



End-line evaluation of “*Access to Justice for Girls and Women with Disabilities (AJGWwDs)*” Project.

FINAL REPORT

**Leonard
Cheshire
Disability**



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Disclaimer

“This Evaluation Report was produced by an Independent Evaluator. The analysis presented in this report reflects the views of the author and may not necessarily represent those of LCDZ, its partners or the UN Trust Fund”.

Acronyms

AJGWwDs	Assess to Justice for Girls and Women with Disabilities
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CCWs	Case Care Workers
CSOs	Civil Society Organisations
CVs	Community Volunteers
DDC	District Development Coordinator
DOs	Disability Organisations
DPOs	Disabled People's Organisations
FGDs	Focus Group Discussions
IGPs	Income Generating Projects
ISALS	Income Savings and Lending Schemes
KIIs	Key Informant Interviews
LCDZ	Leonard Cheshire Disability Zimbabwe
LICs	Low-income countries
MoHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
MoWACSMD	Ministry of Women Affairs, Community, Small and Medium Enterprises Development
OECD/DAC	Organisation of Economic Corporation Development/Development Assistance Committee
PRA	Participatory Research Approach
PwDs	Persons with Disabilities
SGBV	Sexual Gender-Based Violence
SDGs	Sustainable Development Goals
SPSS	Statistical Package for Social Sciences
TOR	Terms of Reference
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNTF	United Nations Trust Fund to End Violence Against Women
VAW	Violence Against Women
VAGWwDs	Violence against Women and Girls with disabilities
VFU	Victim Friendly Unit
GWwDs	Women and Girls with Disabilities

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Executive Summary

Introduction and Background Context: Between 1st of September 2018 and 31st August 2021 LCDZ with funding from UNTF implemented the “Access to Justice for Girls and Women with Disabilities” (AJGWwDs) project. The project sought to ensure that Girls and Women with Disabilities (GWwDs) in Zimbabwe have improved safety from sexual and other forms of violence and are progressively and equitably accessing justice when violated. The project had 2 Pillars, Pillar 1 focused on Response to VAW and Pillar 2 on Prevention of VAW. Pillar 1 focused on the response strategies to improve service delivery and promote access to justice for GWwDs. This was to be achieved through practical assistance which include logistical support (financing traveling costs), disability expert support (sign language interpretation and support persons), and psychosocial support before, during, and after trial. This was intended to meet the immediate needs of survivor GWwDs and improve communication, attitudinal, cost, and environmental barriers they face in accessing justice. Pillar 2 sought to prevent and promote reporting of violence through training of GWwDs and caregivers on VAW, dialogues with community leaders, formation and strengthening of support groups, and community-based anti-GBV structures. This also included the strengthening of institutional responses to be disability-inclusive with a focus on Justice Agents’ capacity strengthening. The project targeted 5,400 beneficiaries inclusive of 2,400 primary beneficiaries and 3,000 secondary beneficiaries. Primary beneficiaries included 800 survivor GWwDs nationally who were provided with customized practical assistance/support to access justice and related services as well as 1,200 non-survivor GWwDs who were reached primarily through VAW prevention. Secondary beneficiaries included caregivers, police, judiciary, government officials, community leaders, and representatives of Disability Organizations (DOs) and mainstream Women's Organizations. Following the outbreak of the COVID-19 pandemic, LCDZ received additional funds for institutional strengthening and adaptations.

Following the project coming to an end in August 2021, LCDZ sought a consultancy team to carry out an end-of-project evaluation to assess the extent to which the project achieved its set objectives/results, targets and provide information on the nature and extent of the project impact. The Final Evaluation was set on parameters in line with OECD/DAC Criteria (relevance; effectiveness, efficiency, coherence, sustainability, and impact) and additional ones including the impact of COVID-19 on the project, knowledge generation, and Cross-cutting issues. The evaluation process collated and analysed project results, challenges, and best practices obtained during implementation to inform programming strategies for future disability rights advocacy initiatives. Furthermore, the evaluation results generated knowledge, drew lessons, and developed recommendations for all key project stakeholders. The following were the specific objectives of the evaluation;

- i) Assess the project results and how they were achieved with an assessment of the AJGWwDs project contribution/approach.
- ii) Identify factors that facilitated and/or impeded the achievement of objectives
- iii) Assess the relevance, efficiency, effectiveness, coherence, impact, and sustainability of the project
- iv) Document lessons learned and best practices
- v) Assess the impact of COVID-19 on the project and how the project adapted for resilience

Methodological Approach: The mixed methods design, which entailed a combination of qualitative and quantitative methods, was selected for the study. A mixed research method was chosen for its flexibility and greater depth and breadth in overall results which enabled researchers to make more accurate inferences that are more credible. The evaluation entailed both desk research and field research with triangulation being emphasized in the data collection process.

KEY FINDINGS

Pillar 1-Prevention

Relevance: The response part of AJGWwDs was found to be consistent with the disability inclusion aspirations at the national, regional, and international level especially Article 13 of the UNCRPD, Section 22 of the Constitution of Zimbabwe, and Sections 3.6 of the Disability Policy on exploitation, violence and abuse, 3.7 on Health, 3.20 on Equal recognition before the law and 3.22 Access to justice. 98% of the survivors and 96% of the caregivers hailed the project as highly relevant to their needs.

Effectiveness: Effectiveness focuses on the extent to which the project met its end-term targets under response (pillar 1).

Outcome 1: Enhanced access to justice and related post-violence services for GWWD survivors of sexual violence and other forms of violence across the country.

Output 1:1 At least 800 GWwDs survivors of sexual and other forms of violence are better cared for in the process of accessing post-violence services with a fair hearing in court and restored psychological well-being: According to the final survivors' database provided by LCDZ, the project assisted 809 survivors to access justice at pre-trial, trial and post-trial stages surpassing the target reach of 800. Of the 809 cases, 631 cases were received at the pre-trial stage, 127 were received at are on trial stage and 51 have been completed. From the survivors interviewed 95% received transport money, 87% received psychosocial support, 58% were supported with medical examinations and food, 55% disability expert services, 28% accommodation, 18% psychiatric assessments and DNA test while 13% were assisted to obtain affidavits, pregnancy scan and termination of pregnancy among other services.

Output 1.2: Police, Judiciary, and MoHCC have improved institutional protocols and capacities to better serve survivor-GWwDs by August 2021: The police, the judiciary services commission, and MOHCC staff in Mt Darwin, Mutoko, Chipinge, Bulilima, and Mangwe Districts were capacitated through training to better handle survivor GWwDs in accessing post-violence services: Training courses on Basic Sign Language were provided to key justice and health actors that included, Police, Public Prosecutors, and Nurses.

Efficiency: For project execution, LCDZ had staff at the national level for programming comprising of Projects Coordinator, Project Officer, M & E, Project Assistant, and Project Intern. At District Level, the project had a District Officer for each District. At Nzeve Deaf Children's Centre, Margaretha Hugo Schools and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre the project had coordinators responsible for coordinating the response component doing case referrals, registration, follow-ups, and distributing requested funds from LCDZ. The program was to some extent affected by COVID 19 especially on logistics and closing of the courts. To a larger extent, the project delivered its expected outputs against the available resources. However, the demand was high because there are a few players in targeting GWwDs which leaves a lot to be done and a long wish list from the target groups.

Coherence: AJGWwDs was anchored on provisions of the UNCRPD. Its modus-operand was informed by the UNCRPD; in fact, it was a micro-level version of the UNCRPD domestication. The project supported the national efforts to ensure disability inclusion in justice, mainstream development, and socioeconomic landscapes in the country. The project supported all other

development interventions implemented by all CSOs and DOs on VAW. The project linked with other organizations like Musasa, FACT, Childline on women and justice issues. Through the AJGWwDs the justice system acknowledged gaps found and even agreed for LCDZ to interpret in courts to bridge the gap between Formal and Informal sign language which over the years contributes to the backlog of cases involving GWwDs with speech and hearing impairments.

Sustainability: The response pillar has nothing much to report in terms of sustainability since most of the cases were once-off encounters with survivors. During the project period, project outputs were maintained through home visits and offering psychosocial support to victims, offering refresher pieces of training to duty bearers, community leaders, caregivers, and GWwDs themselves. Sustainability with regards to logistical support which requires money is likely to be an issue since there are no other CSO players with such a holistic approach to justice matters identified. LCDZ continues to receive requests for assistance post 31 August 2021

Impact: Due to the high demand for justice-related services among GWwDs, the AJGWwDs project had a high impact. The evaluation observed that AJGWwDs significantly contributed to improved access to justice. Through logistical support (financing traveling costs, food whilst in transit, and accommodation when necessary) GWwDs were able to access justice-related services without eroding their already limited/unavailable financial resources. Logistical support was hailed by the beneficiaries and caregivers as it facilitated timely access to preliminary SGBV services such as medical attention, pregnancy scans, and termination of pregnancy, age estimation, DNA tests, and psychiatric assessments. Disability expert support (sign language interpretation and support persons), reporting, and trials of cases involving survivor GWwDs improved considerably. Through the home visits, survivors felt loved as they also received dignity kits and psycho-social support.

Cross-Cutting Issues: The database for survivors indicated that GWwDs with intellectual impairment are the most vulnerable to abuse hence their high numbers. However, the project assisted all GWwDs with Albinism, Hearing Impairment, Multiple Disabilities, Physical Disability, Visual impairment, Speech impairment, Learning difficulties, and Epilepsy. The evaluation also noted that all services were available for all age groups. In terms of coverage, the project had a national coverage at the responsive level in which all survivor GWwDs across the country were assisted. The project was disability-sensitive. Understanding that most GWwDs and their caregivers have limited sources of finance, the project also took cognisance of the need to cover caregivers for some GWwDs who could not walk alone hence transport and refreshments were catered for by the project.

Knowledge Generation: Project created demand and pulled out when resources were critically needed. Most of the cases are at pre-trial and trial stages because cases involving GWwDs take long to conclude. Resources are still needed as survivors still need practical assistance. Some of the key lessons are;

- ✓ Sexual violence is an evidence-based crime, timely reporting and intervention is key
- ✓ The multi-sectoral approach is efficient in VAGWwDs and delivering justice to GWwDs
- ✓ Disability desk in all justice actors need to be established
- ✓ Capacity building is still needed on the justice actors especially on handling cases involving GWwDs

COVID-19: The project was somewhat disturbed by the COVID-19 pandemic through the lockdown and restrictions which were meant to curb the spread of the virus. While abuse was exacerbated by

the lockdown, GWwDs had no means for reporting. Cases on trial were postponed because only urgent matters were attended to. However, with time GBV was declared an essential service due to the increase in cases, and the project started engaging target groups whilst adhering to regulations. UNTF released COVID-19 funding to cater for PPE, which greatly assisted the project to operate whilst adhering to the regulations. The project introduced a toll free-line as an adaptation strategy to the COVID 19 restrictions: A toll-free line was established to provide online services and psychosocial support to survivors who found themselves cut from communicating with service providers during COVID-19 lockdown.

Gender Equality and Human Rights: The response pillar had no gender equality aspects but adopted a human rights approach: Understanding that most GWwDs are economically and financially disadvantaged, the AJGWwDs project provided financial resources for transport, food, medical bills and, accommodation for both the survivors and their caregivers. To minimise trauma and psychological effects suffered by the survivors, the project also conducted home visits and counselling services.

Lessons Learnt/Best Practices Pillar 1

- If resources are available, GWwDs' access to justice can be realized.
- GWwDs with intellectual impairments are the most vulnerable group to being violated.
- With proper support for justice stakeholders, inclusive justice delivery is possible.

Pillar 1 Noted Challenges

- On the legal processes the GWwDs expressed concern with the bail procedure for the following reasons i) some Police officers do not give feedback of cases they would have handled ii) some of the perpetrators run away whilst out on bail and the case will fail to proceed further.
- When project funds disbursement was delayed and the project went on pause.
- Data completeness for the survivors' database has been affected by the incomplete information recorded by the police when they receive the initial reports.
- Psychiatric assessment centers and human resources are still a challenge.
- Staff turn-over of police resulted in challenges on case follow-ups
- The COVID-19 affected movement of cases at the courts during total lockdown when the courts were closed.

Recommendations Pillar 1

UNTF

- The project created a huge demand but pulled out when assistance was needed the most. There is a huge backlog of cases and new cases coming in hence a project extension is highly recommended.
- Flexibility (having a crisis modifier) in disbursements of funds ensures smooth flow of all response initiatives when dealing with GWwDs.

LCDZ and other CSO, DPOs, CBOs

- When dealing with data capturing for GWwDs who access justice, monitoring of cases registration is key to minimizing missing data.
- Strong follow-up and accountability mechanisms are needed for tracking cases involving GWwDs.

- Position Papers and Policy Briefs for such projects should be produced and shared with relevant stakeholders and those in positions of authority.

Community leaders and structures

- Once detected, cases involving VAGWwDs should be reported immediately

Government and Justice Stakeholders

- Periodic refresher courses on disability inclusive service provision and sign-language for justice actors are critical
- Decentralization of Psychiatric assessment centers and the addition of human resources need strong advocacy.
- Stiffer bail conditions should be imposed on perpetrators most of them end up running away whilst out on bail and cases fail to proceed further.

Pillar 2-Prevention

Relevance: The project's goal and objectives under Pillar 2 were found to be consistent with the disability development aspirations at the regional and international levels. The evaluation noted that the project is of potency within the disability discourse as all its activities are complementary to the standards of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The project was also in tandem with other provisions from international and regional instruments on ending SGBV against women and girls with disabilities. At the national level, the project complemented the broad government efforts on the protection and inclusion of persons with disabilities and the provisions enshrined in the 2013 Zimbabwe Constitution and the 2021 National Disability Policy. The project activities, goals, and objectives were relevant to the needs of the communities being served with 99% of the Non-survivor caregivers interviewed attesting to its relevance.

Effectiveness: Effectiveness focuses on the extent to which the project met its end-term targets under pillar 2. Despite some setbacks such as COVID 19, encountered, several achievements including improved knowledge on VAW, legal procedures, and reporting were recorded.

Outcome 2: Girls and women with disabilities, caregivers, and local communities in six (6) targeted districts can effectively prevent, detect and respond to sexual and other forms of violence against girls and women with disabilities

Output 2.1: Girls and women with disabilities and caregivers reached by the project have increased knowledge of human rights, violence against women, and legal processes: The project reached 1684 non-survivors, thus surpassing the three-year target of 1200 GWwDs and caregivers were trained on VAW, legal procedures and reporting, psychosocial support, formation and strengthening of support groups for GWWD and their caregivers and on income-generating projects. 98% of the interviewed 82 caregivers and 170 GWwDs indicated that they received training from LCDZ and the same percentage highlighted that they have improved knowledge on VAW and are now aware of the reporting procedures to take when violated.

Output 2.2: Community leadership has a better understanding of the intersectionality of disability and VAW and mechanisms are in place to prevent and respond to VAW in their communities: The project facilitated dialogues with community leaders and CBOs on sexual violence against GWwDs, trained community anti-gender VAW structures and ensured representation of GWwDs. It also facilitated meetings between anti-VAW structures and GWwDs support groups.

Dialogues with community leaders gave a wake-up call for disability inclusion at the grassroots level and improved knowledge, attitudes, and practices around VAGWwDs.

Outcome 3: Mainstream Women's organizations, Ministry of Women and Youth Affairs, Department of Social Welfare, and disability organizations are incorporating the needs and concerns of GWwDs in their work and are more supportive to survivor-GWwDs.

Output 3.1: Disability Organizations (DOs) are more aware of the vulnerability of girls and women with disabilities to sexual violence and other forms of violence and are taking active measures to prevent and respond to VAW within the framework of their work: Disability Organizations (DOs) in the six districts indicated that they have improved knowledge on the vulnerability of GWwDs to VAW following training by LCDZ and two mainstream women's organizations that is Musasa and Zimbabwe Women Lawyers Association. The training was on encouraging DOs to attend VFS meetings and other EVAW/G platforms, VAW, gender and case management as well the development/reviewing of Gender Policies and policy implementation. The project also trained them on disability mainstreaming; strengthening referral pathways for survivor GWwDs and training community volunteers on psycho-social support to GWWD.

Output 3.2: GWWD's are recognized and meaningfully participating in the Zero Tolerance to GBV Programmes and in the National Plan of Action for Orphans and Vulnerable Children through clearly defined inclusion strategies/plans: The project capacitated Mainstream Women's Organisations and line ministries to mainstream disability in their work framework. LCDZ through the AJGWwDs project trained mainstream organizations and line ministries in Mutoko, Mt Darwin, Chiredzi, Chipinge, Bulilima, and Mangwe districts on the rights of GWwDs, mainstreaming disability, and basic sign language. The goal of the training was to change the attitudes of stakeholders towards GWwDs, capacitating them with information on how to begin incorporating GWwDs into their programs as well as equipping them with basic sign language to better communicate with girls and women with hearing and speech impairments.

Outcome 4: Leonard Cheshire Disability Zimbabwe and its 4 co-implementing partners (Nzeve Deaf Children's Centre, Margaretha Hugo Schools and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre) are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.

Output 4.1: Leonard Cheshire Disability Zimbabwe and its 4 co-implementing partners (Nzeve Deaf Children's Centre, Margaretha Hugo Schools, and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre) have put in place mechanisms to improve institutional resilience to crises including COVID-19, which ensures the stability of projects and sustainability of the organization[s] in the longer term: Nzeve Deaf Children's Centre, Margaretha Hugo Schools, and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre were supported to strengthen their Disaster Risk Reduction Response Plans through support from the AJGWwDs project. The funds availed by LCDZ under the project facilitated self-introspection which came up with new DRR information to the organizations and helped them reassess their policies for DRR to have explicit strategies on EVAGWwDs during disasters. All 4 partners were supported to do DRR self-capacity assessments, review their strategic plans and come up with DRR strategies.

Output 4.2: Leonard Cheshire Disability Zimbabwe and its 4 co- implementing partners (Nzeve Deaf Children's Centre, Margaretha Hugo Schools, and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre) have improved knowledge, skills, and capacities to maintain or adapt EVAW/G interventions and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises: Sibantubanye Zimcare School, and Jairos Jiri Naran Centre, Nzeve Zimcare School, and Jairos Jiri Naran Centre have been capacitated with knowledge and skills to coordinate, adapt and maintain EVAW/G interventions and reach the most vulnerable women and girls. Through the project, partners were supported to have Gender and Child Protection Policies. 2 LCDZ project staff, and 4 co-implementing partners were provided with laptops whilst 6 District Field Officers and 5 project staff were provided with android tablets. These gadgets ensured work continuity during the COVID-19 era and key partners were supported with COVID 19 PPE to continue their operations.

Efficiency: For efficient project execution, administration, technical expertise, and financial management, LCDZ had staff at the national level for programming comprising of Projects Coordinator, Project Officer, M & E, Project Assistant, and Project Intern. At District Level, the project had a District Officer for each District. The partnership between LCDZ and mainstream women's organizations and line ministries improved project efficiency. The Ministry of Women Affairs, Community, Small and Medium Enterprises Development (MoWACSMDE) assisted with community entry, engagement with community leadership structures, mobilization of GWwDs through their Community Development Structures, Coordinating district activities with District stakeholders in terms of communication and mobilization for project activities. The VFU, National Prosecuting Authority (Public Prosecutors), Judicial Service Commission (Courts), Social Development Department, District Development Coordinator were also key facilitators.

Coherence: Pillar 2 of the AJGWwDs was anchored on provisions of the UNCRPD, Principle of "Leaving no One Behind", SDG 16, the Constitution of Zimbabwe 2013, Vision 2030, National Development Strategy 1, and the country disability inclusion efforts. Partnering with government ministries speaks to the projects' coherence for it fitted within governments' priorities. The project was also coherent with other projects like the Spotlight Initiatives by UN agents in trying to curb GBV against girls and women. The project linked with other organizations like Musasa, CAMFED, ZACH, Justice for Children FACT, Childline, and Women Law Society in Africa (WILSA) on training GWwDs on VAW, reporting mechanisms, legal processes, and justice issues.

Sustainability: Involvement of Caregivers/Parents was highly strategic. The project involved caregivers/parents of all the registered GWwDs in the six respective districts. The parents/caregivers were trained on human rights, violence against women, and legal processes. The partnership approach in which the project worked with responsible government line ministries on women issues, social services, and justice was a sustainability strategy. Training GWwDs on VAW, legal procedures, ISALS, IGPs, formation, and setting up Support Groups and poultry projects are strong sustainability strategies. 100% of GWwDs met indicated that they own the project and will continue with its legacy beyond its life cycle. The use of local structures such as Traditional leaders, Case Care Workers, Village Health Workers, and Community Volunteers was also strategic for sustainability. Capacity building of key partners Nzeve Deaf Children's Centre, Margaretha Hugo Schools and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre was a conduit for sustainability,

Impact: The project has registered a commendable impact on improving knowledge of GWwDs on VAW and reporting. 100% of GWwDs interviewed during the survey indicated that the project achieved its purpose as they were showing that they have improved knowledge on human rights, how

to claim them, self-esteem boosted, and confidence to participate in community development activities. Key justice actors have been capacitated with missing disability-sensitive skills such as basic sign language and can now fairly converse with clients with speech and hearing impairment. Local leadership and communities are now more supportive of GWwDs and negative perceptions by communities towards WGwDs are fading away. GWwDs and caregivers, respondents indicated that unlike before, society is now more supportive towards them. Caregivers highlighted that they now have improved knowledge on how to prevent, detect and respond to VAGWwDs through the training they received from LCDZ. They also pledged to safeguard GWwDs from abuse and ensure they are safe at the household level.

