

ACCESS TO JUSTICE FOR GIRLS AND WOMEN WITH DISABILITIES IN ZIMBABWE

END OF PROJECT EVALUATION

Compiled by:



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DISCLAIMER

This Evaluation Report has been developed by an independent evaluation team. The analysis presented in this report reflects the views of the authors based on interpretation of research findings, and may not necessarily represent those of LCDZ, its partners or those of the United Nations Trust Fund to End Violence against Women (UNTF). However, LCDZ has the full ownership of the report. LCDZ is also granting the UNTF the permission to publish the entire report or section(s)/parts thereof but with full acknowledgement of LCDZ.

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LIST OF ACRONYMS AND ABBREVIATIONS

CPC	Child Protection Committee
CCW	Child Care Worker
DPO	Disabled People's Organisation
DSS	Department of Social Services
DCPWS	Department of Child Protection and Welfare Services
FGD	Focus group Discussion
GBV	Gender Based Violence
GWWD	Girls and Women with Disabilities
IEC	Information, Educational and Communication (materials)
JSC	Judiciary Services Commission
LCDZ	Leonard Cheshire Disability Zimbabwe
MoWYA	Ministry of Women and Youth Affairs
UNEG	United Nations Evaluation Group
UNTF	United Nations Trust Fund to End Violence Against Women
VAW	Violence against Women
VHW	Village Health Worker
VIDCO	Village Development Committee
VFU	Victim Friendly Unit
ZRP	Zimbabwe Republic Police
ZWLA	Zimbabwe Women Lawyers' Association

EXECUTIVE SUMMARY

In spite of efforts by the Zimbabwean Government and its partners to address violence against girls and women through legislation, policies and programmes, the scourge remained widespread and appears to continue without abating especially for girls and women with disabilities. Of equal concern is that when the same girls and women with disabilities (GWWD) seek post-violence justice and other support services (reporting at police, health assessments and treatment and court services), they encounter multiple barriers. It is in this backdrop that Leonard Cheshire Disability Zimbabwe (LCDZ) initiated the, **Access to Justice for Girls and Women with Disabilities (GWWD)** project, whose goal was to ensure that 'women and girls with disabilities in Zimbabwe have improved safety from sexual violence and other forms of gender based violence and are increasingly participating in the justice process on equal terms with others when their rights are violated'.

This project was implemented from 1 January 2015 to 31 December 2017. Funding for the project came from the United Nations Trust Fund to End Violence against Women (UNTF). The total budget for the three (3) year period was US\$400,452.00.

Project outcomes included:

- a) enhanced access to justice for GWWD survivors of Gender Based Violence
- b) empowered GWWD, their caregivers, Community Based Organizations (CBOs) and communities to be proactive in preventing violence against GWWD
- c) a more supportive justice system (police, public prosecutors and judiciary) when GWWD seek justice from the justice system and
- d) State and non-state organisations increasingly incorporating needs of GWWD in their policies.

This report is the result of the final evaluation exercise for the project that was undertaken by Dial-Honour Consultancy in January 2018. The purpose of the final evaluation was to assess the extent to which the project achieved its set results/objectives and targets both at district and national levels against the standard evaluation principles of relevance, effectiveness, efficiency and sustainability. The evaluation also sought to document good practices and lessons from the project that could be replicated or inform future programming for LCDZ and UNTF.

The evaluation had the following specific objectives:

- To assess the project's achievements against expected results and targets (thus assessing its impact through the basic criteria of relevance, effectiveness, efficiency and sustainability)
- To identify and document good practices and lessons from this project for future interventions
- To make a general assessment of access to post-violence justice and related services for GWWD in Zimbabwe- identifying areas that require further attention

Methodology

This evaluation was conducted by two lead consultants and a group of 10 data collection assistants, some of whom doubled up as data entry clerks. It followed a before (pre-test)

and after (post-test) design without a comparison group. This was informed by the design of the project which undertook assessments at baseline stage and end of project stage. The results section therefore compares results of assessments at end line and baseline to determine the changes and impact of the project.

The main secondary data sources were project document (proposal), baseline report, progress reports and update reports to assist the evaluators in understanding the purpose, interventions and achievements of the project. Meanwhile, the key primary data sources were project stakeholders from all the 10 provinces of Zimbabwe. These included the project collaborating organizations, relevant Government Ministries and departments, Non-state partners (Non-governmental organizations (NGOs,) CBOs, disabled people's organizations (DPOs) and gender advocacy organizations), Community leaders, caregivers of GWWD, non-survivor and survivor GWWD.

The project had both national and district level targeted interventions. Whilst the prevention of violence against women (VAW) interventions primarily targeted eight (8) rural districts of Bikita, Bindura, Chikomba, Gwanda, Hwange, Kwekwe (Zibagwe), Makoni and Mhondoro-Ngezi; response interventions especially support to survivors and sensitization of service providers were national in scope. Project stakeholders provided the primary data presented in the results section of this report. These mainly included: 41 survivor GWWDs, 108 purposively selected key informants, nine (9) community focus group discussions (FGDs) involving a total of 89 community members, and four (4) beneficiary FGDs involving a total of 26 GBV survivors.

Findings and Conclusions

Relevance:

1. Given the widespread occurrence of violence against women and girls with disabilities, its continuation and apparent failure of legislative and policy efforts to address the problem, the project **Access to Justice for Girls and Women with Disabilities** was clearly identified, by all respondents across categories, as a needy area of intervention in the context of access to post-violence services for GWWD especially justice. Equally important was the perceived relevance of the strategy of tackling the main obstacles to access justice (inadequate logistical support, poor attitudes of service providers, lack of GWWD and community empowerment and inadequate government and other stakeholder support). All 41 survivors, the lead Ministry (Women and Youth Affairs) and all Magistrates agreed on the complementary role the project played to government efforts to address these barriers.
2. Within the limits of the resources at its disposal, the project has been able to provide transport money and other logistical support, empowered GWWD including survivors and their caregivers (through awareness and training) to be proactive in managing cases, capacitated the police and judiciary system and DPOs to embrace the needs of GWWD. Thus the project has made headway in addressing the needs of girls and women with disabilities in the communities where it was implemented.

3. While all the good progress is acknowledged, more needed to be done. For example, efforts could be directed at preventing delays in case conclusion (as said by 58% of survivors). Delayed case completion creates a situation in which GWWD survivors feel insecure as noted by the evaluation that 54% of survivors interviewed felt unsafe in their communities and 52% unsafe in their households. In terms of awareness creation in communities, much has been covered but there was a general sentiment that it could stretch to cover more people in already targeted communities as well as new communities.
4. Specialised training (sign language) was provided at a basic level and thus left confidence gaps in terms of its use within the police and judiciary circles. Besides, the more invisible elements such as psychosocial support require prioritisation in order to deal with potentially damaging 'emotional scars' arising from trauma experienced by GWWD in navigating the justice delivery system and the project needed to do more in this regard.

Efficiency:

5. Based on the perusal of project documents and discussions with the LCDZ management team, the project has been implemented and achieved its results in accordance with the original timeframes, work plan and budget. A few instances of disbursement delays were more than taken care of through pre-financing of activities. GWWD survivors (90%) confirmed that, in their view, they never experience any 'jerks' but smooth flow of activities once started. A former employee with the project also added, because budgets were allocated on an annual basis, this was a successful control measure to ensure it was targeting activities set for that year".
6. Delivery of the project relied on effective coordination of different expert organisations, disability expert service providers (most of whom were volunteers), high level of staff commitment and community level volunteers who saw to the design, management, implementation and monitoring of the project. There was confirmation from Management team that apart from their normal duties that entailed receiving and acting on reports, even the police also performed an influential role in identifying those in need of financial support for medical examinations as well as psychiatric assessments and in coordination with residents of the project areas. However, according to LCDZ management, monitoring is an area that could have been improved.
7. However, there are times when it was felt that LCDZ presence on the ground would have provided greater traction than was currently the case with staff operating from Harare and Bulawayo. For example one key informant noted that, "the project was implemented by LCDZ from Harare with occasional travel to project areas for activity

implementation. Even though in some instances the Victim Friendly Unit of Police (VFU) members and Community Case Care Workers (CCWs) with cash would pre-finance/assist the victims and get their reimbursements from LCDZ, it was not always possible because of cash shortages in the country ... delays would have been avoided if they had a presence on the ground" (CCW key informant).

