



**Voices from the Fringes: Sex Workers and Adolescent
Girls and Young Women Action against Sexual and
Gender-Based Violence**

End of Project Evaluation

Evaluation Report

Final Version

**Report Prepared by
The International Evaluation Institute**

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For and on behalf of the Evaluators,

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DISCLAIMER

This Evaluation Report has been developed by an independent evaluator. The analysis presented in this report reflects the views of the author and may not necessarily represent those of FACT, its partners or the UN Trust Fund.

ACRONYMS

AGYW – Adolescent Girls and Young Women

AIDS - Acquired Immunodeficiency Syndrome

CeSHHAR – Centre for Sexual Health and HIV/AIDS Research Zimbabwe

CSO – Civil Society Organisation

DAC – Development Assistance Committee

DDC – District Development Coordinator

DMO – District Medical Officer

DRR – Disaster Risk Reduction

EVAW/G – Ending Violence Against Women and Girls

FACT – Family Aids Caring Trust

FGD – Focus Group Discussion

FSWs – Female Sex Workers

GBV – Gender Based Violence

HIV – Human Immunodeficiency Virus

ISAL – Income Savings and Lending

JSC – Judicial Services Commission

KII – Key Informant Interviews

MoHCC – Ministry of Health and Child Care

MoU – Memorandum of Understanding

NAC – National Aids Council

NPA – National Prosecuting Authority

OECD – Organisation for Economic Cooperation and Development

RDC – Rural District Council
SGBV – Sexual and Gender Based Violence
SI – Spotlight Initiative
SRH – Sexual and Reproductive Health
SRHR – Sexual and Reproductive Health and Rights
UNEG – United Nations Evaluation Group
UNICEF – United Nations Children's Fund
UNTF – United Nations Trust Fund to End Violence Against Women
VFU – Victim Friendly Unit
VSO – Voluntary Service Organisation
WHO – World Health Organisation
WLSA – Women Lawyers Association
ZACH – Zimbabwe Association of Church Hospitals
ZIMSTAT – Zimbabwe Statistical Agency
ZNASP – Zimbabwe National AIDS Strategic Plan
ZRP – Zimbabwe Republic Police

EXECUTIVE SUMMARY

Introduction

The project titled *‘Voices from the Fringes: Sex Workers and Adolescent Girls and Young Women Action against Sexual and Gender-Based Violence’* (henceforth, ‘Voices’) was a three-year (2020-2022) project implemented by the Family AIDS Caring Trust (FACT) funded by the United Nations Trust Fund to End Violence against Women (UN Trust Fund) under the Spotlight Initiative to eliminate all forms of violence against women and girls. The project sought to contribute to ending Sexual Gender Based Violence (SGBV) and promoting women’s sexual and reproductive health rights (SRHR) in Zimbabwe by bringing the marginalized voices and concerns of Female Sex Workers (FSWs) and Adolescent Girls and Young Women (AGYW) from the fringes to the fore in SGBV discourse and interventions. The project was implemented in Murewa, Goromonzi and Kwekwe/Zibagwe districts with some national linkage activities. This report is based on the end of term evaluation of the “Voices” which was conducted in the month of March 2023. The purpose of the evaluation was to assess the achievement of project results. It assessed how the project achieved its stated outcomes and its impact (both positive and negative). The evaluation also drew lessons learnt from the project for future projects responding to end Violence against Women and Girls (VAWG).

Evaluation questions

The following evaluation criteria and the corresponding evaluation questions were used:

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

Coherence - Did the project complement other projects within the organisation (FACT)? (ii) Did the project complement other projects being implemented by government and other development actors?

Effectiveness - To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?

Efficiency - To what extent was the project efficiently and cost-effectively implemented?

Impact - To what extent has the project contributed to ending violence against women, gender equality and/or women’s empowerment (both intended and unintended impact)?

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

Knowledge generation - To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?

Gender Equality and Human Rights - Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.

Study design and Methodology

The study followed a collaborative and participatory rights based mixed methods approach that drew from both quantitative and qualitative data. The combination of these methods was meant to increase confidence in the validity and reliability of evaluation findings as different methods were used to answer the same elements of a single question leading to triangulation. Data collection methods includes desk review, key informant interviews, focus group discussions, and structured questionnaires.

Based on available frame of beneficiaries, a systematic sampling approach was used to select at least 333 respondents among the 1600 primary beneficiaries of the project as determined through a statistical formula. Respondents were proportionally selected from across all the Districts and Wards that participated in the project. Purposive sampling was used in selecting the Key informant interviewees guided by the stakeholder mapping exercise that was conducted.

Relevance

The relevance of the “*Voices*” partly lies in the context of Zimbabwe where approximately 14% of women aged between 15-49 years, experience sexual violence amidst very little progress in terms of eliminating the SGBV. The evaluation established that the project was appropriately targeted at the most affected Districts through the assistance of the District Coordinators Offices where the project was implemented. The evaluation established that the project was a relevant intervention in so far as it responded to the ‘lived experiences’ of Female Sex Workers (FSWs) and Adolescent Girls and Young Women (AGYW) in the three targeted Districts. The bulk of the respondents (88%) felt that the issues being addressed by the voices project were important.

The evaluation established that all stakeholders involved in the program strongly agreed that the project was addressing an essential but neglected area in gender equality and the health of women. The need for SRHR information and services amongst the FSWs and the AGYW has remained so vast that the *Voices* project merely scratched the surface. The program was also necessary in changing duty bearers and societal perceptions in the context where FSWs were and are still treated like social outcasts either in programming or provision of public services. In addition, the duty bearers also lacked and still lack the requisite expertise to deal with the FSWs and AGYW.

Coherence

Findings from the study revealed that the project fit in well and complements other existing programmes in the specified locations of Murehwa, Kwekwe and Goromonzi as well as the broader national SGBV and SRHR context. There are several AGYW and FSW groups and platforms formed by different SGBV and SRHR focused CSOs operating in different areas. These programmes operate with full support from relevant parent Ministries like the Ministry of Health and Child Care, Ministry of Primary and Secondary Education and Ministry of Gender and Women Affairs.

Effectiveness

Outcome 1: *AGYW and FSWs able to demand accountability from duty bearers and local communities to alter practices and attitudes towards SGBV perpetrated against them, including child marriages*

Indicator	Baseline values		Endline values	
	FSW	AGYW	FSWs	AGYW
1. Percentage of surveyed AGYW and FSWs reporting confidence and willingness to engage duty bearers and communities demanding accountability on SGBV perpetrated against them in targeted districts.	65%	83%	91%	99%
2. % of FSW and AGYW directly reached by the project who are actively engaging service providers and communities to account for their practices and actions regarding SGBV	28%	7%	70%	62%
3. % of FSW believing engagement in social accountability as a measure to end SGBV	72%	61%	96%	87%

Indications are that AGYW and FSWs are now more confident and willing to engage duty bearers to demand accountability on SGBV perpetrated against them. A remarkable improvement has been seen on the FSWs who moved from 65% to 91%. AGYW also had a remarkable improvement from 83% to 99%. The evaluation concludes that the project was highly effective in mobilising project participants to demand for accountability from duty bearers with regards to SGBV and SRH issues.

Outcome 2: *Health, Legal and Judicial services providers that are more accountable, human centred and efficient service delivery to AGYW; FSWs and survivors/victims of SGBV.*

Indicator	Baseline	Endline
1. Percentage of survivor FSW and AGYW reporting satisfaction with received post violence health and justice (legal) services in targeted districts.	Aver 42%	Aver 83%
2. Percentage of cases involving FSW and AGYW handled by police, health institutions and courts in accordance with provisions of the Multi-sectoral Protocol on Management of Sexual Violence and Abuse	<i>No statistics available from duty bearers</i>	
3. Number of targeted institutions/service providers taking internal steps to improve accountability on SGBV	0	100% (All 14 institutions interviewed)

As indicated on the indicator table above, there was a marked improvement in accountability service delivery among most of the duty bearers due to the work of the Voices project. Although there were no specific figures of the numbers handled, the general observations from stakeholders have shown that there has been an increase in the number of FSWs and the AGYW who feel comfortable seeking services from health centres, police, courts and social services department with proper Multi-sectoral Protocol on Management of Sexual Violence and Abuse being followed. All targeted institutions that were visited during the evaluation period had taken some steps to improve accountability.

Outcome 3: *Organizations including formal and informal women and girls’ groups working to promote the rights of FSWs and AGYW are better connected and influential in SGBV policy discussions at the national level so that the needs of FSWs and AGYW are addressed in policy and practice.*

Indicator	Baseline	Endline
1. Number of CSO and women’s networking and collaboration platforms that are inclusive of FSWs and AGYW in targeted districts and at national level.	0	10 (4 district & 6 National)
2. Number of agreed advocacy asks/resolutions on SGBV and SRH for benefit of FSW and AGYW among CSOs and women's organizations	0	0
3. Proportion of agreed/joint resolutions by CSO and women's organizations on SGBV and SRHR adopted and or implemented by government	0	0

The evaluation established that the Voices project managed to encourage networking amongst FSWs, which had given them a better voice in local government. For the first time, FSWs managed to organise themselves to attend District Stakeholder meetings. The Voices project in Goromonzi worked with the Zimbabwe Institute for Girls Empowerment, and the Katswe Sisterhood. In Murewa the project worked in collaboration with RMT focusing on AGYWs, whilst in Kwekwe the Voices project collaborated with MASI and AWET Women’s Organization. At the national level FACT engaged Women Advocacy Sex Worker Organization, CeSHAAR, WLSA, VSO and Youth Advocates.

The Voices project contributed to the establishment of the one stop centre for SGBV victims at Murewa Hospital. This facility, which included government departments and some CSOs ensured that victims of SGBV received attention under one roof and thus preventing the distress they have to endure visiting different offices to access services.

Outcome 4: *Family AIDS Caring Trust (FACT) Zimbabwe institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining and*

adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.

Movement Building Results

The evaluation established that the project was successful in movement building amongst the FSWs and the AGYW. A total of 28 solidarity groups were established for FSWs and AGYW across the project districts by the end of the project. The project deliverables surpassed the target of 18 groups across the three Districts by the end of the year 2022. The surplus of 10 groups indicates the overwhelming response from the targeted population. The evaluation established that the movement established by the FSWs and AGYW emboldened them to speak openly about their issues and to demand accountability from duty bearers. In the absence of movement building, it is less likely that the project same results would have been achieved. As most respondents indicated, they derived power from acting in groups.

Impact

The evaluation established that the project has had both intended and unintended positive impacts. The table below indicates increased percentages of FSWs feeling safe from SGBV after exposure to the Voices project in all target districts.

District	Baseline	Endline
Murehwa	42%	90%
Kwekwe	46%	88%
Goromonzi	52%	97%

The project managed to transform the attitudes of some community leaders who initially were opposed to the program citing it as a way of promoting promiscuity. By the end of the project these community leaders like chiefs had eventually understood the need to protect the rights of FSWs and AGYW. The project has successfully challenged some social dynamics and misconceptions about these targeted populations.

Some of the unintended positive impacts of the project include that FSWs and AGYW indicated that they had been able to develop income generating projects using funds that they received as travel and subsistence funds. They saved the funds in groups to start projects such as chicken rearing and growing tomatoes.

Another unintended but positive impact which is a result of the project is that some sex workers in Goromonzi managed to get birth certificates and Identification cards after consulting with FACT and being helped with the process of acquiring the documents. This is promoting children's rights apart from the SRHR for FSWs and AGYWs.

Sustainability

There were fears from stakeholders that as soon as FACT withdraws, the situation will slowly drift back to where it was. Government departments lack resources or capacity to continue

assisting victims of SGBV. Signs were already showing at the time of the evaluation that the FSWs and AGYW were unable to organize community meetings on their own initiative.

However, the soft skills that the project bequeathed to the participants are sure to survive way beyond the life of the project.

Only a small number of government officers had been trained and the fears were that with the current high staff turnover in the civil service, including the police force and health personnel, there may be fewer and fewer cadres to champion the cause of the FSWs and the AGYW, which may reverse all the gains so far gained.

However, the grain of hope lies in departments that have made it a policy to ensure that all new staff members inductions incorporate the element of SRHR for these special populations that FACT was dealing with.

Recommendations

Recommendation No.	Recommendation Description	Entity/Person Responsible
1.	Given the high mobility of project trained government staff members, stakeholders recommended that there is need to train a greater number of traditional leaders who are more permanently located in communities.	FACT and Ministry of Women's Affairs
2.	A similar recommendation to the first one relates to the training of trainers. It was found necessary to train local trainers to train local communities and service providers about being human centred, rights based and accountable in addressing SGBV issues related to key populations.	FACT, CSOs and Ministry of Women's Affairs
3.	The evaluation established that the transformative capacity of the project was limited because the program was focusing on the victims of SGBV only and overlooking the larger community and males and clients who are the perpetrators. It is recommended that if there is a next phase, the project should target the larger community for a deepened transformative effect.	FACT, CSOs
4.	The evaluation established that without economic empowerment, there was a limit to which FSWs and AGYW could enforce their rights. In spite of their knowledge about their rights with regards to SGBV and reporting, FSWs and AGYW found it hard to negotiate for safe sex and or to exit the sex industry because of lack of poverty and lack of survival plans. It is recommended that this project should be married with an economic empowerment element to	Ministry of Women's Affairs, FACT and CSOs

	make decision making easier for the FSWs and AGYW.	
5.	The evaluation established that movement building through the creation of groups in Wards had encouraged all members to speak up against SGBV. It had also helped to bring about other unexpected positive outcomes. For example, one group that had evolved into an ISAL group and had managed to start an income generating project. It is recommended that movement building through community-based groups must continue to be the focus of the project.	FACT, CSOs and Ministry of Women's Affairs
6.	The evaluation further established that the project was only operational in a few wards in all the three targeted districts. However, the problem of SGBV was observed to be an issue even in the districts that were not targeted. It is recommended that the project should expand to reach other Wards that were not targeted including farming communities and mining areas which were also hotspots for SGBV.	FACT & CSOs
7.	The evaluation established that although significant changes in community attitudes had been achieved, a long-term presence of the project was desirable to reach a wider audience. The pervasive nature of SGBV remains a major challenge for local communities. Only a small part of affected communities was reached by the project.	FACT, CSOs and Ministry of Women's Affairs
8.	This evaluation established that although service providers were willing to provide services to FSWs and AGYW, there were some legal constraints to their efforts. Sex work in Zimbabwe is still illegal according to the law. Thus, sex workers could not announce themselves to be sex workers to the courts for example. This made the reporting of SGBV committed in the course of sex work rather challenging. It is recommended that CSOs should advocate for the decriminalisation of sex work because this creates a legal hurdle against the rights of FSWs.	FACT, CSOs, Ministry of Women's Affairs and Parliament of Zimbabwe
9.	Considering cost related barriers to access to SRHR for FSWs and AGYWs, it is recommended that the program should consider supporting access to health care services through mobile health outreaches that are for free. Alternatively, the social welfare department should consider introducing a voucher system to allow	Clinics, Social Welfare Department, CSOs & Ministry of Women's Affairs

	young FSW to access STI treatment and other SRH services. A voucher system could be similar to the one social welfare is providing to women accessing maternity services.	
10.	The evaluation established that AGYW and some FSW preferred to receive information from their peers where they would not be asked to many questions. It is recommended that a peer educator programme through the groups formed should be considered. There is need for the project to build and support a strong peer educator programme.	FACT, CSOs, Ministry of Women's Affairs
11.	The evaluation found out that although clinics were being friendly to AGYW, there was a problem with the community because elder members of the community were of the view that AGYWs must not seek information on sexual and reproductive health. Innovative ways to reach AGYW without causing apprehension in the community were required This could be done in the form of schools outreach where AGYW were reached in their safe spaces at school.	Clinics, FACT and CSOs

1. INTRODUCTION

This report details the methodology and findings of the end of term evaluation for a project titled *'Voices from the Fringes: Sex Workers and Adolescent Girls and Young Women Action against Sexual and Gender-Based Violence'*. The Voices from the Fringes project was a three-year project implemented by FACT and funded by the UNTF between 2020 and 2022. The project adopted both preventive and responsive strategies to address sexual violence (SV), including harassment in community and public spaces among female sex workers (FSWs) and adolescent girls and young women (AGYW) (13-24 years). It also sought to address the problem of child marriages and physical violence related to sex work. The project was implemented in three provinces in Zimbabwe, namely Murewa, Goromonzi and Kwekwe.

1.1 Background and Context Analysis

Adolescent girls and young women (aged 13-24) in Zimbabwe experience disproportionate burden and risk factors related to their health and education (i.e., early and often forced marriages, early pregnancies, school dropouts, sexual and gender-based violence etc.), which highlights a need for interventions targeting this age group. The Extended Zimbabwe National AIDS Strategic Plan (ZNASP III, 2017-2022) notes that among young people aged 15-24, just 52% know their HIV status. Additionally, the Zimbabwe Demographic Health Survey (ZDHS, 2015) data reflects low and declining knowledge of HIV prevention among young people aged 15-24 (46.3% to 41.4% in young women and 41.7% to 41.4% in young men from 2010-2015). This suggests limited access of adolescents to SRHR information and services, especially in hotspot districts such as Kwekwe where adolescents are at a greater risk of SGBV due to wider structural issues, social norms, religious and deep-rooted beliefs, gold panning and other behaviours that shape gender relations.