Cross-Cutting Issues: The project had no cut-off age, did not exclude by nature of the disability, and covered all GWwDs in the six districts. The project was sensitive to disability ethics, understanding that most GWwDs and their caregivers have limited sources of finance, the project provided refreshments, lunch, and transport money whenever they were engaged.

Knowledge Generation: Knowledge generation and economic empowerment for GWwDs is powerful for high-impact interventions that have deep sustainability roots. Using already existing structures assisted in the implementation of projects of this nature and ensured complimenting of government efforts. Disability intervention requires an involving approach that involves all systems that support PwDs be it at the family level, community, and, institutional levels. Continuous support of GWwDs support groups through IGP funds, monitoring, and skills development needed more time and constant monitoring. Working with disability purpose organizations in a decentralized manner allowed efficiency and timeliness of project interventions.

COVID-19: The COVID 19 pandemic affected the project implementation especially at the height of total lockdowns that were characterized by movement and gathering restrictions. UNTF however released additional funds to LCDZ for adaption to COVID-19 demands. This greatly assisted with the purchasing and distribution of PPE for girls and women with disabilities, implementing partners, and LCDZ staff members for continuous implementation of activities during the COVID-19 era. LCDZ and the 4 implementing partners' staff were trained to adapt to new working conditions under COVID 19. Radio programs that were conducted on 4 national radio stations gave a voice to Disability Organisations and GWwDs to raise awareness on violence perpetrated against GWwDs within their community, which had been heightened by COVID-19 induced lockdown. As a cushion to the negative effects on COVID 19, 450 GWwDs in the project districts received food hampers from LCDZ.

Lessons Learnt/Best Practices Pillar 2

Relevance

- The project was an evidence-based intervention that was informed by disability rights priorities in Zimbabwe.
- The project was highly participatory and both GWwDs and Caregivers held it with high regard.

Effectiveness

- Training of GWwDs and caregivers on VAW, reporting, legal procedures, IGPs, ISALs their rights as enshrined in the UNCRPD and giving them the chance to claim these same rights guaranteed community buy-in and success of the project.
- Working with local leaders and district stakeholders was an efficient way to ensure there was greater local buy-in. Local leaders, for instance, are the ones who can educate communities on dropping negativity towards GWwDs.

- Organizing GWwDs into support groups was a smart move as it brought together GWwDs for networking. It also fostered confidence in them as they felt to be a part of something of their own unlike being confined to the home space always.
- Training key line ministries and justice stakeholders in sign language and the intersection of disability and VAW was an appropriate way of ensuring fighting VAGWwDs reaches the corridors of people in positions of power.
- Economically empowering GWwDs through IGPs is effective in fighting VAW.
- Knowledge is power, training of GWwDs, traditional leaders, and caregivers in VAW, reporting and legal procedures is important in building locally-led solutions to VAW.
- Establishing and supporting disability-inclusive grassroots anti-GBV structures was important in fostering positive long-lasting change around VAGWwDs.

Efficiency

- The partnership between LCDZ and district line ministries who already worked in the districts was strategic for the smooth flow of project activities.
- Joint implementation, management, and monitoring by the LCDZ programming team and district field officers played a pivotal role in the coordination and administration of project activities.

Coherence

- Adopting and adapting the project software from the UNCRPD meant the project was relevant even at the international level. It ensured the domestication of what the government ratified in 2013.
- Using already existing structures assisted in the implementation of projects of this nature and ensured complimenting of government efforts. For instance, the project recorded positive results due to working with the Government Departments and line Ministries such as the Zimbabwe Republic Police Victim Friendly Unit, Rural District Councils, Ministry of Women Affairs, Ministry of Youth, Ministry of Social Welfare, and Ministry of Health and Child Care.
- Working with DPOs in the respective districts ensured that the project was there to support and complement the already existing DOs and not to undermine their development efforts.

Sustainability

- Meaningful engagement of GWwDs fostered a sense of ownership was a strategy for sustainability.
- Local structures that included traditional leaders, case care workers, community health workers, community volunteers were key for sustainability and ownership.
- Involvement of Parents/caregivers ensured sustainability and guaranteed continuity and practice of the rights taught.

Impact

- Knowledge is power, training of GWwDs in their rights is empowerment for life.
- Training of key justice stakeholders in disability-sensitive justice delivery is key for ensuring a disability-inclusive justice chain.
- Economic empowerment of GWwDs through IGPs facilitates moving away from the charity model to the self-reliance model

Cross-cutting issues

- Disability is a key cross-cutting issue in development, for projects focussing on either sex inclusivity despite age and nature of disability is important. By including all forms of impairments and GWwDs across all age groups, the project performed well on age and nature of disability as cross-cutting issues.

Knowledge generation

- Knowledge generation and economic empowerment for GWwDs are powerful for high-impact interventions that have deep sustainability roots.
- Using already existing structures assists in the implementation of projects of this nature ensures complimenting of government efforts
- Disability intervention requires an involving approach that involves all systems that support PwDs be it at the family level, community, and, institutional levels.
- Continuous support for GWwDs support groups through IGP funds, monitoring, and skills development needed more time and constant monitoring.
- Working with disability purpose organizations in a decentralized manner allows efficiency and timeliness of project interventions.

Gender Equality and Human Rights

- Involvement and training of community and religious leaders were part of the project's gender mainstreaming efforts. As custodians of culture, they were instrumental in changing the negative attitudes, discrimination, myths and, beliefs surrounding disability. The traditional leaders made use of different community platforms and activities to pass the message to community members including boys and men. CPCs and community structures on EAVW also involved men hence gender equality under the prevention pillar.
- Involvement and training of justice actors and district stakeholders ensured gender equality. Both male and female justice actors and districts stakeholders were involved in the project. Community awareness campaigns and community outreaches conducted by LCDZ together with ZRP VFU were also attended by men and boys hence gender mainstreaming.
- The prevention pillar adopted a human rights-based approach in engaging non-survivor GWwDs and their caregivers for project activities in the six districts. Throughout the implementation of the project, LCDZ provided cash reimbursements for transport and provided food for both the GWwDs and their caregivers on all occasions they met. The IGP under AJGWwDs was also a way of self-financial sustainability and empowerment of GWwDs.

COVID 19

- The COVID 19 pandemic is unpredictable and is still among us, building resilience and adaptation to the new normal is key.

Pillar 2 Noted Challenges

- Basic sign language training was offered and stakeholders indicated that it was not enough. The little grasped was then easily forgotten due to limited refresher courses.
- Anti-GBV structures do not have a quota system to include persons with disabilities.
- The project had no field vehicle or motorcycles for field officers for regular visits to efficiently execute their role and mandate on the ground for the smooth operation of the project.
- Annual project monitoring was not enough for proper learning and immediate action.

- Some of the project activities were disturbed by the COVID 19 pandemic.
- Support groups' regular meetings were affected by COVID-19 regulations.
- Inconsistencies with report submission, work plans, and activity reports were noted in some districts e.g. Mangwe.
- The long-distance to the poultry centres was identified as a serious challenge for girls and women with mobility challenges. The poultry centres were said to be widely spaced which translates to long traveling distances.
- The dying of chicks was also reported as one challenge affecting the poultry. Failure to notify the Agritex officers about the poultry project was blamed for these technical problems.
- There were instances of conflicts in the poultry project among some group members on neutral venues for projects.

Recommendations Pillar 2

UNTF

- Assistive devices limited other GWwDs' mobility and all stakeholders recommended that every disability purpose project need to complement software and hardware assistance to cater for extremely needy cases.
- Despite budgetary constraints, discrimination and exclusion by numbers create conflict in the communities. All PwDs should share what is available than selecting a few and leaving others out.
- Projects of this nature need field vehicles or motorcycles for field officers to effectively monitor the project activities.
- Project extension is highly recommended with an average of 3 years proposed.

LCDZ and other CSO, DPOs, CBOs

- IGPs need market research and linkages the be tailor-made along those lines within different locations
- There should be optional context-specific IGPs informed by recommendations by GWwDs themselves
- Sign language training should involve community leaders, parents, and GWwDs with speech and hearing impairments to create synergies between context-specific informal and formal sign language.
- Position Papers and Policy Briefs for such projects should be produced and shared with relevant stakeholders and those in positions of authority.
- Men and Boys with disabilities should also be involved in all disability purpose projects
- Training of GWwDs should be a continuous process
- Basic sign language training for community members and stakeholders needs refresher courses.

Community leaders and structures

- As agents of social change, community leaders should understand that disability inclusion and the dismantling of negative attitudes, myths and beliefs that exist in communities is not spontaneous but a gradual process. To this end disability mainstreaming should be preached on all community platforms.

Government and Justice Stakeholders

- Training of police on sign language and disability inclusion should involve all officers and not confined to the VFU unit.
- Periodic refresher courses on disability inclusive service provision and sign-language for justice actors are critical

1.0 BACKGROUND AND PROJECT CONTEXT

1.1 Background and Context

About 15% of the world's population constitutes persons with disabilities¹. Persons with disabilities (PWDs) face discrimination and multiple barriers including cultural, physical, and legal/policy barriers². According to the World Bank, violence against women and girls (VAWG), is a global pandemic that affects 1 in 3 women in their lifetime. The World Bank notes that about 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence. The situation is even worse for women and girls with disabilities (GWWDs) and more complicated when they live in low-income countries (LICs). According to the World Report on Disability, an estimated 80% of women and girls with disabilities globally live in low and middle-income countries, where they are more likely to be poor, less educated, and at a greater societal disadvantage than men with disabilities or women without disabilities. In Zimbabwe, Zimstat reports that 47% of women have experienced either physical or sexual violence at some point in their life or, 1 in 3 girls experience sexual violence before they turn 18. Most of these girls are adolescents aged between 14 and 17 years, and less than 3% of these girls access care and support for survivors. Available research shows that more than half of women and girls in Zimbabwe experience multiple forms of violence.

Article 13 of the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) emphasizes access to justice for PwDs. It underscores that States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages³. According to the 2018 UN Flagship Report on Disability and Development, access to justice remains difficult to achieve for many persons with disabilities due to the following environmental, financial and attitudinal barriers:

- ❖ Persons with disabilities have fewer financial resources to meet the high costs of legal services (because of lower education levels and barriers to employment).
- ❖ Lack of disability awareness among legal officers is an ongoing obstacle for persons with disabilities to enjoy equal access to justice.
- ❖ Legal information and documents are not always disseminated in an accessible manner.
- ❖ Legal services, courtrooms, and police stations remain in many places inaccessible and lacking reasonable accommodations.

It is against this background that LCDZ through funding from the United Nations Trust Fund (UNTF) implemented the “Access to Justice for Girls and Women with Disabilities” project.

1.2 Project Background

The “Access to Justice for Girls and Women with Disabilities” (AJGWWDs) project was a three (3) year intervention that had been running since the 1st of September 2018 and came to an end on 31st August 2021. The project was a second grant following another same three-year project (01 January 2015 to 31 December 2017) implemented in eight districts, one in each rural province of Zimbabwe-are Bikita, Bindura, Chikomba, Gwanda, Hwange, Kwekwe (Zibagwe), Makoni and, Mhondoro-Ngezi.

¹ World Health Organization, World report on disability, 2011

² <https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/04/Good-Practice-Guide-FINAL-ONLINE.pdf>

³ Ibid

The first project, which had a budget of \$400,452.00, was implemented as part of overall efforts by LCDZ to end violence against girls and women with disabilities (GWwDs) and targeted violence in the family (intimate partner violence, physical violence, psychological and emotional violence, non-partner violence and sexual violence) and violence in the community (mainly sexual violence). The second grant under review sought to ensure that Girls and Women with Disabilities (GWwDs) in Zimbabwe have improved safety from sexual and other forms of violence and are progressively and equitably accessing justice when violated. The second grant facilitated LCDZ to scale up and horizontally expand the project as in terms of the responsive-practical assistance component of access to justice, the project had national coverage and a direct presence in Mangwe, Bulilima, Chipinge, Chiredzi, Mutoko, and Mt Darwin for both responsive and preventive components. The project targeted 5,400 beneficiaries inclusive of 2,400 primary beneficiaries and 3,000 secondary beneficiaries. Primary beneficiaries included 800 survivor GWwDs nationally who were provided with customized practical assistance/support to access justice and related services as well as 1,200 non-survivor GWwDs who were reached primarily through VAW prevention. The project also targeted secondary beneficiaries who included caregivers, police, judiciary, government officials, community leaders, and representatives of Disability Organizations (DOs) and mainstream Women's Organizations through capacity strengthening to better serve GWwDs.

The project had 4 outcomes and 8 respective outputs as shown in table 1:

Outcomes	Outputs
Outcome 1: Enhanced access to justice and related post-violence services for GWWD survivors of sexual violence and other forms of violence across the country	Output 1.1: At least 800 GWwDs survivors of sexual and other forms of violence are better cared for in the process of accessing post-violence services with a fair hearing in court and restored psychological well-being
	Output 1.2: Police, Judiciary, and MoHCC have improved institutional protocols and capacities to better serve survivor-GWwDs by August 2021
Outcome 2: Girls and women with disabilities, caregivers, and local communities in six (6) targeted districts can effectively prevent, detect and respond to sexual and other forms of violence against girls and women with disabilities	Output 2.1: Girls and women with disabilities and caregivers reached by the project have increased knowledge of human rights, violence against women, and legal processes
	Output 2.2: Community leadership has a better understanding of the intersectionality of disability and VAW and mechanisms are in place to prevent and respond to VAW in their communities.
Outcome 3: Mainstream Women's organizations, Ministry of Women and Youth Affairs, Department of Social Welfare, and disability organizations are incorporating the needs and concerns of GWwDs in their work and are more supportive to survivor-GWwDs.	Output 3.1: Disability Organizations (DOs) are more aware of the vulnerability of girls and women with disabilities to sexual violence and other forms of violence and are taking active measures to prevent and respond to VAW within the framework of their work.
	Output 3.2: GWWD's are recognized and meaningfully participating in the Zero Tolerance to GBV Programme and in the National Plan of Action for Orphans and Vulnerable Children through clearly defined inclusion strategies/plans.
Outcome 4: Leonard Cheshire Disability Zimbabwe and its 4 co-implementing partners (Nzeve Deaf Children's Centre, Margaretha Hugo Schools and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre) are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.	Output 4.1: Leonard Cheshire Disability Zimbabwe and its 4 co-implementing partners (Nzeve Deaf Children's Centre, Margaretha Hugo Schools, and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre) have put in place mechanisms to improve institutional resilience to crises including COVID-19, which ensures the stability of projects and sustainability of the organization[s] in the longer term.
	Output 4.2: Leonard Cheshire Disability Zimbabwe and its 4 co-implementing partners (Nzeve Deaf Children's Centre, Margaretha Hugo Schools, and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre) have improved knowledge, skills, and capacities to maintain or adapt EVAW/G interventions and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises.

Table 1: Project Results

1.3 Project Strategies

The project had the following key strategies three main key strategies

1. **Improve service delivery and promote access to justice through Practical assistance-** to survivor-GWwDs which include logistical support (financing traveling costs), disability expert support (sign language interpretation and support persons), and psychosocial support before, during, and after trial. This was intended to meet the immediate needs of survivor GWwDs and improve communication, attitudinal, cost, and environmental barriers faced by GWwDs in accessing justice. The strategy ensured that survivor GWwDs receive timely services, get a fair hearing, pursue cases to finality, are cushioned from losing their little income, and are psychologically able to recover.
2. **Prevent and promote reporting of violence through training-** of GWwDs and caregivers on VAW, dialogues with community leaders, formation and strengthening of support groups and community-based anti-GBV structures. This is meant to develop the capacities of communities to prevent and respond to VAW against GWwDs.
3. **Strengthening institutional responses and influencing practice capacity-** strengthening of police, judiciary, other government departments, women's organizations, and disability organizations on mainstreaming disability to better serve GWwDs and enhance their knowledge and skills on disability and VAW.
4. **Partners capacity strengthening in disasters preparedness, response, and risk reduction-** through additional funding from UNTF under COVID-19 response LCDZ supported 4 co-implementing partners (Nzeve Deaf Children's Centre, Margaretha Hugo Schools and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre) to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to Ending Violence Against Women and Girls (EVAW/G) with a focus on the most vulnerable women and girls with disabilities.

1.5 Scope and Objectives of the Evaluation

The End-Term Evaluation of the AJGWwDs project focused on effectively assessing the extent to which the project achieved its set objectives/results, targets and provide information on the nature and extent of the project impact. The Final Evaluation was set on parameters in line with OECD/DAC Criteria (relevance; effectiveness, efficiency, coherence, sustainability, and impact) and additional ones including the impact of COVID-19 on the project, knowledge generation, Gender Equality, and Human Rights and Cross-cutting issues, (*see 2.0*). In addition, the evaluation process collated and analyzed project results, challenges, and best practices obtained during implementation to inform programming strategies for future disability rights advocacy initiatives. Furthermore, the evaluation results generated knowledge, drew lessons, and developed recommendations for all key project stakeholders. To this end, the evaluation was utilization-focused and its findings were usable for accountability and learning purposes by LCDZ, UNTF, and all relevant stakeholders.

The following were the specific objectives of the evaluation;

- vi) Assess the project results and how they were achieved with an assessment of the AJGWwDs project contribution/approach.
- vii) Identify factors that have facilitated and/or impeded the achievement of objectives
- viii) Assess the relevance, efficiency, effectiveness, coherence, impact, and sustainability of the project
- ix) Document lessons learned and best practices
- x) Assess the impact of COVID-19 on the project and how the project adapted for resilience.

2.0 EVALUATION METHODOLOGICAL APPROACH

2.1 Evaluation Conceptual Framework

Endline evaluation of the “Access to Justice for Girls and Women with Disabilities (AJGWwDs)” project

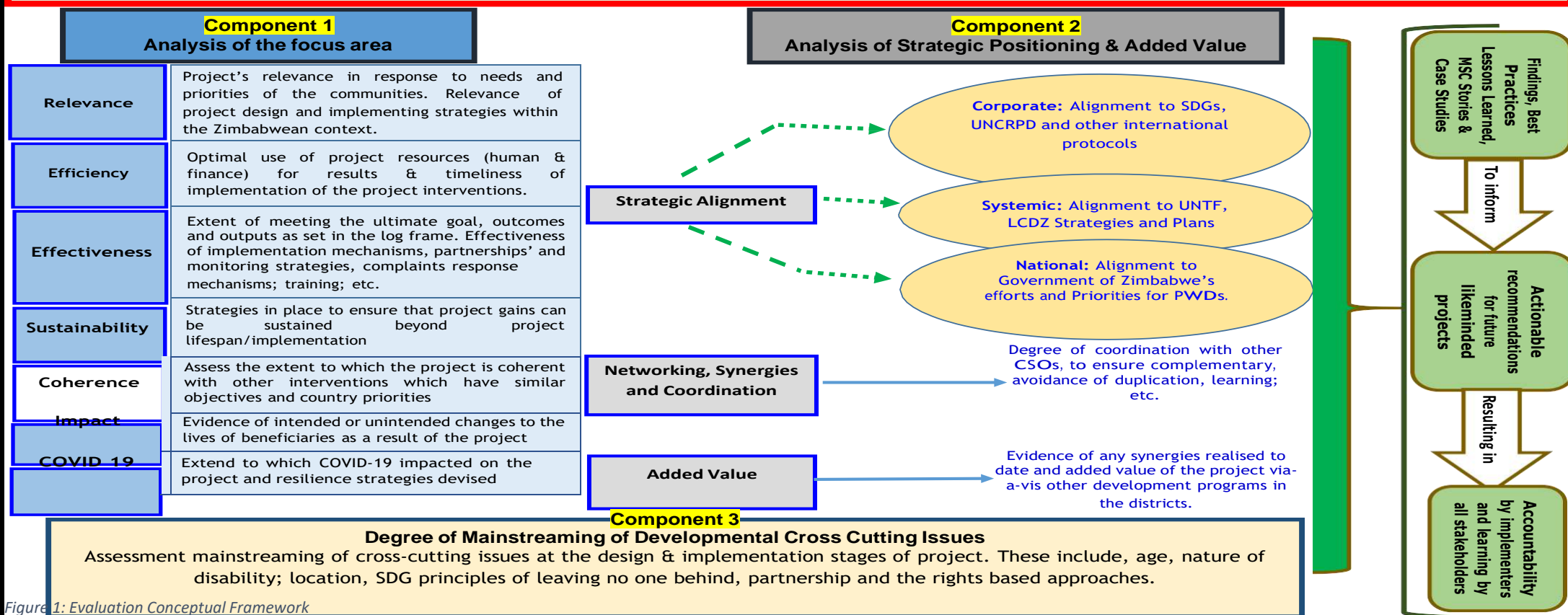


Figure 1: Evaluation Conceptual Framework

2.2 Evaluation design

Participatory Based Evaluation: The team utilized a highly participatory-based approach, which took into account stakeholder involvement in all stages of the research study. In line with this participatory approach, the team ensured regular involvement of LCDZ, all key stakeholders, and target groups throughout the evaluation process. This was to enhance the transparency, validity, reliability, and usability of the evaluation results. The evaluation approach incorporated principles of independence, objectivity, transparency, validity, reliability, partnership, and usability as a basis.