8. Specific reference is made to leveraging opportunities that arose in the environment where joint trainings and other workshops as well as training was undertaken, resulting in cost-savings, without compromising on quality.

Effectiveness:

9. The project successfully facilitated access to justice for GWWD through awareness creation, knowledge sharing/ empowerment, disability expert services and logistical support to GWWD. This was further enhanced by capacity building of GWWD, justice institutions, disabled people's organizations, women organizations and relevant community structures. Despite this empowerment, the safety of GWWD in households and communities is not yet guaranteed as some cases are still pending and violation of GWWD rights is also still occurring. Overall, 85% of interviewed GWWD felt that the project was very helpful in making GWWD, caregivers and communities members knowledgeable about violence against women (VAW) and gender based violence (GBV) and violence against GWWD. However, over 50% of them were not yet confident about their **safety** both in the community and in their households due to pending cases in the courts. At least 70% of GWWD interviewed felt that justice institutions (Police VFU and Courts), and health institutions (clinics/hospitals), were more **accessible** than local structures (relatives, local leaders and CBOs) as they offered great assistance during the life of the project. They however felt that more needed to be done to complete the cases before the courts. At least 93% of interviewed GWWD felt **empowered** with knowledge of their rights and understanding of what GBV/VAW constitutes and the steps they need to take. GWWD felt that this empowerment enabled them to claim their rights and 63% of them confirmed taking self-protection measures. About 74% of the 738 GWWD survivors reached by the project reported improved **well-being** after participating in the justice process.
10. With regard to access to justice by GWWD, a total of 738 (82% of the target of 900) GWWD survivors of GBV received practical assistance and disability expert support services which enhanced their access to justice. Out of the 738 cases received by the project, 664 (90%) proceeded to trial stage in courts, and 600 (81%) were assisted to access medical assessments. GWWD commended the project partners especially LCDZ

and justice delivery institutions for facilitating their access to justice. However, 73% of interviewed GWWD still had cases pending in the courts and this was a safety concern.

11. Regarding the proactivity of community structures in preventing and responding to violence against GWWD, community leaders, CBOs, CCWs, child protection committees (CPCs) and caregivers believed that they now know GWWD rights, violence against GWWD, child abuse, general GBV as well as cultural and religious beliefs which promote GBV. They however viewed trainings and awareness campaigns on these issues as limited. Of the interviewed GWWD over 63% are taking self-protection measures and 46% believe the community is taking measures to protect them against GBV. Eight (8) CBOs and 32 CPCs confirmed involving GWWD in their programs through awareness campaigns as well as incorporating their representatives in their programs and activities like meetings, trainings and national events in order to jointly fight against GBV.
12. The support to GWWD by justice institutions was enhanced through capacity building and change of attitudes. All justice delivery institutions (Zimbabwe Republic Police (ZRP), Judicial Services Commission (JSC) and National Prosecuting Authority (NPA) acknowledged the difficulties they faced in dealing with cases involving people with disabilities in general, and viewed the project as a catalyst to the justice delivery process for GWWD. In this regard about 90% of the cases reached by the project proceeded to the trial stage in courts and victims were happy that perpetrators were exposed and arrested. However, only 27% of GWWD interviewed confirmed that their cases had been fully completed. Despite concerns over delayed investigations, arrests of suspects and completion of cases GWWD still viewed the service of the justice institutions (police and courts) in facilitating access to justice as fairly good.
13. There is also evidence of incorporation of GWWD rights by project stakeholders in their programs. Overall, 11 DPOs, 7 government departments and 7 mainstream organizations confirmed incorporating the needs of GWWD in their policies, programs and activities. This demonstrated their appreciation of GWWD's rights and commitment to fight against GBV among GWWD. Over 80% of interviewed GWWD generally felt that there is encouraging support from government and NGO programs but more still needs to be done to incorporate needs of GWWD into programs and activities. According to project reports, 31% of sensitized DPOs have *Child Protection and Gender Sensitive Policies in place*.
14. Generally, the project surpassed its targeted number of beneficiaries in groups. Out of the nine groups targeted, the project reached over 100% of target. It is only on GWWD survivors where achievement was below 100% (i.e. 82% of target).

15. The project made good life changes related to empowerment, access to justice and participation of GWWD in their communities but more still needs to be done to assure their safety from abuse in households and communities.
16. Project achievements were mainly driven by financial support for logistics, medical assessments and engagement of disability specialist/experts services. However, the financial support was not adequate to cover all the trial and post-trial processes and cover all necessary institutions with full capacity building. Therefore limited capacity building in sign language, delays in completion of cases and financial support limitations.
17. The project made some influence in the review of national gender policy, review of the psychiatric assessment form, and decentralization of medical and psychiatric assessments. Influence on gender and disability policy change in organizations was only launched but not yet effected due to organizations' internal processes on policy change procedures.

Impact:

18. The project made significant changes in the lives of GWWD. Those with cases that have been concluded, (whether the perpetrator has been incarcerated or acquitted), felt relieved from a long standing burden. GWWD were left empowered with knowledge to identify violations to their rights and the procedures to take in the event of violation.
19. Community structures were also empowered with information to be able to protect GWWD from abuses as well as identify any violations of GWWD rights, report them and support GWWD in accessing justice.
20. Justice institutions were capacitated through training to better serve GWWD especially with regard to valuing them, communicating with them and prioritizing their cases.
21. Civil society organizations were also sensitized to incorporate disability needs in their programs and policies.
22. Concerns were however raised around exposure of victims to the perpetrators and their families especially when cases are still pending or the perpetrator was not given a custodial sentence. The direct logistical support strategy which was necessary to ensure access to justice is also believed to have caused some overdependence by the poorly equipped justice delivery institutions, which threatens sustainability.

Sustainability:

23. In spite of the sentiment of concern over what will happen when funding support ends, there is equally some belief that sustainability of project results will not fail. This is because

of the training and mainstreaming efforts undertaken. However, community capacitation on providing practical assistance to abused women and girls was limited as the project took up the role itself.

Knowledge generation:

24. One of the lessons is that issues of violence against GWWD are sensitive and delicate and could have adverse health and social consequences. It requires 24 hour surveillance to ensure that response is timely and effective
25. By its nature, projects targeting GWWD require adequate resource support, no matter where they happen. Income generation projects should accompany such interventions to allow for smooth weaning of GWWD from the project activities.
26. Whereas there is evidence of some good practices and lessons from this project, these are not sufficiently documented and packaged to ensure retention of institutional memory and specifically that important lessons are not lost.
27. System-wide training on critical aspects such as sign language is a good approach that ensures capacity of the system to take care of itself. However, it serves little purpose if this is confined to basics that do not allow functionality
28. The one stop centre concept (where cases are handled in one place that hosts police, nurses, lawyers etc.) makes it easier for the victims to get access all the services they need. This was working well in Makoni (Rusape) and Gwanda.
29. Accommodation remains an issue for those coming to attend court cases or simply visiting distant places for services necessitating overnight stay. Implementing agencies can take a leaf from the experience of Bulawayo Haven Trust, an organisation that assists survivor women with pre-service and, if necessary, post service accommodation, coupled with counselling services when attending court, seeking health services and other issues when attending to cases,

Recommendations:

30. After recognising violence against GWWD as an important area for intervention, the project did well to tackle the barriers on GWWD's 'road to justice'. However, Government and its stakeholders must consider injection of more resources into such

work, not only to reach more GWWDs but also to ensure timely completion of cases that go through the courts.