The laws on sex work in Zimbabwe were formulated during the colonial era when the intention was to curb the inflow of men and women into towns. The laws put into perspective the basis of criminalizing prostitution, which basically seems to be regulating women's lives in the public sphere in a bid to domesticate them. This is the approach that has been adopted by the Zimbabwean Criminal Code which criminalizes solicitation for the purposes of prostitution in section 81 (2) which reads as follows:

Any person who publicly solicits another person for the purposes of prostitution shall be guilty of soliciting and liable to a fine not exceeding level five or imprisonment for a period not exceeding six months or both.

Section 82 of the Code also criminalises living off or facilitation of prostitution, but the act of prostitution is not criminalised in the Code. Although the Code does not precisely state that prostitution is a criminal offence, the fact that solicitation for the purposes of prostitution is criminalised renders prostitution a criminal offence. As stated by Maseko (2012), this is very difficult to prove, and it is usually the officer's word against that of the sex worker. In areas like Murewa, Goromonzi and Kwekwe, this has resulted in corruption by the police officers who extort money in the form of bribes from the women in prostitution so that they do not arrest them. Some police officers even go as far as demanding for sex in exchange of the prostitute's freedom. This results in the exploitation of sex workers which is against the spirit of CEDAW which specifically denounces exploitation of women in Article 6.

According to Aids Fonds (2016), violence is a critical factor in the vulnerability of sex workers to HIV/AIDS. Violence when perpetrated on sex workers, prevents sex workers from accessing

valuable information, support and services that can help protect them from HIV/AIDS and Sexual Reproductive Health Rights (SRHR). It also puts them in situations that make them more vulnerable to HIV/AIDS. Furthermore, the report estimates that a reduction of almost 25 percent in HIV infections among sex workers can be achieved when physical or sexual violence is reduced. A systematic review indicated a correlation with violence and condom use and HIV infection. Evidence also shows that psychical and sexual violence decrease condom use and increase HIV infection (Aids Fond 2016).

The Spotlight Baseline (2020) reported that most interactions between sex workers and law enforcement agents involve abuse and arrest. Law enforcement and judicial system officials frequently ignore or doubt SGBV reports by sex workers. Consequently, sex workers either do not report sexual and physical assault to law enforcement or law enforcement officials do not sufficiently respond to complaints, and individuals remain free and continue to perpetrate crimes against sex workers. The stigma and discrimination against sex workers is also experienced when accessing health services. Sex workers are reluctant to access health centers in their communities because of the nature of their work whereby they are either insulted or blamed for their illness and at times even denied service. A lot of sex workers have resorted to other means of healing, like traditional medicine, for fear of being victimized when accessing health services and this continues to negatively impact on their health.

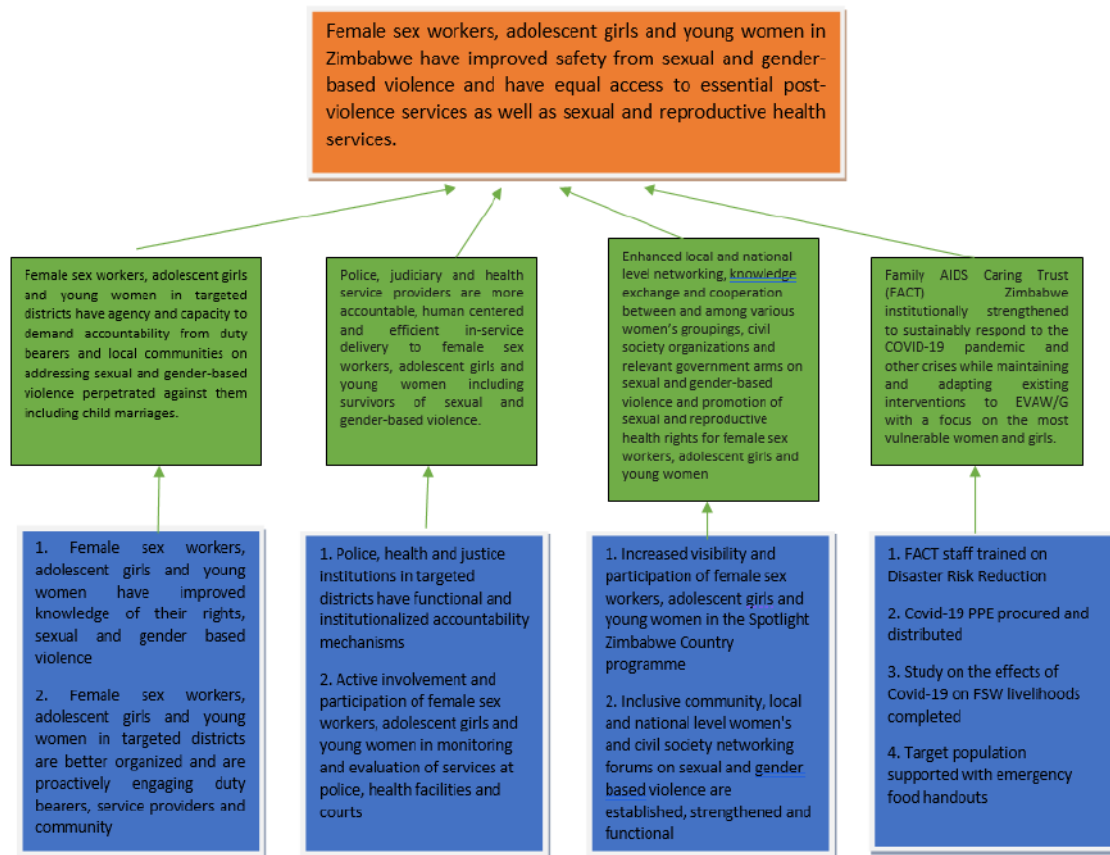
According to the United Nations High Commissioner for Human Rights (UNHCR), Gender-Based Violence refers to harmful acts directed at an individual based on their gender. It is rooted in gender inequality and the abuse of power and harmful norms. The UNHCR defines sexual violence as a form of gender-based violence that encompasses any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting.

According to the UNHCR, sexual violence takes multiple forms and includes rape, sexual abuse, forced marriage, forced sterilization, forced abortion, forced prostitution, trafficking, sexual enslavement, forced circumcision, castration and forced nudity. It may include sexual violence, domestic violence, trafficking, forced/early marriage and harmful traditional practices. Thus, SGBV is sexual violence directed at individuals based on their gender. Although men and boys are also targets of SGBV in many areas, victims continue to disproportionately be women and girls. SGBV is a serious violation of human rights and a life-threatening health and protection issue.

1.2 Project Description

The project titled 'Voices' was a three-year (2020-2022) project of the Family AIDS Caring Trust (FACT) funded by the United Nations Trust Fund to End Violence against Women (UN Trust Fund) under the Spotlight Initiative to eliminate all forms of violence against women and girls. The project sought to contribute to ending SGBV and promoting women's SRHR in Zimbabwe by bringing the marginalized voices and concerns of Female Sex Workers (FSWs) and Adolescent Girls and Young Women (AGYW) from the fringes to the fore in SGBV discourse and interventions. This was done mainly through increasing knowledge, cohesion/solidarity and movement building among FSWs and AGYW and promoting social accountability among SGBV service providers.

Theory of Change for the Voices Project



The project was implemented in three districts, namely Murewa, Goromonzi and Kwekwe/Zibagwe districts with some national linkage activities. At the national level, the project worked towards creating links between community/district level efforts with national agenda and processes on addressing SGBV. The project was implemented over a period of three years beginning on the 1st of January 2020 and ending on the 31st of December 2022. The goal of the project was to improve the safety of FSWs and AGYW in three targeted districts of Zimbabwe. The project sought to ensure improved safety from SGBV and to ensure that they had equitable access to essential post violence services including SRH. The objectives of the project were to ensure the following:

- FSWs and AGYW have the agency and capacity to demand accountability from duty bearers and local communities on SGBV.
- Police, judiciary and health professionals are responsive, human-centred and efficient in SGBV service delivery.
- Enhanced networking, knowledge exchange and cooperation among CSO and relevant government arms on ending SGBV for FSWs and AGYW.
- Family AIDS Caring Trust (FACT) Zimbabwe is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining and adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.

Project Strategy

The goal of the Voices project was to ensure that FSWs and AGYW in Zimbabwe have improved safety from SGBV and equal access to essential post-violence services. This would be attainable when FSWs and AGYW gained agency and capacity to demand accountability from duty bearers and local communities on SGBV. Thus, project aimed to build the capacity among FSW and AGYW for activism against SGBV and impunity. The goal was also achievable when responsible institutions were responsive and accountable to citizenry. The objective was to ensure that the Police, judiciary and health professionals were accountable, human centered and efficient in SGBV service delivery. Another objective of the project that would lead to the achievement of the goal was to enhance networking, knowledge exchange and cooperation among CSOs and relevant government arms on ending SGBV for FSW and AGYW. The fourth project objective related to FACT institutional strengthening in order to develop resilience against the Covid-19 pandemic.

Key project activities related to the above mentioned objectives included the training training of FSW and AGYW on human rights, SGBV, SRHR, advocacy, social mobilization, activism and group formation (including creating social media platforms for FSW and AGYW networking and mobilization) and development and distribution of customized IEC materials including safety manuals.

In order to ensure that FSWs and AGYW were better organized and proactively engaging duty bearers and communities on ending SGBV several activities were carried out including the establishment of formal and informal FSW and AGYW groups; interface meetings and community sensitization and capacity building workshops for sex worker and youth organizations.

Activities to develop accountability mechanisms amongst service providers included the review and/or development of accountability mechanisms like Client Service Charters for police, clinics/hospitals and courts in targeted districts; training of police and health professionals on human centered design guiding them to review their approach to service using the HCD process. In order to ensure the active participation of FSW and AGYW in monitoring of SGBV and SRH services at police, health facilities and courts, the project utilised the score card approach to assess service providers using a participatory approach.

The project also worked to ensure that CSOs working in the area of SGBV were well networked and speaking together in one voice concerning SGBV issues. The involvement of FSWs and AGYW in local planning meetings and processes including in councils was promoted in order to give them a voice decision making processes.

1.3 Purpose of the Evaluation

The purpose of the evaluation was to assess the achievement of project results. The evaluation assessed how the project achieved its stated outcomes and its impact (both positive and

negative). The evaluation also drew lessons learnt from the project for future projects responding to end VAWG. The precise evaluation objectives were as follows;

1. To assess the entire project (01 January 2020 to 31 December 2022), against the relevance, effectiveness, efficiency, sustainability, knowledge generation and impact criteria, as well as the crosscutting gender equality and human rights criteria;
2. To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes;
3. To identify how cross-cutting issues are being mainstreamed in the project (gender equity & disability);
4. To identify any changes in indicators collected during the baseline and outlined in the logical framework, particularly the knowledge, attitude and behaviours of targeted groups since the beginning of the project period;
5. To identify challenges in ending violence and promoting SRH for AGYW and FSWs, and;
6. To document the extent to which the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended).

1.4 Evaluation Criteria and Questions

The evaluation utilised the OECD Development Assistance Committee (DAC) international evaluation criteria. In particular, the evaluation was guided by the criteria of Relevance, Coherence, Efficiency, Effectiveness, Impact, Sustainability and Gender and Human Rights Responsiveness. The table below shows the key criteria used and the relevant questions applicable to the criteria.

Table 1: Key Evaluation Criteria

Evaluation Criteria	Evaluation Questions (Areas of focus)
<p>Relevance</p> <p>The extent to which the project is suited to the priorities and policies of the target group and the context.</p>	<ul style="list-style-type: none"> • To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
<p>Coherence</p> <p>The extent to which the intervention complements or contradicts other interventions.</p>	<ul style="list-style-type: none"> • Did the project complement other projects within the organisation (FACT)? • Did the project complement other projects being implemented by government and other development actors?
<p>Effectiveness</p> <p>A measure of the extent to which a project attains its objectives / results (as set out in the project document</p>	<ul style="list-style-type: none"> • To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?

and results framework) in accordance with the theory of change.	
<p>Efficiency</p> <p>Measures the outputs - qualitative and quantitative - in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively.</p>	<ul style="list-style-type: none"> • To what extent was the project efficiently and cost-effectively implemented?
<p>Impact</p> <p>Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact (both intended and unintended).</p>	<ul style="list-style-type: none"> • To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?
<p>Movement Building</p>	<ul style="list-style-type: none"> • How effective was the project in mobilising FSWs and AGYW to work together in groups and networks to challenge SGBV?
<p>Sustainability</p> <p>Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends.</p>	<ul style="list-style-type: none"> • To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?
<p>Knowledge generation</p> <p>Assesses whether there are any promising practices that can be shared with other practitioners.</p>	<ul style="list-style-type: none"> • To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?
<p>Gender Equality and Human Rights</p>	<ul style="list-style-type: none"> • Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated throughout the project and to what extent. • Practically this could mean incorporating an assessment of human rights and gender responsiveness throughout the evaluation questions above - if not obvious; ensuring the evaluation approach and methods of data collection are gender responsive (e.g., women and girls must feel safe to share information); specify that the evaluation data must be disaggregated by sex and other social criteria of importance to the project's subject.

Source: Adapted from the United Nations Trust Fund to End Violence Against Women (2019), *How to Manage a UN Trust Fund Grant Section 7: Evaluation Management*

1.5 Use of the Evaluation Findings

The findings of the Evaluation were to be presented to stakeholders in target areas, particularly to key government stakeholders and CSOs. The report would be shared with government agencies, particularly the Ministry of Women Affairs, Ministry of Health and Child Care, the Department of Social Development, the Ministry of Local Government, Judicial Service Commission, National AIDS Council, Zimbabwe Republic Police, United Nations Trust Fund and national organizations working on gender-based violence and EAW. Some of the findings and lessons learned would be used as inputs for the development of policy recommendations and national plans and to inform future projects by Family Aids Caring Trust Zimbabwe and the CSO community.

1.6 Evaluation Scope and Geographical Coverage

The evaluation covered the entire project duration, from 01 January 2020 to 31 December 2022. In terms of geographical coverage, the evaluation covered Goromonzi, Kwekwe and Murewa districts where the project was implemented. The target groups to be covered in the evaluation included both primary and secondary beneficiaries.

1.7 Evaluation Design and Methodology

The study followed a collaborative and participatory rights based mixed methods approach that drew on both quantitative and qualitative data. The combination of these methods was meant to increase confidence in the validity and reliability of evaluation findings as different methods were used to answer the same elements of a single question leading to triangulation. In order to produce a useful evaluation, the Consultant conducted a stakeholder analysis where all the key stakeholders were identified and the key questions that they needed to answer during the evaluation.

1.8 Key Stakeholders

The Consultants identified the following stakeholders as being important in the evaluation. Some of the stakeholders on the list below were identified during consultations with the evaluation stakeholder reference group.

Table 2: Evaluation Stakeholders

Primary Beneficiaries (The target for the three years was 800 FSWs and 800 AGYW in the three districts)	Female sex workers (FSW) of all ages
	Adolescent girls and young women (AGYW) that are females aged 15 to 24 years
	Survivors (females of any age who have experienced some form of GBV)

Murewa, Goromonzi and Kwekwe)	
Secondary Beneficiaries	The Police
	Health professionals
	Legal officers (<i>magistrates, prosecutors and interpreters</i>).
	Government officials - the Ministries of Women Affairs; Health and Child Care; Public Service, Labour and Social Welfare; Justice Legal and Parliamentary Affairs (encompassing Judicial Service Commission and National Prosecuting Authority);
	Representatives of CSOs

1.9 Data Collection Methods

In view of the purpose of the assessment, the data collection methods used included (Primary and secondary sources) i.e., desk reviews, key informant Interviews (KIIs), focus group discussions (FGDs) and structured survey questionnaires.

Desk Review

Project documents received from FACT were reviewed in order to have a better appreciation of the evaluation focus areas. The documents included the project proposal document, including the log frame, the baseline report, and the end of project report, amongst others. Strategic guiding documents from the UNTF such as the ‘How to manage a UN Trust Fund grant’ document was reviewed. These documents were used as reference points in terms of the quality of implementation against targets set in each quarter of the project. The review familiarised the Consultants with how the project was designed to work and its different indicators at output and outcome levels.

Semi Structured Key Informant Interviews (SSKIIs)

A list of specific key informants was drawn up for interviews with the stakeholders listed in Table 2.

The key informant interview guide had different sections that addressed different stakeholders to be interviewed. The target groups for key informant interviews included government stakeholders, health personnel, the police, prosecutors, representatives of relevant government line ministries, local leadership, selected CSOs operating in the project area. Key informant interviews were primarily focused on measuring project outcomes on relevance, effectiveness, impact, sustainability, lessons learnt and the cross-cutting issues of gender equality and human rights. This data was then triangulated with quantitative data from the structured survey.

Table 2

Stakeholder Category	Number of respondents interviewed
FACT staff	3
Ministry of Women Affairs, Community, Small and Medium Enterprises	3
District Development Coordinators	3
Department of Social Development	3
Rural District Councils	3
Zimbabwe Republic Police	3
National Prosecuting Authority	3
National Aids Council	3
Ministry of Health	3
Local Ward Coordinators	6
CSOs	6
Total	39

Focus Group Discussions (FGDs)

A focus group discussion guide was developed to guide discussions (See Annexes). Focus group discussions were held with selected direct project beneficiaries (FSWs and AGYW) within the sampled three districts. Focus group discussions were primarily focused on measuring project's outcomes on relevance, coherence, effectiveness, efficiency, impact, sustainability issues and the crosscutting issues of gender and human rights. The focus group discussions were separated between FSWs and AYGW. The FGDs were held with participant representatives from all project wards in the Districts. At least two focus group discussions were held in each District Center with participants from all the wards represented. The participants also covered different types of beneficiaries (1 FGD for FSWs, 1 FGD for AGYW). Each focus group discussion had 6 participants. Focus group discussions were held at central district locations.