Pre-Post Evaluation Design: The evaluation was designed in a way that the baseline & midterm values were compared with the end-line evaluation findings to generate the degree of performance of the program (whether it was achieved, not achieved, or moderately achieved) its set targets. The goal of the final evaluation was not only to appreciate *if* the intervention worked, but also *how* it worked: *why*, *where*, and *for whom*.

OECD-DAC Evaluation Criteria: OECD standard evaluation criteria was used to look at the project implementation performance from inception to date. For a quick reference, OECD - DAC defines these evaluation criteria as follows:

- **Relevance:** The extent to which the objectives of a development intervention are consistent with beneficiary requirements, country needs, global priorities, and partners' and donors' policies and regulations.
- **Effectiveness:** The extent to which the development intervention objectives were achieved, or are expected to be achieved, taking into account their relative importance.
- **Efficiency:** A measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results.
- **Impacts:** Positive and negative primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended, unintended or anticipated.
- **Sustainability:** The continuation of benefits from a development intervention after development assistance has been completed. The probability of continued long-term benefits and/or the resilience of risk of the net benefit flow over time
- **Coherence:** Extent to which the project is coherent with other interventions which have similar objectives, LCDZ priorities, country's priorities, and international obligations.

Other parameters such as crosscutting issues, Gender Equality, and Human Rights, knowledge generation, participation/complaints handling, added value, strategic alignment/positioning were also added onto the evaluation fray to further add depth to the findings. These are briefly detailed as follows

- **Knowledge Generation:** The evaluation documented key lessons learned/best practices that could be used by LCDZ in future programming or shared with other disability movement practitioners. Knowledge generation can be used to point out the outstanding advocacy and implementation priorities that still require action and commitment from project stakeholders.
- **Assessment of integration of cross-cutting issues** of age, nature of the disability, location, and environment at the design, planning, and implementation stages of the project.
- **Assessment of participation and complaints handling Approaches of the Project:** the participation of beneficiaries & stakeholders and the complaints handled by LCDZ
- **Assessment of the Degree of impact from the COVID 19 pandemic:** Finally, the evaluation identified and assessed key traits of how the COVID 19 pandemic impacted the implementation of the project as well as how resilience was built.

Disability Inclusive Team and Feminist Approach: In line with the '*nothing about us without us*' approach, the team that conducted the evaluation was gender-sensitive and disability-inclusive. Research Assistants and Enumerators for the evaluation were largely drawn from women and girls with different impairments to ensure a disability, feminist, and women-centered evaluation approach.

Mixed methods Research Design: The evaluation utilized the mixed methods approach which featured the combined use of:

- a) **Quantitative and qualitative data collection techniques:** from the quantitative research methods the study was able to describe the situation on such critical aspects of the project. Qualitative research methods were used to generate explanatory data relating to why specific quantitative results were achieved.
- b) **Desk-based and field research data:** the study made use of already documented information and combine it with fresh findings on emerging realities from the field. Field research data was used to confirm or verify secondary data and vice versa. Therefore, a prior desk study of documents determined what kinds of research questions needed to be answered through field research, and data collection tools for fieldwork were developed on the guidance of desk research.
- c) **Generalized and single case analyses**
- d) **Virtual and Face-to-face** engagements with evaluation participants

This evaluation strictly applied utilization-focused evaluation⁴ principles in the following ways:

- a) A series of joint planning meetings were organized to allow LCDZ to add input to the design of the evaluation. The first of these meetings was the inception meeting.
- b) The evaluation was carried out in phases, where LCDZ's approval of one phase was the basis of engaging in the next phase (e.g., fieldwork did not start before the approval of the inception report).
- c) LCDZ was allowed to feed into the report through feedback to the preliminary report.
- d) Technical rhetoric, including statistical jargon, was **avoided** to enable non-technical stakeholders to understand and make use of the report.

2.3 Data Collection Methods

As already highlighted, the team applied the mixed methods design, which entails the combination of qualitative and quantitative triangulation with a thorough desk-review. The qualitative methodology was chosen for its flexibility in allowing thick descriptions of phenomena and understanding of behavior and attitudes. Quantitative data was used as a means to substantiate the qualitative study findings and triangulate sources to ensure that the analysis effectively responded to the research questions. The following are the data collection methods employed for the evaluation;

- a) **Desk and Literature Review:** A comprehensive desk review kick-started the evaluation and informed this inception report and the annexed evaluation data collection tools. The review of project documents will continue throughout the evaluation. The key documents for this exercise include project design documents, baseline report, midterm report and results framework and project monitoring reports, the UNCRPD; the National Disability Policy 2021; the draft Disability Bill; the Public Health Act [Chapter 15:17]; and court rules including guidance relating to the interpretation of sign language, among other background material.
- b) **Surveys:** Four (4) Knowledge Attitudes and Practices (KAP) surveys were designed for;
 1. Survivor GWwDs

⁴ A utilization-focused evaluation is defined by the user-friendliness of its processes and outcomes. It is characterized by actively engaging the client and stakeholders in the design of the evaluation, periodically updating them on the process, and producing the report in simplified formats that non-technical readers can comprehend.

2. Caregivers for Survivor GWWDs
3. Non-survivor GWWDs
4. Caregivers for non-survivor GWWDs

KOBO Collect platform was used and data collection was done using Android-based smartphones by trained enumerators. The survey questionnaires were carefully designed and administered with appropriate attention to the respondents' profiles.

- c) **Key informant interviews (KIs):** Using structured and semi-structured interviews, KIs were carried out with relevant key stakeholders. As a response to COVID-19, the team made use of technology where necessary through the following data collection methods;
 - Online interviews
 - Voice calls
 - Provision of written responses that were followed by clarificatory questions via e-mail or short call/online interviews.
- d) **Focus Group Discussions:** FGDs were conducted to facilitate a deeper understanding of the experiences and opinions of local leaders, non-survivor GWWDs, and their caregivers on the project. Each FGD included a paper roster sheet that keeps track of important details such as physical location, number of participants, and participants' age, to facilitate subsequent data analysis. The FGDs were facilitated using voice recorders or other digital devices (verbatim) after obtaining consent from participants to ensure the collection of quality, reliable and unedited data.
- e) **Case Studies Stories:** The team identified case study stories for the most significant change testimonies that show the extent of the project's impact.
- f) **Observations:** The team also made observations of poultry projects to verify participants' responses to what was on the ground.

2.4 Sampling

The sampling frame for non-survivor GWWDs and their caregivers: The sampling frame for non-survivor GWWDs consisted of all households with GWWDs and their caregivers in the project targeted 24 wards in the 6 districts of Mt Darwin, Mutoko, Chipinge, Chiredzi, Bulilima, and Mangwe.

The sampling frame for Survivor GWWDs and their caregivers: The sampling frame for non-survivor GWWDs consisted of GWWDs nationally who have been violated and accessed help through the AJGWWDs project and their caregivers.

2.4.1 Sampling for Qualitative Data

Sampling for Key Informants: At the national and sub-national levels, key informants were selected using purposive sampling.

Sampling for Focus Group Discussions (FGDs): FGDs were only conducted with non-survivor GWWDs, caregivers, local leaders, and district stakeholders. Stratified random sampling was used to select participants for the FGD. Random groups were used for FGDs with non-survivor GWWDs, caregivers, local leaders, and district stakeholders. The study managed to conduct 26 FGDs of which 8 were with a total of 170 GWWDs, 6 with 36 local leaders, 6 with 48 district stakeholders, and 6 with 82 caregivers.

2.4.2 Sampling for Quantitative Data

The study utilized the survey method using non-probability sampling methods. Purposive sampling was also used for both survivor and non-survivor beneficiaries and caregivers because it allowed for the selection of respondents who were knowledgeable about the project. For non-survivor GWwDs, the nature of impairment was the key stratifying variable while for survivor GWwDs, nature of the impairment, availability of contact number, and location were key sampling variables. The total number of respondents met for each group is shown in table 2.

Category	Total number interviewed
Survivor GWwDs	42
Caregivers for Survivor GWwDs	25
Non-survivor GWwDs	170
Caregivers for Non-survivor	82
Total	319

Table 2: Respondents interviewed for quantitative data by category.

Category	Nature of disability	Cumulative percentage
Survivors	Intellectual impairment	43%
	Physical impairment	24%
	Multiple impairments	10%
	Albinism	7%
	Learning difficulties	5%
	Visual impairment	5%
	Hearing impairment	2%
	Epilepsy	2%
	Speech impairment	2%
Non-Survivors	Physical impairment	43%
	Intellectual impairment	20%
	Multiple impairments	10%
	Visual impairment	9%
	Learning difficulties	8%
	Albinism	4%
	Hearing impairment	3%
	Speech impairment	2%
	Epilepsy	1%

Table 3: Survivors and non-survivor GWwDs consulted by nature of impairment

2.5 Data Storage and Security

Audio recordings of qualitative data were transferred to the consultant's central database using WeTransfer, a secure file-sharing platform. All survey data was password-protected, thus maintaining the confidentiality of responses. Communication between the browser and the server was also encrypted using 256-bit SSL. System servers were secured by firewalls to prevent unauthorized access and denial of service attacks, while data was protected from virus threats using NOD32 anti-virus technology. The qualitative data was stored in password-protected Google Cloud, while quantitative data will be stored in the KOBO server. Access to the web interface was protected by passwords, which restricted access to the data to the consultancy team.

2.6 Data Cleaning, Analysis, and Reporting

This section presents data analysis, synthesis, and reporting approaches for the evaluation.

Data cleaning: Data cleaning was done by the consultancy team, led by the Team Leader who is also the Quality Assurance Expert. Due to the relatively large data collected, including more FGDs and KIIs), the

Team Leader reviewed and checked all of the interviews and discussions to check the quality of the data and spot out any errors or missing information.

Translation: All qualitative/quantitative data was translated into proper English. Translations and transcriptions were completed using the verbatim approach, to avoid biases of interpretation during the translation process. These translations were sampled systematically (according to the complexity of the assignment, past performance of the translator, and other factors) and checked for quality. Transcripts that failed to meet the standards were systematically rejected and retranslated.

Data Analysis: The following are the qualitative and quantitative data analysis approaches to be utilized by the consultancy team;

Quantitative Data Analysis: Data validation checks in Kobo Collect, which will be the server where all data will be posted from the smartphones by the data collectors or enumerators, will be utilized to ensure that only valid data is entered into the computer. Data cleaning will be done in SPSS to verify the validity of data and its completeness. After data cleaning, dataset(s) will be analyzed in SPSS by the consultants and the outputs will be tables, pie charts, graphs, numerical narratives, and related statistical presentations. These will be used in reporting.

Qualitative Data Analysis: Data matrices in Word were used to analyze qualitative data from key informants and FGDs. Thematic analysis in line with study objectives was utilized to interpret qualitative data from key informants and stakeholders. This was triangulated with quantitative data, which allowed the team to complement the findings from the survey with more in-depth qualitative data. The outputs of the qualitative analysis are presented in the report in the form of narratives, verbatim quotes, flow diagrams, and tables.

2.7 COVID 19 Compliance

The team fully complied with WHO and the Government of Zimbabwe's set COVID-19 health protocols. In brief, these entail;

- ***Wearing of masks all the time:*** LCDZ provided masks for the consultancy team and respondents which were worn throughout all face-to-face consultations.
- ***Use of alcohol-based sanitizers:*** LCDZ also provided alcohol-based sanitizers for the consultancy and the study respondents.
- ***Adhering to Social Distancing:*** For all face-to-face engagements during fieldwork, the team including enumerators and participants were taught on maintaining social distancing.
- ***Minimizing physical contact:*** In light of the COVID-19 restrictions, where necessary, virtual engagements for KIIs were used. Teleconferencing platforms (Zoom/Skype), phone calls, and emails were used in some cases.
- ***Use of mainly soft copy documents rather than hard copies:*** LCDZ and the consultancy team used emails for sharing documents and submission of reports and deliverables.
- ***Daily Checking of Temperatures:*** LCDZ also provided a thermometer which was used during face-to-face consultations for taking of daily temperatures of all parties to ensure the safety of either party.

2.8 Ethical Considerations

The study was guided by the following ethical principles:

- i. ***Adherence to WHO and Government guidelines on COVID-19:*** During data collection, all team members adhered to WHO and government guidelines on COVID 19.
- ii. ***Abiding by LCDZ Code of Conduct:*** The team signed the LCDZ code of conduct.
- iii. ***Researchers' conduct:*** The team made sure that every member of the research team including

enumerators were made aware of their expected conduct. The researchers were not allowed to discriminate or to touch or make any suggestive sexual advances on children, women the youth, and those living with disabilities. These groups were also made aware of all unacceptable behavior traits by the researchers. They were also taught how to report such behavior to the Team leader.

- iv. **Disability, Gender, and Vulnerability Sensitivity in Research:** all team members were trained on how to engage delicate and vulnerable populations of the research to eliminate any form of harm.
- v. **Free & informed consent** - All members, respondents, or participants interviewed provided informed consent. All the participants were interviewed after signing Consent Forms/verbal consent. If the Participants chose not to participate or pull out at any time, their decision was respected.
- vi. **Privacy, Confidentiality, and anonymity** - the first step to ensure privacy, confidentiality, and anonymity was through the design of tools and data collection systems. For instance, questionnaires did not have questions on participants' names and phone numbers. Collected data was held securely, confidential, and anonymized.
- vii. **No harm to participants:** This covered all aspects of the participants' wellbeing including emotional, physical, economic, and social wellbeing. To avoid emotional abuse through intrusive questions that cause distress, interviewers were coached on how to be socially friendly to all participants so that distress is prevented. To avoid physical harm and economic exploitation, **LCDZ through the consultancy team provided bus fare** for all study respondents so that they were not made to pay for any transport to and from their homesteads or to walk long distances than they usually do.
- viii. **Adhering to culturally acceptable traits:** the team adhered to a dress code and language that was culturally and religiously acceptable.
- ix. **Transparency in research** - Understanding that research is 'two-way the consultancy team informed the respondents on the essence & importance of the study and their role.
- x. **Dispute resolution mechanism and Referrals:** For any ethical misstep; the Team Leader had the responsibility of managing such issues. The district field officer was also made aware of the need to have a list of resources for referrals just in case any of the respondents during the survey indicated that she is aware of cases of violation in the community or household.

In addition to the above ethics, the team were guided by the following specific ethics given in the evaluation terms of reference;

- i) **Respect for persons - autonomy and protecting those with diminished autonomy:** The team ensured that all participants in the evaluation took part voluntarily, free from any coercion or undue influence. Their rights, dignity, and autonomy were respected and appropriately protected. An autonomous participant was considered as one who is capable of discussing the evaluation subject giving their opinions. However, a participant who lacks the capacity wholly to make autonomous decisions due to disability was protected through engagement with their caregivers.
- ii) **Justice:** The team ensured that the evaluation was just as between different evaluation groups through equal treatment. The Consultants upheld the principle of equality by conducting themselves in a just and fair manner in terms of selection of respondents, ensuring that all types of disabilities, age groups, social backgrounds, and gender types are represented.
- iii) **Safeguarding:** All work was conducted with the highest level of evaluation ethics and treating participants with the highest courtesy and consideration.

2.9 Ethics and safety protocols for minors, survivors, and GWwDs

The project had the following ethics and safety protocols for engaging minors, survivors, and GWwDs.

- The consultants asked short and positive questions using simple language to minors and survivor GWwDs

- Using their expertise in working with GWWDs, the consultants took time to first build rapport with the survivors and made them feel comfortable before interviewing them.
- All interviews were conducted in safe places such as community halls, schools, and community development centres
- The team got into the field with the Department of Social Welfare Officers (Social Workers) who would provide psychosocial assistance, emotional support, and referrals. This was one of the study's distress protocol measures just in case survivors or minors became emotional during the interviews.
- Emphasis was also stressed to all interviewers to stop the interview whenever the respondent was getting uncomfortable.
- For minors with disabilities, the consultants relied more on the caregiver for information.

2.10 Limitations of the Study

The endline evaluation process was done according to the Terms of Reference (TOR) and with guidance from LCDZ. The logistical support in the program was adequate. However, there were a few glitches, but the team put in place mitigation measures to ensure the smooth collection of credible data. The challenges encountered with the respective mitigation measures were;

Unavailability of survivors for the survey: The evaluation only managed to reach out to 42 survivors. The shared database had incomplete information and other people's numbers from distant families or neighbors and this made it difficult to track survivors to administer the questionnaire. Support from LCDZ and ZRP helped in minimizing the effects of this challenge. Most of the other numbers available were either not in use or not going through when dialed. This affected the sample design which ended up purely convenience-based as consultants had to interview any beneficiary or caregiver whose phone number was functional.

Some key informants were unavailable due to other commitments: Some of the key informants were not available during the time of the consultants' visit. The consultants would speak to alternative key informants but at times they would not be able to consult some key organizations. To overcome this setback, questionnaires were sent via email and some interviews were done over the phone with these key informants. However, the participants interviewed were adequate to draw out relevant information required by the analysis.

Despite these limitations, the consultants felt that the data collection process was a success and the sample consulted was valid and representative of the national, district, and community views regarding various issues on the project.

3.0 FINDINGS

The findings of this end-term evaluation are presented in two parts, that is, **Pillar 2 Response/Services** and **Pillar 2 Prevention**. This gives a clear picture of the project performance and its impact on prevention versus response. The first part of the findings gives results under Pillar 1 and the second part gives results for Pillar 2. However, all the results for the two pillars are presented according to the six specific evaluation criteria for humanitarian action from the Organization for Economic Cooperation and Development - Development Assistance Committee (OECD-DAC) that include relevance, effectiveness, efficiency, coherence, sustainability, and impact of the project and additional components including Cross-Cutting Issues, Knowledge Generation, Gender Equality and Human Rights and the effects of COVID 19. The effectiveness chapters of the two pillars carry the AJGWwDs project's four (4) Outcomes and respective 8 output indicators. Conclusions, lessons learned, and findings-related recommendations are presented separately.

3.1 PILLAR 1- RESPONSE

Under pillar 1 the AJGWwDs focused on the response strategies to improve service delivery and promote access to justice for GWwDs. This was to be achieved through **practical assistance** which include logistical support (financing traveling costs), **disability expert support** (sign language interpretation and support persons), and **psychosocial support** before, during, and after trial. This was intended to meet the immediate needs of survivor GWwDs and improve communication, attitudinal, cost, and environmental barriers they face in accessing justice. The strategy was to ensure that survivor GWwDs receive timely services, get a fair hearing, pursue cases to finality, are cushioned from losing their little income, and are psychologically able to recover. The key results under this pillar are presented following the OECD-DAC evaluation criteria that include relevance, effectiveness, efficiency, coherence, sustainability, and impact of the project and additional components including Cross-Cutting Issues, Knowledge Generation, Gender Equality, and Human Rights, and the effects of COVID 19.

3.1.1 *Relevance*

The response part of AJGWwDs was found to be consistent with the disability inclusion aspirations at the regional and international level: Article 13 of the UNCRPD emphasizes access to justice for PwDs and underscores that States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages. According to the 2018 UN Flagship Report on Disability and Development, access to justice remains difficult to achieve for many persons with disabilities due to the following environmental, financial and attitudinal barriers:

- i. Persons with disabilities have fewer financial resources to meet the high costs of legal services (because of lower education levels and barriers to employment).
- ii. Lack of disability awareness among legal officers is an ongoing obstacle for persons with disabilities to enjoy equal access to justice.
- iii. Legal information and documents are not always disseminated in an accessible manner.
- iv. Legal services, courtrooms, and police stations remain in many places inaccessible and lacking reasonable accommodations.
- v. Persons with disabilities are not recognized as equal before the law - their legal capacity to make decisions for themselves is often limited or taken away.

Limited attention to the practical needs of GWwDs such as transport, medical examinations, court attendance, counseling services was one of the key challenges identified at baseline which the AJGWwDs project sought to address.