31. Future programming must take focus on consolidation and harmonization of the four pillars as manifested in the outcomes of the project with a view to strengthening complementarities so that none of the areas is left behind.
32. A deliberate effort must be directed towards 'silent' areas such as psychosocial support. This enables the project to deal with potentially damaging 'emotional scars' arising from trauma experienced by GWWD in navigating the justice delivery system. Special attention needs to be paid to the post-trial phase that justice officials felt was not being given as much attention as the pre and during trial phases.
33. Training has already been part and parcel of the project. However, the training provided, such as on sign language, to project participants (especially police and court officials) should be characterised by refresher courses and go beyond basics to ensure that enough skills are imparted to enable them to manage communication with GWWD adequately and allow for cascade to other levels for sustainability.
34. Monitoring component of project must be strengthened through conscientious stakeholder coordination, sharing and utilisation of monitoring data.
35. Although there is now an appreciation of the need to take on board GWWD's issues in most women's organisations and some government departments, these were far from convincing. NGO and government programs still need for more effort in championing the cause of GWWD by incorporating their needs in all their policies, procedures and programmes dealing with women's issues generally and girls and women with disabilities in particular.
36. There has not been sufficient professional documentation of project processes in this project. This needs to be improved to ensure valuable lessons are available beyond the phase of the project.
37. Project designers and implementers must consider incorporating promising practices such as the one stop centre in Makoni (Rusape) and Gwanda to ensure that victims can access complementary services in one place) makes it easier for the victims to access all the services they need.

38. Community leaders and community-based women and child rights organizations need to take over community sensitisation and awareness work and continue with sensitization of community members so that there is continuity even after the project has ended. Involvement of the media could bolster such efforts.
39. Given the limited attention the important area of violence against GWWD has received in the past, the Government must build on efforts such as undertaken by Leonard Cheshire Disability Zimbabwe and take a lead in intensifying the response by allocating a specific budget line item for support to survivor GWWD within its budget allocation to the social services sector.
40. Due to the inconveniences experienced by GWWD survivors and witnesses regarding lack of accommodation when attending courts and related services spill into another day, implementers of similar projects must consider provision of decent and safe overnight accommodation for witnesses as a priority activity from the onset of the project.
41. Justice and Health institutions are key in projects of this type. With immediate effect, they need to embrace the capacity building efforts initiated by the project in their own capacity building programs. They can take advantage of the few specialists, such as those for sign language and psychosocial support, who were working with the project.
42. Project implementing organisations must consider decentralising and ensure staff presence in areas of operation to ensure efficient response to issues and regular interface with critical stakeholders.
43. In order to address fears regarding consequences of funding termination, project implementing organisation must set in motion sustainability plans to facilitate a smooth landing when the project ends. This must be part of project design.

1. CONTEXT OF THE PROJECT

Any justice system is embedded within broader social, economic, governance and public service systems. Invariably, these contextual factors come to bear on the justice system but also on any other activities that seek to support such a system. This section of the report briefly analyses the Zimbabwean context to provide a framework within which the project has been implemented and evaluated. Zimbabwe has been experiencing erratic economic conditions during the last 17 years, with the semblance of strong economic recovery and growth, averaging 10 per cent, experienced between 2009 and 2012 subsequently decelerating since 2013 due to contractions across all productive sectors. To a greater extent, this was exacerbated by erratic weather conditions that impacted all areas of agricultural production. However, the International Monetary Fund (IMF) forecasted economic growth to stabilise post that phase, with annual growth steadily rising from 3.9 per cent in 2016 to 4.4 per cent in 2019¹.

During 2017, (towards the end of the project period), the country's economic recovery from decades of economic contraction had faltered. The country was facing challenges characterised by a sharp increase in the national budget deficit, with the banking sector suffering from severe cash shortages coupled with rising public employment costs, that which effectively restricted fiscal space and hampered government social expenditure. Projections were also showing that extreme poverty, estimated to have fallen sharply between 2009 and 2014, would register sharp increases from 2015. Given such a scenario, implementation of the project: **Access to Justice for Girls and Women with Disabilities (GWWD)**, was undertaken in a difficult economic situation, some of whose elements were bound to impact on the activities of the project.

On the social front, gender inequality and gender development indices continued to show persistent shortcomings towards gender equality as depicted by higher prevalence of poverty among female-headed households.² The highest poverty prevalence (69%) was observed in female-headed widowed households compared to 55 per cent percent for male-headed widowed households³. Implications for children in these households are not limited to child health and education but also extend to long-term vulnerability to violence and early marriages. The human development report shows that 76 per cent of all adult women aged 18 to 24 in Zimbabwe reported some form of violence (physical, sexual or

¹ IMF (2014), Staff Report for the Article IV Consultation, Country Report No. 14/202,

² UNDP, (2014), Human Development Report 2014

³ <http://www.undp.org/content/dam/undp/library/MDG/english/MDG%20Country%20Reports/Zimbabwe/MDGR%202012final%20draft%208.pdf>

emotional) during their childhood⁴. Of these, the largest proportion reported physical violence prior to age 18, while a combination of physical and sexual violence came next (14 per cent).

In response, the government adopted a number of strategies to promote gender equality and curb VAW/GBV including coming up with the National Gender Policy (2013-2017) which was subsequently reviewed in 2017. The National Gender Policy set priorities on retention of girls in upper secondary and tertiary education. The policy also prioritized response to continuing high rates of gender-based violence as well as promoting constitutional and legal rights, gender and the environment and women and economic empowerment as a means of addressing poverty. Commitment to ensure that laws and policies reflect on the new constitutional provisions was also of high priority. This effort was well supported by the UN Women, United Nations Children's Fund (UNICEF) and other UN agencies in Zimbabwe who identified scaling-up interventions in areas of prevalent cultural- or religious-based practices harmful to girls such as early and/or forced marriage and female genital mutilation as programming priority areas.

The question might well be asked: What is the problem? According to UN Women, violence against women and girls has been relentless across the globe, with devastating short and long-term consequences. Whereas women have an important part to play in sustainable development, gender based violence undermines their opportunities to enjoy their basic human rights and make a contribution to development.

In Zimbabwe, one of the key findings of a 2011 National Baseline Survey on Life Experiences of Adolescents conducted by the Zimbabwe National Statistical Agency was that 33 per cent of women aged 18 to 24 years experienced some form of sexual violence already before reaching the age of 18 years. Furthermore, child victims of violence are mismanaged by support systems such as police, justice and health. Similar Zimbabwean studies have also shown about 1 in 3 women aged 15 to 49 having experienced physical violence while 1 in 4 women experienced sexual violence since the age of 15.

A trending feature of the highlighted studies is that they did not include information on women and girls with disabilities, yet organisations such as UN Women have argued that violence and abuse is on a far much greater scale for women and girls with disabilities than their counterparts without disabilities and that the consequences are more dire for this group of women. Thus, where the conditions of gender and disability intersect, "the violence against them takes on unique forms, has unique causes and results in unique

⁴ UNDP (2014), Human Development Report 2014

consequences". In the majority of cases, such violence, whether physical, emotional or sexual, takes place within the home, school or hospital. Often, instances of violence and abuse are perpetrated by someone familiar: such as professionals, family members, caregivers or partners⁵. Women with disabilities face barriers to accessing justice including with regard to exploitation, violence and abuse, due to harmful stereotypes, discrimination and lack of procedural and reasonable accommodations, which can lead to their credibility being doubted and their accusations being dismissed. Women with disabilities may also fear reporting violence, exploitation or abuse because they are concerned they may lose their support requirements from caregivers⁶. Thus, in addition to experiencing violence, girls and women with disabilities encounter several barriers in the process of accessing both justice and support services. These include physical inaccessibility; barriers associated with stereotyping of people with disabilities and limited understanding of disability and disability related abuses by stakeholders and service providers.