Table showing the distribution of FGDs.

District	Total participants	FSW FGDs	AGYW FGDs
Murewa	12	1 (6 people)	1 (6 people)
Goromonzi	12	1 (6 people)	1 (6 people)
Kwekwe	12	1 (6 people)	1 (6 people)
Total	36	3 (18 people)	3 (18 people)

Structured Survey Questionnaire

A survey questionnaire was administered to a selected sample of beneficiaries who included FSWs and AGYWs from all the three districts in order to collect quantitative data in the areas primarily focusing on measuring relevance, coherence, efficiency, effectiveness, impact, sustainability and the cross-cutting issues of gender and human rights. Based on project registers, the consultants endeavored to ensure proportional representation of beneficiaries across all wards. Enumerators were trained in interpreting the questionnaire into the local languages for ease of comprehension by the respondents. For sites where mobile phone coverage was good, enumerators called respondents to administer a mobile phone survey. In a few wards where coverage was weak such as in Kwekwe, enumerators physically met with respondents to administer the questionnaire at central places. All responses were captured using the Kobo Toolbox platform.

Sampling for Surveys

The survey was based on available sampling frames of beneficiaries. A systematic sampling approach was used to select at least 333 respondents among the 1600 primary beneficiaries of the project as determined through a statistical formula. Using a statistical formula shown below, a selection of 310 respondents out of 1600 would have given a margin of error of 5% and a confidence level of 95%. A total of 333 respondents were eventually reached which was above the minimum recommended as per the formula shown above. Respondents were proportionally selected from across all the districts and wards that participated in the project using systematic sampling, and project registers as the sampling frame. Questionnaires were administered by a team of trained enumerators accompanying Lead Evaluators who knew the local languages of the areas being visited. The consultant made an effort to recruit and train some enumerators from the local communities. While evaluation had initially targeted a sample of 30% of the primary project beneficiaries, this target was not met because of the high level of mobility amongst the FSWs and AGYW. Many targeted respondents had either moved from the project site or changed their phone numbers.

Table showing the number of Structured Questionnaires Administered

District	FSW	AGYW	Total
Murewa	55	55	110
Kwekwe	56	55	111
Goromonzi	56	56	112
Total	165	165	333

Data Entry, Analysis, Interpretation

Quantitative data was entered directly into the Kobo Toolbox online. Upon completion of data collection processes, data cleaning and analysis was conducted using MS Excel. For quantitative data collected through structured questionnaire interviews, frequency tables were run and cross tabulations of findings on key areas of interest and how these compare between baseline data and end line data. Qualitative data from key informant interviews and FGDs were analysed by reading through the transcripts and identifying issues of interest that respond to evaluation questions.

Covid-19 Precautions

All COVID-19 prevention protocols were observed where KIIs and FGDs were held including social distancing, and hand sanitizing. These protocols were meant to minimize or avoid the risk of doing harm to the data sources.

Ethical considerations and Safeguarding

The Evaluation took all necessary steps to adhere to research ethics by ensuring that:

- All participating stakeholders did so voluntarily. It was explained to them that there would be no negative consequences should they choose not to participate.
- Informed consent from all the participants was obtained.
- In the case of minors who were AGYW, consent was sought from their guardians or parents before interviews were conducted.
- Prior permission was sought for taking and use of visual, still/ moving images.
- Participants' anonymity was upheld, and confidentiality respected. Evaluation findings reporting did not reference specific individual names.
- Respondents were given the contact information for the lead evaluator to contact the evaluation team should they become distressed because of the interviews.
- The World Health Organization (WHO) and the Ministry of Health and Child Care (MoHCC) guidelines and protocols on Covid-19 were observed throughout the evaluation process.
- The evaluation was conducted within the confines of the FACT's Safeguarding Policy
- All members of the evaluation team agreed to follow the following guidelines to ensure the rights of the individuals are protected and participation in the evaluation does not result in further violation of their rights.

WHO, “Ethical and safety recommendations for intervention research on violence against women “, (2016)

WHO, “Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies” (2007)

WHO/PATH, “Researching violence against women: a practical guide for researchers and activists”, (2005)

UNICEF’s “Child and youth participation guide” (various resources)

UNEG guidance document, “Integrating human rights and gender equality in evaluations”, (2011) Chapter 3

2 FINDINGS

2.1 RELEVANCE

The evaluation established that the Voices project was developed based on an informed understanding of the SGBV situation in Zimbabwe. The Zimbabwe Demographic Health Survey Report (ZDHSR) of 2015 pointed out that 14% of women aged between 15-49 years, experienced sexual violence. Although several formal and informal post Sexual Gender Based Violence (SGBV) centres had been established to offer services to survivors/victims, including AGYW and Female Sex Workers (FSWs), progress in the elimination of SGBV remained limited. Associated costs (transportation, accommodation; food etc.) and stigma (and other negative attitudes) held by service providers and the community as well as legal and policy bureaucracy were some of the barriers that continued to limit access to SGBV centres and services. The “Voices” project was developed against this background. It was funded by the United Nations Trust Fund to End Violence Against Women (UNTF) under the Spotlight Initiative (SI) and implemented (from 2020 to 2022) in three districts (Goromonzi, Kwekwe and Murewa). According to the project baseline report of 2020, ZIMSTAT data collected in 2016 showed a 42% increase in rape cases over the past six years, which works out to at least 21 women raped daily or one woman sexually abused every 75 minutes. The Zimbabwe 2019 Multiple Indicator Cluster Survey estimated that 39.4% of adolescent girls and women aged 15-49 have experienced physical violence since age 15. This signals a growing trend in child marriage.

Against this background, the main objective of the project was to address the challenges that FSWs and AGYW faced with regards to SGBV and SRHR. The overall goal of the Voices project was for FSWs and AGYW to have improved safety from SGBV and have equitable access to essential SGBV-related services (SRH; legal and judicial services). The program intended to build the capacity of duty bearers (Health professionals, the Police and Judicial institutions) and to increase accountability in the provision of SGBV-related services for AGYW and FSWs in line with the identified needs of the targeted groups. In view of this discussion, the project was relevant in so far as it was addressing pertinent and topical issues for both the direct and indirect beneficiaries.

The evaluation established that the project was a relevant intervention in so far as it responded to the ‘lived experiences’ of Female Sex Workers (FSWs) and Adolescent Girls and Young Women (AGYW) in the three targeted Districts. The rights awareness that was brought by the project was viewed as a ‘liberating intervention’ by both the target beneficiaries and duty bearers in the communities of project implementation. All the targeted districts had pockets of artisanal and formal mining. For example, in Kwekwe, the gold panners, locally known as *makorokoza*, enjoy intermittent economic purchasing power and this attracts many FSWs from different parts of Kwekwe, and neighbouring districts. This was revealed to be one of the main drivers of high rates of SGBV directed especially towards the FSWs and the AGYW.

“As you know Kwekwe is a hive of artisanal mining. These miners don’t value other people most of the times. They just do whatever they want to whoever they meet especially if they think that you do not belong to a particular mining area. This is how sex workers get raped and beaten up. (Zibagwe rural District Council KII)

Because of the artisanal miners, GBV cases were high in places with informal mining on the rise. The male artisanal miners were said to be abusive because they were physically strong. It was reported that sometimes they would agree to a fee but end up not paying and when there is that disagreement, they would force themselves on the FSWs.

As evident from above, GBV may arise out of disrespect or disregard of the rights of the FSWs by male clients who are not ready or prepared to pay for the sex services rendered. The problem is attributed to the fact that sex work, according to the country's laws, remains criminalised and society in general has negative attitudes towards women associated with the sex work trade. Thus, the 'Voices from the Fringe' project responded to the practical challenges that FSWs faced with regards to accessing public services from duty bearers like the law enforcement agency (ZRP), from the judiciary and from the health sector. With regards, to access to health services, it was reported that sex workers experienced negative attitudes by some health professionals through labelling them as irresponsible for engaging in unprotected sex. As aptly put by key informant:

The main objective of the project was to empower the women or the young girls about their rights, how to advocate for their rights and for their voices to be heard by duty bearers. The project was dealing with sex workers. By virtue of being sex workers, they were treated like social outcasts either in programming or provision of public services. So, when the project was initiated, it was not necessary we were saying whether one is a sex worker or not but by right of being a woman their needs should be met, their concerns should be addressed by duty bearers. Suppose they visit a clinic in Silobela or down there in Zhombe where they are known as sex workers, they were labelled. For them to receive a service, they will first receive some bit of attitude from the nurses, and unfavourable behaviour towards them which made it difficult to continue visiting and receiving services. As a result, they would resort to the use of traditional methods of treating STIs and other ailments, which could be harmful to them as women. When FSWs were suffering from STIs, some health authorities would condemn them for practicing unsafe sex. – KII with Ministry of Women Affairs official

With regards, to reporting encounters of SGBV at the police, it was reported that sex workers also experienced negative attitudes, especially when they were known to be prostitutes.

... kare taitarisirwa pasi kumapurisa, hanzi nyaya dzemahure todzipindira papi. Waitoti ukada kuripota abuse vaigona kuti endai munopedzerana ikoko kubhawa ..." (The police used not to value us as human beings. When you try to report abuse (sexual or physical), some would respond that they don't get involved with sex workers business. We should go back and solve our issues at the bar) – **FGD with FSW, Silobela**

In cases where a rape case is reported we would often get told that "You sex workers are a problem, why do you not use condoms". But by right, when I visit a clinic, I should be assisted whether I am a sex worker or not; but by virtue of being a woman or official complainant lodging an issue with the police. **-FSW FGD Murewa)**

The FSWs would experience challenges of pursuing justice through the courts. This was partly because of lack of knowledge of the fact that there are women rights lawyers who could litigate on their behalf free of charge or the lack of financial resources to be travelling to the regional courts which are far from their places of residence. As a result, the project responded to this challenge through educating FSWs and AGYW not only about their rights but also availing channels to seek recourse or justice:

The project was important to us. As the Victim Friendly Unit (VFU) we would assist FACT with investigations of alleged SGBV. FACT would assist survivors by linking them with other service providers like NAC, assisting victims with transport or even to go to the courts with them. They also shared information with us. Where FACT would identify victims, they would come and report to ZRP and we investigate together”. – KII with ZRP official

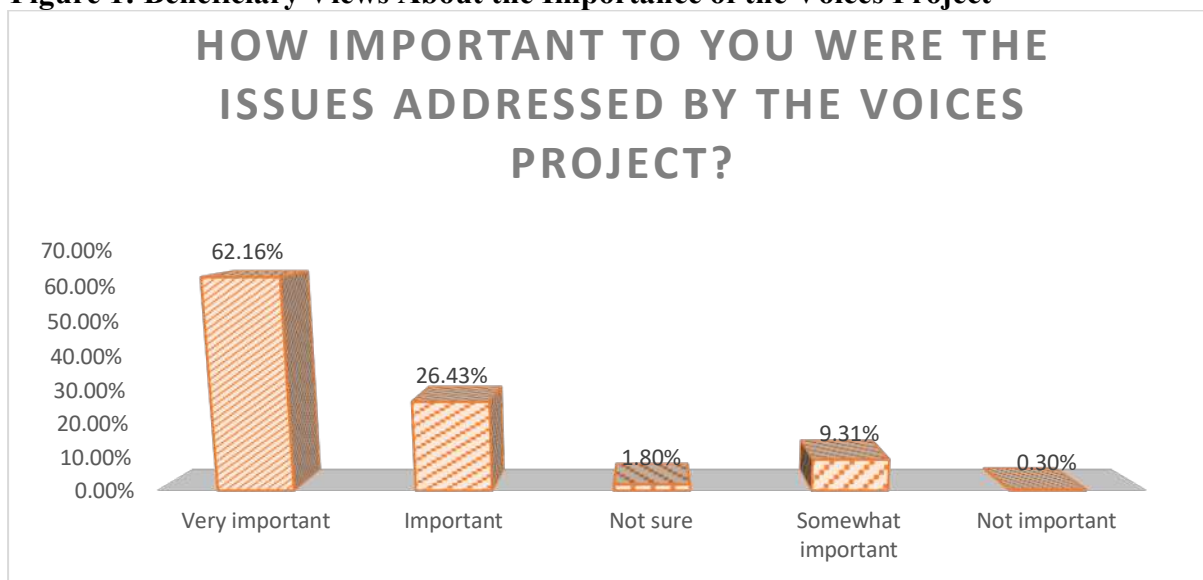
The project also responded to specific challenges faced by AGYW in the communities. Notably, it was argued that AGYW were normally excluded in community projects and bungled together under “women” beneficiaries:

Before the project, us as Council, we worked with everyone without making a distinction. Because of FACT, we then focused on these AGYW because if you address a mixed group of women, you will be focusing on ‘Women’ rights in general. But AGYW have peculiar rights that are distinct from those of old age. As Council, for example, through the devolution fund, we focused on income generation projects for women and the construction of mother waiting shelters. Since FACT, we have now constructed girl user friendly toilets in schools in order to prevent school attendance decrease among AGYW especially during their menstrual cycle period. *Matoilet okuti anogeza, patonova ne full length mirror kuti musikana azviwongorore, ochinja mapad ake opinda mu class* (Toilets fully equipped with mirrors and bathing facilities to allow the girl child to sanitize themselves and go back to class). And we have realised that since this project, even the pass rate is changing. *Vava vedu vechisikana vatova ne self-esteem and self-confidence*. – KII with Zibagwe RDC Council official

AGYW also faced challenges of being sexually abused both at home and in the community at large. At home, AGYW would be abused by relatives and are unable to report such abuses either because of dependence on adults for survival or threats. At the community level, the hive of artisanal mining activities means that AGYW are equally living in proximity to young men and old men able to use their relative economic power to abuse or have sex with young women. The project was thus relevant to the needs of this key population by giving it the agency and voice to be able to demand their rights and accountability from duty bearers and to also advocate for their rights. The evaluation established that the project was appropriately targeted at the most affected districts through the assistance of the District Development Coordinators (DDCs) offices where the project was implemented. District Coordinators indicated that the choice of project wards and sites was done through coordination with stakeholders who understood which wards were the most affected. Stakeholders were of the view that the Voices project was very important because of the fact that FSWs in particular remained as one of the key populations in Zimbabwe that remained susceptible to new HIV infections. In order to eliminate new HIV infections, it was necessary to ensure that FSWs had access to health centres in order to prevent further community transmissions.

The implementation of the Voices project was well coordinated. It received praise from stakeholders and gatekeepers especially in all Districts. The DDCs indicated that the project implementers followed the project blue-print that they had communicated at the project inception. The project managers reportedly gave regular and transparent feedback at regular intervals which made project implementation to receive support from all stakeholders. The project implementation team received praise from all stakeholders.

Figure 1: Beneficiary Views About the Importance of the Voices Project



The majority (62%) of respondents felt that the issues being addressed by the voices project were very important and 26% felt that the issues were important. The responses tallied with views obtained from key informants and FGDs. The evaluation established that all stakeholders involved in the program strongly agreed that the project was addressing an essential but neglected area in gender equality and the health of women. The police respondents observed that prior to the institution of the Voices project, FSWs were ashamed to report SGBV. This made it difficult for the police to make any arrests when SGBV cases occurred. During the evaluation interviews, the police observed that prior to the project they did not have very good relations with FSWs because both the duty bearers and the clients viewed each other with suspicion. As one government official indicated,

As a Ministry we do work with women, empowering them economically. We engage them as women in general and not specifically to say from which sector or population. However, these women or young girls were not forthcoming because of the nature of their jobs. So they used to shun public gatherings. But the project helped us at least to be able to meet them separately as a key population. – KII with Ministry of Women Affairs official, Kwekwe)

Stakeholders observed that prior to the project there was a common perception that the SGBV that FSWs suffered from their clients was part of the risks that go with employment in that kind of work. The project worked to change these challenges about how the FSWs and AGYW related with the police. The project taught the FSWs and the AGYW that the police existed to help them to solve their challenges and not to fight them. The police observed that reporting of

SGBV by sex workers and AGYW had greatly improved since the beginning of the Voices project in 2020. The project had assisted communities and in particular the FSWs and AGYW to be aware of their rights to report to any police station. The police observed that although some FSWs were still afraid to report, those FSWs that had been sensitised often reported on behalf of those that were still too timid to report.

2.2 COHERENCE

The project neatly dovetailed with government's priorities to address gender-based violence and to mainstream gender in various government and community development projects. The government has come up with various legislative tools in order to address SGBV; notably the Criminal Law (Codification and Reform) Act [Chapter 9:23] (Criminal Code) and the Criminal Procedure and Evidence Act [Chapter 9:07] (CPEA) and the Gender Based Violence Act (Chapter 5:16). The participation of stakeholders like the Ministry of Women Affairs, the Rural District Council's Gender Focal unit, NAC, the ZRP, and various non-state actors such as ZACH and FACT, among others contributed to and enhanced government's Multi-Sectoral Protocol on Management of Sexual Violence and Abuse. This, according to respondents, enabled easy sharing of statistical information and resources across stakeholders, thus ensuring that the problem of SGBV in society is addressed from an evidence-informed position.