At the national level, the response pillar under AJGWwDs supports the domestication of the UNCRPD ratified in 2013, the constitution of Zimbabwe as well as provision of the disability policy: The AJGWwDs baseline study established that GWwDs lacked financial resources and had limited access to justice as a few or none SGBV cases were being reported and proceeding to courts. The project bridged communication barriers, transport barriers, and simplified court procedures for GWwD in one go. The provision of practical assistance to GWwDs survivors of VAW was strengthened to support access to justice. The work of LCDZ under this project reinforced provisions such as Article 13 of the United Nations Convention on the Rights of People with Disabilities (UNCRPD) which pushes state parties to ensure access to justice for people with disabilities based on equality. These efforts by the project are in line with Zimbabwean law which advocates for equal access to justice for all. Section 22 of the Constitution of Zimbabwe refers to the recognition of the right of persons with disabilities to be treated with respect and dignityⁱ. This is in line with the disability policy Sections 3.6 on exploitation, violence, and abuse, 3.7 on Health, 3.20 on Equal recognition before the law, and 3.22 on Access to justice. As shown in fig 2 and 3 respectively, 98% of the survivors and 96% of the caregivers hailed the project as highly relevant to their needs.

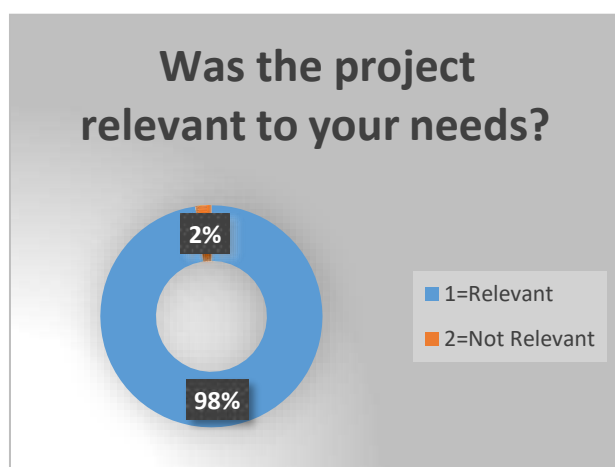


Figure 2: Perception of survivors on Project relevance

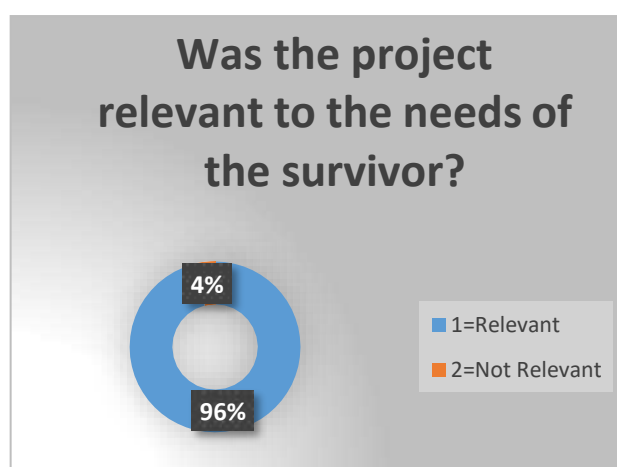


Figure 3: Perceptions of survivors' caregivers on project relevance

3.1.2 Effectiveness

Effectiveness focuses on the extent to which the project met its end-term targets under response (pillar 1). The objective of outcome 1 was to meet the immediate needs of survivor GWwDs and improve communication, attitudinal, cost, and environmental barriers faced by GWwDs in accessing justice. The strategy was to that survivor GWwDs receive timely services, get a fair hearing, pursue cases to finality, are cushioned from losing their little income, and are psychologically able to recover. The main objective under pillar 1 was to improve service delivery and promote access to justice for GWwDs who are survivors of VAW through Practical assistance. Key result areas under pillar 1 are presented in the next sections.

3.1.2.1 Outcome 1: Enhanced access to justice and related post-violence services for GWWD survivors of sexual violence and other forms of violence across the country

Planned activities under outcome 1 included the provision of logistical support (financing traveling costs), disability expert support (sign language interpretation and support persons), and psychosocial support before, during, and after trial.

Output 1:1 At least 800 GWWDs survivors of sexual and other forms of violence are better cared for in the process of accessing post-violence services with a fair hearing in court and restoring psychological well-being.

Out of the initially planned 800 survivors, the project managed to assist a total of 809 survivors: According to the final survivors' database provided by LCDZ, the project assisted 809 survivors access justice at pre-trial, trial, and post-trial stages. As shown in table 5, 631 cases are still in the pre-trial stage, 127 are on trial, and 51 have been completed. The Sibantubanye Focal Person and Coordinator of AJGWWDs explained the slow movement of the cases in the following words;

"The JSC is not religious with trial dates. After being given a trial date, I have instances where we got to court and we were told so and so has not been saved papers. In most cases, we were assisted on pre-trial but on trial 80-90% of the cases were left hanging"

Sibantubanye Focal Person and Coordinator of AJGWWDs.

Province	Number of Survivors Assisted	Stage of the Cases		
		Pre-trial	Trial	Post-trial
Manicaland	133	127	4	2
Mashonaland East	130	89	27	14
Masvingo	104	61	38	5
Midlands	88	56	20	10
Matabeleland South	78	68	6	4
Bulawayo	71	66	1	4
Mashonaland Central	69	54	11	4
Mashonaland West	55	45	6	4
Matabeleland North	49	45	3	1
Harare	34	20	11	3
Total	809	631	127	51

Table 4: Survivors assisted per province by stage

In Mutoko, a girl with multiple disabilities was abused by her father, got pregnant and gave birth to a baby boy. The case was initially reported but the statement recorded at the police indicated that the perpetrator was not known. LCDZ facilitated the re-opening of the docket and provided practical assistance including DNA tests. The girls' father was found to be the biological father of the baby boy and was sentenced to 23 years in prison.

Case Study 1: An almost swept under the carpet case was resuscitated in Mutoko and perpetrator was convicted

The assisted GWWDs received practical assistance in different forms depending on the nature of VAW they faced. From the survivors interviewed 95% received transport money, 87% received psychosocial support, 58% were supported with medical examinations and food, 55% disability expert services, 28%

accommodation, 18% psychiatric assessments and DNA test while 13% were assisted to obtain affidavits, pregnancy scan and termination of pregnancy among other services (see fig 4).

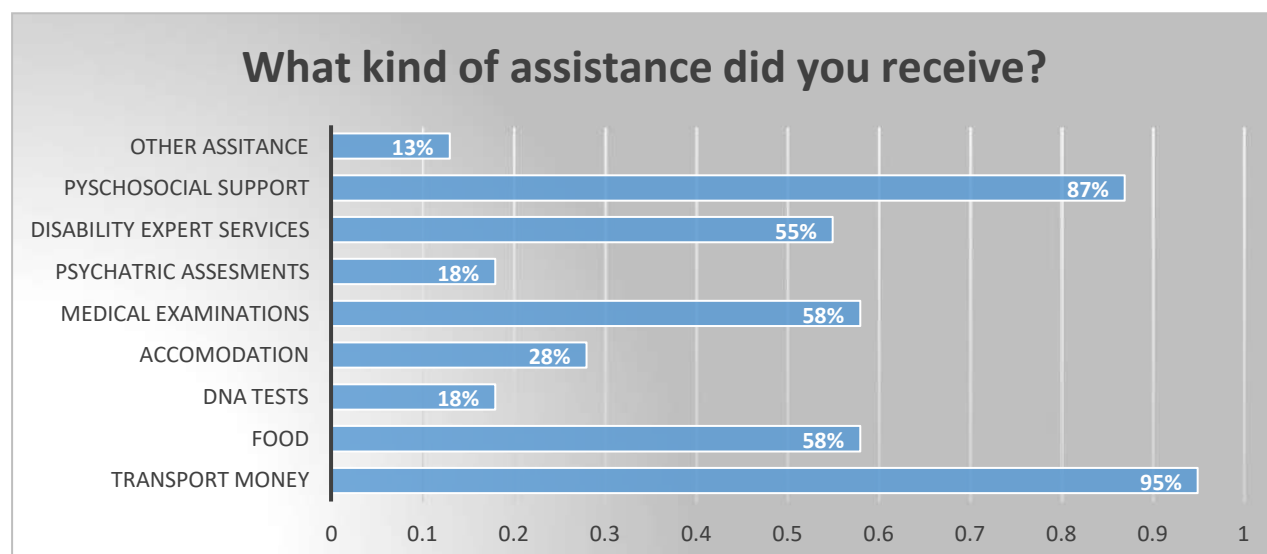


Figure 4: The types of assistance received by survivors

In March 2020, an intellectually challenged girl in Bulilima was repeatedly sexually abused. LCDZ assisted her to get shelter at Ingutsheni. The perpetrator was arrested and by the time of the evaluation he was on remand pending trial and sentencing.

Case Study 2: A good example of how GWwDs may be abused without accessing justice, which shows the project impact.

Survivor GWwDs had improved timely access to justice through AJGWwDs as they received logistical support (financing traveling costs): Survivors were given logistical support to visit the police, the courts, hospital, clinics, and other service providers for assistance. In some cases, through the logistical support given, the GWwDs survivors managed to obtain psychiatric assessment reports, DNA tests, statement recording at the police, medical examination and affidavits, pregnancy scan, and termination of pregnancy among other services. These services catalyzed access to justice and related services among GWwDs and at the same time reducing barriers that hinder smooth access to justice like travel costs.

Survivor GWwDs who needed specialized support through disability expert support (sign language interpretation and support persons) accessed help on reporting, accessing health and fair hearings in court through AJGWwDs: The project bridged the communicational barriers that existed. Disability Expert Services were provided to survivors. The disability expert services included sign language interpretation at the courts during court proceedings and statement recording at the police. Disability experts also played the role of support persons during court proceedings and counseling services.

In 2017, a girl with speech and hearing impairment was raped in Chikombedzi but statement was never recorded due to communication barriers. When LCDZ came to Chiredzi, the case was reopened and the perpetrator was arrested and convicted. After sign language training was done with the police, the Investigating Officer was now able to make follow-ups and communicate with the survivor.

Case Study 3: A case in Chiredzi showing the gap covered by disability expert services and sign language training.

Survivor GWwDs managed to access psychological support at pre-trial, trial, and post-trial stages through the AJGWwDs project: Home Visits were carried out to 57 survivor GWwDs across the country. Through the home visits, the project team conducted initial assessments, case follow-ups, post-trial psycho-social support. Some of the cases came to light through the home visits, police correspondence, and referrals.

Output 1.2: Police, Judiciary, and MoHCC have improved institutional protocols and capacities to better serve survivor-GWwDs by August 2021.

The police, the Judiciary Services Commission and MOHCC staff were capacitated through training to better handle survivor GWwDs in accessing post-violence services: Training courses on Basic Sign Language were provided to key justice and health actors that included, Police, Public Prosecutors, and Nurses in Mt Darwin, Mutoko, Chipinge, Bulilima, and Mangwe Districts during the project implementation. The key elements of the training courses were on the Deaf Culture; formal and informal sign language; sign language dialects specific to their districts; challenges faced by GWwDs in accessing justice and tips on how to handle GWwDs as they access services. Throughout the project implementation, refresher courses were conducted. Furthermore, the training was instrumental in curbing the communication barriers that service providers usually encounter in assisting GWwDs. A Public Prosecutor from Chiredzi shared the following;

“Through the LCDZ project, we realized that survivor GWwDs are many. We were also trained on how to better serve GWwDs. The project was highly efficient with psychiatric assessments taking only a week to be obtained unlike before”

Public Prosecutor Chiredzi Magistrate’s court

3.1.3 Efficiency

The section presents project execution, organization, the experience of the personnel, technical expertise, administration, financial management, training, monitoring, and reporting, and also how far funding, personnel, regulatory, administrative, time, other resources, and procedures contributed to or hindered the achievement of project results. Also, in the limelight is the assessment of how the set-up of partnerships, structures, processes have contributed to the effectiveness of the project delivery.

The project execution, administration, technical expertise, and financial management approach were efficient: For project execution, LCDZ had staff at the national level for programming comprising of Projects Coordinator, Project Officer, M & E, Project Assistant, and Project Intern. At District Level, the project had a District Officer for each District. At Nzeve Deaf Children’s Centre, Margaretha

Hugo Schools and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre the project had coordinators responsible for coordinating the response component doing case referrals, registration, follow-ups, and distributing requested funds from LCDZ.

The project was confronted with COVID 19 related logistical challenges: The program was to some extent affected by COVID 19 especially on logistics and closing of the courts. UNTF released COVID-19 funding to cater for PPE, which greatly assisted the project to operate whilst adhering to the regulations.

The project optimally utilized available financial and human resources: To a larger extent, the project delivered its expected outputs against the available resources. However, the demand was high because there are a few players in targeting GWwDs which leaves a lot to be done and a long wish list from the target groups. There is transparency and accountability in all project operational components, especially in the procurement of supplies, refreshments, and reimbursement of transport for GWwDs when they attend meetings.

Timely and delayed disbursement of funds had a toll on the project: The respondents and project staff reported that when project funds were available, the project was highly efficient, cases received were assisted in time although challenges were encountered when the project funds disbursement is delayed and the project goes on pause. However, the stakeholders restated there were instances when they were notable challenges when there was an urgent need for the assistance of GWwDs and they were told that project funds were yet to be disbursed.

3.1.4 Coherence

Coherence looked at the extent to which the project supported or undermined other interventions (particularly policies relating to disability mainstreaming) and whether it had synergies and interlinkages with international provisions, national efforts, and other VAW projects.

The project was aligned with the global provisions of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD): AJGWwDs was anchored on provisions of the UNCRPD. Its modus-operand was informed by the UNCRPD; in fact, it was a micro-level version of the UNCRPD domestication. The project responded to the continuous violation of GWwDs' rights, especially on VAW and their exclusion from accessing justice and livelihood opportunities in Zimbabwe.

The project supported the national efforts to ensure disability inclusion in justice, mainstream development, and socioeconomic landscapes in the country: The country is in an era of singing the "Leave No One Behind" mantra which also involves GWwDs. Justice for all is therefore well deserved by the GWwDs hence the project is coherent with government plans. Disability Inclusion has been a government priority in Zimbabwe and LCDZ has been complementing the government through its various projects including the AJGWwDs project. Access to Justice for all without discrimination even on grounds of disability is bestowed upon everybody by the Constitution of Zimbabwe 2013, restated by Articles 12 and 13 in terms of equal recognition before the law as well as access to justice, SDG 16 which calls for promotion of peaceful and inclusive societies for sustainable development, provision of access to justice for all and build effective, accountable and inclusive institutions at all levels. AJGWwDs project, therefore, complemented government efforts. The project worked with different local government departments and line ministries hence it was not running parallel structures and efforts but was complimenting the government.

The project supported all other development interventions implemented by all CSOs and DOs on VAW: The project linked with other organizations like Musasa, FACT, Childline on women and justice issues. The design of the project itself was to link with mainstream women organizations as much as it was found necessary to link also with organizations in livelihood programs.

The project supports LCDZ's commitment to the full inclusion of persons with disabilities in society: LCDZ through its various projects has contributed to the ratification of the UNCRPD in 2013, addressing disability rights in the 2013 Constitution as much as it is progressive, contributed to the Inclusive Education movement which has seen many institutions receptive discussing disability matters and mapping a way forward for inclusive education. Through the AJGWwDs the justice system acknowledged gaps found and even agreed for LCDZ to interpret in courts to bridge the gap between Formal and Informal sign language which over the years contributes to the backlog of cases involving GWwDs with speech and hearing impairments. By supporting GWwDs to be fully aware of their rights, and access to justice, the project supported LCDZ's policy which aims to promote the full and effective participation and inclusion of persons with disabilities in society in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

3.1.5 Sustainability

Sustainability refers to the extent to which the benefits brought about by the project continue to be evident, as felt by the beneficiaries and other stakeholders, beyond the lifespan of the project.

The response pillar has nothing much to report in terms of sustainability since most of the cases were once off encounters with survivors: During the project period, project outputs were maintained through home visits and offering psychosocial support to victims, offering refresher pieces of training to duty bearers, community leaders, caregivers and GWwDs themselves.

3.1.6 Impact

Due to the high demand for justice-related services among GWwDs, the AJGWwDs project had a high impact: The project managed to assist 796 survivors access justice, 625 at pre-trial, 122 at trial, and 47 at post-trial stages. The evaluation observed that AJGWwDs significantly contributed to improved access to justice. 96% of both caregivers and GWwDs interviewed indicated the project was helpful (see figs 5 and 6).

Through logistical support (financing traveling costs) GWwDs were able to access justice-related services without eroding their already limited/unavailable financial resources: Logistical support was hailed by the beneficiaries and caregivers as it facilitated timely access to preliminary SGBV services such as medical attention, pregnancy scans, termination of pregnancy, age estimation, DNA tests,

and psychiatric assessments. GWwDs were able to visit courts and police stations to report their incidences and to attend court so that justice can be served.

Disability expert support (sign language interpretation and support persons), reporting, and trials of cases involving GWwDs improved considerably: This has resulted in the fast trekking and smooth flow of cases involving GWwDs whenever they were brought before the courts. This was elaborated by the district VFU officer for Chipinge during a key informant interview session.

Through disability psychosocial support before, during, and after trial, survivors were able to recover from trauma and psychological effects of abuse: Through the home visits, survivors felt loved as they also received dignity kits and psycho-social support. Home visits also helped push cases as the project team conducted case follow-ups. Through home visits, some cases of abuse against WGwDs were unearthed and referrals were made.

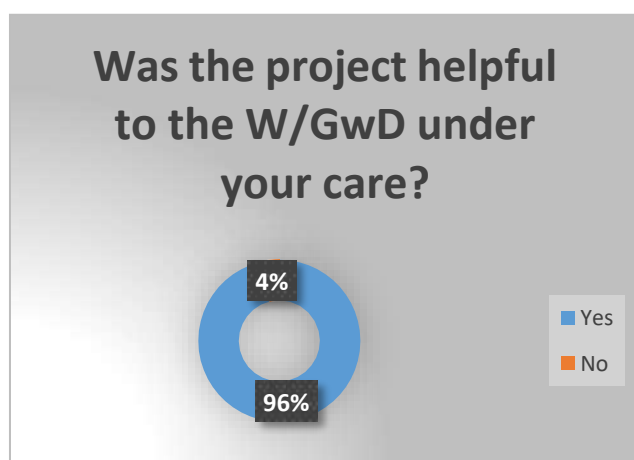


Figure 6: Survivors Caregivers' perceptions on project impact

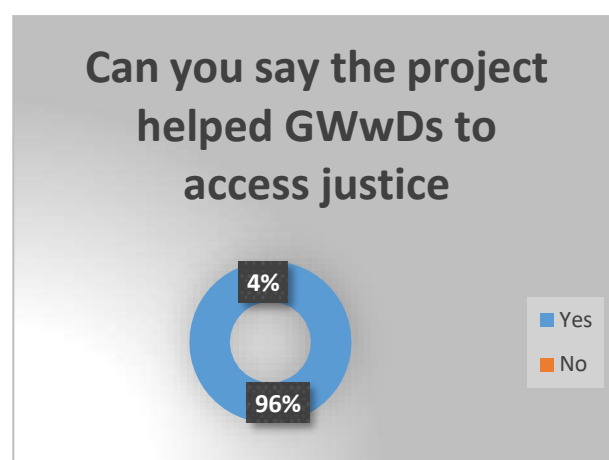


Figure 5: Survivors' perceptions on whether the project helped them to access justice.

3.1.7 Cross-Cutting Issues

This section assessed how the AJGWwDs integrated cross-cutting issues of age, nature of the disability, location, and environment at the design, planning, and implementation stages of the project.

The project had no cut-off age, did not exclude by nature of the disability and it covered all survivor GWwDs throughout the country: The database for survivors indicated that GWwDs with intellectual impairment are the most vulnerable to abuse hence their high numbers. However, the project assisted all GWwDs with Albinism, Hearing Impairment, Multiple Disabilities, Physical Disability, Visual impairment, Speech impairment, Learning difficulties, and Epilepsy. The evaluation also noted that all services were available for all age groups. In terms of coverage, the project had a national coverage at the responsive level in which all GWwDs across the country

The project was disability sensitive: Besides assisting all types of impairments, the project understood that GWwDs have different needs depending on the type of impairments. In terms of communication, the project was inclusive through the provision of sign language interpreters during activities as well as when needed. Understanding that most GWwDs and their caregivers have limited sources of finance, the project also took cognisance of the need to cover caregivers for some GWwDs who could not walk alone hence transport and refreshments were catered for by the project.

3.1.8 Knowledge Generation

The section looks at key knowledge products produced by LCDZ under the project as well as lessons learned/best practices under pillar 1. These knowledge products were shared with the UNTF while lessons will be used by LCDZ in future programming or shared with other disability movement practitioners. Knowledge generation can be used to point out the outstanding advocacy and implementation priorities that still require action and commitment from project stakeholders. The following are key lessons;

Two knowledge products were shared with UNTF under AJGWwDs: LCDZ prepared a knowledge document which was shared UNTF. The document contained three case studies that gave UNTF a picture of the situation that GWwDs were subjected to in accessing justice as well as the impacts of the intervention. The first case study narrated the story of a 25-year-old woman with a severe mental impairment who is one among many girls and women with disabilities who has faced sexual abuse by a relative. She received adequate tailored support and the accused rape perpetrator pleaded guilty to the offence and was sentenced to 20 years imprisonment. The second case story shared experiences on communication barriers faced by Girls and Women with hearing impairments in Accessing Justice and how the project helped Susan and the final case story focused on the lived realities of recurring sexual abuses experienced by women with mental impairments together with how AJGWwDs. The case study stories are an abridged version of experiences of GWwDs on VAW and the ideal ways of accessing justice depending on the nature of the impairment.