Recognising the reality and prevalence of gender based violence and violence against women, the Government of Zimbabwe, together with its development partners, has embraced both preventive and response measures in line with international protocols such as the Convention on the Elimination of all forms of Discrimination against Women (CEDAW). In the area of disability the government has ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) which enshrines the rights of persons with disabilities, including GWWD and offers them the opportunity for improved systems and ultimately safety from violence. Other than signing on to international treaties that are related to violence against women and rights of people with disabilities, efforts have been also made in domesticating some of the provisions into local legislation such as the (2013) Constitution.⁷ For example section 80(3) of the Zimbabwean Constitution highlights that "laws, custom, traditions and cultural practices that infringe the rights of women conferred by the Constitution are void to the extent of the infringement while section 25 (b) obliges the State and all institutions to protect and foster the institution of the family and to adopt measures for the prevention of domestic violence. The 2013 constitution further delves into the area of disability. It specifically provides for disability as prohibited grounds for discrimination. However, it does not specify the disability types, which article 1 of the CRPD elaborates on by citing physical, mental, intellectual and/or sensory disabilities. The constitution further

⁵ Shah,S; Balderston, S and Woodin, S; 2011; Access to Support Services and Protection for Disabled Women who have Experienced Violence: Results and Recommendations.

⁶ CRPD; Committee on the Rights of Persons with Disabilities; General comment No. 3 (2016), Article 6: Women and Girls with Disabilities

⁷ The Zimbabwe Constitution (2013)

provides for sign language as an official language, a clear sign that it recognises the value of taking care of people with disabilities.

Zimbabwe is also known to have crafted specific laws and policies and developed programmes seeking to protect the rights of women. Some of these include the Criminal law (Codification and Reform Act (2004)), the Domestic Violence Act (2006) and the Victim Friendly Justice System that seeks to improve the response and capacities of the justice system to address the needs of survivors of GBV in a friendlier way. Zimbabwe was also one of the first countries to adopt disability related legislation through the promulgation of the Disabled Persons Act (DPA) of 1992.⁸ The Act recognises that disability is not only limited to individual impairments but also to barriers caused by both attitudinal and environmental factors.

Ratification of the Convention on the Rights of Persons with Disabilities (UNCRPD) embodies a paradigm shift from a social welfare response to disability to the human rights-based approach. By this approach, people with disabilities (PWD) are no longer viewed as objects of charity and as people in need of social and medical assistance but as individuals with full rights and entitlements. The approach further acknowledges that disability is an inter-play between various impairments on one hand and socio-attitudinal and environmental barriers on the other hand. It is the nature of the built up environment and social attitudes that inhibit PWDs from enjoying their rights at par with their non-impaired counterparts.

Despite the signing and enactment of these laws, conventions, policies and programmes to protect women, gender based violence remains high in Zimbabwe, especially among women with disabilities. Further gaps persist for GWWD in terms of their access to justice when violence is perpetrated against them. The project, **Access to Justice for Girls and Women with Disabilities**, came out of the need to address these gaps.

⁸ Proceed Manatsa, April. 2015, Are disability laws in Zimbabwe compatible with the provisions of the United Nations Convention on the Rights of Persons with Disabilities (CRPD)?; International Journal of Humanities and Social Science Invention Volume 4 Issue 4 || April. 2015 || PP.25-34).

2. DESCRIPTION OF THE PROJECT

In January 2015, Leonard Cheshire Disability Zimbabwe (LCDZ) was awarded funding for a three year project (01 January 2015 to 31 December 2017) (**Access to Justice for Girls and Women with Disabilities**) by the United Nations Trust Fund to end Violence against Women (UNTF). The project, which had a budget of \$400,452.00, was implemented as part of overall efforts by LCDZ to end violence against girls and women with disabilities (GWWD). The project targeted violence in the family (intimate partner violence, physical violence, psychological and emotional violence, non-partner violence and sexual violence) and violence in the community (mainly sexual violence). The project targeted eight districts, one in each rural province of Zimbabwe that are Bikita, Bindura, Chikomba, Gwanda, Hwange, Kwekwe (Zibagwe), Makoni and Mhondoro-Ngezi. Its activities embraced both preventive and response dimensions to VAW/GBV. Whereas preventative activities were confined to the aforementioned districts the response interventions and capacity building of service providers on disability issues had a national coverage. Girls and women with disabilities (GWWD), survivors and non-survivors of GBV/VAW, were the primary beneficiaries of the project. Secondary beneficiaries included caregivers and parents of GWWD, community leaders and CBOs, Uniformed forces (police), legal officers (Magistrates, prosecutors and interpreters, Government Ministry officials and Civil Society Organisation and DPOs.

2.1 Project purpose and theory of change

Project Goal: Women and girls with disabilities in Zimbabwe have improved safety from sexual violence and other forms of gender based violence and are increasingly participating in the justice process on equal terms with others when their rights are violated. To that end, the project had a set of outcomes, outputs and activities as depicted in figure 1:

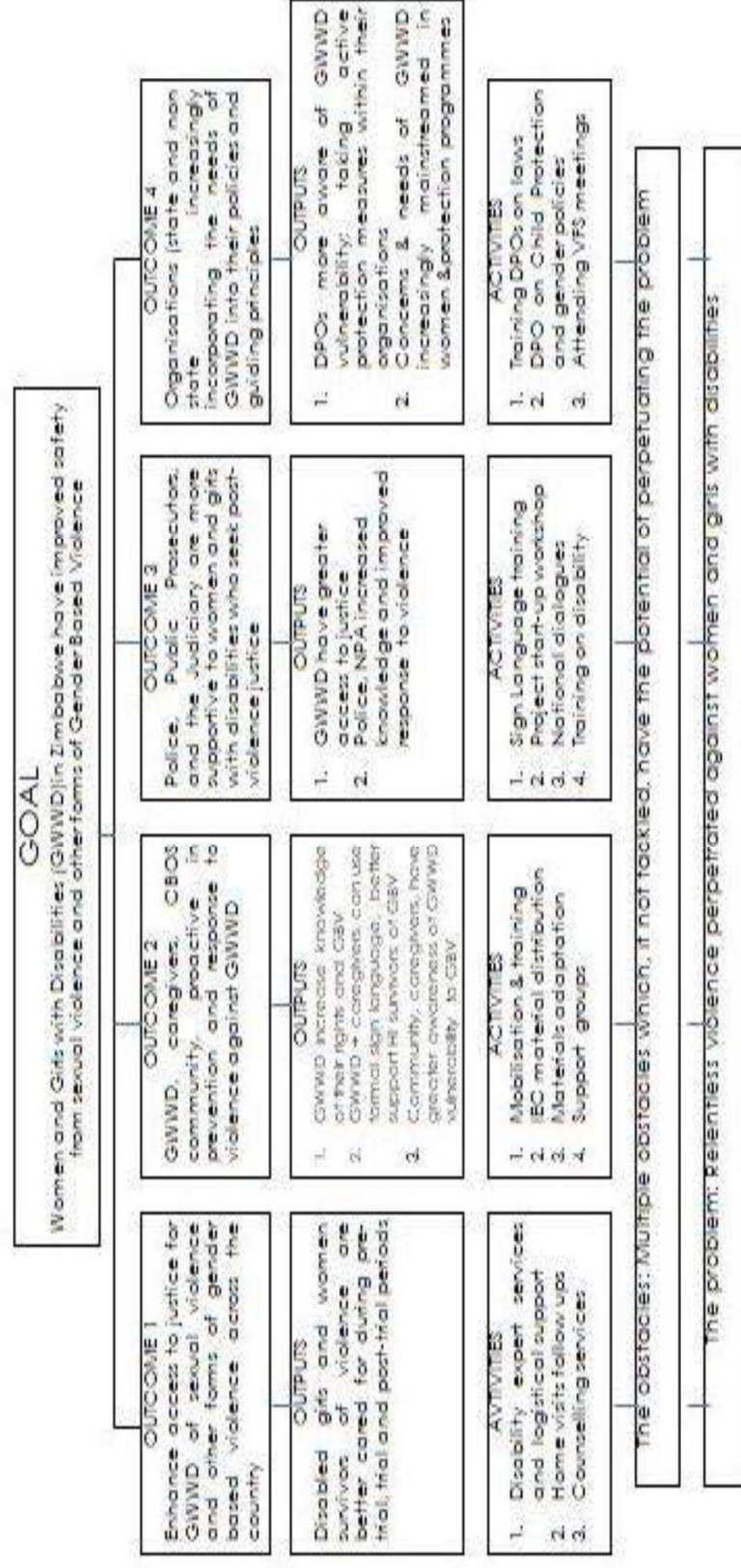


Figure 1: Project Theory of Change

2.2 Theory of change

Figure 1, is a diagrammatic representation of the theory of change for the **Access to justice for women and girls with disabilities** which can be read vertically from bottom to top. It illustrates the relationships between the project goal, outcomes, outputs and activities. In response to the problem of relentless violence perpetrated against women and girls with disabilities, the project sought to cause a change that would see women and girls with disabilities in Zimbabwe enjoying improved safety from sexual violence and other forms of gender based violence and able to access legal redress when violated (as expressed in the project goal). However, a number of factors and obstacles expose GWWD to sexual violence and stand in their way when seeking post-violence services including justice redress. These include:

- a) Lack of victim knowledge and awareness among GWWD of VAW/GBV and available options in seeking recourse,
- b) Negative societal attitudes that look down on the status of women especially GWWD, in favour of men,
- c) Inadequate services, coupled with negative attitudes of service providers, and
- d) Lack of capacity in those agencies and interest groups meant to champion the cause of women and girls

The process to bring about change began with identification of four intervention (activity) areas, each of which was expected to respond directly, more or less, to the problem and identified obstacles. The expected result were to start by the achievement of outputs (level 4). However, for that to happen successfully, the following assumptions were made: That direct services will continue to flow uninterrupted, that mobilisation and training activities will take place with little or no interruptions, that justice sector institutions will embrace the project philosophy and will be willing to take part in sign language training, national dialogues and other platforms on disability and other survivor issues and that DPOs are willing to embrace gender issues and whilst mainstream women's organizations were expected to mainstream disability issues in their programmes and policies.

All things being equal, once achieved, the four output areas were expected to/should result in the stated outcomes. Similarly, the outcome level results are dependent on the continued willingness, efforts and sustained interest by the justice players (police and judiciary), civil society and communities and the GWWD and their caregivers in

participating in the activities of the project. At this level the project also assumed that no major threats and interruptions will take place in the flow of resources and the socio-economic environment. Invariably, the attainment of that goal would be considered accomplished when significant changes have taken place in the lives of different project beneficiary categories. That is:

- (i) When about 1 900 GWWD and 1 900 caregivers (the direct beneficiaries) become more aware of their rights and are able to detect and report violence against them, be more visible in women's programmes and their concerns being considered in programming and policy making by both government and civil society actors.
- (ii) When Police, Court Officials and other service providers demonstrate change of attitude towards GWWD and a preparedness to assist them in a disability friendly manner that considers their different needs and capabilities.
- (iii) When Disabled People's Organisations (DPOs) and mainstream women's organizations have become the 'avant-garde' for the protection of girls and women with disabilities and raise alarm when abuse happens.

Although the theory appears as a linear upward progression, in reality the change processes are complex and multi-directional. It must also take into account the context in which change is taking place as well as the principles of principality of Government as the key duty bearer, a multi-sectorial approach, risk management, participation and empowerment of women, especially GWWD as directly targeted by the project.

2.3 Project main strategies

The project took a holistic approach that embraced both preventive and response strategies that were characterised by three key pillars:

- (a) Direct Service Provision (to survivor GWWD to access post-violence justice and related services and general service delivery improvement),
- (b) Empowerment (of GWWD as rights holders, their caregivers and DPOs to improve safety and reduce incidences of GBV against GWWD,
- (c) Advocacy and Skills Development of key duty bearers and stakeholders (by enhancing individual knowledge and changing attitudes, promoting access to justice and influencing organizational culture).

From its experience in implementing programmes in Zimbabwe, Leonard Cheshire Disability Zimbabwe must have seen value in embracing a partnership approach in delivering the project. Thus, several partners (state and non-state) were brought into the fold, largely on the basis of their skills as well as their strategic positioning on issues of disability and gender based violence. For purposes of effective coordination, especially in the provision of direct services, the country was partitioned into five administrative areas and responsibilities assigned as follows:

Table 1: Project coordinating institutions

Nzeve Deaf Centre	Manicaland Province
ZIMCARE Sibantubanye School	Bulawayo, Matabeleland North and South Provinces
Jairos Jiri Naran Centre	Midlands Province
COPOTA School for the Blind	Masvingo Province
Rest of the provinces	Leonard Cheshire Disability Zimbabwe

In its respective region, each organisation would take up coordination responsibilities, including managing resources availed by the project and responding to calls to identify and ensure availability of disability expert services and logistical support as and when required. More than 30 partner organisations, including community based organisations, participated in the activities of the project. Collaboration was also established with key institutions in the delivery of justice as well as those working on prevention and psychosocial response to VAW. These included the Victim Friendly Unit of the Police (VFU), Judiciary Service Commission, National Prosecuting Authority, Ministry of Women Affairs, Gender and Community Development⁹ and other stakeholders to facilitate fair and smooth access to disability and survivor friendly justice and related services for women and girls with disabilities.

2.4 Scope of the project

Although the project had a national character, it had activities that targeted specific districts in designated in 8 rural provinces of the country. Table 2 shows the provinces and districts in which the project was implemented, together with the basis upon which the districts were selected for inclusion.

⁹ Now Ministry of Women and Youth Affairs from November 2017

Table 2: Access to Justice for Girls and Women with Disabilities' project areas

Province	District	Basis for selection
Masvingo	Bikita	Programming area for LCDZ
Mashonaland Central	Bindura	Presence of Regional court
Mashonaland East	Chikomba	Presence of Regional court
Mashonaland West	Mhondoro-Ngezi	Programming area for LCDZ
Manicaland	Makoni	Presence of Regional court
Matabeleland South	Gwanda	Presence of Regional court
Matabeleland North	Hwange	Presence of Regional court
Midlands	Zibagwe/Kwekwe	Programming area for LCDZ

3. PURPOSE OF THE EVALUATION

The Access to Justice for Girls and Women with Disabilities Project came to an end on 31 December 2017. Due to evaluation being mandatory for projects supported by the funder, a final project evaluation was already planned as part of the design of the project. Leonard Cheshire Disability Zimbabwe (LCDZ) engaged Dial-Honour Consultancy to conduct the end of project evaluation. The evaluation had both retrospective and prospective dimensions. In retrospect, the evaluation sought to assess and analyse the impact the project made on the lives of GWWD and on their access to post-violence justice and related services. Specifically, the evaluation assessed the extent to which the project achieved its set results/objectives and targets both at district and national levels against the standard evaluation principles of relevance, effectiveness, efficiency and sustainability. The prospective dimension was forward looking in its thrust: it sought to document those good practices and lessons that can be replicated or inform future programming for LCDZ and UNTF.

Besides the declared use of the results to improve future interventions on addressing violence against GWWD and accounting for the project funding within LCDZ and UNTF circles, an expressed objective of this evaluation was to share the findings with key stakeholders at district, national and global levels for the purpose of improving interventions on ending violence against girls and women with disabilities. Besides, the findings could be an important basis for decision-making: for final reporting and project closure processes at UNTF level and, from LCDZ perspective, whether or not to continue this intervention.