The work which is being done by FACT is complimenting government efforts towards achieving the goals of the National Development Strategy 1. We are there to mobilise and coordinate gender related programs in the district and FACT is coming in with the resources and this motivates project participants. - KII with Community Development Officer, Ministry of Women Affairs

The project efforts were in line with the Zimbabwean law which advocates for equal access to SRHR information and services. Section 76 (1) of the Constitution of Zimbabwe states that: "Every citizen and permanent resident of Zimbabwe has the right to have access to basic health-care services, including reproductive health-care services". The project goal is also consistent with the provision of SDG 3, whose health target 3.1 states that there should be universal access to SRH care services, including for family planning, information and education, and the integration of reproductive health in national strategies and programmes.

The one notable challenge with the project was the misinterpretation or misunderstanding by some stakeholders about the intention of the project given the fact that current government laws do criminalise sex work. During the Inception meeting to introduce the end of project evaluation to stakeholders, it emerged that there were some misunderstandings that the project was in tangent with government's legal position on sex work. Some stakeholders had argued that singling out FSWs and seemingly distributing material benefits associated with the project was tantamount to promoting sex work, which was against current laws.

2.3 EFFECTIVENESS

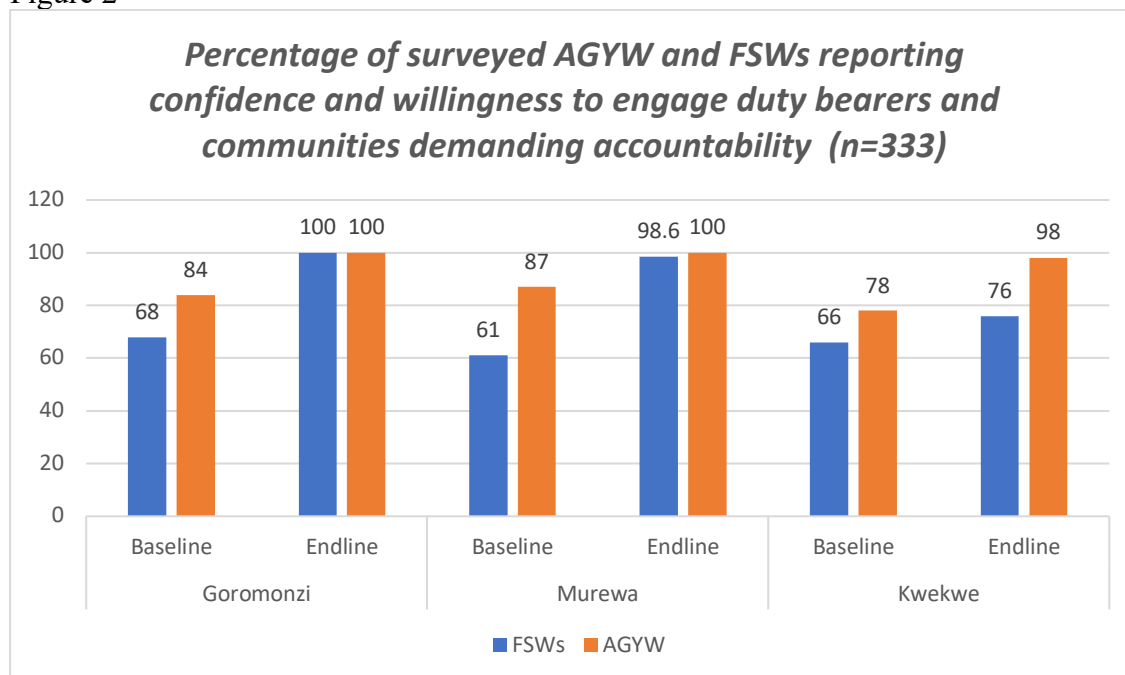
The baseline survey in the study districts had established that the proportion of AGYW reporting SGBV ranged between 12% and 37% (Goromonzi 37%; Murehwa 21% and Kwekwe/Zibagwe 12%). The proportion of FSWs reporting SGBV was significantly higher than those of AGYW ranging between 65% and 81% (Goromonzi 81%; Kwekwe 70% and Murehwa 65%). The baseline findings showed that FSWs were more likely to suffer from SGBV than AGYW. Consequently, the results of this evaluation show that the overwhelming impact of this project was felt amongst FSWs.

2.3.1 Outcome 1: AGYW and FSWs able to demand accountability from duty bearers and local communities to alter practices and attitudes towards SGBV perpetrated against them including child marriages:

2.3.1.1 Indicator 1: Percentage of surveyed AGYW and FSWs reporting confidence and willingness to engage duty bearers and communities demanding accountability on SGBV perpetrated against them in targeted districts.

At baseline stage, in the three study districts that were studied, 65% of FSWs and 83% of AGYW indicated they felt confident to engage duty bearers. The baseline study established that there was some communication between health officials and AGYW and FSWs. However, the communication was limited and not entirely effective. The confidence and willingness to engage duty bearers was relatively low. The end of term evaluation established that there was a major shift in confidence levels and the willingness to engage duty bearers concerning SGBV and SRH issues amongst the targeted beneficiary groups. FSWs and AGYW attributed the change to the trainings about their rights and the movement building that was achieved through the Voices project.

Figure 2



Analysis of the data from all the districts indicated most of the respondents felt confident to engage the police, health workers and JSC officers and demand accountability on SGBV perpetrated against them. AGYW reported low levels of stigma from health duty bearers handling SGBV and SRH cases. However, FSWs reported being stigmatised by duty bearers, which affected their confidence to report SGBV. Most FSWs engaged with duty bearers on SGBV issues because they had no other option. The end of term evaluation observed a significant remarkable improvement in the confidence levels of both AGYW and FSWs. However, FSWs confidence levels continue to lag behind those of AGYW, indicating enduring self-stigmatisation and perceived social stigma amongst FSWs. After project implementation, in Goromonzi and Murewa, approximately 100% of project participants indicated confidence to engage with duty bearers. However, the statistics were relatively lower in Kwekwe at 76% for female sex workers and 98% for AGYW. This may be indicative of a more difficult to change local community culture.

The evaluation established that the project increased FSW/AGYW's power within. They now had the agency to demand their rights and they were now known as champions of change in clinics and the community.

'We didn't have information; we were always abused but now we know what to do'
FSW Murehwa FGD.

'We thought we deserved to be raped because we are sex workers but now we know better. Human rights are for everyone'
FSW Murehwa FGD.

Usefulness of Reporting to the Police

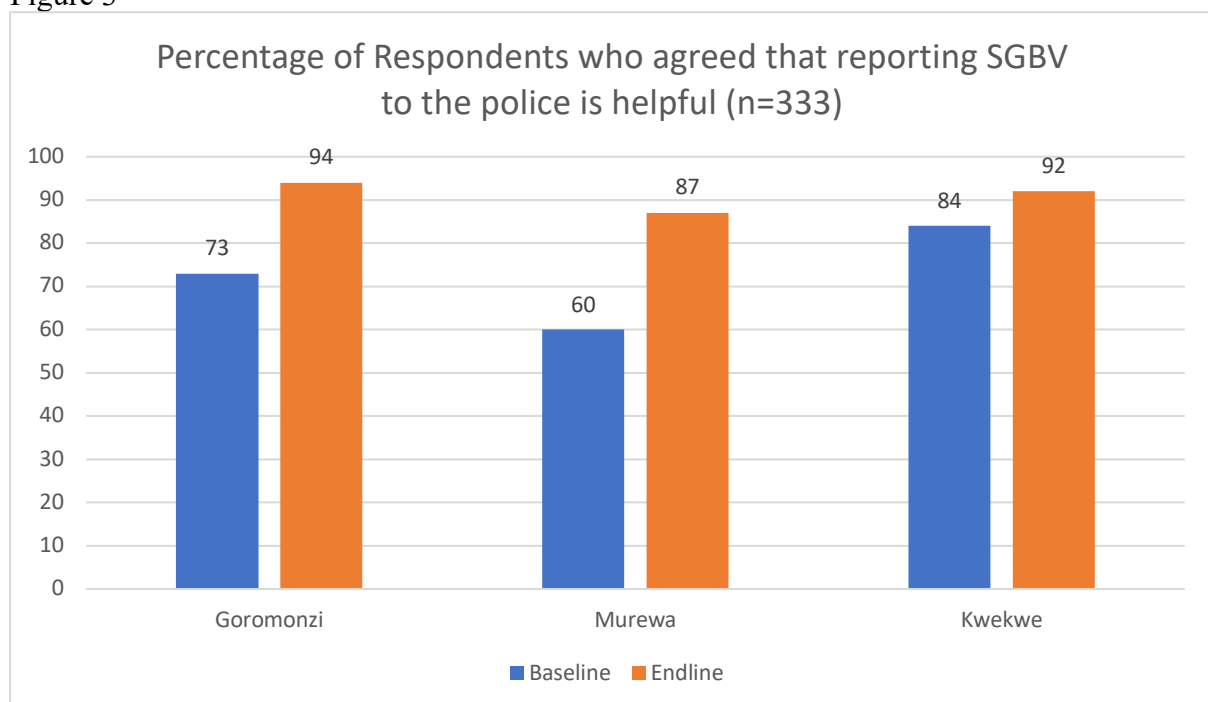
On the issue of the usefulness of reporting SGBV to the police, there was a marked difference in views at baseline and at end line indicating the effect of the project. At baseline, an average 72% of AGYW across the three districts (Goromonzi -73%, Kwekwe/Zibagwe-84% and

Murehwa- 60%) believed that reporting and disclosing SGBV to the police was helpful. At the close of the project these perceptions had improved to 94% in Goromonzi, 92% in Kwekwe and 87% in Murewa. These changes in values indicate that the project beneficiaries were more confident of the policing system after the project intervention. This shows that the project had managed to improve the way that police relate to FSWs and the AGYW. This was also supported by key informants:

Vanhu vavakukasira ku reporter violence. Saka frequency yawanda. Nekuti we also educate them on the advantages of early reporting. Saka it now helps them to know that if they report early, they can be given PEP medicine, I can get counselling fast. I can do an informed decision since I would have received counselling services. Mareports ave kuwanda. Zviri right because people now know where to go. The project has assisted us as well in that during campaigns they get to know kuti kune vanhu vakadai. Saka zvakabatsira kuvhura pfungwa, even dzevabereki kuti how they can look after their adolescent girls” – KII with ZRP official

People now report cases of abuse early and more frequently. People are now aware of the advantages of reporting early cases of sexual abuse; that one can get early medical attention, or that they can receive early counselling services. The project has also assisted in transforming negative attitudes of people to know that they exist in the community. Parents now know how to relate with adolescent girls.

Figure 3



2.3.1.2 Indicator 2: Number of FSW and AGYW directly reached by the project who are actively engaging service providers and communities to account for their practices and actions with regard to SGBV

The baseline study established that among the surveyed respondents all the three districts about 28% of FSWs and 7% of AGYW were actively participating in social movements/groups activities. The baseline findings showed that the targeted beneficiaries had low capacity to engage with duty bearers prior to project implementation. The end line results showed a marked increase in the percentage of direct beneficiaries who were engaging with duty bearers and the community with regards to their actions concerning SGBV. Seventy percent (70%) of female sex workers indicated that they were participating, while 62% of AGYW indicated participating in the same. The evaluation could not disaggregate comparisons by district because this was not done at the baseline. These findings show a remarkable improvement in the capacity of AGYW and FSWs to demand accountability from duty bearers and the community on matters of SGBV. This indicates that the project was a great success in building capacity in this area.

Figure 4

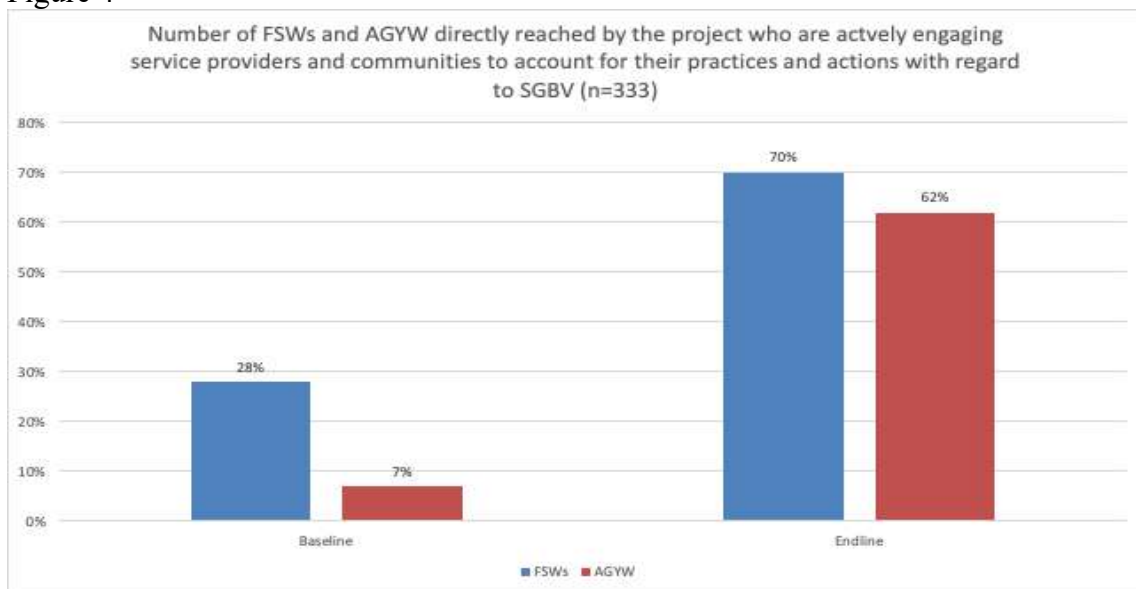
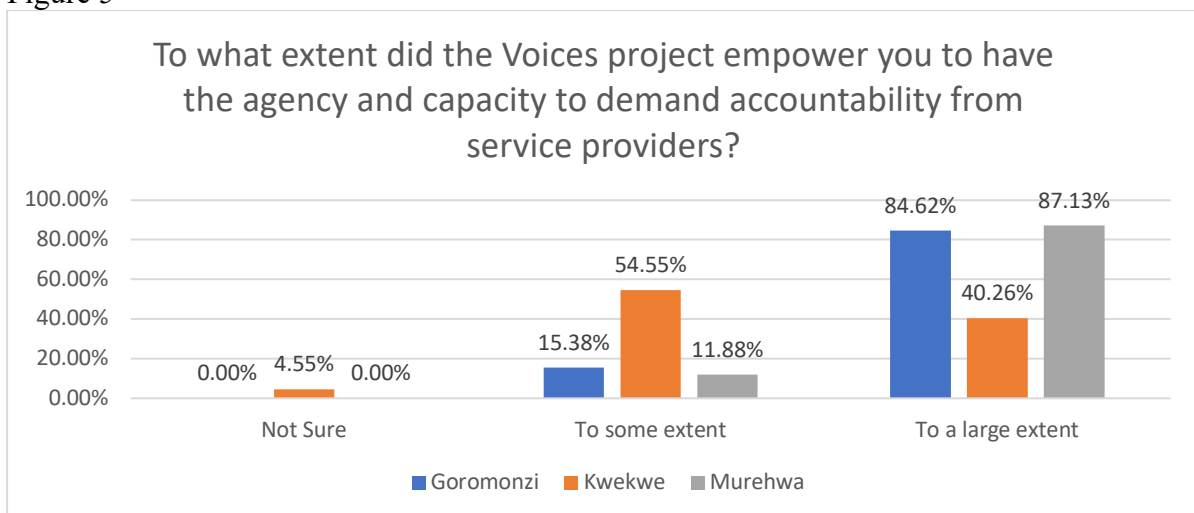


Figure 5



Most of the respondents across the three districts felt that the Voices project empowered them to have the agency to demand accountability from service providers “to a larger extent”. In Goromonzi and Murewa, 84.62% and 87.13% respectively indicated that the project had empowered them with agency and capacity to demand accountability from service providers. In Kwekwe, 40.2% of the respondents said that they had been empowered “to a large extent” while 54.55% said that they had been empowered “to some extent”. In general, the findings show that the respondents highly recognised the capacity that the project had built in them to be able to demand accountability from service providers.

Knowledge Improves Agency About SGBV

The evaluation established that changes in knowledge about SGBV and rights had an effect on the agency of FSWs and AGYW. FSWs and AGYW observed that prior to the project they were ignorant of their rights. As one adolescent girl pointed out’

Before the project came, we did not know about our rights. Now we know. We can report anyone who violates our rights as girls and young women. We thought that children had no rights. We thought that it was okay for adults to make any kind of decision about them. But we have learned that when we are abused we must not be embarrassed to report. (Murewa AGYW Focus Group Discussion).