Project created demand and pulled out when resources were critically needed: Most of the cases are still on the pre-trial phase (80%) and trial stage (14%) hence the project left a huge demand gap as survivors still need practical assistance (see fig 7). It should, however, be noted that the delays in the movement of the case are on the judiciary side which was affected by COVID 19 to some extent and which is not religious with trial dates sometimes.

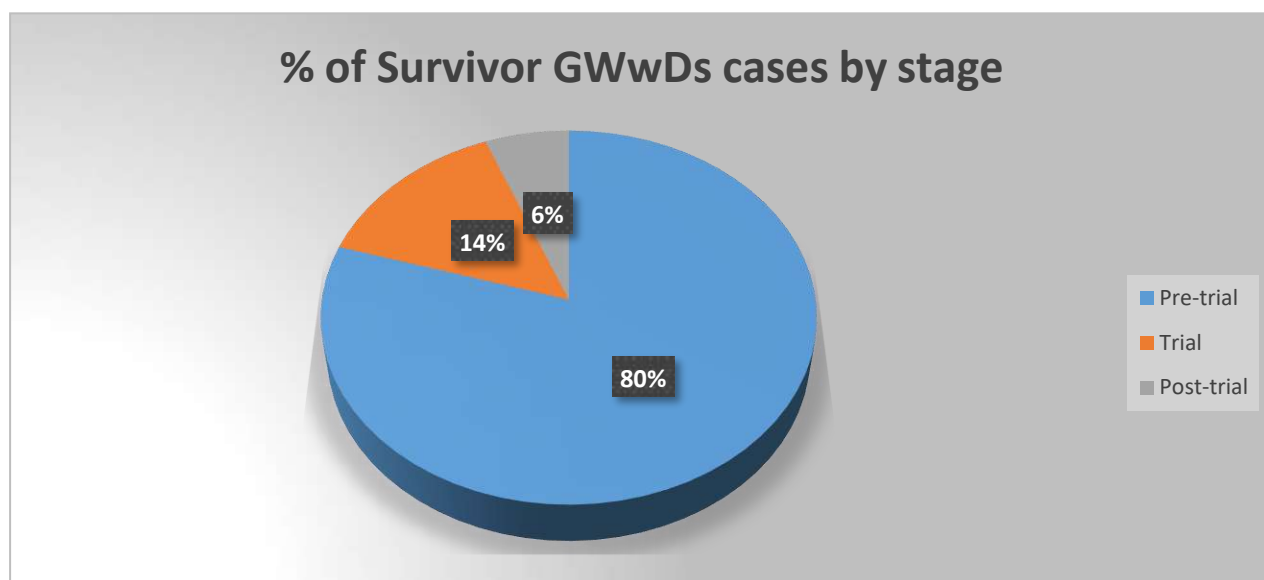


Figure 7: Percentage of survivor cases by stage

Some of the key lessons are;

- ✓ Sexual violence is an evidence-based crime, timely reporting and intervention is key
- ✓ The multi-sectoral approach is efficient in EVAGWwDs and delivering justice to GWwDs
- ✓ Disability desk in all justice actors need to be established
- ✓ Capacity building is still needed on the justice actors especially on handling cases involving GWwDs

3.1.9 COVID 19

This section summarises how the COVID 19 pandemic impacted the implementation of the project as well as how resilience was built.

The project was disturbed by the COVID-19 pandemic through the lockdown and restrictions which were meant to curb the spread: The COVID-19 pandemic has further exacerbated the vulnerability of GWwDs to GBV risks, shocks, and stresses. GBV cases against GWwDs have increased considerably under the COVID-19 pandemic. The main reason is that the victims are always with the perpetrators at home hence there is more time for abuse. While abuse was exacerbated by the lockdown, GWwDs had no means for reporting. Cases on trial were postponed because only urgent matters were attended to. However, with time GBV was declared an essential service due to the increase in cases, and the project started engaging target groups whilst adhering to regulations. UNTF released COVID-19 funding to cater for PPE, which greatly assisted the project to operate whilst adhering to the regulations.

The project introduced a toll free-line as an adaptation strategy to the COVID-19 restrictions: A toll-free line was established to provide online services and psychological first aid to survivors who found themselves cut from communicating with service providers during COVID-19 lockdown. The toll-free line was instrumental in ensuring continuous communication between LCDZ and its beneficiaries during and after the COVID-19 pandemic and even other crises'. The toll-free line was also critical in providing timely and quality services in real-time.

3.1.10 Gender Equality and Human Rights

This section looks at how the AJGWwDs project incorporated human rights and gender as cross-cutting issues under the response pillar.

The response pillar had no gender equality aspects but adopted a human rights approach: The AJGWwDs project was specifically targeting GWwDs under the response pillar hence there was nothing on gender equality to report on. However, the project adopted a human rights-based approach in offering assistance to survivors. Understanding that most GWwDs are economically and financially disadvantaged, the AJGWwDs project provided financial resources for transport, food, medical bills, and accommodation for both the survivors and their caregivers. The project made sure that in accessing justice, the beneficiaries and caregivers were not left worse-off through using their already limited resources during the justice processes. To minimise trauma and psychological effects suffered by the survivors, the project also conducted home visits and counseling services.

3.2 PILLAR 2- PREVENTION

Pillar 2 of the AJGWwDs focused on the prevention of VAGWwDs. Specifically, it sought to prevent and promote reporting of violence through training of GWwDs and caregivers on VAW, dialogues with community leaders, formation and strengthening of support groups, and community-based anti-GBV structures. This was meant to develop the capacities of communities to prevent and respond to VAW against GWwDs. For key stakeholders, the project sought to strengthen institutional practice capacity and mainstreaming of disability to better serve GWwDs and enhance their knowledge and skills on disability and VAW. Lastly, on LCDZ's co-implementing partners (Nzeve Deaf Children's Centre, Margaretha Hugo Schools and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre) the project aimed at institutional strengthening to sustainably respond to the COVID 19 pandemic and other crises while maintaining or adapting existing interventions to EAWG with a focus on the most vulnerable

women and girls with disabilities. The results under this pillar were obtained from project documents, non-survivor GWwDs, Caregivers for non-survivors, project staff, local leaders, and district stakeholders and are presented below.

3.2.1 *Relevance*

The project's goal and objectives under Pillar 2 were found to be consistent with the disability development aspirations at regional and international level: The evaluation noted that the project was of potency within the disability discourse as all its activities are complementary to the standards of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The project is informed by the UNCRPD international standards while at the same time it is domesticating the prescribed practices to fit the Zimbabwean context. The UNCRPD is “the most important instrument for planning and implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and respective activities at country level. Article 6, recognized the various forms of discrimination faced by women and girls with disabilities, committing States parties to take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedomsⁱⁱ. Article 16 focuses on freedom from exploitation, violence, and abuseⁱⁱⁱ. Three actions are more specifically recommended by Article 16 CRPD to support persons with disabilities and their families and caregivers: 1) the provision of information, 2) education on how to avoid, recognize and report instances of exploitation, violence, and abuse and 3) social reintegration of persons with disabilities who become victims of any form of exploitation, violence, or abuse, or through the provision of services. The UNCRPD provides critical building blocks for strategic planning processes by informing priority setting and provides the much-needed evidence-based programming. The AJGWwDs Project is operating within these parameters hence it is consistent with international standards of strengthening disability inclusion in programs and service provision including efforts to End Violence against Women.

This project was also in tandem with other provisions from international and regional instruments on ending SGBV against women and girls with disabilities. These include;

- a) **1979 Convention on the Elimination of All Forms of Discrimination against Women** focuses on the eradication of all forms of discrimination against women in all areas as well as full enjoyment of the rights of men and women on an equal basis^{iv}.
- b) **1982 World Programme of Action concerning Disabled Persons** which recognizes women with disabilities as a special group and addressed the specific barriers they face in accessing health care, education, and employment^v. It emphasizes the full participation of persons with disabilities in all aspects of social and economic life.
- c) **1993 Standard Rules on the Equalization of Opportunities for Persons with Disabilities** is a global strategy to enhance equality of opportunities for people with disabilities including women with disabilities^{vi}.
- d) **1995 Beijing Declaration and Platform for Action** which identifies specific actions that governments should take to ensure the empowerment of women and girls in various areas as well as bringing disability inclusion into the general efforts to address the multiple barriers to empowerment and advancement faced by women and girls^{vii}.
- e) **2003 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in African.**^{viii} Article 23 of the Protocol is dedicated to the rights of women with disabilities. It stipulates that States Parties undertake to ensure the protection of women with disabilities and take specific measures commensurate with their physical, economic, and social needs to facilitate their access to employment, professional and vocational training as well as their

participation in decision-making. The Parties are also mandated to ensure the right of women with disabilities to freedom from violence, including sexual abuse, discrimination based on disability, and the right to be treated with dignity.

- f) **2014-2021 World Health Organization (WHO)** global disability action plan recognizes VAW as one of the barriers faced by women and girls with disabilities.^{ix}
- g) **2015 Agenda for Sustainable Development-2030** is another guiding framework that has implications on GBV for women and girls with disabilities. AJGWwDs is also in tandem with the UN Sustainable Development Goals (SDG) Principal on “Leaving No One Behind”. The project supports the 2030 Agenda for Sustainable Development which has five goals that explicitly refer to persons with disabilities and opened doors for their participation and recognition as active contributing members of society, who must not face discrimination or be left out or behind. Sustainable Development Goal 5 seeks to achieve gender equality and empower all women and girls including women and girls with disabilities^x. It seeks to end all forms of discrimination and strengthen monitoring and evaluation of practices to enhance the status of women and girls with disabilities. Goal 10 seeks to reduce inequalities and empower and promote the social, economic, and political inclusion of all, irrespective of age, sex, or disability^{xi}. Furthermore, UNDP, UNFPA, UNICEF, and UN-Women pledged to work together to support the implementation of the 2030 Agenda. They seek to “...promote women’s participation in decision-making and help achieve women’s economic empowerment, end violence against women and girls, eliminate harmful practices, promote the well-being of women and girls in all settings, and involve men and boys in advancing gender equality”^{xii}. The collaboration seeks to end all forms of discrimination and violence and abuse against women and girls and ensure the effective implementation of laws and policies.
- h) **2018-2030 SADC Regional Strategy and Framework of Action for Addressing Gender-Based Violence** ^{xiii} which seeks to promote the prevention of and early identification of GBV through increased understanding by addressing associated social, cultural, religious, political, and economic factors. The strategy recognizes the insufficiency of GBV that is disaggregated by gender, disability, and geographical areas. It also recognizes the availability of weak data collection tools and systems, leading to inadequacies in the monitoring, learning, and evaluation system. Specifically, the strategy advocates for the composition of the GBV & Human Rights Clusters to be inclusive of National Disability Councils.
- i) **The SADC Declaration on Gender and Development (1997)**^{xiv}, and its Addendum on the Prevention and Eradication of Violence against Women and Children (1998), as well as the **SADC Gender Policy**^{xv}, all address GBV.
- j) **The African Union’s Agenda 2063**^{xvi} identifies GBV as a major obstacle to human security, peace, and development, often fuelled by armed conflict, terrorism, extremism, and intolerance

The strategies and approaches used by the AJGWwDs project were aligned and relevant to the broader discourse of EVAGWwDs as shown in all the given regional and international instruments.

At the national level, the project complements the broad government efforts on protection and inclusion of people with disabilities and the provisions enshrined in the 2013 Zimbabwe Constitution and the 2021 National Disability Policy: Although Zimbabwe ratified the United Nations Convention on the Rights of Persons with Disabilities; fundamental gaps remain when it comes to the enjoyment of human rights by persons with disabilities. This is because the UNCRPD is not yet fully domesticated let alone effectively implemented in the country. The project thus sought to support the full domestication and implementation of the UNCRPD working with GWwDs, their caregivers, community leaders, and government line ministries to initiate such change. The project is strategically positioned and

aligned to the National efforts on disability mainstreaming. Under Pillar 2, the project worked to prevent VAGWwDs and to ensure that there are protected from any form of violence and abuse. AJGWwDs also worked to make sure that **Section 3.6 of the National Disability Policy** which provided guidelines on exploitation, violence, and abuse, and all its sub-sections 3.6.1 to 3.6.24 are fulfilled in Zimbabwe. In addition, the AJGWwDs project activities were complementary to the efforts of the country's disability movement the Federation of Organisations of Disabled People in Zimbabwe (FODPZ) which is to improve the rights of people with disabilities.

The project activities, goals, and objectives are relevant to the needs of the communities being served: The project addressed the pressing needs of beneficiaries who confirmed its importance. The motive behind the project was to address the continued unreported and undetected high levels of VAGWwDs yet according to available evidence they are the ones who are up to three times more likely to be raped, twice as likely to experience other forms of gender-based violence, and more likely to suffer worse injuries and more prolonged abuse than women and girls without disabilities. Under pillar 2 the AJGWwDs project sought to prevent and promote reporting of violence through training of GWwDs and caregivers on VAW, dialogues with community leaders, formation and strengthening of support groups, and community-based anti-GBV structures.

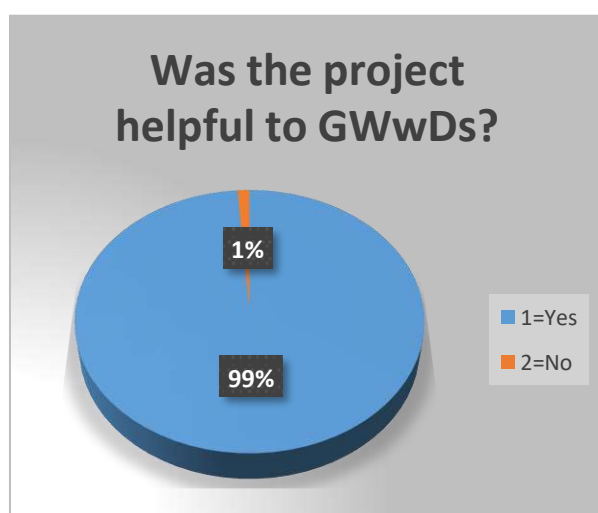


Figure 11: Perceptions of non-survivors caregivers on project relevance

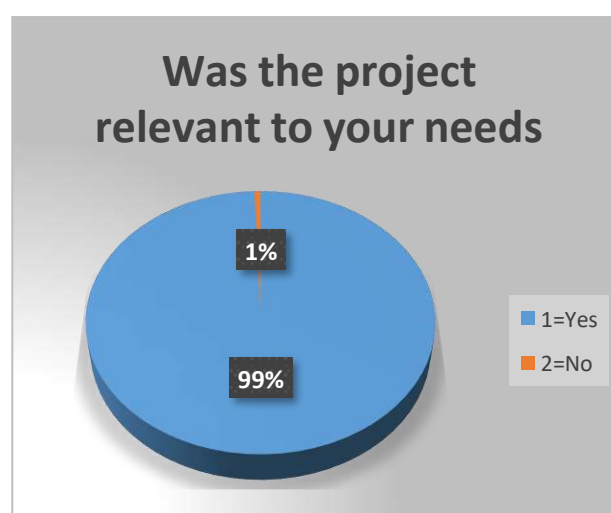
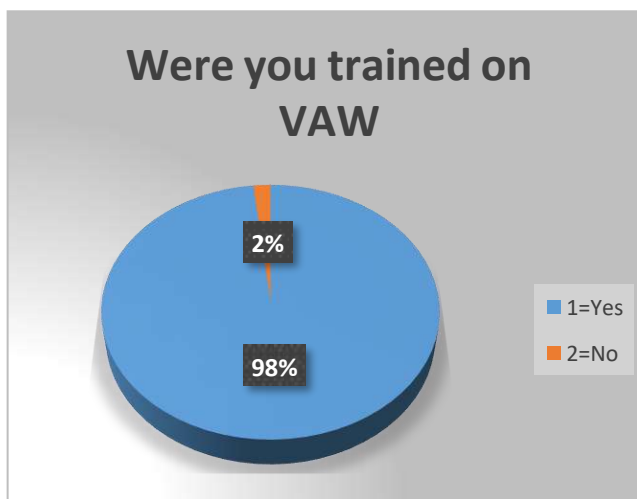
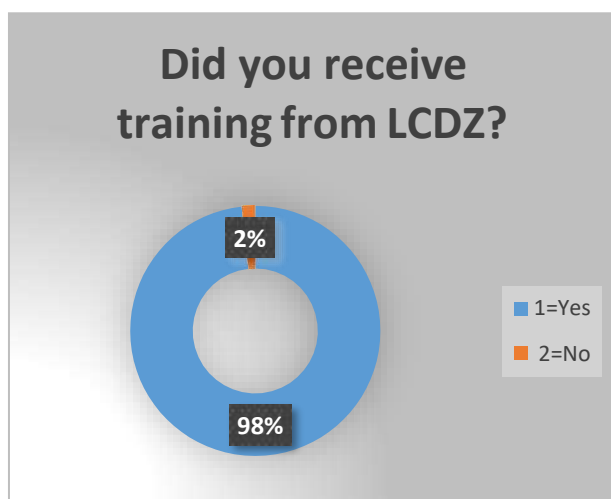


Figure 10: Non survivor GWwDs perceptions on project relevance

As shown in fig 11, 99% of the Non-survivor GWwDs interviewed during the evaluation consultations in Mt Darwin, Mutoko, Chipinge, Chiredzi, Bulilima, and Mangwe pointed to the relevance of the project. The same was supported by 99% of the caregivers met in the respective districts (see fig 10). The remaining 1% indicated that justice actors especially the police in instances where they were handling money, e.g. for food, became dishonest. The caregivers argued that all the money for assistance should have been given to them.

3.2.2 Effectiveness

Effectiveness focuses on the extent to which the project met its end-term targets under pillar 2. It is important to highlight that the novel COVID 19 induced disturbances negatively impacted some project activities. Despite these setbacks, several achievements of key result areas under pillar 2 are presented in the next sections.



3.2.2.1 Outcome 2: Girls and women with disabilities, caregivers, and local communities in six (6) targeted districts can effectively prevent, detect and respond to sexual and other forms of violence against girls and women with disabilities

Under outcome 2, the project sought to prevent and promote reporting of violence through training GWwDs and caregivers on VAW, having dialogues with community leaders, formation and strengthening of support groups and community-based anti-GBV structures. This was meant to develop the capacities of communities to prevent and respond to VAW against GWwDs. Results attained at the end-term for each of the two indicators are presented below.

Output 2.1: Girls and women with disabilities and caregivers reached by the project have increased knowledge of human rights, violence against women, and legal processes.

Key activities under this indicator were training of GWWD and caregivers on VAW, reporting, and psychosocial support; formation and strengthening of support groups for GWWD and their caregivers; development and distribution of accessible IEC materials; and training on income-generating projects and provision of revolving fund to support-groups. As shown in fig 12 and 13 below, 98% of GWWDs met during evaluation consultations acknowledged that they received training from LCDZ on VAW.

Training of GWwDs on VAW improved their knowledge and capacities to prevent, detect and report VAW against GWwDs: At baseline, one of the key challenges noted was lack of knowledge or access to information on Human Rights among GWwDs. Due to lack of access to correctly formatted Information Education and Communication (IEC) materials and legal provisions, the crime reporting behaviors of GWwDs was poor and this led to a few or no SGBV cases being reported and proceeding to courts. Throughout the project implementation period, pieces of training for GWwDs and their caregivers were conducted with support from the Women Law Society in Africa (WILSA), District Victim Friendly Coordinators, District Development Coordinators, and the District Women Affairs and Social Welfare Officers in the 6 districts. The training sessions concentrated on discussions on preventative and detection measures as well as response mechanisms for Gender-Based Violence and Sexual Abuse. The ZRP VFU was a key stakeholder in detailing the reporting system of sexual abuse cases and how best to seek

Figure 12: Percentage of GWwDs who were trained by LCDZ

Figure 13: Percentage of GWwDs trained on VAW

assistance. Due to these pieces of training, 98% of the beneficiaries have improved knowledge on VAW and 98% are now aware of the reporting procedures to take when violated (see fig 14 and 15).

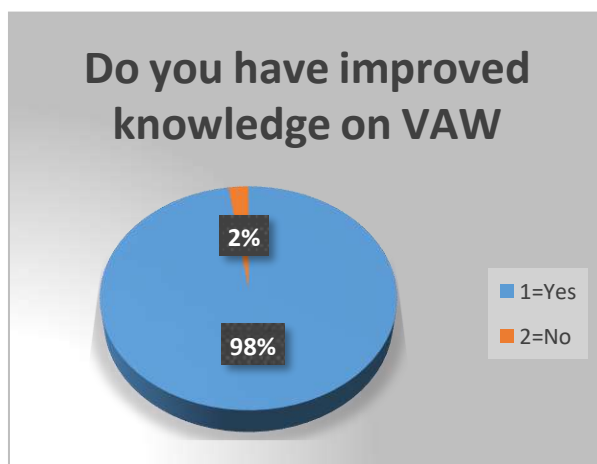


Figure 15: GWwDs with improved knowledge of VAW



Figure 14: Percentage of GWwDs who know reporting procedures when violated

In Mutoko, due to the knowledge acquired through LCDZ training on legal processes and rights, a woman with physical disability is now claiming maintenance for her twin babies. After training, she went to report her case and she won.