4. EVALUATION OBJECTIVES AND SCOPE

Specific objectives of the evaluation

The following were the specific objectives of the evaluation

- To assess the project's achievements against expected results and targets (thus assessing its impact through the basic criteria of relevance, effectiveness, efficiency and sustainability)
- To identify and document good practices and lessons from this project for future interventions
- To make a general assessment of access to post-violence justice and related services for GWWD in Zimbabwe- identifying areas that require further attention

Scope of the evaluation

This final evaluation of the project '**Access to Justice for Girls and Women with Disabilities**' took a holistic and all-inclusive approach, looking at all areas covered by the project, including the design and theory of change, and covering the entire project duration; that is 1st January 2015 to 31st December 2017. It had:

- A national scope on access to post-violence justice and services for GWWD survivors and a district focus (on the eight districts) on prevention aspects of the project.
- An assessment of all project results (Goal, Outcomes and Outputs) and their related activities – with an explicit focus on identifying, analysing and documenting changes in attitudes and behaviours of targeted groups among other benefits and effects on their lives that can be attributed to the project
- A focus on the key target groups covered by the project: GWWD (survivors & non-survivors), caregivers of GWWD, Community Leaders, Regional Court Officials (Regional Magistrates, Prosecutors and Interpreters), Victim Friendly Unit (VFU) Police Officers, Ministry of Women Affairs, Gender and Community Development, mainstream women's organizations, Disabled Peoples Organizations (DPOs), among other stakeholders, at both national and district levels.

Although the evaluation experience was richly rewarding in terms of learning, it was not without its challenges; some of which proved difficult to surmount. These include:

- Failure by government departments and some partner organisations to honour appointment times. In some cases, key persons simply became unavailable and evaluators had to contend with the next person. In other cases, last minute bureaucratic demands of written permission from central government made data

collection difficult from some departments. Reliance on informal relationships and contacts sometimes had to come into play in order to circumvent the bureaucracy.

- Location of the survivor respondents was a daunting task. Some of the contact details obtained from the database had changed or the survivors had relocated and become unreachable. This was exacerbated by the fact that most staff who had worked on the project had left at the expiry of their contracts, making it harder to get alternative contacts. Reliance on informal contacts as well as local level information from evaluation participants assisted in tracking some survivors
- Whereas the evaluation was meant to assess impact, whose determination depended on change from original position to a new situation, the baseline information was not always user friendly. On one hand, indicators in the baseline were not always framed in the same mould as those at end point. The dependence on external Monitoring and Evaluation experts who come and go does not augur well for a robust system that prevents such challenges.
- The data collection processes themselves were fraught with some challenges. Respondents were hard to find and, in some cases, they came without the caregiver, making communication difficult, especially for those with hearing and speech and intellectual impairments.
- Although steps were taken to ensure compliance with ethical considerations, there was always a challenge in implementation. Some respondents were sceptical about signing the consent form. Although headway was made after explanation, it was not always possible to balance these ethical considerations with reality on the ground.

5. EVALUATION TEAM

The eleven (11) member evaluation team was set up and deployed to perform various tasks and assignments of the evaluation process. These were led by technical and administrative experts to oversee all the operational and technical issues. The team included two experts on disability and gender who, among other tasks, handled all the data collection involving survivors of GBV. The list of team members is shown on Table 3, together with their assigned roles in the evaluation process.

Table 3: Evaluation team roles

Level	Identity	Roles
Technical Team Leader	Sibangani Shumba (M)	<ul style="list-style-type: none"> Overall direction and technical leadership Training of the evaluation team Conducting high profile interviews at all levels Preparation and presentation of all deliverables
Administrative Team Leader	Shadreck Zhou (M)	<ul style="list-style-type: none"> Overall admin, finance and logistical coordination Training of the evaluation team Conducting high profile interviews at all levels Preparation and presentation of all deliverables
Disability specialist GBV Specialist	Drosila Donga (F) Nyaradzo Shumba (F)	<ul style="list-style-type: none"> GBV and disability advice to the team Conducting sensitive interviews with GBV survivors Conducting high profile interviews at all levels
Enumerators and data clerks	Zanele Mlandu (F) Mufaro Shumba (M) Georgina Hove (F) Tatenda Shumba (M) Desmond Gakanje (M) Constance Mtande (F) Nyasha Shumba (M)	<ul style="list-style-type: none"> Conducting key informant interviews & FGDs Data capturing

Although some variations were experienced, the overall itinerary for the activities of the evaluation is as indicated in Figure 2 below.

Figure 2: Evaluation itinerary with dates and deliverables

Activity Description	Dates		January			February				Deliverable
			2	3	4	1	2	3	4	
Inception Phase										
Engagement Meeting + Sharing documents	08-January									Signed contract
Draft Inception - Preparation & Submission	09 -12 January									Draft Inception report
Inception meeting and inception report presentation	15-January									Final inception report
Desk Review										Desk review secondary data
Pre-assessment and assessment phase										
Fieldwork preparations (+ National data collection)	16-19 January									Fieldwork schedule
Field work (Data collection in districts)	22-26 January									Interview notes from national level + raw data collected from districts and communities
Mop up data collection	01-02 February									
Post-Assessment Phase										
Data analysis	05-09 February									Analysed data sets
Preparation and submission of first draft report	12-16 February									Draft report version 1
Validation, incorporation of feedback comments	19-23 February									Validation feedback
Report finalisation and submission	26-28 February									Final report submission

6. EVALUATION QUESTIONS

The evaluation was guided by the Development Assistance Committee (DAC) criteria of effectiveness, relevance, efficiency, sustainability, impact and knowledge generation; together with more detailed questions (as defined in the terms of reference) that provide scope for deeper analysis. The following is an explanation of each criterion, together with the more specific guiding questions:

Relevance

Relevance measures the extent to which the objectives of the project (a development intervention) are consistent with beneficiaries' requirements and priorities, country needs, global priorities as well as partner and donor's policies. It comes down to whether, in the eyes, of different stakeholders the project was doing the right things. In the case of the current project, relevance assessment comes from answering two specific questions:

- 1) To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls with disabilities?
- 2) To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities?

Effectiveness

Effectiveness is concerned with measuring the extent to which the project attained or, in the event of intervention's non completion, is expected to attain its objectives. Essentially, this is about progress made and, as such, there is always need to compare the achievement with what was planned at the onset of the project. The following were the agreed specific questions with respect to effectiveness:

- 1) To what extent were the intended project goal, outcomes and outputs achieved? How?
- 2) To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?
- 3) To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.
- 4) What internal and external factors contributed to the achievement and/or failure of the intended project (results) goal, outcomes and outputs? How? 5) To what extent was the project successful in advocating for legal or policy change? If it was not successful, explain why.

Efficiency

Efficiency takes a focus on measuring outputs in relation to the inputs such as funds, expertise and time. The link between inputs and results is always necessary in

measurement of efficiency. It signifies utilisation of the available resources in the least costly way as possible in order to achieve the desired results. Essentially, this is an economic concept that requires comparing alternative approaches to achieving the same outputs, to see whether the most efficient process has been adopted. Specifically: How efficiently and timely has this project been implemented and managed in accordance with the Project Document?

Impact

Impact is about change brought about by the project or its effects on the beneficiaries as well as the local social, economic, environmental and other development indicators. Impact assessment embraces both intended and unintended changes, direct and indirect as well as both positive and negative. The more specific question is: What are intended and unintended long term consequences (positive & negative) of project?

Sustainability

Sustainability is based on the understanding that development assistance will, at some point, come to an end. When this happens, concerns about continuation become central. It is as much concerned about continued benefits to target groups as it is about their resilience against risks that these could face over time. When sustainability questions and considerations are taken at planning stage, it helps project planners to include measures that increase prospects of continuation of benefits. At the core of sustainability for the current evaluation were the specific questions: How are the achieved results, especially the positive changes generated by the project in the lives of women and girls with disabilities at the project goal level, going to be sustained after this project ends?

Knowledge generation

Given that this evaluation was forward-looking, it was also concerned with generation of knowledge and lessons that would inform plans for similar projects in future. Analysis on this aspect was guided by a focus on the following specific questions:

- 1) What are the key lessons learned that can be shared with other practitioners on ending violence against women and girls especially those with disabilities?
- 2) Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other context or countries?
- 3) What are the current issues/challenges concerning access to justice and other post-violence services for GWWD in Zimbabwe?