For duty bearers, not only has the project facilitated the visibility of these key populations in public programmes, but the project has also enlightened them with the knowledge that this key population has rights just like other people. While this is not an overt promotion of sex work, duty bearers now appreciate the fact that educating sex workers about their sexual reproductive health and rights and the importance of engaging in protected safe sex has positive consequences to prevent the spread of sexually transmitted diseases in the community:

“... before FACT, *kutaura chokwadi taive tisina basa navo* (We did not care about them). We did not understand it because we regarded it (sex work) as a nonsense. So when FACT arrived, we were given the knowledge *kuti* (that) no these are also human beings that are just trying to survive. Our responsibility is to help them not to spread diseases, especially to families because *tikavaregerera vachiita unprotected sex tichiti ibasa ravo, vakabva ikoko vana baba vedzimba* they will sleep with them and then bring sexual transmitted diseases at home (If we ignore them saying it’s their private business, it is our husbands who sleep with them and this can bring diseases in the home). So we need to work with them, teaching them about the importance of protected sex, teaching them that if their rights are violated, if they are raped, they have the right to report to the police, because they are also people. That is when we started to also value them. Otherwise, if it was not FACT we would still be excluding them” – **KII with Zibagwe RDC official**

Figure 6

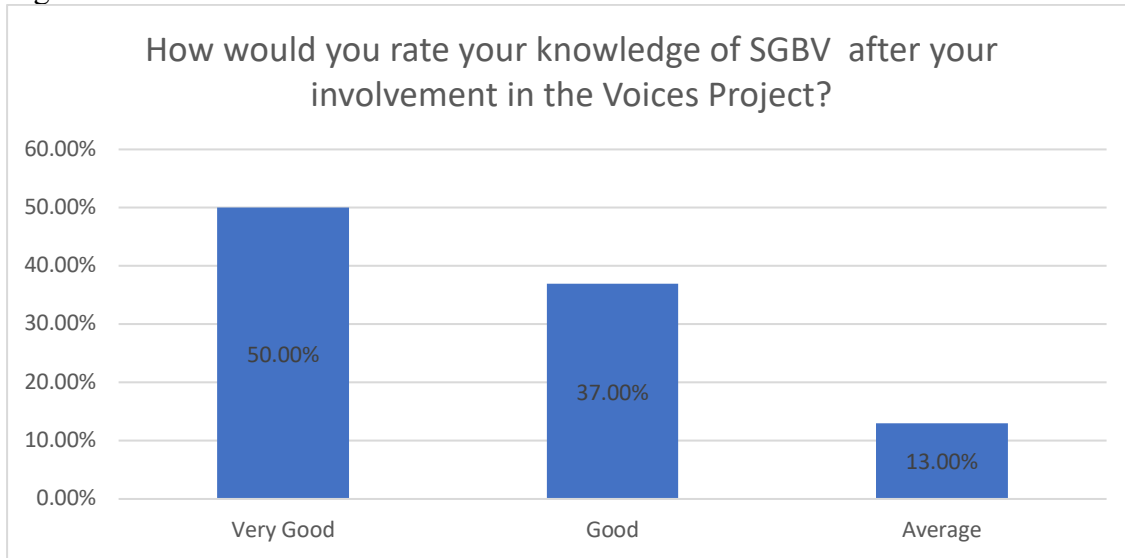
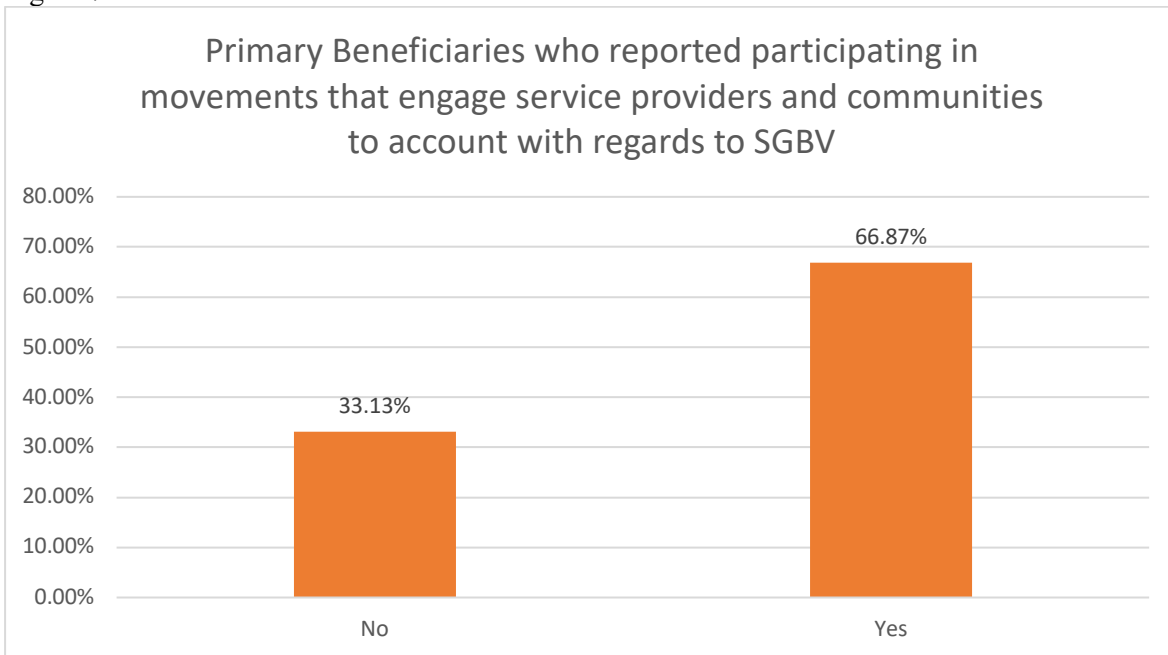


Figure 7

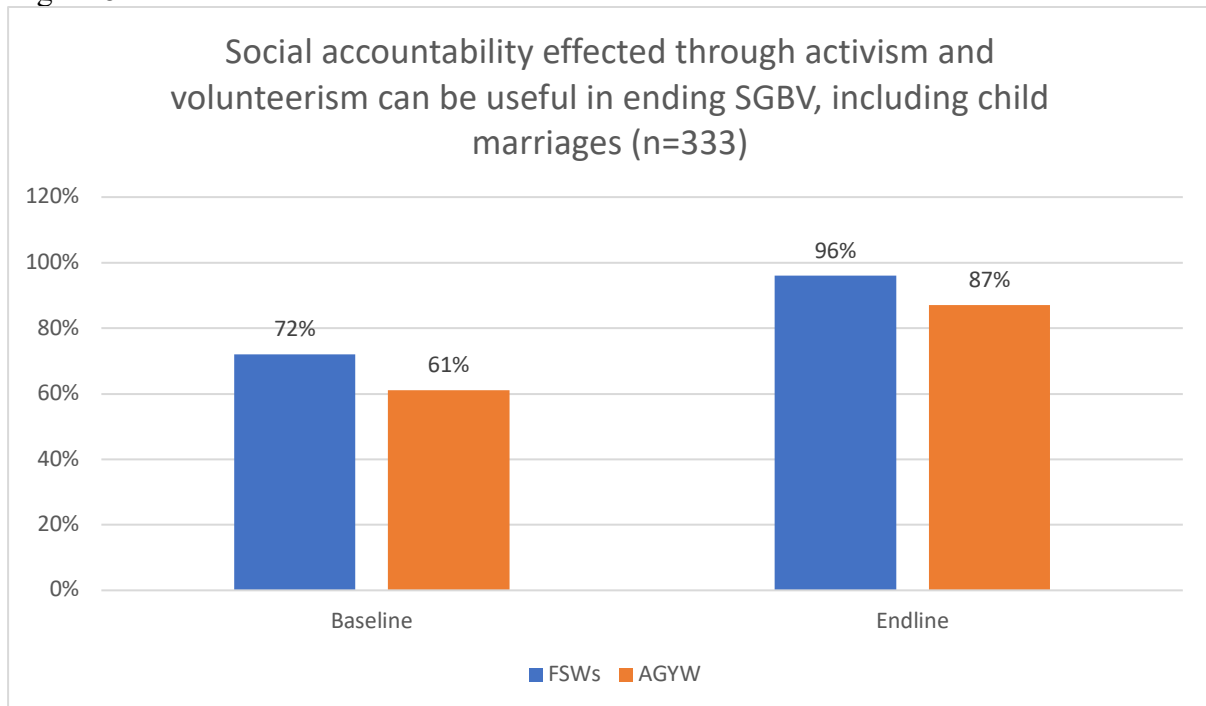


2.3.1.3 Indicator 3: Perceptions of FSW and AGYW about engagement in social accountability as a measure to end SGBV

The baseline study established that 61% of surveyed AGYW and 72% of FSW believed that social accountability was a useful measure to end SGBV. The majority of the respondents believed that social accountability was important in fighting against SGBV. At baseline, both FSWs and AGYW were not oblivious of the fact that activism and voluntarism can have negative effects through victimisation from duty bearers. They highlighted that unity and

cohesion were important to effective activism and voluntarism. The endline findings indicate a strengthening of the view that social accountability effected through activism and volunteerism can be useful in ending SGBV. While the baseline result for FSWs was at 72%, it significantly improved to 96% showing that FSWs had gained confidence in using activism as also substantiated by focus group discussions. A notable trend can also be seen amongst AGYW whose perception value increased from 61% to 87%. These may be attributed to the trainings that they received from the Voices program as they testified in focus groups discussions. This data could not be disaggregated by District because the baseline did not disaggregate by District.

Figure 8



The project increased FSW/AGYW’s power within. They now had agency to demand their rights and they are now known as champions of change in clinics and the community. The project was able to give voice to sex workers which is an essential advocacy tool. This was effective since sex workers are the ones who face violations and they can tell their own story and the factors that define their context. Gaining new knowledge through this project enabled sex workers to advocate for better service delivery in health facilities without fear or intimidation.

‘We didn’t have information; we were always abused but now we know what to do’ FSW Murehwa FGD.

‘We thought we deserved to be raped because we are sex workers but now we know better. Human rights are for everyone’ FSW Murehwa FGD.

“... takadzidziswa kuzvimirira pachedu” (We were taught to stand for our rights)
 “...takufila safe mazuvano, vanhu vakutotya kusungwa nemapurisa...” (We now feel safe because people are afraid of being arrested)

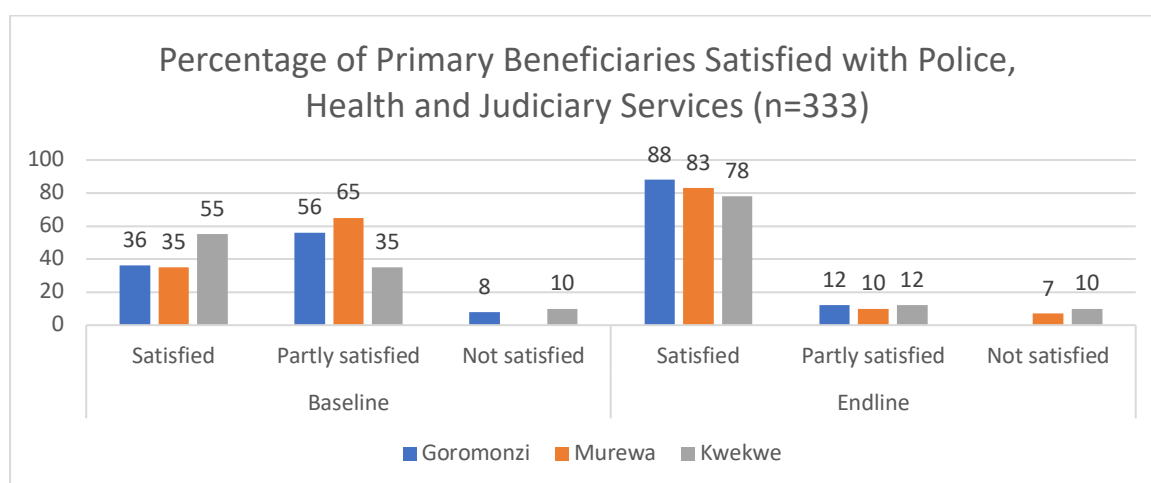
2.3.2 Outcome 2: Health, Legal and Judicial services providers that are more accountable, human centred and efficient service delivery to AGYW; FSWs and survivors/victims of SGBV.

The results of the baseline study indicated that duty bearers at district and ward levels (Health, Police and Judiciary) were expected to handle FSW and AGYW SGBV cases using the national multi-sectoral protocol on the management of SGBV. When SGBV cases were reported, the respective relevant institutions were supposed to play their role in ensuring that cases are addressed using the national guidance on handling SGBV. Despite this, feedback from FGDs, KIIs and Score Cards revealed that very few cases involving FSWs and AGYW actually passed through the referral pathway indicated in the multi-sectoral protocol on the management of SGBV including minimum timeframes. A major challenge to this was the fact that SGBV against AGYW was mostly perpetrated by family members and close relatives, and these cases ended up being handled through informal family agreements which resulted in out of court settlements. According to the baseline findings, across the three districts, cases of child marriages were suppressed, underplayed or hidden within families. Child marriages are also driven by religious beliefs with some religious groups viewing child marriages as “normal”. Consequently, members of such religious groups do not report child marriages.

2.3.2.1 Indicator 1: Percentage of survivor FSW and AGYW reporting satisfaction with received post violence health and justice (legal) services in targeted districts.

The baseline study had established that little to no progress was made by relevant SGBV service providers (Police, Judiciary and Health Centres) to improve satisfaction of FSWs and AGYW in delivering services. Using a scale of High, Medium and Low, the baseline study concluded that the three SGBV service delivery arms (Police, Judiciary and Health centres) across the three districts were rated “Low” on efforts to improve SGBV accountability for FSWs and AGYW.

Figure 9



Duty Bearers Have an Improved Understanding of the Needs of FSWs and AGYW

The end of term evaluation found out that duty bearers had benefitted significantly from the voices project in learning how to interact with AGYW and FSWs and to respond sufficiently to their needs. Most key informants representing duty bearers indicated that they had previously lacked specialist knowledge required to be able to deal with FSWs and AGYW. As a result suspicions and fights with these groups were common. As one key informant in the Health sector in Murewa pointed out,

The Voices project has assisted us a lot. Previously we did not have an effective way of engaging with the FSWs in relation to their challenges and how they want services to be provided. The project has given us a platform/safe space for us to engage with them. We have since realized how little we understood their needs. The project gave us insights on other social issues that we were not aware of and opened the doors to the hard-to-reach populations like the 14-year-olds and the FSWs - **Health Sector Key Informant, Murewa.**

Services at the Police

Interviews with FSWs and AGYW indicated that they perceived a significant shift in the attitudes of the police, the judiciary and health care service providers as a result of the Voices project. Interface meetings with the police were particularly commended by FSWs. FSWs pointed out the attitude of the police had positively changed after the interface meetings. They said that the police now welcomed them better to the police station and they took their SGBV reports seriously.

The police indicated in interviews that their work with FSWs and AGYW had greatly improved as a result of the project. They pointed out that the interface meetings that the project facilitated had given them a better understanding of the FSWs in particular. The police and the FSWs had developed such a harmonious working relationship to the extent that FSWs sometimes acted as informers to the police leading to the arrest of armed robbers. The duty bearers observed in particular the importance of the lessons they received under the ‘**Look-in, Look-Out**’ training. The training helped duty bearers to introspect and to have an appreciation of how other people think and experience life. Although, the evaluation established that traditional leaders remained largely conservative and resistant to the idea of engaging sex workers, it was noted that there was an improvement in terms of how they perceive sex workers and their rights in their areas of domain. A number of duty bearers elucidated how the project assisted them to interact with the beneficiary populations.

One thing that this project did very well was to show all duty bearers and stakeholders that FSWs exist and that they need to learn how to handle them. We learnt that if you are a leader you have to understand issues from different perspectives. We learnt that there are reasons why FSWs exist. - **Murewa, Local Government.**

The program acted as a bridge between the police and the FSWs to dispel most of the misconceptions and animosities that existed between the two. For the first time now, the FSW were happy to have police come and handle their cases. The workshops facilitated by FACT helped a lot in mending relations. It also changed the perceptions of the police officers. - **VFU Officer Goromonzi ZRP**

As a result of the Voices project, the police had developed a schedule of regular visits to talk to FSWs about SGBV and its prevention. The police in Murewa indicated that they regularly made visits to a place called Sky Blue, which was frequented by Female Sex Workers to speak about SGBV and to alert FSWs that they had the right to report anyone committing SGBV. In these meetings, the police would also re-emphasise that the FSWs had rights to report if their rights were infringed upon like all other people. Police Officers who were interviewed during the evaluation indicated that their perceptions about the FSWs had been changed by the project. As one officer indicated,

Because of this project, we learnt to accept that Female Sex Workers are people like all of us and that they too have rights. We therefore must accept what they report when their rights have been tampered with. - Police Officer Murewa

The evaluation established that as a result of the Voices project some council services were improving and becoming tailor made for female sex workers. For example, in Murewa, a council representative observed that,

As a result of the Voices project, our Rural District Council now has an annual dialogue with Sex Workers every year to understand their concerns and needs in terms of service provision. - Council Informant, Murewa

Services at the Clinic

The primary beneficiaries observed that after interface meetings, services at the clinic had greatly improved, not just for the primary beneficiaries but also for the general members of the community. Prior to the beginning of the Voices project, FSWs indicated that the treatment that they were receiving was discouraging them from visiting the clinic to receive SRH services. As one respondent pointed out;

Waingodimburwa dimburwa. Matauro aitiwa nana-nurse anga asina kunaka.
Taitya kuenda kuchipatara nekumapurisa.

The nurses used to speak very arrogantly to us. They used not to speak well to us at all. As a result, we were scared to visit the health facilities and the police.

Accessibility of services to the FSW and AGYW was improved. Previously they were not comfortable coming out until when they come presenting with irreversible conditions. We were not accessible. There were no integrated services for them. One would come to hospital, get referred to services 3 or 4km away and they would move back and forth from one district office to the other to get assistance. Now they are able to get all those services under one roof through our VFU. (DMO Murewa)

Female sex workers noted that service at the health facilities used to be discouraging for them prior to the intervention of the project. Prior to project interventions, health facility workers would reportedly not give privacy to FSWs visiting the facilities. They would often call each

other and discuss their situations making fun of their diseases. FSWs indicated that health personnel used to attend to them as and when they wanted because they were perceived as a to create nuisance. However, after interface meetings with clinics, they observed improvements in the attitudes of health personnel and levels of service provision. The interface meetings and regular engagements with the clinics in Murewa had managed to convince health authorities to engage some FSWs in the clinic as general hands.

