusion	The project deliberately targeted marginalised and vulnerable groups of women leading to the participation of 4,150 girls and women with disabilities; 16, 569 girls and women living with HIV; and 18,048 girls and women who are victims of sexual abuse and exploitation in the project.
Engagement	The project design created platforms for engagement between the women's rights organisations/CBOs with duty bearers on a regular basis where VAWG issues were discussed, and specific actions proposed to address identified gaps and challenges.
Accountability	Through introduction of citizen led social accountability mechanisms and monitoring tools, the project empowered women's rights groups to demand accountability through evidence-based advocacy.
Resilience	The project promoted resilience among the targeted vulnerable and marginalised groups of women through economic empowerment initiatives to enable them to be economically independent and be able disengage from abusive relationships.

VfD Pathway	Integration of Pathway and Contribution to Results
Safeguarding	Th 15 CBOs were provided training on Safeguarding to ensure that they adhered to ethical standards and ensure that the targeted beneficiaries were not in any way exposed to harm, including GBV and sexual exploitation.
Volunteering	The project was implemented through the support of national and community based who were instrumental in strengthening the capacities of CBOs and community structures to effectively implement impactful VAWG programmes in the targeted areas.
Policy and Advocacy	The 15 CBOs' advocacy capacity was strengthened through evidence-based advocacy training which enabled the women's rights organisations to advocate and lobby policy makers at both national and sub-national level. The CBOs were active participants in advocating for the Marriage Act that was ultimately promulgated in 2022. The Act put the legal age of marriage at 18 years.

5. KEY CONCLUSIONS

The 27 evaluation findings presented in Section 4 covered a number of key issues related to the relevance, effectiveness, impact, efficiency, sustainability, coherence, social inclusion, movement building and institutional strengthening of the project. The following conclusions focus on key issues for VSO and WLSA to consider regarding implementation of the project.

Conclusion 1: Relevance: the project goal and objectives were found to be highly relevant to: the GBV situation and context in Zimbabwe in general and that of the three provinces in particular; the GBV capacity needs and priorities of government stakeholders, CBOs and CSOs; the needs and priorities of targeted beneficiaries and communities; and was in alignment with the country's policy and legal framework on GBV. (Finding 1; 2; 3; 4; and 5)

Conclusion 2: Effectiveness: the project was largely effective in meeting its goal and expected outcomes and outputs. Effectiveness was enhanced through capacity strengthening of government stakeholders; CSOs/CBOs; and community volunteers at provincial, district and community levels. However, the outbreak of the COVID 19 pandemic; inadequate funding of CSOs/CBOs; limited access to electronic media and gadgets in rural areas; weak coordination among implementing partners and CBOs; and inadequate reporting and gaps in the M&E system weakened effectiveness of the project. (Finding 6; 7; 8; 9; 10; 11; 12; 13; 14; 15; 16; 17; and 18)

Conclusion 3: Impact: Through capacity building, the project has created impactful women's movement, CBOs, platforms, and systems to fight GBV which have all resulted in improved attitudes, awareness, response to GBV and a decline in beneficiary experiences of GBV. There is however need for further capacity strengthening for sustainable impact. (Finding 19; and 20).

Conclusion 4: Efficiency: The project was implemented in a fairly efficient and cost-effective manner, although implementation disruptions caused by COVID-19 resulted in budget underspending and non-implementation of some of the activities after a no-cost extension was not granted. (Finding 21)

Conclusion 5: Sustainability: The project established a foundation for sustainability through: capacity strengthening of the women' rights organisations, community volunteers, grassroots communities, CSO/CBOs and government stakeholders at all levels; and cultivating a sense of ownership among primary and secondary beneficiaries through a participatory, consultative and inclusive implementation framework. However, the sustainability of the project achievements and benefits is threatened by inadequate funding of CBOs; non-completion of some of the capacity building initiatives of the project; and lack of a well-structured exit strategy. (Finding 22)

Conclusion 6: Human Rights and Gender Equality Considerations: Gender equality and human rights were well integrated in the goal, design and implementation of the project. The project was designed to address GBV which is not only a manifestation of gender inequality but is also a fundamental violation of the human rights of women and girls. (Finding 23).