7. EVALUATION METHODOLOGY

7.1 Description of evaluation design

This evaluation followed a before (pre-test) and after (post-test) design without a comparison group. This is informed by the design of the project which undertook assessments at baseline stage and end of project stage. The results section therefore compares results of assessments at end line and baseline to determine the changes and impact of the project. Throughout the evaluation process, the evaluation team sought the involvement of the project implementers through requesting for project documents, soliciting input and feedback on the inception report and research tools, as well as seeking authorization to proceed to the next stage. This was done to level expectations as well as clearly set the required format and standard of evaluation together for better ownership of the results. While most of the review documents were shared, there was no meeting to comprehensively review the inception report and tools before going to the field because the project implementation team was busy with the project final report which was concurrently taking place. While there was limited technical feedback from the implementers, useful feedback on the inception report and tools was received from the UNTF. However, these comments came after fieldwork but were reflected on and incorporated in the analysis and evaluation report. For data collection, the evaluation adopted mixed methods, with strong inclination on participatory research approach. Participatory methodologies like Focus Group Discussions (FGDs), key informant interviews (KII) and interviewer-completed questionnaire surveys were employed. This was to allow maximum participation of selected respondents while allowing the evaluators to probe for more information, read non-verbal communication and make observations of the environment. The chosen data collection methods allowed collection of data for both quantitative and qualitative analysis. On data analysis and presentation, the evaluators applied mixed methods involving statistical analysis on quantitative data collected by questionnaires as well as qualitative summaries, classifications and comparisons for qualitative indicators. Results were triangulated across respondents as way of preliminarily validating the data. In developing conclusions and recommendations, the evaluators always attempted to link the conclusions and recommendations to the results of the evaluation. This was done to ensure that conclusions and recommendations are better appreciated by the audience, and that recommendations have greater likelihood of being utilized.

7.2 Data sources

The evaluation team gathered secondary data mainly from project documents which included the project proposal (project document), baseline report, progress reports and event update reports. In addition interviews/discussions were also held with LCDZ project team and implementing partners to assist the evaluators to further understanding the purpose, interventions and achievements of the project. The evaluation team also gathered primary data from primary beneficiaries and key stakeholders across all the 10 provinces of Zimbabwe. Although the project targeted the 8 rural provinces, Harare and Bulawayo metropolitan provinces hosted the coordination teams of LCDZ and Zimcare Trust (Sibantubanye) which enable national coverage on case handling. The key project stakeholders that provided the primary data presented in the results section of this report mainly included:

- the project implementer (LCDZ);
- coordinating partners (Nzeve Deaf Children's Centre, ZIMCARE Trust Sibantubanye Special School,, Magaretha Hugo Schools and Workshops for the Blind (COPOTA) and Jairos Jiri Naran Centre)
- Government Stakeholders (ZRP VFU, Ministry of Women and Youth Affairs, Department of Social Welfare, Ministry of Primary and Secondary Education, Judiciary Service Commission and National Prosecuting Authority)
- Non-State stakeholders like Non-governmental organizations (NGOs), Community-based Organizations (CBOs) and Disabled People's Organizations (DPOs) and gender advocacy organizations). These included Childline, Legal Resources Foundation (LRF), Zimbabwe Women Lawyer Association (ZWLA), Contact, King George VI, Catch and Assemblies of God Church.
- Community leaders
- Caregivers of GWWD
- GWWD inclusive of survivors of GBV and non-survivors

7.3 Description of data collection methods and analysis

The study applied a mixture of data collection methods including:

- ✓ **Key informant interviews (KIIs):** KIIs were done with project implementers, implementing partners and stakeholders. The interviews cut across all evaluation themes including project participation, relevance, efficiency, effectiveness, impact, sustainability, lessons and recommendations. This produced mainly qualitative data

analysed through summaries, classifications and comparison of views expressed by different stakeholders. Although the qualitative analysis mainly identified the most common views per theme, it also highlighted specific issues raised by different categories of respondents, even if they were not necessarily raised or supported by others. This brought out the diversity of needs and experiences among the respondents engaged in this evaluation. Qualitative key informant data was also used to confirm the findings emerging from the GWWD or vice versa. Any points of differences were probed and are noted and highlighted in the analysis to inform recommendation and future programming.

- ✓ **Focus Group Discussions (FGDs):** FGDs we conducted with community stakeholders (community leaders, Community-based Organizations (CBOs), Child Protection Committees (CPCs), (Child) Case Care Workers (CCWs) and Caregivers. FGDs helped in getting the collective position of stakeholders regarding the project relevance, efficiency, effectiveness, impact, sustainability and lessons. Although the qualitative analysis of FGD data mainly identified the most common views in each FGD, it also highlighted specific issues raised by different group participants, even if they are not supported by others to make sure that the full range of emerging issues are captured. The emerging views were grouped, summarized and compared with those of other groups as well as other respondents. The views at the end of the project were also compared with views at baseline to have a previewed impact of the project.
- ✓ **A beneficiary survey:** Interviews with GWWD (both survivors of gender-based violence and non-survivors) were also carried out. The method sought individual experiences of GWWD on VAW and with justice system (police and courts), and their views on the project from its inception to closure and suggested way forward. The data therefore covered GWWD's personal experiences and views on VAW and justice system as well as the extent of their involvement with the project. Apart from this the survey/interviews captured GWWD's views on project relevance, progress / achievements, challenges, impact, sustainability and suggested way forward. This produced quantitative data which was statistically analysed using Statistical Package for Social Sciences (SPSS) spreadsheets. The evaluators interpreted frequencies, averages and cross-tabulations to determine patterns of views expressed by survivors. Apart from enabling quantitative analysis the survey/interviews also generated useful qualitative data/information for the evaluation process and report.

- ✓ **Review of project documents and records:** This was done as part of secondary data collection and analysis. It helped the team to understand the project's theory of change, plans, targets, baseline situation, as well as assess progress made towards achievement of project objectives. The progress reported in project reports was triangulated with the data gathered by final external evaluation team and any variances were further investigated.

Sampling

The target population comprised of all stakeholders of the project including the implementers, state partners, non-state partners, community-based partners and GWWD in all project districts as well as coordinating partners (centres) in Harare, Bulawayo, Gweru and Masvingo. All respondents were purposively selected due to the specific nature of the project interventions. This ensured that respondents who interacted with the project and could provide a sound assessment were identified and included.

Sampling of GWWD: Based on logistical feasibility within the given fieldwork time, a judgemental sample of 6 GWWD per district was targeted for the 8 rural districts. A judgemental sample had to be determined because the population of survivor GWWD was too spread. A total of 41 (85%) GWWD who were survivors of gender-based violence were actually interviewed from 9 sites as shown in Table 4. The target could not be reached in many districts as limits of three (3) were put to manage the logistical costs of bringing survivors and their caregivers to meeting venues as well as due to difficulty in locating them.. Efforts to follow up cases emerging from FGDs and KIs were only successful in Mhondoro-Ngezi, Makoni and Bindura but it was not in Kwekwe, Hwange, Gwanda and Bikita as no specific cases which required referrals came up.

Table 4: Total GWWD interviewed by district

District	Frequency	Percent
Bikita	1	2.4
Bindura	7	17.1
Chikomba	5	12.2
Mhondoro/Ngezi	6	14.6
Makoni	6	14.6
Gwanda	3	7.3
Hwange	3	7.3
Kwekwe	3	7.3
Bulawayo	7	17.1
Total	41	100.0

Sampling of Key Informants: A total of 108 purposively selected key informants were interviewed as detailed in Table 5. The purposive selection process targeted stakeholders involved in the project who could provide information necessary to address evaluation question. This selection was therefore done with the assistance of the project implementers and partners.

Table 5: Key Informants Consulted during the Evaluation Process

Class	Implementer (LCDZ)	Coordinating partners	Government partners	Non-state partners	Community partners	Total
Harare	4	0	9	4	0	17
Bindura	0	0	8	1	1	10
Makoni	0	1	12	2	2	17
Chikomba	0	0	9	0	0	9
Mhondoro-Ngezi	0	0	2	0	4	6
Kwekwe	0	1	5	1	2	9
Bikita	0	4	6	2	0	12
Gwanda	0	0	9	2	0	11
Hwange	0	0	9	0	2	11
Bulawayo	0	1	1	4	0	6
Total	4	7	70	16	11	108

(See Annex A for a detailed list).