Case Study 4: Legal procedures knowledge put to use in Mutoko

Training of caregivers on VAW improved their knowledge and capacities to prevent, detect and report VAW against GWwDs: The project also trained and capacitated with knowledge and skills to prevent, detect and report VAW against GWwDs. The baseline study for the AJGWwDs project found out that due to lack of knowledge and fear of stigma and isolation, parents/caregivers kept GWwDs as in the private spheres (homes). Most parents did not want people to know about their GWwDs, thus keeping them away from the community activities. The baseline study also found out that there was a general lack of family Support for GWwDs especially those with an intellectual impairment who are most vulnerable to be sexually abused within the family circles. Caregivers consulted during the baseline survey highlighted that 50% of GWwDs in their communities were being sexually violated and the cases were not reported. To ensure total ownership of the preventive and migratory responses towards sexual violence against GWwDs, the project brought onboard family members in the overall caregiving continuum of GWwDs and trained them on some of the basic laws that protect GWwDs from violence and abuse, VAW, and reporting procedures. Following such LCDZ's interventions, 98% of the 170 caregivers interviewed highlighted that they were trained on VAW and they now have improved knowledge and capacities to prevent, detect and report any form of VAGWwDs (see fig 16 and 17). The following was shared by an FGD participant in Matope Mt Darwin;

"I received capacity building from LCDZ to better handle PwDs. As a foster parent with a 7-year-old with hearing and speech impairments, I am now more conversant with sign language through LCDZ training. I am also more informed and knowledgeable about VAW, legal procedures, and the rights of GWwDs"

Female FGD participant Matope Mt Darwin

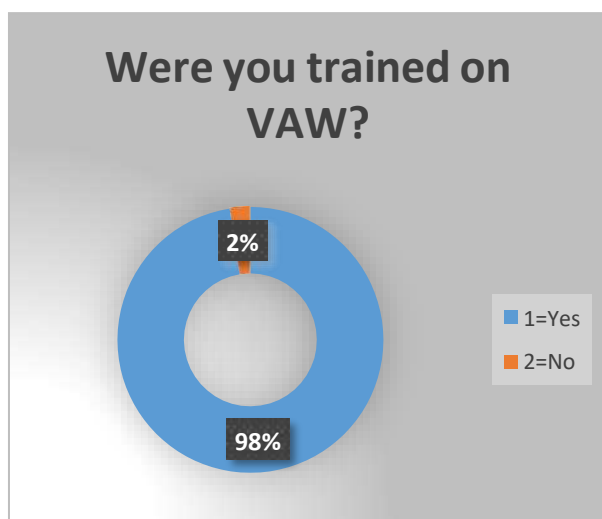


Figure 17: Percentage of Caregivers trained on VAW

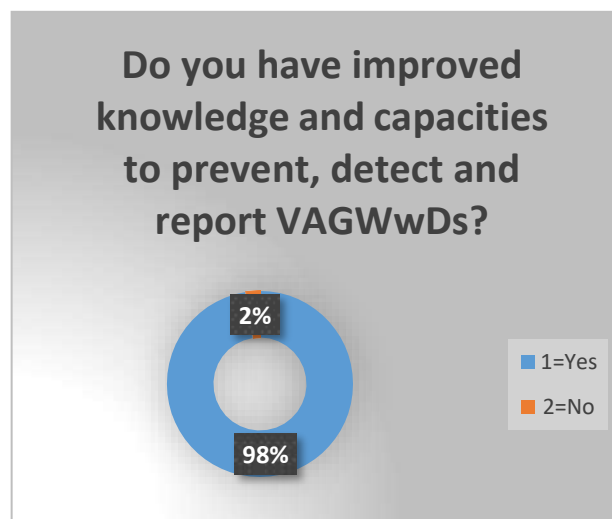


Figure 16: Percentage of Caregivers with improved knowledge and capacities to prevent, detect and report VAGWwDs

The poultry project economically empowered GWwDs and the formation of support groups cemented their social capital and safety nets: The baseline study for the AJGWwDs found out that the vulnerability of GWwDs was worsened by lack of financial independence which left them at the mercy of other people for financial support. These people would then have the power to abuse GWwDs. Financial independence through IGPs removes the dependency connection between GWwDs and some perpetrators thereby reducing the chances of abuse or unreported abuse cases. Usually, when abuse is perpetrated by a breadwinner, caregivers or family members tend to cover for the perpetrator for continued support. However, if the GWwD is financially independent, she is likely to report because there is no hold on her by the perpetrator or family members. It is against this background and as part of the broader VAW prevention framework that AJGWwDs had a GWwDs economic empowerment component. Support groups were formed and strengthened in the six targeted districts to provide peer-to-peer support; share information on VAWG and places to seek help. This was followed by training on income-generating projects and the provision of a USD 200 revolving fund to support groups of 20 GWwDs. The supported projects were of their own choice after deliberations on what was feasible within their areas and their capacities. Table 4 presents the number of support groups formed and the poultry projects running in each ward per district.

District	Ward	Support Groups	Running poultry projects	Specific poultry project
Mt Darwin	Matope (24),	1	1	Broiler Chickens
	Dotito (36),	1	1	Broiler Chickens
	Vicky (40)	1	1	Broiler Chickens
	Mukumbura (2)	1	1	Broiler Chickens
Mutoko	Chitekwe (12),	1	1	Broiler Chickens
	Nyamuzuwe (7),	1	1	Broiler Chickens
	Nyahondo (22),	1	1	Broiler Chickens
	Musanhi (9)	1	1	Broiler Chickens
Chipinge	Urban Wards,	1	1	Broiler Chickens
	Checheche (24),	2	2	Broiler Chickens
	Chisumbanje (26)	2	2	Broiler Chickens
	Rimbi (21)	1	1	Broiler Chickens
Chiredzi	Uswaushava (16)	1	1	Broiler Chickens

District	Ward	Support Groups	Running poultry projects	Specific poultry project
	Chimbwedziva (8)	1	1	Goats rearing
	Nyahanga (3)	1	1	Broiler Chickens
	Urban wards	1	1	Rabbit Keeping
Bulilima	Tshwangwa (1)	1	1	Broiler Chickens
	Gwambe (2)	2	2	Broiler Chickens
	Malalume (14)	10	10	Broiler Chickens
	Dombodema (20)	3	3	Broiler Chickens
Mangwe	Empandeni (1)	2	2	Broiler Chickens
	Ingwizi (5)	2	2	Broiler Chickens
	Nguwanyana (14)	2	2	Broiler Chickens
	Makhubu (15)	2	2	Broiler Chickens

Table 5: IGPs per district by ward and type of project

For the economic empowerment through Income Generating Projects (IGPs) component, the project initially supported one group per ward. While Mt Darwin, Mutoko, and Chiredzi have remained with one group per ward, in Chipinge, Bulilima and Mangwe some wards have started splitting into smaller convenient groups. Ward 8 in Chiredzi has diversified from broiler chickens to Goat rearing while the urban wards of the same district have moved from broiler chickens to rabbit keeping after their chickens were stolen. Data from the survey with GWwDs shows that almost all the beneficiaries are part of support groups and have been assisted to start poultry projects. Fig 18 and 19 shows that 92% of the beneficiaries met are part of support groups and 95% attested to have been assisted to start the poultry project.

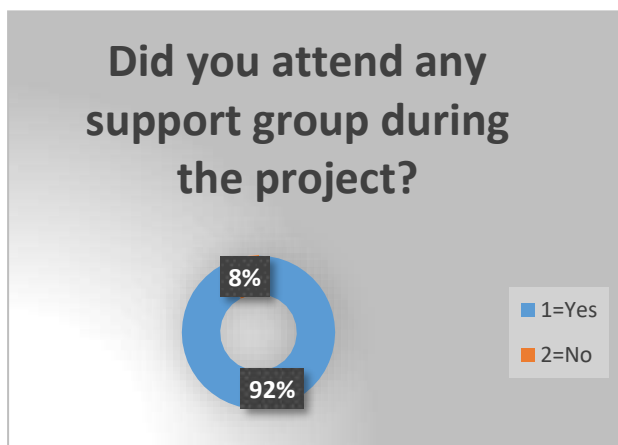


Figure 19: Percentage of GWwDs who attended support groups

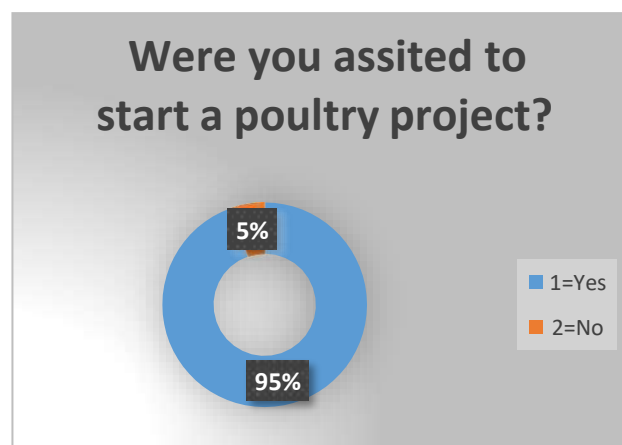


Figure 18: Percentage of GWwDs who were helped to start a poultry project

Output 2.2: Community leadership has a better understanding of the intersectionality of disability and VAW and mechanisms are in place to prevent and respond to VAW in their communities.

Key activities under this indicator involved dialogues with community leaders and CBOs on sexual violence against GWwDs; training of community anti-gender VAW structures and ensuring representation of GWwDs; facilitation of meetings between anti-VAW structures and GWwDs support groups.

Dialogues with community leaders gave a wakeup call for disability inclusion at the grassroots level and improved knowledge, attitudes, and practices around VAGWwDs: As gatekeepers community leaders have an important role to play and help in the fight against stigma and discrimination

which makes GWwDs vulnerable to Sexual and Gender-Based Violence and abuse. An analysis of responses from the Focus Group Discussions (FGDs) and Key Informant Interviews (KIs), revealed that LCDZ and key district stakeholders had training for Anti-GBV structures intending to increase the knowledge of Community Gate Keepers (Village Heads, Pastors, Village Health Workers, Community Based Workers, and Case Care Workers) about Gender-Based Violence, Sexual abuse and best practices of preventing and responding to Gender-Based Violence. Community leaders and GBV Structures were identified to be key figures in the protection of GWwDs against VAW and also in their access to justice journey. After the training, the community leaders met during the evaluation consultations, highlighted that they had changed the way they used to treat GWwDs. With the knowledge gained from the AJGWwDs project, traditional leaders highlighted that they will continue to play their role in vouching to reduce GBV within their community, protect GWwDs from violence by raising awareness on GBV, shunning perpetrators, and not presiding over sexual abuse cases perpetrated against women and girls with disabilities. They also promised to follow steps in the management of sexual abuses as enshrined in the Protocol on the Management of Sexual abuse and Violence (2019). Of the 82 Caregivers interviewed during the evaluation survey, 98% confirmed that the project sensitized traditional leaders on VAGWwDs (see fig 21). On the other hand, 95% (fig 20) of GWwDs interviewed highlighted that they now feel safe from VAW in their communities. An FGD participant in Bulilima had this to say;

"Due to leadership dialogues and training by LCDZ, we now have CPCs and GCs with GWwDs in their structures available in our community"

Female FGD participant Malalume Bulilima

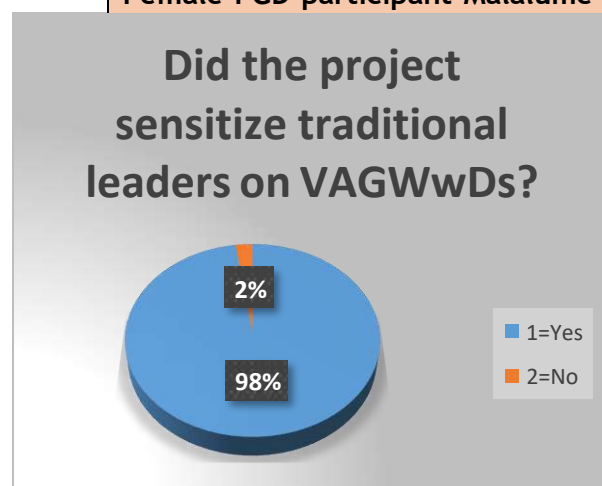


Figure 21: Caregivers' perceptions on project sensitization of traditional leaders.



Figure 20: Percentage of GWwDs who feel safe from VAW

A village head in Mutoko confirmed that he was aware of the LCDZ toll-free number by saying it from his head.

"I am aware of the LCDZ toll-free number which is 08080522"

Village Head Mutoko

The project influenced disability inclusion in the formation of community-based anti-GBV structures: The baseline survey for the AJGWwDs project established that there were high levels of exclusion of GWwDs in community activities and leadership positions. The baseline study also revealed that GWwDs especially those with mental impairment were vulnerable to abuse and sexual violence.

Through dialogues with community leaders in the six districts, the project managed to influence the formation of inclusive anti-GBV structures to better serve GWwDs in communities. Data from key informants revealed that it was during the initial pieces of training of Anti-GBV structures when it was revealed that there was the extensive exclusion of GWwDs. The anti-GBV structures themselves did not have a quota system to include persons with disabilities. Constant sensitization from LCDZ has led to change in the attitudes of communities regarding the capability of persons with disabilities especially GWwDs in leadership positions, women in particular. As shown in fig 23, 89% of caregivers interviewed attested to the existence of Child Protection Committees (CPCs) and Gender Committees (GCs) while 94% (fig 22) confirmed that there are mechanisms to prevent, detect and respond to VAGWwDs in their communities. The empowerment of GWwDs, Caregivers, and Community Leaders in disability rights, how to claim GWwDs rights through the rightful procedures, and establishment of security measures at household and community levels are critical aspects of the AJGWwDs anti-GBV structures.

A 28-year-old girl with intellectual impairment was raped in Empandeni, Mangwe. Due to the established community mechanism to prevent, detect and respond to VAW, the perpetrator was apprehended by traditional leaders and neighbourhood watch sentenced to 15 years in prison.

Case Study 5: Effectiveness of community based mechanisms on fighting VAW and ensuring access to justice for GWwDs

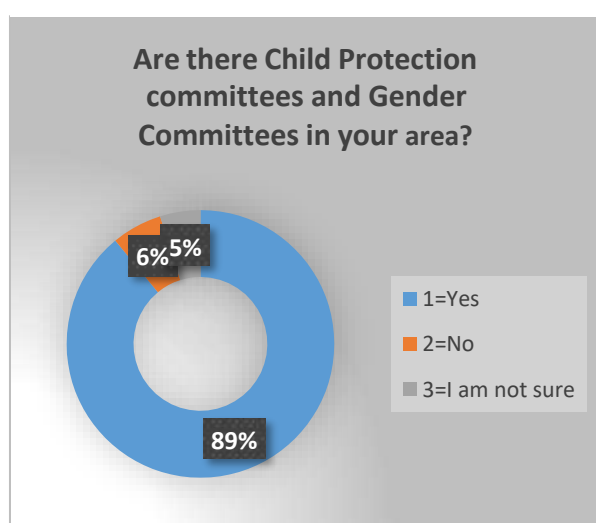


Figure 23: Availability of CPCs and GCs in project districts

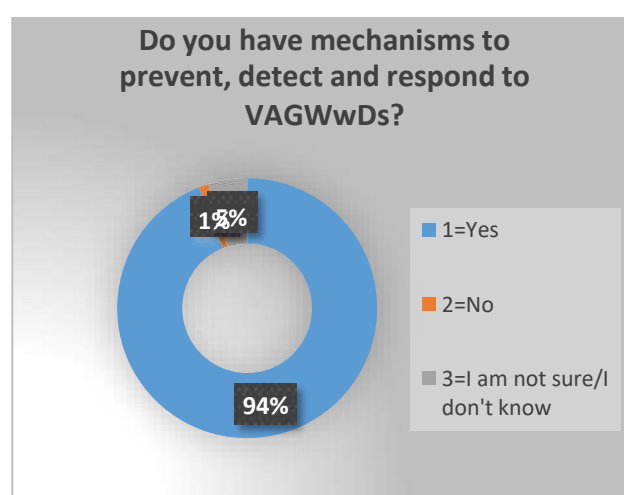


Figure 22: Availability of mechanisms to prevent, detect and respond to VAGWwDs

3.2.2.2 Outcome 3: Mainstream Women's organizations, Ministry of Women and Youth Affairs, Department of Social Welfare, and disability organizations are incorporating the needs and concerns of GWwDs in their work and are more supportive to survivor-GWwDs.

Planned key activities under this indicator included encouraging DOs to attend VFS meetings and other EVAW/G platforms; training of DOs on VAW, gender, and case management; development/reviewing of Gender Policies for DOs and support policy implementation for previously reached. In addition, the project

held an Inception workshop with Dos to sensitize them on VAW; training of stakeholders on disability mainstreaming; strengthening referral pathways for survivor GWwDs and training of community volunteers on psycho-social support to GWWD. Key results under this indicator are presented below.

Output 3.1: Disability Organizations (DOs) are more aware of the vulnerability of girls and women with disabilities to sexual violence and other forms of violence and are taking active measures to prevent and respond to VAW within the framework of their work.

Disability Organizations (DOs) in the six districts have improved knowledge on the vulnerability of GWwDs to VAW: The project also targeted DOs in the six targeted districts to improve their capacities in understanding vulnerabilities of GWwDs through training on VAGWwDs. The evaluation established that the project convened a training workshop in Gweru where 19 Disability Organisations (DOs) were trained on VAWG, Gender, and Case Management. The training was co-facilitated by LCDZ and two mainstream women's organizations that are Musasa and Zimbabwe Women Lawyers Association. The training was on the different forms of violence that GWwDs can face in the home, community, and even within their organizations. The trained Disability Organizations (DOs) in the six districts then cascaded the training to their member GWwDs, caregivers, and respective communities on VAGWwDs and measures to prevent and respond to VAW.

Output 3.2: GWWD's are recognized and meaningfully participating in the Zero Tolerance to GBV Programmes and in the National Plan of Action for Orphans and Vulnerable Children through clearly defined inclusion strategies/plans.

The project capacitated Mainstream Women's Organisations and line ministries to mainstream disability in their work framework: Mainstream Women's organizations (Ministry of Women Affairs and Department of Social Development) are now more capacitated as they were facing challenges in ensuring full participation of GWwDs in the Zero Tolerance to GBV Programmes and the National Plan of Action for Orphans and Vulnerable Children. LCDZ through the AJGWwDs project trained mainstream organizations and line ministries in Mutoko, Mt Darwin, Chiredzi, Chipinge, Bulilima, and Mangwe districts on the rights of GWwDs, mainstreaming disability, and basic sign language. The goal of the training was to change the attitudes of stakeholders towards GWwDs, capacitating them with information on how to begin incorporating GWwDs into their programs as well as equipping them with basic sign language to better communicate with girls and women with hearing and speech impairments. Through KIs, the evaluation established that representatives of the trained mainstream organizations and line ministries have realized that the rights of persons with disabilities are human rights as enshrined in the constitution of Zimbabwe and therefore GWwDs should be accorded the same respect as anyone else. Besides Mainstream Women's Organisations and line ministries, basic Sign Language was also provided to key justice and health actors that included, Police, Public Prosecutors, and Nurses so that they are better positioned to assist GWwDs with speech and hearing impairments. The following words came from an officer at the Ministry of Women Affairs in Mangwe;

"LCDZ introduced sign language to us and shared knowledge on the intersection between disability and VAW. Our office was also taught how to include PwDs in our programs especially GWwDs"

Officer-Ministry of Women Affairs-Mangwe

3.2.2.3 Outcome 4: Leonard Cheshire Disability Zimbabwe and its 4 co-implementing partners (Nzeve Deaf Children's Centre, Margaretha Hugo Schools and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre) are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EAW/G with a focus on the most vulnerable women and girls.

Under this outcome, LCDZ received additional funds from UNTF for institutional strengthening and adaptations to the COVID 19 and other disasters. Using the funds LCDZ reviewed its strategic plan and came up with a DRR plan, and purchased PPE for COVID 19. The funds were also shared with the key partners to develop, review or strengthen their strategic plans and DRR strategies. The impact of these additional funds and what they were used for is presented below.

Output 4.1: Leonard Cheshire Disability Zimbabwe and its 4 co-implementing partners (Nzeve Deaf Children's Centre, Margaretha Hugo Schools, and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre) have put in place mechanisms to improve institutional resilience to crises including COVID-19, which ensures the stability of projects and sustainability of the organization[s] in the longer term.