The evaluation established that while local clinics had greatly improved their services to FSWs and AGYW, some bottlenecks still exist. For example, FSWs observed that while services were readily available and affordable at local sub-clinics, this was not the case when someone was referred to higher level hospitals that were not participating in the project. While KPs did not require to pay at the local clinics, hospitals required them to pay. Hospital nurses had also not been sensitised about FSWs and so their attitudes remained repulsive to FSWs.

The working relationship between clinic staff and FSWs and AGYW had generally improved in the health facilities covered by the project. For example, the Sister-in-Charge at Chinyika clinic observed that female sex workers had such a cordial relationship with staff that they could even negotiate to come to the clinic at a more convenient time for them when there were less clients. It was indicated that FSWs health seeking behaviour had changed as they could now come early to the clinic to seek treatment without feeling judged by the clinic staff. Prior to the interface meetings, duty bearers felt that there was an attitude problem also emanating from the FSWs and that is why they were not getting fair treatment at the facilities. Working together with the clinic at Chinyika, FSWs had managed to form ART refill groups where they assisted each other to pick up medication at the clinic in turns.

The evaluation established that in spite of the improved environment at health facilities for both the FSWs and the AGYW, there were challenges in getting AGYW to use health facilities for SRH services. Health personnel in all the Districts indicated that other adults in the community had a tendency of gossiping about AGYW who would have been seen seeking health care services at the health care facilities and reporting them to their parents. Health service providers observed that it would be necessary to create more adolescent friendly healthcare centres that were possibly separate from mainstream health facilities. These adolescent friendly centres would be more akin to information provision centres. Increasing schools outreach meetings for adolescent SRH services was seen as a viable strategy to reach adolescents.

Evidence shows that duty bearers were now more responsive and human-centered when it comes to SGBV service delivery among key populations. This was collaborated both by the target beneficiaries of the project and the duty bearers themselves.

Kare taitarisirwa pasi. Ku-police chaiko waiti ukasvika uchida kuripota abuse voti nyaya dzemahure todzipindira papi. Chero mwana ayigona kurepiwa zvongonzi akatodza mai chihure. Iye zvino zvava nani, zvasiyana. Chero kuchipatara tave kubatwa zvakanaka.. Tatove nomkana wokuti chero tisina kubatwa zvakanaka tinosvika kwaMatron, takasununguka chero kufonera Matron kana tisina kugutsikana ne service yatapiwa nanurse. Chero ivo vakaita meeting ikoko ku-hospital yezvowutano vanotidana, zvisineyi neFACT mukati.

The police used to be dismissive towards us when we report cases of abuse, arguing that they do not get involved in issues of sex workers. Your child could

be abused and some people would argue that she took after the promiscuous mother. Things have changed. At the hospital, we are now received well. We now have access to the hospital Matron when either we are abused or we feel that the service was substandard and unsatisfactory. The Matron also invites us to attend health promotion meetings outside the FACT project. (Female Sex Worker Key Informant Interview, Kwekwe)

Judicial Services

Although the primary beneficiaries were of the view that tolerance for FSWs and AGYW had improved in the courts, more work was necessary in ensuring that the courts were more responsive to the needs of the primary project beneficiaries. The FSWs and AGYW indicated that the courts were still a challenge to work with. However, they observed that they had benefitted by being trained on the court processes that gave them a better appreciation of how courts function. Some key challenges in the judicial services related to the fact that although the courts were more responsive, FSWs and AGYW often had no lawyers to represent them in their cases.

The number of respondents who were partly satisfied or not satisfied indicate that there were still issues that need to be dealt with amongst duty bearers. Some respondents amongst FSWs were of the opinion that some attitudes were still lingering especially at the courts. Attitudes were still not fully changed amongst the police and the courts. Respondents indicated that the police and the courts were often uneasy about acknowledging sex work because it was still an illegality. As a result, some sex workers would have to alter the story they present after suffering SGBV to avoid indicating that they were involved in sex work. Instead of reporting a client for refusing to pay for sexual services, they might report theft of money by the client.

2.3.2.2 Indicator 2: Percentage of cases involving FSW and AGYW handled by police, health institutions and courts in accordance with provisions of the Multi-sectoral Protocol on Management of Sexual Violence and Abuse

The baseline findings were that all the three districts and respective wards noted the use of the multisectoral protocol on the management of sexual violence and abuse. There was clarity on the institutions that were part of the multi-sectoral approach in handling SGBV cases. These institutions included: Department of Social Welfare; Health Institutions; the Gender Ministry; the Police; the Judiciary and sometimes the Civil Society Organisations (CSOs). Most duty bearers were not able to provide explicit figures on the cases that pass through the multi-sectoral approach, although annual estimates of cases handled indicated extremely very low figures for FSWs and slightly more cases for AGYW. This observation tallies with feedback from duty bearers at ward levels (Police Officers, Councillors, Health Officials, Teachers, and Headmasters) which noted that SGBV cases are not reported to the formal structures for handling through the multisectoral protocol on management of SGBV cases. The evaluation established that at endline the numbers were also not known since some departments and institutions are not permitted to share the statistics. Key informants indicated that it is difficult to treat all the cases in accordance with provisions of the Multi-sectoral Protocol on

Management of Sexual Violence and abuse since most victims delay reporting. The explanation was that most cases are reported when the victim becomes pregnant or when the perpetrator fails to pay his pledges to the victim's parents. Other delays were due to unavailability of funds for age estimation or for medical report if they do not get assistance from FACT through the Voices Project.

The project was implemented through a multi-stakeholder cooperation. These stakeholders include the Ministry of Women Affairs, ZRP's Victim Friendly Unit, Department of Social Welfare, Ministry of Health, National Aids Council, Rural district Councils, Childline and ZACH, among others. The multi-stakeholder approach has enhanced knowledge exchange between stakeholders and strengthened a holistic approach to addressing SGBV, which focuses on access to health services before and post-violence encounters; and simultaneously pursuing justice recourse through the police and the judiciary system.

By bringing these stakeholders to the ground to talk to these women and girls, it assist to clarify many hazy areas. You know, there is always this street talk or community talk where they say '*kumapurisa ukangosvikai unoharasiwa*' (At police we are being harassed), '*kuchipatara ukangosvika unoharasiwa*' (At the hospital we are being harassed). So by bringing together different stakeholders, service providers get an opportunity to explain what services they offer and how to get them. The service providers also get the opportunity to hear what communities or these groups think about their services. The framework is good in so far as it bridges the gap between service providers and service users in communities. As a result, we have seen these AGYWs and FSWs are no longer afraid of approaching these service providers and accessing services. For example, communities were not aware that we do have a One-stop centre at the Kwekwe General Hospital under ZACH where they can be helped on SRH services for free. They also did not know that there are lawyers for women who can stand for them at courts for free if they do not have the money".
– KII with Ministry of Women Affairs official

"As Zibangwe Council, we have a Gender Committee where our Councillors report on community issues. This is where we get statistics from VFU, Child line, from ZACH, from NAC and then we deliberate as Council as to what measures we should take in order to address the problem of GBV. The participation of the different stakeholders makes the handling of GBV easier. Sharing of information and sharing of resources is also facilitated. There are areas where we may be unable to quickly reach as Council because of transport challenges, and so it helps to know that NAC or FACT is visiting that area, and we also join them. This amplifies the message against GBV and when communities see officials from Council or even from the Ministry of Women Affairs, they know that the project has government support". –
KII with RDC official

2.3.2.4 Indicator 3: Number of targeted institutions/service providers taking internal steps to improve accountability on SGBV

At baseline study, it was established that no significant steps had been taken by relevant institutions to improve accountability on SGBV for AGYW and FSWs: Across all the three districts consultations with duty bearers at both district and ward levels noted no significant

institutional measures put in place to improve accountability on SGBV service provision for AGYW and FSWs. Key informants across all the representatives of service providers indicated that all their organisations were taking steps to improve accountability to AGYW and to FSWs. All (100%) of the duty bearers had different activities that they were engaging in. Some of them included the establishment of regular consultative meetings with FSWs and AGYW.

2.3.3 Outcome 3: Organizations including formal and informal women and girls' groups working to promote the rights of FSW and AGYW are better connected and influential in SGBV policy discussions at the national level so that the needs of FSW and AGYW are addressed in policy and practice

2.3.3.1 Indicator 1: Number of CSO and women's networking and collaboration platforms that are inclusive of FSW and AGYW in targeted districts and at national level.

The baseline study established that there were no identified networks or collaboration platforms for FSW or AGYW in the targeted districts. However, there were various CSOs that were implementing projects with similar objectives. PLAN International, CeSHHAR and NAC had projects that were inclusive of FSW and AGYW in the targeted districts. PLAN International was working with AGYW in schools in Kwekwe. CeSHHAR had members who were FSWs in all the 3 districts. The organization had FSWs who are peer educators working to facilitate access of SRH and SGBV services among their peers. However, these organizations had not been able to reach all places evenly. In Kwekwe CeSHHAR was operating in only two wards which excluded the targeted wards. NAC through its Sister to Sister program also had representatives who were AGYW in the various wards of the districts it is operating.

The endline of term evaluation established that the Voices project in Goromonzi worked with the Zimbabwe Institute for Girls Empowerment, and the Katswe Sisterhood. In Murewa the project worked in collaboration with RMT focusing on AGYWs whilst in Kwekwe the Voices project collaborated with MASI and AWET Women's Organization. At the national level FACT engaged Women Advocacy Sex Worker Organization, CeSHAAR, WLSA, VSO and Youth Advocates. The collaboration with the above mentioned CSOs was mostly in the area of training in the areas of their expertise.

The evaluation established that the Voices project enhanced the networking, knowledge exchange and cooperation among CSO and relevant government arms on ending SGBV for FSWs and AGYW. The project was able to achieve this through various interventions including facilitating the establishment of the one stop approach. Under this approach, a facility was set-up at Murewa Hospital where all duty bearers would work together to assist victims of SGBV. These duty bearers included the Police, the Health personnel and the Judiciary services personnel. This facility ensured that victims of SGBV did not have to suffer the stress of visiting various offices of service providers to receive SGBV related services. The elimination of travel time and related stress was reported by stakeholders to have encouraged more victims to be forthcoming to report and to receive services.

The evaluation established that the Voices project had managed to develop networking amongst FSWs which had given them a better voice in local government. It was reported that for the first time, FSWs had managed to organise themselves to attend District Stakeholder meetings. They had also successfully mobilised to have representation local business association platforms. It was however, noted that the ability of FSWs to attend stakeholder meetings without the logistical support of the Voices project may become a challenge in the future.

2.3.3.2 Indicator 2: Number of agreed advocacy asks/resolutions on SGBV and SRH for benefit of FSW and AGYW among CSOs and women's organizations

The baseline study had established that there were no advocacy tasks/resolutions on SGBV and SRH among the CSOs operating in the targeted districts that had been noted by the study. CSOs that were implementing programs in the VOICES districts were working through the Multisectoral system and referral system. The programs worked through binding Memoranda of Understandings between CSOs, Rural District Council and government departments.

At the time of the end of term evaluation, there were no specific advocacy resolutions which were agreed upon. However, the question of abortion had been discussed amongst CSOs. FSWs were advocating for the permission to abort where the father was unknown. There was an indication that, the law against abortion was put in place in 1979, so the issue being raised was that it should be revised and amended.

2.3.3.3 Indicator 3: Proportion of agreed/joint resolutions by CSO and women's organizations on SGBV and SRHR adopted and or implemented by government

The baseline study did not uncover any agreed/joint resolutions that has been adopted or implemented by CSOs and Women's organizations in the targeted areas on SGBV and SRHR issues. However, the study noted that CSOs that were operating in the targeted areas had Memoranda of Understanding (MoU) between themselves, rural district council and government ministries. These MoU outlines how the CSO will operate and allows sharing of information between CSO and government departments.

One notable joint resolution and action point was the establishment of the one stop centre for SGBV victims at Murewa Hospital. This facility which included government departments and some CSOs ensured that victims of SGBV received attention under one roof and thus preventing the distress they have to endure visiting different offices to access services.

2.4 Outcome 4: Family AIDS Caring Trust (FACT) Zimbabwe institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining and adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.

The voices project implementation coincided with the beginning of the Covid-19 pandemic. Additional project activities were included in the project plan in order to ensure that FACT was able to address the challenges brought about by the Covid-19 pandemic and to successfully deliver the project in spite of the challenges. This meant the addition of a fourth outcome that related to the institutional strengthening of FACT to sustainably respond to Covid-19 and to adapt interventions to suit the new situation. Activities that related to this new outcome included the training of staff on Disaster Risk Reduction (DRR), procurement of PPE for staff and clients and stakeholders. Covid-19 sensitisation campaigns were held amongst project communities. Food relieve was sourced and supplied for project clients. An assessment was conducted on the effects of Covid-19 on the livelihoods of FSWs.

FACT was able to respond to the plight of FSWs during COVID-19 by supplying ‘food hampers.’ While this was a welcome humanitarian intervention, within the context of COVID-19, there were unintended negative perceptions that emerged as a result of this. Some FSWs argued that, some women who are not ordinarily sex workers also claimed to be sex workers arguing that “*chihure chakasiyana*’ (Sex work is different).

It also emerged that some FSWs started to brag about the humanitarian gesture, to the effect that some people started to joke about ‘*chihure chinobhadhara*’ (Being a sex worker pays). These sentiments were also voiced by one key stakeholder during the Inception meeting to introduce the end of project consultancy team to the district’s stakeholders.

There are therefore, strong arguments that whilst the Voices from the Fringes is relevant and timely in so far as it raises awareness of FSWs’ and AGYW’s sexual, reproductive and health rights, including protecting them from SGBV and building agency to demand accountability from duty bearers, in the context of the existing national laws that still prohibit or criminalises sex work, there is also need to economically empower these key populations in order to facilitate possible wilful exit out of the commercial sex trade.

2.4.1 Movement Building Results

The evaluation established that the project was very successful in movement building amongst the FSWs and the AGYW. A total of 28 solidarity groups were established for FSWs and AGYW across the project districts by the end of the project. The project deliverables surpassed the target of 18 groups across the three Districts by the end of the year 2022. The surplus of 10 groups indicates the overwhelming response from the targeted population.

Interface meetings with service providers were organised across the three Districts with these solidarity groups where the groups pointed issues for improvement amongst service providers in a mutually respectful environment. The evaluation established that of the surveyed beneficiary respondents, 74% were members of different solidarity groups, indicating a high participation rate in the solidarity groups by the members.

The evaluation further established that the movement building aspect of the project was very crucial in the achievement of positive outcomes because the movement gave FSWs and AGYW the critical mass required to move public opinion and service providers. Most respondents participating in the different solidarity groups indicated that when they had difficulties with service providers they would team together and put on their uniform t-shirts to approach the service providers who almost always responded positively to their requests.

The evaluation established that the movement established by the FSWs and AGYW emboldened them to speak openly about their issues and to demand accountability from duty bearers. In the absence of movement building, it is less likely that the same results would have been achieved. As most respondents indicated, they derived power from acting in groups. Action always appeared to be taken in groups:

... mazuvano umwe wedu akarohwa takupindira pachedu tomuhaka achida asingande kuenda kumapurisa. Hatichina no go area ...” (These days if one of us is abused, we intervene and we go to report to the police as a group. We do not have ‘no go areas’ anymore) (Voices from Kwekwe)

The creation of representative groups in different wards had helped the FSWs to mobilise themselves and to speak with one voice. FSWs and AGYW indicated that when they mobilise and approach duty bearers with one voice, they tend to be listened to better. As one FSW observed,

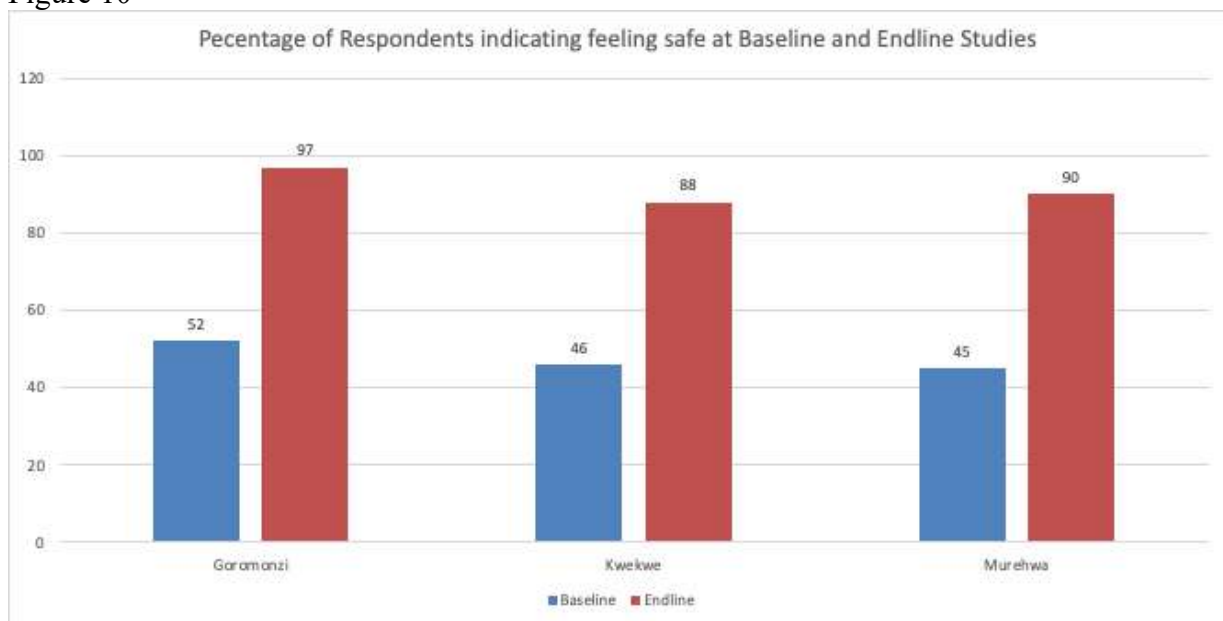
We really now have the power to act with regards to our rights. Duty-bearers are now giving us time and listening to us. In Ward 12, if our rights are violated by duty-bearers, we put on these our orange t-shirts and get straight to the police station to demand a correction of the issue. (Murewa FGD)

2.5 IMPACT

Impact was assessed against the targets set for the goal of the project. The goal of the project was that ‘By December 2022 AGYW and FSW in three targeted districts of Zimbabwe have improved safety from SGBV including child marriages and have equitable access to essential post-violence services. The evaluation assessed the perception of safety levels of the AGYW and FSWs because of the project intervention and the results were compared with the baseline. At the baseline assessment, across all the districts the majority of the surveyed FSW (about 53%) felt that they were at high risk from SGBV; about 30% felt safe and the other 17% felt partially safe. This indicates that FSW in the targeted districts had a low sense of safety from SGBV. The percentage of FSW who reported that they felt safe was lowest in Kwekwe (14%) and highest in Goromonzi (46%). The most common forms of SGBV faced by FSWs included being beaten and hurt by clients, rape, refusal of payment by some clients. Demand for unprotected sex by some clients was another problem.