Conclusion 7: Social Inclusion: The project embraced the Leave No One Behind principle leading to a high level of social inclusion in the targeting of beneficiaries and high participation of vulnerable and marginalised groups of women and girls. (Finding 24)

Conclusion 8: Coherence: The project complemented well and was in alignment with the priority areas of the National Gender Policy; High Level Political Compact on the Elimination of Gender Based Violence and Harmful Practices; National Gender Based Violence Strategy and the Spotlight Initiative Programme in Zimbabwe. Level of coherence of the project was high. (Finding 25)

Conclusion 9: Movement Building: the project galvanised women's rights groups to work together and speak with one voice in demanding their rights and accountability on GBV service provision from duty bearers and policy makers. Women's rights groups are now better coordinated and are jointly conducting GBV awareness activities, advocacy and lobbying and commemorating international days such as the 16 days of activism and international women's day.

Institutional Strengthening: the project enhanced the capacity of women's rights organisations, CSOs and government stakeholders through training and mentoring on N&E. Psychosocial support, social accountability, advocacy and communication and movement building. As a result of capacity strengthening the CSOs are now engaging in more impactful programming which has brough about positive changes in attitudes and behaviours towards GBV.

6 KEY LESSONS LEARNT

The following were the key lessons learnt from implementation and evaluation of the project:

Empowered women demand their rights: if women are empowered from grassroots up to national level through awareness creation, capacity strengthening and movement building they are able to effectively advocate for and claim their rights. Before the project, grassroots women's rights organisations in the targeted districts were working as different entities, with little collaboration and coordination and with limited skills to engage and hold duty bearers to account. The groups spoke with divided voices and this resulted in these women's organisations being less impactful in their work. After the capacity building initiatives of the project women's organisations coalesced together, had louder voices and engaged duty bearers in a more organised and evidence driven advocacy which brought notable impacts in terms of GBV service provision. Through a united voice, the women's organisations to successfully advocate for the establishment of police posts and investigation of malpractices and corruption among service providers. Six of the CSOs managed to successfully write funding proposals to donors. The empowerment of the women's organisations thus led to increased demand for rights and accountability from GBV duty bearers and service providers.

Flexibility and adaptability: when implementing a project in a volatile and unpredictable environment (such as the one caused by COVID-19 pandemic), there is need for both IPs and funders to be highly flexible and adaptive to the changing circumstances to ensure minimal disruption to project implementation. Additional funding was provided by the funder to ensure minimum disruption to programming after the outbreak of the COVID-19 pandemic. The additional budget was used to purchase Personal Protective Equipment and ICT equipment to enable the project team to work virtually from home and communicate with project beneficiaries. The project responded to the COVID-19 pandemic by shifting some of its activities to online platforms, radio broadcasts and peer-led actions, while ensuring adherence to health protocols and guidelines. Without this flexibility and adaptations, the disruptions to programming caused by COVID-19 could have had more severe negative impacts. **Long-term support:** changing attitudes and practices as well as breaking down harmful practices that fuel gender inequality and GBV require long term investment in terms of time and funding as attitudes and practices do not change over a short period of time. The project was implemented for only three years, with the last year being disrupted by the COVID-19 pandemic, leading to non-completion of some of the planned activities. Although there has been a positive change in attitudes and practices of both the primary and secondary beneficiaries, more needs to be done to achieve the goal of a GBV free society.