Nzeve Deaf Children's Centre, Margaretha Hugo Schools, and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre, were supported to strengthen their Disaster Risk Reduction Response Plans through support from the AJGWwDs project: Nzeve Deaf Children's Centre and Margaretha Hugo Schools & Workshops for the Blind were supported with funds to carry-out self-capacity assessments with regards to disaster preparedness. Findings from the KIIs with the representatives from Nzeve Deaf Children's Centre, Margaretha Hugo Schools, and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre indicated that DRR was an overlooked issue in the institutions. The funds availed by LCDZ under the project facilitated self-introspection which came up with new DRR information to the organizations and helped them reassess their policies for DRR. They also reviewed their strategic plans. A staff member of Nzeve Deaf Children's Centre had this to say about the funds and support from LCDZ under the AJGWwDs project;

"It has helped us to be more aware of the DRR cycle and our responsibility at all stages and enabled us to have a new perspective on organizational policy for DRR (in a wider sense than just COVID 19)."

Sibantubanye Zimcare School and Jairos Jiri Naran Centre were supported to do DRR self-capacity assessments, review their strategic plans and come up with DRR strategies: The support from LCDZ facilitated capacity assessment on risk mitigation and response for the key partners. The assessments were then used to influence intervention strategies and priority areas for the institutions in line with international best practices and Section 3.12 of the National Disability Policy (2021) on Disaster Risk Management which stipulates that strategic plan or guidelines for the protection and safety of persons with disabilities within the context of risk, including situations of armed conflict and natural disasters, must be formulated. The capacity assessments were divided into four parts as follows.

- i. Disaster preparedness SWOT analysis
- ii. COVID-19-Preparedness
- iii. Adherence to Standards for Education in Emergencies
- iv. Disaster Prevention and Preparedness Checklist

The capacity assessments, which then led to the development of Strategic Plans for the institutions guide their efforts towards becoming schools that are guided by strategic visioning and results, are prepared for disasters and risks, and contribute to the broader disability rights. In their strategic plans, there was a deliberate promotion of disaster response and preparedness in the context of EVAWG and gender-based programming. Broadly, the strategies covered the full spectrum of the institution's work, including internal practices, and building on change management and reform results, to work more effectively.

Output 4.2: Leonard Cheshire Disability Zimbabwe and its 4 co- implementing partners (Nzeve Deaf Children's Centre, Margaretha Hugo Schools, and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre) have improved knowledge, skills, and capacities to maintain or adapt EVAWG interventions and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises.

Sibantubanye Zimcare School, and Jairos Jiri Naran Centre, Nzeve Zimcare School, and Jairos Jiri Naran Centre have been capacitated with knowledge and skills to coordinate, adapt and maintain EVAWG interventions and reach the most vulnerable women and girls: A training of representatives of key partners on VAW, gender and case management was initiated in 2018 and completed in 2019. Through the project, partners were supported to have Gender and Child Protection Policies. Laptops and hard drives were provided for coordinators at the 4 institutions. As DOs who meet VAW issues regularly, the organizations were incapacitated but the AJGWwDs bridged this gap through capacity and systems strengthening. Through training, the partners were made aware of the importance of following circulars (Discipline and reporting VAW) from MoPSE and confirmed that they are now more aware of how to handle GWwDs better. Sibantubanye Zimcare School and Jairos Jiri Naran Centre remained instrumental in the coordination of both prevention and response activities throughout the project.

Nzeve Deaf Children's Centre and Margaretha Hugo Schools & Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre were supported with COVID-19 PPE to continue their operations: With specific reference to COVID 19, A COVID-19 funding support was released by UNTF to support the purchase of Personal Protective Equipment (PPE), institutional strengthening through training on how to deal with COVID-19 and additional staffing. Through the funds, LCDZ supported key implementing partners with PPE (hand sanitizer, masks, and hand soap). Adaptation to COVID-19 funds greatly assisted with the purchasing and distribution of PPE to implementing partners for continuous implementation of activities during the COVID-19 era. The PPE which included face masks, disinfectants, and sanitizers minimized the exposure to the COVID-19 virus during the provision of practical assistance to survivors and community engagements with beneficiaries and stakeholders. Through the provision of PPE, instead of closing due to COVID-19, key partners managed to keep their learners in their institutions to reduce the chances of them being violated.

3.2.3 Efficiency

With specific attention to pillar 2, the section focuses on project execution, organization, the experience of the personnel, technical expertise, administration, financial management, training, monitoring, and reporting, and also how far funding, personnel, regulatory, administrative, time, other resources and procedures contributed to or hindered the achievement of project results. Also, in the limelight is the assessment of how the set-up of partnerships, structures, processes have contributed to the effectiveness of the project delivery.

The project execution, administration, technical expertise, and financial management approach were efficient: For the prevention aspect of project execution, LCDZ had staff at the national level for programming comprising of Projects, Coordinator, Project Officer, M & E, Project Assistant, and Project Intern. At District Level, the project had a District Officer for each District.

The partnership between LCDZ and mainstream women's organizations and line ministries improved project efficiency: The project implementation commenced with ground-breaking activities in 2018 which saw LCDZ holding orientation and planning meetings with key stakeholders to kick start the implementation process. The meeting clarified the project document, implementation plans, monitoring tools, expectations, and reporting procedures according to UNTF requirements. Ministry of Women Affairs assisted with community entry, engagement with community leadership structures, mobilization of GWWDs through their Community Development Structures, Coordinating district activities with District stakeholders in terms of communication and mobilization for project activities. The VFU, Courts, Social Welfare were also key facilitators in Mt Darwin, Mutoko, Chipinge, Bulilima, and Mangwe Districts. The buy-in of these key stakeholders facilitated project efficiency.

The monitoring and evaluation approach facilitated timely accountability and learning for efficiency despite budgetary constraints: The project reports were generated per activity using an Activity Report Template. Bia-Annual reports were also generated for submission to the UNTF which would collate information from the activity reports. Annual reports were also generated annually. The Monitoring and Evaluation visits were done once a year to the respective districts and reports were generated at every visit throughout the project period.

The project was confronted with COVID 19 related logistical challenges: Some of the project activities under prevention were affected by the COVID 19 lockdown restrictions. UNTF released COVID-19 funding to cater for PPE, which greatly assisted the project to operate whilst adhering to the regulations.

3.2.4 Coherence

Coherence under pillar 2 looked at the extent to which the project supported or undermined other interventions (particularly policies relating to disability mainstreaming) and whether it had synergies and interlinkages with international provisions, national efforts, and other VAW projects.

The project was aligned with the global, regional, and national provisions on Rights of Persons with Disabilities: Pillar 2 of the AJGWWDs was anchored on provisions of the UNCRPD, Principle of "Leaving no One Behind", SDG 16 which calls for the promotion of peaceful and inclusive societies for sustainable development, provision of access to justice for all and build effective, accountable and inclusive institutions at all levels. The project had synergies with the Constitution of Zimbabwe 2013, Vision 2030, National Development Strategy 1, and the country's disability inclusion efforts.

The project supported the national efforts to ensure disability inclusion in mainstream development and socio-economic landscapes in the country: Partnering with government ministries speaks to the projects' coherence for it fitted within governments priorities. The project was also coherent with other projects like the Spotlight Initiatives by UN agents in trying to curb GBV against girls and women. This also led to synergies being created between the AJGWWDs project and the Capacitation of DPOs, Women, and Girls with Disabilities, a Spotlight Initiative which sought to assist GWWDs and DPOs to contribute to policies through consultations. These synergies facilitated the

participation of GWwDs trained under the AJGWwDs project to participate in the Spotlight consultations held in Mashonaland Central, Manicaland, and Matabeleland South. The project had synergies with Nzeve Deaf Children's Centre, Margaretha Hugo Schools and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre because it added to what already existed for these disability purposes organizations by giving them resources and coordinating roles.

The project supported all other development interventions implemented by all CSOs and DOs on VAW: The project linked with other organizations like Musasa, CAMFED, ZACH, Justice for Children FACT, Childline and Women Law Society in Africa (WILSA) on training GWwDs on VAW, reporting mechanisms, legal processes, and justice issues. However little synergies were established on livelihood aspects. The design of the project itself was linked with mainstream women organizations as much as it was found necessary that it should have also linked with organizations in livelihood programs. A district field officer confirmed the following;

"In Mt Darwin, we were working together with other CSOs like CAMFED, ZACH, and Justice for Children. CAMFED offered school fees assistance for children in primary and secondary education, ZACH offered GBV education, and Justice for Children offered legal assistance for children from 0-14 years. We taught them on disability inclusion and had joint planning meetings sometimes"

LCDZ District Field Officer.

3.2.5 Sustainability

For any successful project, sustainability mechanisms need to be put in place. Sustainability refers to the extent to which the benefits brought about by the project will continue to be evident, as felt by the beneficiaries and other stakeholders, beyond the lifespan of the project. The section looks at how pillar 2 of AJGWwDs has set up structures and strategies to ensure that achievements live beyond its life cycle. The evaluation found the following practices and activities to be solid enough to sustain project achievements beyond its life span.

Involvement of Caregivers/Parents was highly strategic: The project involved caregivers/parents of all the registered GWwDs in the six respective districts. The parents/caregivers were trained on human rights, violence against women, and legal processes. The majority of caregivers met during the evaluation consultations indicated that they have been equipped with life skills that have changed their relationships and perceptions towards GWwDs and are in better positions to seek justice when GWwDs under their care are violated. Knowledge is power as indicated by the caregivers, they are now more empowered to handle GWwDs and seek redress when their rights are violated.

Partnership approach in which the project worked with responsible government line ministries on women issues, social services, and justice was a sustainability strategy: Ministry of Women Affairs is coordinating the project activities since the focus of the project is on girls and women. The project also roped in the Ministry of Justice and Police department (Victim Friendly Unit) because cases of GBV are handled by Victim Friendly Unit and courts. The Ministry of Public Service Labour and Social Welfare was engaged throughout since it has the Disability mandate to ensure synergies and continuity beyond project funding. Due to the existing synergies with the government departments, most stakeholders pledged to sustain the AJGWwDs project beyond 31 August 2021 through various ways. For instance, the Ministry of Women Affairs reported that the AJGWwDs empowered them to mainstream disability in all their departmental activities. Ministry of Youth also reported that they are in the process of mainstreaming

disability issues in their project activities like giving loans to Youth with Disabilities for income-generating projects. Ministry of Primary and Secondary Education also indicated that they have incorporated GBV issues in their Guiding and Counselling curriculum as a way of awareness-raising. The Department of Social Welfare pledged to provide technical support concerning disability mainstreaming. By so doing, the sustainability of the project is guaranteed. An officer of the Ministry of Women Affairs in Chipinge shared the following sentiments;

“I was part of all the project protocols and my office hosted the LCDZ district field officer. We planned together, implemented together, and also received progress reports for filing. Our community cadres were the foot soldiers responsible for mobilization and coordination of community activities”

Officer - Ministry of Women Affairs Chipinge

Training GWwDs on VAW, legal procedures, ISALs, IGPs, formation and setting up Support Groups and poultry projects are strong sustainability strategies: The project capacitated GWwDs with knowledge on VAW and legal procedures as a way of fighting VAGWwDs. For economic empowerment, the project trained GWwDs on ISALs and IGPs. Thereafter, money was provided for groups of 20 GWwDs who ventured into IGPs. The knowledge and all these are local structures will continue beyond project implementation hence project sustainability. The GWwDs themselves indicated that they own the project and will continue with its legacy beyond its life cycle. Fig 24 shows that 100% GWwDs believe the project gains will be sustained beyond project implementation. An officer of the Ministry of Women Affairs in Mangwe shared the following sentiments in support of the sustainability of IGPs;

“For the first time, we have witnessed the establishment of support groups for GWwDs. As the Department of Social Development, we are planning on tapping on the support groups formed and utilizing them for sourcing funding from the government”

Officer -Ministry of Women Affairs-Mangwe



Figure 24: Perceptions of GWwDs on project sustainability

Use of local structures such as Traditional leaders, Case Care Workers, Village Health Workers, and Community Volunteers was also strategic for sustainability: Traditional leaders,

Case Care Workers, Village Health Workers, and Community Volunteers are also part of anti-GBV structures and are focal persons for case reporting and referrals the structures of VAGWwDs in their respective communities. All the members were chosen from the community hence whatever they have learned from the project will remain theirs, as the saying goes “knowledge is power”. These local members highlighted that they have ownership of the project and they have learned a lot on how to advance the rights and needs of GWwDs in accessing justice within their respective communities. A District Victim Friendly Unit Coordinator for Chiredzi had this to say;

“The AJGWwDs project improved reporting, community tip-offs, trials efficiency, and convenience as well as convictions of cases involving GWwDs. The LCDZ field officer was just a phone call away to register cases and avail the financial resources to facilitate all the needs”

District Victim Friendly Unit Coordinator-Chiredzi

Capacity building of disability purpose organization and key partners Nzeve Deaf Children's Centre, Margaretha Hugo Schools and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre was a conduit for sustainability: The four key partners and Dos were trained on VAW and legal procedures. This is a sustainability strategy as they will continue preventing, detecting, reporting VAW within their respective areas. The four key partners were institutionally strengthened to sustainably respond to disasters while maintaining or adapting existing interventions to EVAW/G.

3.2.6 Impact

There was great influence from AJGWwDs interventions under pillar 2 through knowledge building for GWwDs, caregivers, traditional leaders on how to prevent, detect and respond to sexual and other forms of violence against girls and women with disabilities, pushing mainstream Women's organizations, line ministries, and disability organizations to incorporate the needs and concerns of GWwDs and capacitating key partners.

The project has registered a commendable impact on improving knowledge of GWwDs on VAW and reporting: GWwDs have improved knowledge on human rights, how to claim them, self-esteem boosted, and confidence to participate in community development activities. They have been exposed to and are participating in support groups, engaging with community leaders on how to establish safe communities free from VAWG/GBV, etc. GWwDs now know about and practice their rights. Before the project, GWwDs had a lack of knowledge on their rights, development issues and also lacked confidence and skills to start income generation projects. Data from the survey and FGDs reviewed that GWwDs are more conscious of VAW in all its forms and where to report when violated. Grassroots stakeholders' consultations highlighted that the AJGWwDs project's preventive approach has empowered GWwDs with a lot of knowledge about GBV through awareness-raising pieces of training. The councilors engaged also reported that AJGWwDs have boosted the confidence of girls and women with disabilities as far as knowledge about GBV and reporting cases of GBV are concerned. As shown in fig 25, 100% of GWwDs interviewed during the survey indicated that the project achieved its purpose hence the high levels of the impact registered.

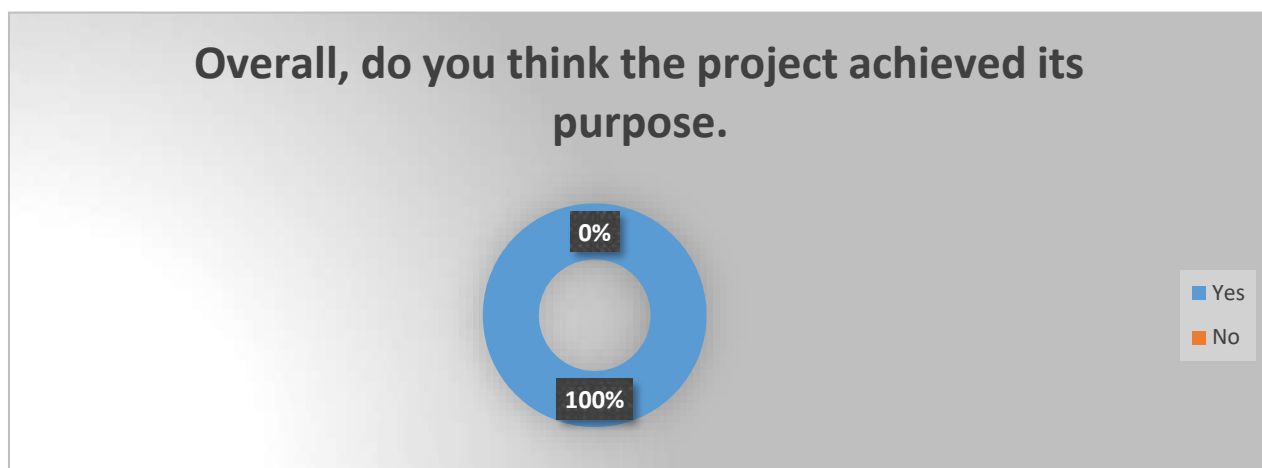


Figure 25: Percentage of GWwDs who think the project achieved its purpose

Key justice actors have been capacitated with missing disability-sensitive skills: Justice institutions have also been empowered with basic sign language and can now slightly converse with clients with speech and hearing impairment. However, the sign language skills require continuous refresher training for the trainees to wholly understand sign language. Besides sign language training, the project also contributed through disability expertise skills sharing to building internal capacities of justice actors (court officials and police) to ensure cases involving GWwDs are handled in a disability-inclusive manner.

Local leadership and communities are now more supportive of GWwDs and negative perceptions by communities towards them are fading away: During FGDs' engagements with both GWwDs and caregivers, respondents indicated that unlike before, society is now more supportive towards them. There is an increased understanding of disability issues. It was pointed out that girls and women are now actively participating in different community activities and becoming visible unlike before when they were homebound. The community leaders also commended the project for empowering them on disability-inclusive community development and are prepared to continue supporting GWwDs in their respective communities. A councillor in Chiredzi uttered the following words;

"GWwDs have improved confidence and self-esteem than before. I observed this during other community activities that we do in ward 16. The poultry project has economically empowered GWwDs"

Councillor Ward 16 Chiredzi

Caregivers now understand disability intersection with VAW better and how to care for PWDs: Caregivers highlighted that they now have improved knowledge on how to prevent, detect and respond to VAGWwDs through the training they received from LCDZ. They also pledged to safeguard GWwDs from abuse and ensure they are safe at the household level. Caregivers again confirmed that they have improved know-how to support GWwDs to be independent as well as to encourage them to pursue personal human development. As shown in fig 26, 100% of the 83 caregivers interviewed highlighted the impact of the project on key projects components probed.

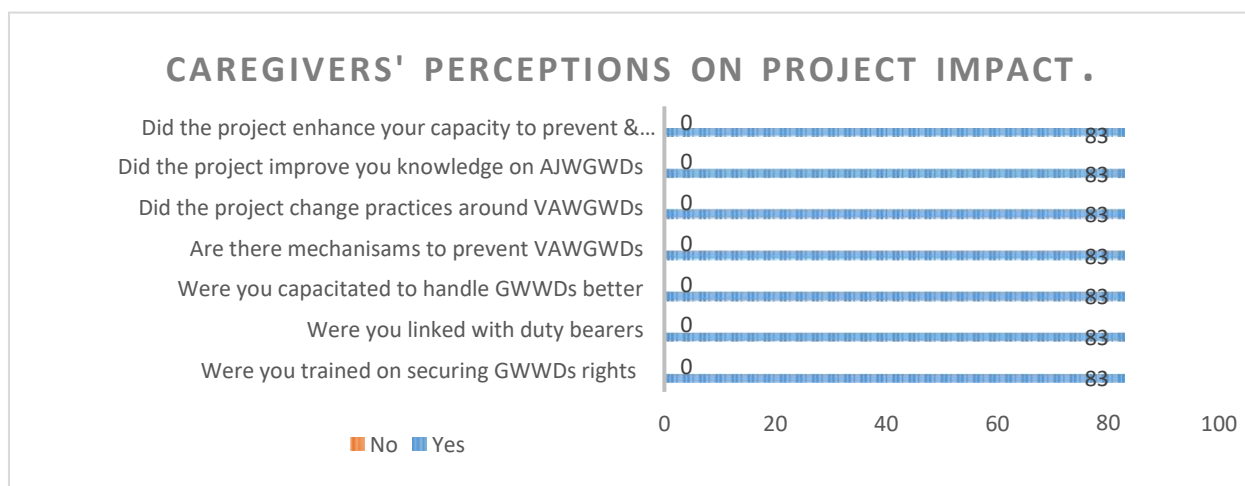


Figure 26: Perceptions of caregivers on project impact

AJGWGDs capacitated DOs and key partners to incorporate the needs and concerns of GWGDs and to be prepared for disasters: The project trained 19 Disability Organisations (DOs) on VAWG, Gender, Case Management with Musasa and Zimbabwe Women Lawyers Association as co-facilitator. Funds for adaptation to COVID-19 demands which gave rise to Outcome 4 greatly assisted with the purchasing and distribution of PPE to implementing partners for continuous implementation of activities during the COVID-19 era.

3.2.7 Cross-Cutting Issues

This section assessed how pillar 2 of the AJGWGDs project integrated cross-cutting issues of age and nature of the disability at the design, planning, and implementation stages of the project.

The project had no cut off age, did not exclude by nature of the disability and it covered all GWGDs in the six districts: The project registered and assisted all GWGDs with Albinism, Hearing Impairment, Multiple Disabilities, Physical Disability, Visual impairment, Speech impairment, Learning difficulties and Epilepsy across all ages.

The project has been sensitive to disability ethics: Understanding that most GWGDs and their caregivers have limited resources, the project provided refreshments, lunch, and transport money whenever they were engaged. The project also took cognisance of the need to cover caregivers for some GWGDs who could not walk on their own to meeting venues and provided transport money and lunch for them.