The figure below shows a comparison of perceived safety levels at the baseline and at the endline.

Figure 10



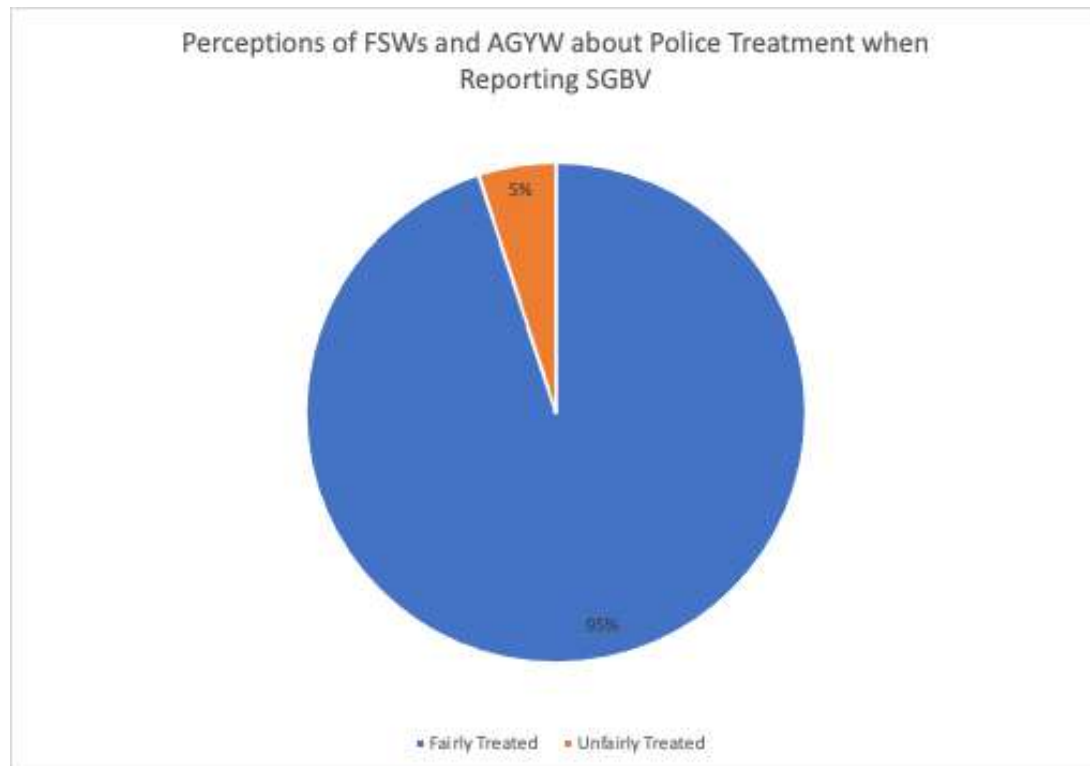
The evaluation established that the project had managed to remarkably change the levels of safety for FSWs and AGYW. In Goromonzi, 97% of the respondents indicated that they felt safe from SGBV as a result of project interventions. In Kwekwe and Murehwa, the levels of safety were measured at 88% and 90% respectively. The rising levels of safety were related to the fact that perpetrators of violence were now aware that they would get arrested and convicted. All stakeholders were making good progress working together to solve SGBV cases.

The effort of the project to make duty bearers accountable ensured that the rights of AGYW were being enforced and protected. The project generally managed to give a voice to the marginalised groups of FSWs and AGYW to speak concerning issues that affected them about

SGBV. The interface meetings gave them an opportunity to express themselves to service providers and duty bearers so that they could obtain improved service provision. Although, it was observed that some stakeholders such as chiefs initially resisted the project and thought that it was promoting promiscuity, they eventually understood the need to protect the rights of FSWs and AGYW.

Figure 11

Percentage of SGBV Survivors Reporting Fair Treatment at the Police



The Impact of Logistical Support on Conviction rates for SGBV Cases

Project logistical support for victims of SGBV was highly commended by all stakeholders, but especially the police. The police observed that the project supported victims of SGBV with bus fare and other needs to enable them to attend court sessions. This had improved the conviction rates for perpetrators of SGBV. Prior to the project, many victims of SGBV were failing to attend court sessions because they did not have the money to do so and thus leading to many cases failing to be concluded with convictions. The police were worried that in the absence of further support, they would not be able to conclude future SGBV cases. The Social Welfare Department that was responsible for funding such victims to attend courts was often without the funds to do so because they had many competing needs. The impact of the project in terms of the reporting of SGBV and the arrest and prosecution of perpetrators of SGBV were being hampered by the fact that some perpetrators of SGBV would pay the victims to withdraw SGBV charges.

The duty bearers in the courts observed that the project logistical support had greatly improved the outcome of prosecutions. As one respondent noted,

FACT made the work easy for the state. We had so many cases piling up because the courts are not everywhere. We always struggled to get the complainants here to attend court sessions for their cases and cases could not be finalised because of victims' failure to attend. Fact came in and provided the resources to fund the transport of the complainants. Cases were now finalised on time. Now that FACT is gone, we are in trouble again. Sometimes we are forced to dig into our own individual pockets in order to assist the complainants. (N.P.A Murehwa)

Impact of the Project on the uptake of SGBV Related Health Care Services

For duty bearers in the health sector, the project assisted with the uptake of health services by key populations. The health centres provided family planning services, post abortal care services, a One-stop centre at the general hospital which provided immediate care after rape. They also offered general health care in response to different ailments, including providing HIV testing. The uptake of these services however was low among key populations because of the negative attitudes they received, in addition to other challenges that cut across all other groups like shortage of resources in the primary health facilities. It was argued that most of the health services were provided during the day. However, the psychological traumas associated with possible mistreatment and embarrassment meant that key populations would forego these services. With the arrival of the project, key populations, especially the FSWs were now free to approach health facilities and get treatment for free. Thus, for health sector officials, this was a good intervention in not only promoting the uptake of health services but in preventing the spread of diseases.

“From the perspective of health services, there were lots of problems related to early marriages, school drop outs, unwanted pregnancies and criminal abortion. Empowering and educating the girl child or even the FSW about her rights to family planning services, and ensuring that these services are provided without prejudice or discrimination is important for us as health professionals. The project was important to us in that sense” –**KII with District health official KWEKWE**

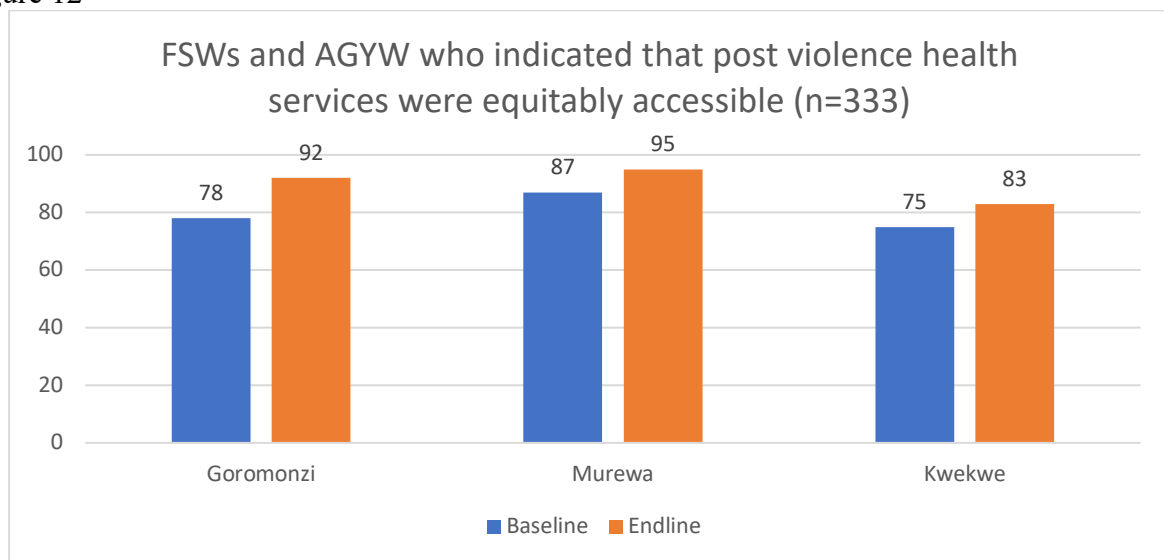
Unintended Positive Impact

Adolescent Girls and Young Women in Murewa indicated that they had been able to develop income generating projects using funds that they received as travel and subsistence funds. They saved the funds in groups to start projects such as chicken rearing and growing tomatoes. This had helped them to increase their income. Another unintended but positive impact which is a result of the project is that one of the sex workers in Goromonzi who managed to get a birth certificate and Identification card after consulting with Fact and being helped with the process of acquiring the documents. This had a ripple effect in that the sex worker's children were also able to have an identity and sit for national exams. The project impact was beyond just promoting sexual and reproductive rights but identity rights as well.

Equity in Access to Health Services

The baseline study had found out that although the majority of FSWs indicated that post violence health services were equitably accessible, a high number of them were of the view that the services were not equitably accessible. At baseline seventy one percent of the FSWs surveyed had experienced SGBV and 117 out of 140 (84%) of respondents had sought post SGBV health services. Among these SGBV survivors, 73% indicated health services were equitably accessible while 13% indicated that they were not equitably accessible. The other 14% were unsure.

Figure 12



This end of term evaluation established that there was a significant change in the way that AGYW and FSWs viewed the accessibility of health institutions after the implementation of the Voices project. In Goromonzi, 92% of the respondents indicated that healthcare service provision was equitable, up from 78% at the baseline. In Murewa, 95% said healthcare service provision was accessible, up from 87% at baseline. In Kwekwe, 83% of the respondents said the services were accessible, up from 75%. In general, the findings were that more people found healthcare service provision for FSWs and AGYW to be more accessible after the implementation of the Voices project. This demonstrates that the project had a positive impact.

2.6 SUSTAINABILITY

It emerged from the evaluation that although stakeholders and duty bearers had a desire to work with FSWs and AGYW, they mostly did not have the expertise to do so because this was a special group of people where programming experience was limited. For example one rural District Council informant pointed out that:

As Council, we have always had plans for dialogues with FSWs and AGYW, but we did not have a budget, but we also did not have the expertise to get them to talk to us. However, when FACT came in with the Voices project, we were able to go out with them and we have really achieved a lot. With the Voices project, Female Sex Workers were able to come out into the open about issues that affect them. (Key Informant, Murewa RDC)

There was a view that as soon as FACT withdraws the situation would return to the original problem where duty bearers struggle to interface with FSWs and AGYW. The courts were not resourced to reach out to the FSWs and to assist the victims of SGBV. The victims often failed to appear in court because they had no money to travel. FACT was assisting victims with logistics to travel to the courts. This reduced violence as perpetrators were being incarcerated. In desperate cases, it was reported that some court officials ended up assisting victims with transport money from their own resources. There were indications that some perpetrators of SGBV were already celebrating the exit of the Voices project. As one FSW indicated, one community member was heard saying,

‘Maionererwa . FACT yenyu yayenda tichaona kuti muchaita sei’ (FSW; Goromonzi)
(You were now becoming impossible. Your FACT project is gone. We will see what you will do now.)

The evaluation established the following issues concerning sustainability:

- i. The presence of FACT enabled the FSWs and AGYW to hold service providers to account. But in the absence of the project, this was likely to fade away
- ii. Although service delivery had changed, there were still strong traces of community attitudes and perceptions that were lingering and affecting service delivery.
- iii. One major challenge within government departments was that only a small number of government workers had been trained.
- iv. There was a concern that when those trained workers move, the results would be lost. The transformative capacity of the project is limited because its focusing on the victims only and ignoring the larger community and males and clients in particular. For example, the FSWs may want to use a condom but a client insists on having unprotected sex. The project has to target the larger community for transformative effect.
- v. Without economic empowerment, FSWs and AGYW were put in a compromising position. In spite of their knowledge, negotiating for safe sex was compromised because of lack of a better plan.

- vi. The creation of groups had also helped to bring about positive outcomes. For example, one group that had an ISAL managed to start an ISAL project.
- vii. There was need to train a greater number of traditional leaders who are more permanently located than government workers who move a lot.
- viii. Training of trainers is necessary to build sustainability in terms of responding to key populations.

The evaluation established that the main strength with regards to sustainability in this project was the project included a training element for stakeholders. Knowledge sharing and attitude changes achieved through trainings lasts beyond the project duration. Duty bearers observed that the trainings that they had received had permanently changed their attitudes about FSWs, AGYW and SGBV. As one respondent indicated,

What you learn through training stays with you. What goes through the ear does not come out. (Key Informant Interview, Goromonzi DDC)

Stakeholders generally observed that while the project had achieved notable impact, it had terminated prematurely. It was noted that abolishing deep-seated fears and social perceptions could not be achieved through short-term projects. This required a long-term approach. Project participants including the police, health personnel and court personnel observed that a related challenge they faced was the high levels of mobility of personnel within government institutions where personnel were likely to move to other locations outside the project location. In the health sector, some personnel were moving to the United Kingdom. Respondents were hopeful, that the personnel that moved would implement what they had learned in their new locations. However, they doubted that they would be as effective given the new working environments with untrained colleagues. Project refresher trainings would be necessary to cover new locations and new staff members who were untrained.

The evaluation established that the use of the Multi-Sectoral Approach to solving SGBV challenges was a key factor in ensuring sustainability. Respondents were of the view that the use of the one stop centre in particular was producing encouraging results as more FSWs and AGYW were forthcoming in reporting SGBV.

Some respondents observed that while working with the Voices project had greatly assisted them to engage with female sex workers, this was a specialised area that required training. They were of the view that the project needs to consider capacitating stakeholders such as councils and policy with professional skills in the engagement of specialised groups such as FSWs. At the present moment, the project was more focussed on developing platforms for dialogue. To sustain the dialogue, professional skills were required amongst service providers and duty bearers.

The evaluation established that another challenge that threatened the sustainability of the results of the project related to funding. Duty bearers and stakeholders indicated that while they had the willingness to reach out to FSWs and AGYW, they were usually constrained by funding. The dialogues with FSWs and AGYW that had been achieved under the voices project were due to the reason that FACT had funded the dialogue sessions under the Voices project. In the absence of this funding, progress was likely to stall. It is recommended that future

programming should lobby service providers to set aside budgets for these engagement purposes.

The general perception by most respondents was that the project had been terminated prematurely. Given the growing numbers of female sex workers around new mining locations in the target areas, respondents argued that the reach of the project was too limited. Many female sex workers and AGYW had not been reached and thus they remained vulnerable to SGBV in the different communities. In order for the results to be sustainable and to have greater impact, it was necessary to reach to more vulnerable groups in different sites.

Legal Obstacles

The evaluation established that although there was a general shift in the perceptions about FSWs, the major challenge was that the laws of Zimbabwe still prohibit sex work. It was the general feeling of stakeholders including the FSWs that entities such as the Judicial services had a certain uneasiness about promoting and defending the rights of individuals involved in work that was considered illegal. Support from the judicial services was generally considered to be rather low because of the legal obstacles. Advocacy to change the law concerning sex work would be necessary to enable a more enabling environment in the elimination of SGBV. As one respondent observed,

From a legal perspective, there is need for a policy change. It is still actually a crime to be involved in sex work. If you are dealing with the uniformed forces and the prosecutors, it is difficult for them because they are guided by the law. If we are trying to move forward the law should change.

Need for an Economic Empowerment Project

The evaluation established that for the project impact to be sustainable, it would be necessary to couple project activities with an economic empowerment element. It was reported that due to high poverty levels, AGYW who dated older men (known as blessers) were reluctant to report them in case of SGBV being committed because they feared that they would lose the income that comes with the relationship. In order to encourage reporting, there was need to economically empower the AGYW so that there was no fear to lose incomes as a result of reporting older male partners for SGBV related offences.