Partnership and coordination arrangements: a common understanding of the partnership and coordination arrangements and roles and responsibilities of each partner at the inception of the project is key in ensuring that each partner effectively fulfils their mandate in the partnership. There were cootrdination and implementation challenges as a result of unclear mandates, with WLSA, for example, directly implementing project activities in the communities with limited collaboration with the grassroots women's rights organisation because of lack of clarity of collaboration modalities. In other cases, VSO ended up implementing activities that WLSA was supposed to implement because the later was less visible on the ground and

coordination between the two entities was weak. On the other hand, the women's rights groups were expecting direct funding for their activities and yet the focus of the project was on capacity strenghthening without direct funding support. This lack of common understanding of the partnaship arrangements led to inefficiencies in project implementation as some of the implementing partners lacked financial and human resources to carryout project activities.

Monitoring and Evaluation System: a localised database management system that is fit for purpose and relevant to the country context is key in ensuring collection of relevant M&E data. The project utilised the global VSO M&E system and data base that was not suitably adaptaed to the local context and was not user friendly. This made it difficult to disaggregate data by district, province and partners to allow granular performance analysis of the project.

Working with women-led and focused organisations is crucial for building trust and credibility among the target communities and ensuring their participation and ownership of the project activities. The project supported grassroots women-led organisations who were familiar with the GBV challenges their respective communities and therefore had a better understanding of the context. By creating linkages among these grassroots organisation, the women's movement was strengthened and the sense of ownership of the project activities was strengthened, which ultimately is key for sustainability.

Engaging men and boys as allies and change agents is essential for addressing the root causes of GBV and harmful practices, such as patriarchy, toxic masculinity and gender stereotypes. The project also worked with male champions and traditional and religious leaders in addressing some of the harmful patriarchal and cultural practices that are key drivers of GBV in the respective communities. This male engagement resulted in a gradual change in attitudes with more males supporting the quest for the elimination of GBV through breaking down negative masculinities and patriarchal practices.

Using multiple platforms and channels, such as radio, social media, peer educators and community dialogues, is effective for reaching a wider audience and raising awareness on GBV issues, especially during the COVID-19 pandemic. Multiples platforms ensure a wide audience reach as using few platforms will result in the exclusion of those targeted audiences without access to those platforms. For example, women in hard-to-reach areas in Mashonaland West province had limited access to social media, radio, TV and newspapers. These were then reached through community-based peer educators while those with access to social and electronic media were accessed through radio and TV programmes.

Strengthening the capacity of health facilities, village health workers and peer educators is vital for improving the quality and accessibility of health and GBV services for women and girls, especially those living in remote areas. GBV services that are not friendly to survivors will lead to increased none-help seeking behaviour among survivors. Empowering the service providers through capacity building trainings ensured more survivor friendly services which led to an increased use of the services by survivors.

Collaborating with government stakeholders at the national and local levels is key for influencing policy and practice changes on GBV prevention and response, as well as ensuring accountability and sustainability of the project outcomes. Engaging with government stakeholders and building their capacity to effectively respond to GBV was key in ensuring

improved service provision to survivors and increased engagement with communities to discuss and jointly find solutions on GBV.

Exit Strategy: a well-planned and executed exit strategy is key to ensuring the sustainability of project results and outcomes. VSO applied for a no-cost extension after it became apparent that implementation of planned project activities could not be completed by the end of the project owing mainly to disruptions caused by the COVID-19 outbreak. VSO was hopeful that the no-cost extension would be granted and had not prepared an exit plan nor informed the communities about the project coming to an end. When the no-cost extension was not granted, the project came to an abrupt end. Communities and stakeholders anticipated the continuation of project activities into the following year. When the project ended abruptly in created anxiety and a crisis of expectation among the stakeholders and beneficiaries which has a potential to damage the relationship between VSO, government partners and communities.