3.2.8 Knowledge Generation

The section gives an abridged version of key knowledge products and lessons learned/best practices under pillar 2. These can be used by UNTF, LCDZ, and other relevant partners in future programming or shared with other disability movement practitioners. Knowledge generation can be used to point out the outstanding advocacy and implementation priorities that still require action and commitment from project stakeholders.

A document containing what works well for more or less similar interventions was developed and shared with UNTF: LCDZ shared lessons learned knowledge product with UNTF. The knowledge document shared key lessons on the effectiveness of practical assistance, disability expert services, and logistical support on improving access to justice for GWGDs. The document also stressed the importance of Partnerships and Engagements with key stakeholders and the multi-sectorial approach in ensuring improved access to justice for GWGDs survivors. In addition, the knowledge product shared highlighted

the importance of having district field officers who facilitate timeous, comprehensive, and holistic case management systems of sexual and gender-based violence cases from district to national levels. The training of key justice actors (prosecutors, police, court interpreters, and nurses) and other stakeholders on disability mainstreaming, disability rights, and disability inclusion was key in changing attitudes, perceptions, beliefs, myths, and stereotypes that the justice actors previously had on disability. Another key lesson shared indicated that training of GWwDs and caregivers on VAWG, reporting mechanisms and legal process has enlightened most GWwDs to be able to identify the different forms of VAWG and the right steps to take if they experience abuse. Through the meaningful engagement of community leaders, they are now aware of the needs and concerns of girls and women with disabilities within their communities including not presiding over any case of sexual nature. The lessons learned from the project shared with UNTF covered what worked well in the project, what did not work well and key recommendations for future programming.

LCDZ shared what does not work well for more or less similar interventions with UNTF:

LCDZ highlighted that EVAGW needed empowerment projects (livelihoods projects, life skills training, confidence building, and defense training) because most GWwDs are dependent on other people for survival who in most cases may take advantage of them. This gave birth to the poultry projects that were initiated by LCDZ for GWwDs. One key concern shared under the project was that treating GWwDs as one homogeneous group does not work. Under AJGWwDs, training of GWwDs with different types of disabilities as a group proved difficult especially for those with mental impairments as some have low retention levels. Last but not least, when dealing with VAGWwDs, funds disbursement need to be flexible. Under AJGWwDs, the biannual disbursement of funds agreement between LCDZ and UNTF negatively affected the effective implementation of activities, and sometimes late disbursement of funds resulted in huge delays in the implementation of activities.

Knowledge generation and economic empowerment for GWwDs are powerful for high-impact interventions that have deep sustainability roots.

Using already existing structures assists in the implementation of projects of this nature ensures complimenting of government efforts: The project activities scheduling was done in consultation with relevant line Ministries, Ministry of Women Affairs Community Small Medium Enterprises, and Ministry of Public Service Labour and Social Welfare in observation of district protocols.

Disability intervention requires an involving approach that involves all systems that support PWDs; be it at the family level, community, or institutional levels.

IGPs started by the project needed more time and technical support: Continuous support of GWwDs support groups through IGP funds, monitoring, and skills development needed more time and constant monitoring.

Working with disability purpose organizations in a decentralized manner allows efficiency and timeliness of project interventions: DOs, Nzeve Deaf Children's Centre, Margaretha Hugo Schools, and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre played a pivotal role in ensuring project success.

3.2.9 COVID 19

This section assessed how the COVID-19 pandemic impacted pillar 2 interventions and how the project adapted to the new normal.

The COVID-19 pandemic affected the project implementation especially at the height of total lockdowns that were characterized by movement and gathering restrictions: Some of the planned pieces of training were abandoned during the lockdown. UNTF however released additional funds

for LCDZ to adapt to COVID-19 demands. This greatly assisted with the purchasing and distribution of PPE to girls and women with disabilities, implementing partners, and LCDZ staff members for continuous implementation of activities during the COVID-19 era. The PPE which included face masks, disinfectants, and sanitizers minimized the exposure to the COVID-19 virus during the provision of practical assistance to survivors and community engagements with beneficiaries and stakeholders. Furthermore, the provision of PPE created a safe working environment for both the beneficiaries, stakeholders and project staff. The provision of PPE during community activities was one of the requirements and part of the standard operating procedures when seeking permission from local authorities in the operational areas to implement activities during the COVID-19 pandemic. A CCW in Mutoko shared the following sentiments on the effects of COVID-19;

“The family day was canceled due to COVID 19. Also when the chicken was ready for the market the lockdown disrupted traveling and we ended up giving credit”

CCW Chitekwe Mutoko

LCDZ and implementing staff was trained to adapt to new working conditions under COVID-19: The training on the use of virtual working spaces enabled LCDZ to adapt to new methods of safe programming during the COVID-19 pandemic and beyond as well in any crisis through virtual platform unlike before where physical meetings were the order of the day. The virtual platforms have enabled staff members to deliver project results whilst working from home and thus the continuous implementation of the project.

Radio programs that were conducted on 4 national radio stations gave a voice to Disability Organisations and GWwDs to raise awareness on violence perpetrated against GWwDs within their community, which had been heightened by COVID-19 induced lockdown: The radio discussions were around COVID-19, Violence against GWwDs, and challenges they are facing in accessing SGBV services during the COVID-19 period. The GWwDs were selected from the projects district areas. Their meaningful participation made them realize the capabilities they have in spreading information on Violence against GWwDs and the expectations that they have from society.

As a cushion to the negative effects on COVID-19, 450 GWwDs in the project districts received food hampers once from LCDZ: The food hampers temporarily relieved the beneficiaries from starvation and being entirely dependent on caregivers for survival during the COVID-19 lockdown period. Most GWwDs depend on petty and informal trading but due to the lockdown they were not able to trade. Thus, the food hampers also played a critical role in reducing the social stresses that were erupting in their households due to the economic burden caused by the COVID-19 pandemic. The socio-economic stresses imposed by the COVID-19 restrictions contributed to the continuous abuse of some of the GWwDs by their caregivers which ended up resulting in violence.

3.2.10 Gender Equality and Human Rights

This section looks at how the AJGWwDs project incorporated human rights and gender as cross-cutting issues under the prevention pillar.

Involvement and training of community and religious leaders as part of the project’s gender mainstreaming efforts: Although the AJGWwDs project also specifically targeted GWwDs under the prevention pillar, there was gender mainstreaming through the involvement and training of community leaders as agents of social change as most community leaders engaged in the six districts were male. As custodians of culture, they were instrumental in changing the negative attitudes, discrimination, myths, and beliefs surrounding disability. The traditional leaders made use of different community platforms and

activities to pass the message to community members including boys and men. This means that direct gender mainstreaming at community levels was ensured through the involvement of community leaders while indirectly it manifested through how traditional leaders spread the word through different community platforms and activities. CPCs and community structures on EAW also involved men hence gender equality under the prevention pillar.

Involvement and training of justice actors and district stakeholders ensured gender equality:

Both male and female justice actors and districts stakeholders were involved in the project. This means that even if the project targeted GWwDs only, project objectives and key messages reached a wider audience of both males and females through the trickle-down and multiplier effect facilitated by both formal and informal conversations engaged by these actors. Community awareness campaigns and community outreaches conducted by LCDZ together with ZRP VFU were also attended by men and boys hence gender mainstreaming.

The prevention pillar adopted a human rights-based approach in engaging non-survivor GWwDs and their caregivers for project activities in the six districts: Throughout the implementation of the project, LCDZ understood that most GWwDs are economically disadvantaged hence they provided cash reimbursements for transport and provided food for both the GWwDs and their caregivers on all occasions they met. The IGP under AJGWwDs was also a way of self-financial sustainability and empowerment of GWwDs.

4.0 LESSONS LEARNT, CONCLUSIONS & RECOMMENDATIONS

4.1 Lessons Learnt and Noted Challenges

4.1.1 Lessons Learnt/Best Practices Pillar 1

- If resources are available, GWWDs' access to justice can be realized.
- GWWDs with intellectual impairments are the most vulnerable group to being violated.
- With proper support for justice stakeholders, inclusive justice delivery is possible.

4.1.2 Pillar 1 Noted Challenges

- On the legal processes the GWWDs expressed concern with the bail procedure for the following reasons i) some Police officers do not give feedback of cases they would have handled ii) some of the perpetrators run away whilst out on bail and the case will fail to proceed further.
- When project funds disbursement was delayed and the project went on pause.
- Data completeness for the survivors' database has been affected by the incomplete information recorded by the police when they receive the initial reports.
- Psychiatric assessment centers and human resources are "still largely centralized" hence out of reach for many.
- Staff turn-over of police resulted in challenges on case follow-ups
- The COVID-19 affected movement of cases at the courts during total lockdown when the courts were closed.

"The JSC is not religious with trial dates. After being given a trial date, I have instances where we got to court and we were told so and so has not been saved papers. In most cases we were assisted on pre-trial but on trial 80-90% of were left hanging"

Sibantubanye Focal Person and Coordinator of AJGWWDs

A specialist teacher sexually abused students in 2019 at Fatima High School in Matabeleland North and the case only went to court in July 2021. The perpetrator is on bail. The last follow up by the coordinator at Sibantubanye indicated that even through a verdict date of 12 August was given at the court, by the time of the evaluation (28 September) nothing had come from the JSC. It is suspected that because the perpetrator is represented by 'big' lawyers, they are using delaying tactics.

Case Study 6: An example in Matabeleland North showing how and why cases involving GWWDs take long to conclude.

4.1.3 Lessons Learnt/Best Practices Pillar 2

Relevance

- The project was an evidence-based intervention that was informed by disability rights priorities in Zimbabwe.
- The project was highly participatory and both GWwDs and Caregivers held it with high regard.

Effectiveness

- Training of GWwDs and caregivers on VAW, reporting, legal procedures, IGPs, ISALs their rights as enshrined in the UNCRPD and giving them the chance to claim these same rights guaranteed community buy-in and success of the project.
- Working with local leaders and district stakeholders was an efficient way to ensure there was greater local buy-in. Local leaders, for instance, are the ones who can educate communities on dropping negativity towards GWwDs.
- Organizing GWwDs into support groups was a smart move as it brought together GWwDs for networking. It also fostered confidence in them as they felt to be a part of something of their own unlike being confined to the home space always.
- Training key line ministries and justice stakeholders in sign language and the intersection of disability and VAW was a proper way of ensuring fighting VAGWwDs reaches the corridors of people in positions of power.
- Economically empowering GWwDs through IGPs is effective in fighting VAW.
- Knowledge is power, training of GWwDs, traditional leaders, and caregivers in VAW, reporting and legal procedures is important in building locally-led solutions to VAW.
- Establishing and supporting disability-inclusive grassroots anti-GBV structures is important in fostering positive long-lasting change around VAGWwDs.

Efficiency

- The partnership between LCDZ and district line ministries who already worked in the districts was strategic for the smooth flow of project activities.
- Joint implementation, management, and monitoring by the LCDZ programming team and district field officers played a pivotal role in the coordination and administration of project activities.

Coherence

- Adopting and adapting the project software from the UNCRPD meant the project was relevant even at the international level. It ensured the domestication of what the government ratified in 2013.
- Using already existing structures assists in the implementation of projects of this nature and ensures complimenting of government efforts. For instance, the project recorded positive results due to working with the Government Departments and line Ministries such as the Zimbabwe Republic Police Victim Friendly Unit, Rural District Councils, Ministry of Women Affairs, Ministry of Youth, Ministry of Social Welfare, and Ministry of Health and Child Care.
- Working with DPOs in the respective districts ensured that the project was there to support and complement the already existing DOs and not to undermine their development efforts.

Sustainability

- Meaningful engagement of GWwDs which fosters a sense of ownership is a strategy for sustainability.
- Local structures that included traditional leaders, case care workers, community health workers, community volunteers are key for sustainability and ownership.
- Involvement of Parents/caregivers ensures sustainability and guarantees continuity and practice of the rights taught.

Impact

- Knowledge is power, training of GWwDs in their rights is empowerment for life.
- Training of key justice stakeholders in disability-sensitive justice delivery is key for ensuring a disability-inclusive justice chain.
- Economic empowerment of GWwDs through IGPs facilitates moving away from the charity model to the self-reliance model

Cross-cutting issues

- Disability is a key cross-cutting issue in development, for projects focussing on either sex inclusivity despite age and nature of disability is important.

Knowledge generation

- Knowledge generation and economic empowerment for GWwDs are powerful for high-impact interventions that have deep sustainability roots.
- Using already existing structures assists in the implementation of projects of this nature ensures complimenting of government efforts
- Disability intervention requires an involving approach that involves all systems that support PWDs be it at the family level, community, or institutional levels.
- Continuous support for GWwDs support groups through IGP funds, monitoring, and skills development needed more time and constant monitoring.
- Working with disability purpose organizations in a decentralized manner allows efficiency and timeliness of project interventions.

COVID 19

- The COVID 19 pandemic is unpredictable and is still among us, building resilience and adaptation to the new normal is key.

4.1.4 Pillar 2 Noted Challenges

- Basic sign language training was offered and stakeholders indicated that it was not enough. The little grasped was then easily forgotten due to limited refresher courses.
- Anti-GBV structures do not have a quota system to include persons with disabilities.
- The project had no field vehicle or motorcycles for field officers for regular visits to efficiently execute their role and mandate on the ground for the smooth operation of the project.
- Bi-annual project monitoring was not enough for proper learning and immediate action.
- Some of the project activities were disturbed by the COVID 19 pandemic.
- Support groups' regular meetings were affected by COVID-19 regulations.

- Inconsistencies with report submission, work plans, and activity reports were noted in some districts e.g. Mangwe.
- The long-distance to the poultry centers was identified as a serious challenge for girls and women with mobility challenges. The poultry centers were said to be widely spaced which translates to long traveling distances.
- The dying of chicks was also reported as one challenge affecting the poultry. Failure to notify the Agritex officers about the poultry project was blamed for these technical problems.
- There were instances of conflicts in the poultry project among some group members on neutral venues for projects.

4.2 Conclusions

The AJGWwDs project was highly relevant to the needs and priorities of GWwDs. It covered realistic gaps that existed in terms of VAGWwDs prevention and response. Although there were challenges and gaps here and there, the project registered high impact levels which were confirmed by project stakeholders.

Relevance

The project catered to the needs of GWwDs who faced multiple barriers in accessing justice and are often looked down upon and excluded from economic empowerment at both micro and macro levels. The project prevented and promoted reporting of violence through training of GWwDs and caregivers on VAW, dialogues with community leaders, formation and strengthening of support groups, and community-based anti-GBV structures.

Effectiveness

Despite challenges met, the project is to a greater extent achieved the set targets at the end. The project activities were not deviating from the robust results framework designed from the beginning. Each indicator was followed. A lot of positive changes have been registered by the project especially for the primary beneficiaries who have improved access to justice and are more aware of their rights, GWwDs can now report and claim these rights and can even walk into the right offices at the right time to air their grievances. GWwDs are now confident to participate in local decision structures, politics, and public gatherings. They have been organized into support groups which to them brings a sense of belonging. The project has built confidence among GWwDs who are now becoming more active in the public sphere compared to when they were only confined to the private spaces (home) before the project.

The project has also reached out to the communities, DOs, and line ministries who now have a better appreciation of disability issues. The success of the project can be attributed to the strategies adopted from the onset. All stakeholders including Government line ministries and departments, CSOs, traditional leadership, RDCs, ZRP, Parents/caregivers, and WGwDs were involved from the onset. The project utilized local structures in the implementation. The project faced several external challenges that hindered meeting the target and among them was the novel COVID 19 pandemic.

Efficiency

In terms of timeliness and efficiency of project implementation, there were some hiccups due to a delay in launching the project because funds had not been released by the donor. Due to COVID 19, there was a shift in planned activities, and later crash programs were adopted to cover for the lost time. The management and accountability structures of the project were efficient in the sense that each person from LCDZ had clear roles and responsibilities and the reporting structures were straightforward. All financial expenditures are receipted and easy to trace for all project activities. At the beneficiary level, GWwDs signed acknowledgment of receipts for transport allowance.

Sustainability

The strategies employed by the project from the onset guaranteed continuity of the positive achieved results especially the positive changes generated by the project in the lives of the GWwDs. The project was highly participatory and both GWwDs and Caregivers/Parents had a strong sense of ownership of AJGWwDs. Both GWwDs and parents/caregivers were trained on VAW, reporting procedures, and the rights of GWwDs as enshrined in the UNCPRD. The evaluation noted that both parents/caregivers and GWwDs were now able to identify at least 3+ laws protecting GWwDs from abuse. This knowledge is a lifetime assertion that will not end because funding stopped. GWwDs now have the confidence to seek redress of any rights violations, they also have the confidence to participate in community activities and decision making and they now understand how and where to engage justice actors when violated.

Impact

Positive, primary, intended, and direct and indirect short- and long-term effects of AJGWwDs: Training improved knowledge of GWwDs, local leaders, caregivers, DOs, justice actors, and line ministries on VAW and legal procedures thereby improving GWwDs' access to justice. Dialogues with community leaders, the formation and strengthening of support groups, and community-based anti-GBV structures were some of the key achievements. This was meant to develop the capacities of communities to prevent and respond to VAW against GWwDs. For key stakeholders, the project strengthened institutional practice capacity and mainstreaming of disability to better serve GWwDs and enhance their knowledge and skills on disability and VAW. Lastly, LCDZ's co-implementing partners (Nzeve Deaf Children's Centre, Margaretha Hugo Schools and Workshops for the Blind, Sibantubanye Zimcare School, and Jairos Jiri Naran Centre) were institutionally strengthened to sustainably respond to the COVID 19 pandemic and other crises while maintaining or adapting existing interventions to EAWG.

Negative and unintended short- and long-term effects of AJGWwDs: The project did not have glaring negative effects but only a few minor ones. GWwDs highlighted conflict within communities for control and hosting of poultry projects.

Knowledge Generation

AJGWwDs has lessons and best practices that can be shared with other practitioners on Disability Rights and Advocacy. Using already existing structures assists in the implementation of projects of this nature. Knowledge sharing has far higher reaching impacts because once something is grasped it becomes intrinsic. Projects that involve beneficiaries, parents, local leaders and capitalize on community volunteers created a

sense of ownership which is a fertile ground for project success. Once beneficiaries own a project, it has a higher chance of success.

Coherence

The project was aligned with the global provisions of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). It also supported the national efforts to ensure disability inclusion in justice and mainstream development including socio-economic landscapes in Zimbabwe.

4.3 Recommendations

4.3.1 Pillar 1

UNTF

- The project created a huge demand but pulled out when assistance was needed the most. There is a huge backlog of cases and new cases coming in hence a project extension is highly recommended.
- Flexibility (having a crisis modifier) in disbursements of funds ensures the smooth flow of all response initiatives when dealing with GWWDs.

LCDZ and other CSO, DPOs, CBOs

- When dealing with data capturing for GWWDs who access justice, monitoring of cases registration is key to minimizing missing data.
- Strong follow-up and accountability mechanisms are needed for tracking cases involving GWWDs.
- Position Papers and Policy Briefs for such projects should be produced and shared with relevant stakeholders and those in positions of authority.

Community leaders and structures

- Once detected, cases involving VAGWWDs should be reported immediately

Government and Justice Stakeholders

- Periodic refresher courses on disability-inclusive service provision and sign-language for justice actors are critical
- Decentralization of Psychiatric assessment centers and the addition of human resources need strong advocacy.
- Stiffer bail conditions should be imposed on perpetrators most of them end up running away whilst out on bail and cases fail to proceed further.

4.3.2 Pillar 2

UNTF

- Assistive devices limited other GWWDs' mobility and all stakeholders recommended that every disability purpose project need to complement software and hardware assistance to cater for extremely needy cases.

- Despite budgetary constraints, discrimination and exclusion by numbers create conflict in the communities. All PwDs should share what is available than selecting a few and leaving others out.
- Projects of this nature need field vehicles or motorcycles for field officers to effectively monitor the project activities.
- Project extension is highly recommended with an average of 3 years proposed.

LCDZ and other CSO, DPOs, CBOs

- IGPs need market research and linkages the be tailor-made along those lines within different locations
- There should be optional context-specific IGPs informed by recommendations by GWwDs themselves
- Sign language training should involve community leaders, parents, and GWwDs with speech and hearing impairments to create synergies between context-specific informal and formal sign language.
- Position Papers and Policy Briefs for such projects should be produced and shared with relevant stakeholders and those in positions of authority.
- Men and Boys with disabilities should also be involved in all disability purpose projects
- Training of GWwDs should be a continuous process
- Basic sign language training for community members and stakeholders needs refresher courses.

Community leaders and structures

- As agents of social change, community leaders should understand that disability inclusion and the dismantling of negative attitudes, myths, and beliefs that exist in communities is not spontaneous but a gradual process. To this end, disability mainstreaming should be preached on all community platforms.

Government and Justice Stakeholders

- Training of police on sign language and disability inclusion should involve all officers and not be confined to the VFU unit.
- Periodic refresher courses on disability-inclusive service provision and sign-language for justice actors are critical