The need to expand the area covered by the project

In all districts, it was observed that the project needed to stay longer and to expand. The growth of the mining industry in Zimbabwe was noted to be a driver of female sex work. The evaluation noted that areas such as Masasa, Arcturus Mine, Lonely Mine required the project as the increasing numbers of sex works in those areas were related to an increase in SGBV rates.

There was much interaction and joint operations with key Government organisations that have the mandate to continue supporting the project activities even after its life span. A good example is as described by some key informants and staff within the government, who

applauded the project approach which included conducting interface meetings with MoHCC, judiciary, as well as the police.

Transience of Target Populations

It was noted that it was necessary for the project to continue. One of the major challenges with programming around FSWs and AGYWs was that this was a very transient population. Because FSWs are always in transit looking for clients and areas that pay better, there were concerns that if the project does not continue, new entrants would not benefit from the empowerment and knowledge that was given to the current project beneficiaries. While the project, seeks to develop self-agency among FSWs, it was noted however that on their own it became difficult to provide educational advice to new entrants or their peers.

Government still requires partnerships.

The evaluation established that Government departments were still way under capacitated to handle the needs of the FSWs in the absence of FACT. The lament of the Social Services departments, the police and the courts was that of unavailability of vehicles and money for transport which will persist in the absence of the Voices Project and, victims of SGBV would fail to get to the police stations and district hospitals court cases would no longer be finalized on time again and perpetrators would go unpunished. There was still huge need for frequent support visits to the communities, the government departments did not have vehicles for that they also do not have the capacity for incentives.

2.7 KNOWLEDGE GENERATION

The evaluation established that there are several important issues to be learned from the implementation of the Voices project.

Awareness raising about the rights of marginalised groups is effective.

One of the key lessons learnt in the project was that awareness raising about the rights of marginalised members of society can improve their demand for their rights and it can also lead to the respect of those rights by community members and duty bearers. After FSWs and AGYW had attended awareness raising meetings, they were able to mobilise with the help of the project and to confront duty bearers about service provision. Duty bearers also indicated a greater sense of responsiveness after learning about the rights of FSWs and AGYW.

Economic Empowerment Programs enhance the rights of women.

Some duty bearers who were respondents observed that when FSWs had economic projects to work on, they tended to fight less. They recommended that more economic empowerment programs needed to be introduced for FSWs in order to reduce SGBV. In particular, it was observed that when FSWs had improved income streams, they were more capacitated to refuse SGBV in the form of unsafe sex because they would not be desperate for cash.

“The Ministry also trained the FSW on income generating projects through ISALs (*mikando*). Some did try and were confidently expressing their plans to exit sex work industry if their businesses were to succeed, because if you sit down with them most are pushed by economic hardships or other personal life pressures into prostitution.” – **KII with Ministry of Women Affairs official**

Targeting the larger community is essential when changing cultural norms

Some FSWs were of the view that it was inadequate for the project to target duty bearers and the primary beneficiaries only. They indicated that while the project made it possible for perpetrators of SGBV to be prosecuted, this was not enough because a total mind shift amongst male perpetrators of SGBV is what would solve the problem. It was thus recommended that future projects should consider targeting men who are the perpetrators of the SGBV and the community at large. Discussions with custodians of harmful norms and practices is paramount. Treatment of women and girls in society is largely influenced by tradition and culture. It is essential to have deliberate engagements with older men and women who are the custodians of harmful social norms that perpetuate violence against women and girls. Most communities are

still reluctant to adopt transformative gender norms which in turn will promote gender equitable relationships and SRHR.

FSWs are more comfortable with Male Magistrates

In dealing with the courts, there is need to consider the concerns raised by FSWs who argued that it seemed that at the courts, mostly married female magistrates were being assigned cases involving FSWs. The FSWs argued that the assigned lady magistrates were often married ones who did not like FSWs. They argued that it would be fair to also allocate their cases to male magistrates as they may have a different opinion. Although the evaluators could not independently ascertain this claim, it would appear that this is an advocacy issue worth considering in future programs.

2.8 GENDER AND EQUALITY AND HUMAN RIGHTS

The evaluation established that the Voices project was targeting traditionalised marginalised groups, namely Female Sex Workers and the Adolescent Girls and Young Women. The project sought to build agency amongst these groups and to give them a voice to advocate for their rights. In this sense this project was a rights-based project as it sought to ensure that these two groups are able to enjoy their rights.

While the project targeted the rights of FSWs, the project also highlighted to them that they can equally be offenders of human rights violations. An official with the ZRP argued that whilst we raise awareness of their rights, because some of them are parents, we also educate them of the need to protect the rights of the vulnerable under their care, especially children.

“We also have cases where some go and leave children unattended. That is child abuse. So we equally educate and encourage them to protect the rights of minors under their care or custody. This is equally true about them respecting the rights of patrons in the night clubs that they patronise.” – KII with ZRP official

3. CONCLUSION AND RECOMMENDATIONS

Introduction

The purpose of the evaluation was to assess the achievement of project results. The evaluation assessed how the project achieved its stated outcomes and its impact (both positive and negative). The evaluation also drew lessons learnt from the project for future projects responding to end VAWG. The precise evaluation objectives were as follows;

1. To assess the entire project (01 January 2020 to 31 December 2022), against the relevance, effectiveness, efficiency, sustainability, knowledge generation and impact criteria, as well as the crosscutting gender equality and human rights criteria;
2. To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes;
3. To identify how cross-cutting issues are being mainstreamed in the project (gender equity & disability);
4. To identify any changes in indicators collected during the baseline and outlined in the logical framework, particularly the knowledge, attitude and behaviours of targeted groups since the beginning of the project period;
5. To document the extent to which the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended).

Key Findings of the Evaluation

Relevance

The evaluation established that the Voices project remained highly relevant in the Zimbabwe context where approximately 14% of women aged between 15-49 years, experience sexual violence amidst very little progress in terms of eliminating the SGBV. The evaluation established that the project was appropriately targeted at the most affected Districts through the assistance of the District Coordinators Offices where the project was implemented. It was found out by the evaluation that the project was responding to the 'lived experiences' of Female Sex Workers (FSWs) and Adolescent Girls and Young Women (AGYWs) in the three targeted Districts. The bulk of the respondents (88%) felt that the issues being addressed by the voices project were important to them personally. The evaluation established that need for the project remained very high in the project areas and beyond. There were concerns that without further project support, some gains may be lost.

Coherence

Findings from the study revealed that the project fit in well and complements other existing programmes in the specified locations of Murehwa, Kwekwe and Goromonzi as well as the broader national SGBV and SRHR context.

Effectiveness

Outcome 1: FSWs and AGYW have the agency and capacity to demand accountability from duty bearers and local communities on SGBV.

The evaluation established that the project was able to achieve its core outcomes. Concerning Outcome 1, the evaluation found out that AGYW and FSWs were able to demand accountability from duty bearers and local communities to alter practices and attitudes towards SGBV perpetrated against them, including child marriages. There were reports of FSWs mobilising themselves to approach the police and health care service centres to demand their rights in cases where these rights would have been infringed. The project had managed to mobilise FSWs and AGYW to form local groups in their wards that advocate their rights. With regards to indicator 1, the evaluation determined that the percentage of surveyed AGYW and FSWs reporting confidence and willingness to engage duty bearers and communities demanding accountability on SGBV perpetrated against them in targeted districts had remarkably risen as a result of the project. For FSWs, the average figure rose from 65% at baseline to 91% at the endline, while for AGYW the change was from 83% at baseline to 99% at endline.

With regards to indicator, number 2 of outcome 1, it was established that the number of FSWs and AGYW actively engaging duty bearers about SGBV had also remarkably risen from 28% to 70% and 7% to 62% amongst FSWs and AGYW respectively. This shows that the project achieved significant progress in getting these groups to engage and speak for their rights. On indicator 3 of outcome 1, the evaluation established that the percentage of FSWs and AGYWs who believed in engagement in social accountability as a measure to end SGBV had significantly grown. For FSWs the percentage grew from 72% to 81%, while for AGYWs, the figure grew from 61% to 87%. This may be attributed to the successes that the target populations had enjoyed through social engagement with duty bearers.

Outcome 2: Police, judiciary and health professionals are responsive, human-centred and efficient in SGBV service delivery.

The evaluation established that the Health, Legal and Judicial services providers had become more accountable, human centred and efficient in-service delivery to AGYW; FSWs and survivors/victims of SGBV. This was backed up by testimonies from both the FSWs and the AGYW in interviews and FGDs. The percentage of survivor FSW and AGYW reporting satisfaction with received post violence health and justice (legal) services in targeted districts rose from an average of 42% at baseline to an average of 83% at endline indicating a near 100% increase. There were no statistics available about the percentage of cases involving FSW and AGYW handled by police, health institutions and courts in accordance with provisions of the Multi-sectoral Protocol on Management of Sexual Violence and Abuse. No office seemed to know who should be responsible for measuring these statistics amongst duty bearers. The number of targeted institutions/service providers taking internal steps to improve accountability on SGBV was adjudged by the evaluation to be at 100% from a 0% baseline. All duty bearer offices interviewed indicated various internal steps being taken.

As indicated on the indicator table above, there was a marked improvement in accountability service delivery among most of the duty bearers due to the work of the Voices project. Although there were no specific figures of the numbers handled, the general observations from stakeholders have shown that there has been an increase in the number of FSWs and the AGYW who feel comfortable seeking services from health centres, police, courts and social services

department with proper Multi-sectoral Protocol on Management of Sexual Violence and Abuse being followed. All targeted institutions that were visited during the evaluation period had taken some steps to improve accountability.

Outcome 3: Enhanced networking, knowledge exchange and cooperation among CSO and relevant government arms on ending SGBV for FSW and AGYW.

The evaluation established that several Organizations including formal and informal women and girls' groups working to promote the rights of FSWs and AGYW were better connected and influential in SGBV policy discussions at the national level so that the needs of FSWs and AGYW are addressed in policy and practice. These organisations were working together in the one stop centre and the interface meetings that were organised by FACT. A total of 10 networks were observed (4 district & 6 National). However, the evaluation observed that there were no advocacy asks that had been achieved and there were also no joint agreed resolutions by CSOs on SGBV and SRHR. To achieve these targets would require more deliberate planning in the project proposal.

Outcome 4: Family AIDS Caring Trust (FACT) Zimbabwe is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining and adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.

With regards to outcome 4, the evaluation established that Family AIDS Caring Trust (FACT) Zimbabwe was institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining and adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls. Additional activities and plans that targeted this outcome included DRR training for staff to enable a response to Covid-19. They also included the procurement and distribution of personal protective clothing and the distribution of food rations to project participants. These actions ensured that the project did not fail.

Movement Building Results

The evaluation found out that the Voices project was highly successful in movement building amongst the FSWs and the AGYW. A total of 28 solidarity groups were established for FSWs and AGYW across the project districts by the end of the project. The project deliverables surpassed the target of 18 groups across the three Districts by the end of the year 2022. The surplus of 10 groups indicates the overwhelming response from the targeted population. The evaluation established that the movement established by the FSWs and AGYW had emboldened them to speak openly about SGBV issues and to demand accountability from duty bearers. In the absence of movement building, it is less likely that the project would have achieved the same results.

Impact

The project has had both intended and unintended, negative and positive impacts. The table below indicates increased percentages of FSWs feeling safe from SGBV after exposure to the Voices project in all target districts.

District	Baseline	Endline
Murehwa	42%	90%
Kwekwe	46%	88%
Goromonzi	52%	97%

The project managed to transform the attitudes of some community leaders who initially were opposed to the program citing it as a way of promoting promiscuity. By the end of the project these community leaders like chiefs had eventually understood the need to protect the rights of FSWs and AGYW. The project has successfully challenged some social dynamics and misconceptions about these targeted populations. Some of the unintended positive impacts of the project include that FSWs and AGYW indicated that they had been able to develop income generating projects using funds that they received as travel and subsistence funds. They saved the funds in groups to start projects such as chicken rearing and growing tomatoes.

Sustainability

While project results were very encouraging, there were fears from stakeholders that as soon as FACT withdraws, the situation will slowly drift back to where it was. Government departments lacked resources or capacity to continue assisting victims of SGBV. Signs were already showing at the time of the evaluation that the FSWs and AGYW were unable to organize community meetings on their own initiative.

Only a small number of government officers had been trained and the fears were that with the current high staff turnover in the civil service, including the police force and health personnel, there may be fewer and fewer cadres to champion the cause of the FSWs and the AGYW, which may reverse all the gains so far gained.

However, the grain of hope lies in departments that have made it a policy to ensure that all new staff members inductions incorporate the element of SRHR for these special populations that FACT was dealing with.

Recommendations





Recommendation No.	Recommendation Description	Entity/Person Responsible
1.	Given the high mobility of project trained government staff members, stakeholders recommended that there is need to train a greater	FACT and Ministry of Women's Affairs





	number of traditional leaders who are more permanently located in communities.	
2.	A similar recommendation to the first one relates to the training of trainers. It was found necessary to train local trainers to train local communities and service providers about being human centred, rights based and accountable in addressing SGBV issues related to key populations.	FACT, CSOs and Ministry of Women's Affairs
3.	The evaluation established that the transformative capacity of the project was limited because the program was focusing on the victims of SGBV only and overlooking the larger community and males and clients who are the perpetrators. It is recommended that if there is a next phase, the project should target the larger community for a deepened transformative effect.	FACT, CSOs
4.	The evaluation established that without economic empowerment, there was a limit to which FSWs and AGYW could enforce their rights. In spite of their knowledge about their rights with regards to SGBV and reporting, FSWs and AGYW found it hard to negotiate for safe sex and or to exit the sex industry because of lack of poverty and lack of survival plans. It is recommended that this project should be married with an economic empowerment element to make decision making easier for the FSWs and AGYW.	Ministry of Women's Affairs, FACT and CSOs
5.	The evaluation established that movement building through the creation of groups in Wards had encouraged all members to speak up against SGBV. It had also helped to bring about other unexpected positive outcomes. For example, one group that had evolved into an ISAL group and had managed to start an income generating project. It is recommended that movement building through community-based groups must continue to be the focus of the project.	FACT, CSOs and Ministry of Women's Affairs
6.	The evaluation further established that the project was only operational in a few wards in all the three targeted districts. However, the problem of SGBV was observed to be an issue even in the districts that were not targeted. It is recommended that the project should expand to reach other Wards that were not targeted including farming communities and mining areas which were also hotspots for SGBV.	FACT & CSOs



7.	The evaluation established that although significant changes in community attitudes had been achieved, a long-term presence of the project was desirable to reach a wider audience. The pervasive nature of SGBV remains a major challenge for local communities. Only a small part of affected communities was reached by the project.	FACT, CSOs and Ministry of Women's Affairs
8.	This evaluation established that although service providers were willing to provide services to FSWs and AGYW, there were some legal constraints to their efforts. Sex work in Zimbabwe is still illegal according to the law. Thus, sex workers could not announce themselves to be sex workers to the courts for example. This made the reporting of SGBV committed in the course of sex work rather challenging. It is recommended that CSOs should advocate for the decriminalisation of sex work because this creates a legal hurdle against the rights of FSWs.	FACT, CSOs, Ministry of Women's Affairs and Parliament of Zimbabwe
9.	<p>Considering cost related barriers to access to SRHR for FSWs and AGYWs, it is recommended that the program should consider supporting access to health care services through mobile health outreaches that are for free.</p> <p>Alternatively, the social welfare department should consider introducing a voucher system to allow young FSW to access STI treatment and other SRH services. A voucher system could be similar to the one social welfare is providing to women accessing maternity services.</p>	Clinics, Social Welfare Department, CSOs & Ministry of Women's Affairs
10.	The evaluation established that AGYW and some FSW preferred to receive information from their peers where they would not be asked to many questions. It is recommended that a peer educator programme through the groups formed should be considered. There is need for the project to build and support a strong peer educator programme.	FACT, CSOs, Ministry of Women's Affairs
11.	The evaluation found out that although clinics were being friendly to AGYW, there was a problem with the community because elder members of the community were of the view that AGYWs must not seek information on sexual and reproductive health. Innovative ways to reach AGYW without causing apprehension in the community were required This	Clinics, FACT and CSOs

	could be done in the form of schools outreach where AGYW were reached in their safe spaces at school.	
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4. ANNEXES

Structured Interview Questionnaire	Key Informant Interview – FACT Staff	Key Informant Interview Guide – Duty Bearers	Focus Group Discussion
 <p>FSW AND AGYWS STRUCTURED SURVEY</p>	 <p>KII Guide- FACT Staff Edited.docx</p>	 <p>Key Informant Interview Guide for D</p>	 <p>FGD Guide - (FSW and AGYW) edited.doc</p>

Terms of Reference	Beneficiaries Dataset	List of Stakeholders Interviewed	List of Documents Reviewed
 <p>UNTF-TORS-End-of-Project-Evaluation-_-FA</p>	 <p>Beneficiaries%20Data%20Set.xlsx</p>	 <p>LIST%20OF%20STAKEHOLDERS%20INTERVI</p>	 <p>List%20of%20Documents%20Reviewed.doc</p>

<p>Results Framework with Endline Data</p>	<p>Consent Form</p>		
 <p>Results Framework with Endline Data</p>	 <p>Consent Form with Endline Data</p>		