7. RECOMMENDATIONS

Based on the findings and conclusions derived from the evidence analysed for this evaluation and recommendations and inputs from project participants and stakeholders during Key Informant Interviews and Focus Group Discussions, the following recommendations are proposed:

Recommendations	Justification	Responsibility for implementation	Findings/conclusions linked to recommendation
No Cost Extension	There was need to grant the project a no-cost extension to enable implementing partners to complete all planned activities (including capacity building) whose implementation was disrupted by the outbreak of the COVID-19 pandemic. Some CBO capacity gaps have not been adequately addressed. The abrupt ending of the project without a clear exit strategy brought about anxiety and a crisis of expectations among both secondary and primary beneficiaries. A no-cost extension would have enabled the planned activities to be completed for the project to better achieve its goal and objectives.	UN Women	Finding 6; 7; 11
Direct Funding of CBOs	There was need to fund directly some of the CBOs which had no other ongoing funding as they faced resource constraints to effectively implement project activities. These CSOs had inadequate financial, human and material resources to enable them to carry out activities such as advocacy, awareness creation and stakeholder engagement. Although the CSOs had been capacitated in terms of programming, they lacked resources to execute the project with the acquired capacities. During the evaluation, some of the CSOs had minimal presence in the communities because of resource limitations. Some lacked equipment such as cars and computers to enhance their work.	UN Women, VSO	Finding 6; 7; 11

	Through direct funding, the operational and human resources capacity of the CSOs would have been greatly enhanced.		
Establish a common understanding of mandates, roles and responsibilities of the partnership arrangements at inception through an MOU and a coordination mechanism well communicated and understood by all the partners	Establish a common understanding of mandates, roles and responsibilities of the partnership arrangements at inception through an MOU and a coordination mechanism well communicated and understood by all the partners. There was an apparent lack of common understanding of the roles and responsibilities in the project by VSO, WLSA and the implementing partners which led to limited collaboration between WLSA and the CSOs in implementing project activities, with the later feeling excluded from the implementation process. VSO on the other hand did not feel obligated to work through the CSOs and at times went directly to communities to implement activities without the CSOs. The CSOs felt excluded from project implementation process.	VSO, WLSA, CBOs	Finding 18
Strengthen the M&E System through adequate budgetary support and by making it relevant to the local context	There is need to strengthen the M&E system of CSOs through adequate budgetary support and by making it relevant to the local context. Although VSO had an M&E advisor who supported the CSOs in strengthening their M&E capacities, the project did not have a budget to support acquisition of hardware and software for the M&E systems. Some of the CSOs did not have computers and therefore could not establish an electronic M&E system. These CSOs used manual methods of capturing data which are prone to errors and whose data is laborious to analyse. Strengthening the M&E system should have included direct funding for both software and hardware	VSO	Finding 19
Design a well-structured Exit Strategy that is communicated to all the stakeholders including beneficiaries	After the non-granting of a no-cost extension, the project ended before some of the project activities were implemented as planned owing to delays caused by the outbreak of COVID-19. The ending of the project was not communicated well in advance to the partners, CBOs and targeted communities which generated a crisis of expectations. This has the potential effect of trust erosion between the CBOs and the communities they serve.	UN Women VSO	Finding 21; 22

Increase availability and accessibility of legal services to GBV survivors	There is need for increase availability and accessibility of legal services by GBV survivors. FGD participants indicated the lack of access to legal services as one of they key gaps in the GBV response. WLSA was mandated to provide legal services to survivors, but it had human resources limitations resulting in these services being available only once a month in some communities. The Legal AID Directorate, which is a government entity mandated with providing free legal services to indigent GBV survivors, is not decentralised to district level and is only available from provincial level upwards. GBV survivors thus have to incur transport and accommodation costs to access the legal services at provincial level, which many of the survivors cannot afford.	WLSA	Finding 18; 19

ANNEXES

Terms Of Reference

Endline Evaluation
Terms of Reference-S

Evaluation Tools

Questionaire for
Primary Beneficiaries.

Focus Group
Discussion Guide for (

Key Informant
Interview Guide.docx

List Of Key Persons Interviewed

List of Key
Informants.docx