These key informants were drawn from organizations which interacted with the project in different roles in order to give an informed evaluation of its progress. There was good response from targeted key informants especially government stakeholders, which saw the targeted number of 86 key informants being surpassed by 25 per cent. The evaluation had an overall target of 86 key informants thus, aggregating all purposively selected representatives of key stakeholders included in the project in all the project sites.

Sampling of FGD participants: The evaluation sought to conduct a total of 16 FGDs with 10 participants each in all the project areas (targeting to reach 160 participants in total). Thus, two (2) FGDs in each of the eight (8) areas were done; one for community members and the other for GBV survivors and their caregivers. The target of 10 participants per FGD was based on standard research practice which defines a standard FGD as consisting of 7 to 14 participants¹⁰. At community level, a total of nine (9) community FGDs involving 89 community members were achieved (8 in the project districts and one in Bulawayo). For survivors, only 4 FGDs involving 26 GBV survivors were conducted in four (4) project

¹⁰ Stewart, D.W., P.N. Shamdasani, and D.W. Rook (2007) Focus Groups: Theory and Practice, 2nd edition, vol. 20, Newbury Park, CA: Sage Publications

districts of Bindura, Makoni, Chikomba and Mhondoro-Ngezi. Due to difficulties faced in identifying and mobilizing enough survivors, FGDs could not be conducted with survivors in the other four districts covered by the project (Kwekwe/Zibagwe, Bikita, Gwanda and Hwange).

Table 6: FGD participants

Community Groups	Female participants	Male participants	Total
Bindura Community	5	3	8
Makoni community	4	2	6
Chikomba community	5	2	7
Mhondoro community	5	2	7
Kwekwe community	7	1	8
Bikita Community	10	2	12
Gwanda Community	19	1	20
Hwange community men	0	4	4
Hwange community women	17	0	17
Total	72	17	89
Survivor Groups			
Bindura Survivors	6	0	6
Makoni Survivors	6	0	6
Chikomba Survivors	9	0	9
Mhondoro Survivors	5	0	5
Total	26	0	26

Community groups participants were drawn from community structures including: community leaders, child care workers, village health workers, child protection committees, caregivers of GWWDs as well as women and youth development ward coordinators. The beneficiary groups comprised GWWD survivors of GBV who shared their collective views of the project relevance and progress. These FGDs provided qualitative data on collective views of the community representatives and GWWD in their capacity as beneficiaries of the project and or stakeholders.

7.4 Description of ethical considerations in the evaluation

The evaluation was conducted in accordance with the principles outlined in the United Nations Evaluation Group (UNEG) 'Ethical Guidelines for Evaluation'. Specifically, the evaluation team developed and shared an introduction to participants that identified the team and the purpose of the exercise. Evaluation participants were given guarantee/assurance for protection of their rights in the conversations including their safety from harm, right to consent / decline, anonymity of respondents and confidentiality

of information supplied to the evaluation team. The evaluation team was trained on basic human rights and ethical issues of fieldwork especially issues to do with respecting the respondents, using respondents' preferred language and respecting their culture and beliefs. Respondents with hearing and speech impairments were given an opportunity to express themselves while caregivers interpreted where a professional interpreter was not available. The safety and confidentiality of all respondents was verbally assured in the initial briefing before written assent / consent was sought. In addition, all data collectors signed an undertaking to ensure anonymity of responses as well as non-disclosure and confidentiality of data. Subsequently, no names were assigned to responses and views expressed in this report. The purpose of the study and security of data storage were explained to respondents at the beginning of the interviews. Respondents were assured that the data would be used for research purposes only and would not be disclosed to people who are not part of the project or research team. The electronic data files were password-protected and they were kept on password-protected computers as part of the security measures. To allow the survivors to freely express themselves, female interviewers were assigned to conduct the survey interviews with GWWD and caregivers. All evaluation participants who needed access to justice services were referred to the local committees and institutions like the police VFU for assistance.

7.5 Limitations of the evaluation process and methodology

Although all efforts were made to make sure that the data collected was reliable, the following may limit the generalization of the results:

- While the evaluation team made efforts to solicit the input of the project implementers into the research design and methodology, little technical feedback was obtained. This meant that the evaluation team was authorized to proceed to data collection and analysis stage with little technical input in the proposed methodology, evaluation framework and tools. Technical inputs from the Donor to the inception report were received at reporting stage. Although some comments were incorporated into the report, those that required adjustments to the methodology and research tools were too late to be incorporated.
- Presentation of the preliminary report by the evaluation team was meant to allow validation of findings by implementers, partners and stakeholders but mobilizing other stakeholders beyond the implementers was not possible due to budgetary and time

constraints. This weakened the validation exercise as other stakeholders were not represented and did not give feedback to the preliminary report.

- Purposive or convenient selection of all respondents with the help of project implementation partners have identified conveniently accessible survivors of GBV and left those in too remote areas.
- More beneficiaries could have been reached but this was limited by the logistical realities availed by the project. For instance, while the evaluators targeted six (6) survivors per district, the project noted that the budget could only cater for transport and meal allowances for a maximum of 3 survivors and their caregivers per district. Where more than three survivors was reached, the evaluators followed up cases which emerged from KIs and FGDs whenever time allowed. Challenges faced in identifying and convincing the survivors to share information with consultants also affected the number of survivors interviewed.

8. FINDINGS AND ANALYSIS PER EVALUATION QUESTION

8.1 Relevance

Evaluation Question 1: To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls with disabilities?

Key findings:

Violence against women and girls with disabilities is widespread and persists in all areas. Previous legislation and policy efforts by Government and partners have not been enough to deal with the problem.

The project strategy rested on achieving four complementary outcomes in the GWWD access to justice endeavour:

- (i) Direct support to beneficiaries: Baseline data identified, among other issues, long distances to the service providers, lack of transport money (especially as many of them needed an accompanying person) to travel to service points and lack of other support services such as disability expert services as key hindrances for GWWD access to justice, and other services.
- (ii) Empowerment of GWWD, their caregivers and community: Baseline survey data showed that not many GWWD were accessing post violence justice (only 55% of respondents have been reported to have sought post-GBV care with 17 per cent of the pending cases within the VFU being those of GWWD).
- (iii) Creation of a supportive environment within the police force, public prosecutors and judiciary: Baseline information showed that in all districts, attitudes of service providers, particularly the Department of Social Welfare (Services) (DSS), clinics and VFU were reportedly (by GWWD) as discriminatory in their conduct and practice. They were not treating GWWD in the same manner as able bodied women in their pursuit of services.
- (iv) Ensuring that state and non-state organisations embrace the needs of GWWD in their policies and projects/programmes: The organizations had been accused (by GWWD) of not being sensitive to their needs, especially with regards to accessibility to awareness venues absence of suitable information, education and communication (IEC) materials on VAW and absence of resident sign language interpreters at the police stations and Courts.

The evaluation findings show the different respondent groups confirming the complementarity of all four pillars in the quest for access to justice; with all (100 per cent) (N=41) of survivor interviewees indicating that each pillar made its own contribution. The GWWD non-survivor group discussants also noted that without the support of the others, none would have succeeded in isolation. Meanwhile, Ministry of Women and Youth Affairs representatives in all districts testified to the value of this 4-pronged approach, with one saying “all roads led to the courts but that could only be achieved with a

combination of direct and expert service provision, an informed community, a sensitised police and justice system and the support of relevant organisations". Meanwhile, the collective sentiment from all five (5) interviewed regional magistrates was that access to justice was not a one day wonder event but a culmination of all the necessary processes. Thus, in the view of the key stakeholders, the overall strategy, together with its activities, remain relevant to the needs of women and girls with disabilities.

In addition, use of a multi-sectorial approach, embracing the participation of different partners and networks, has proved to be a sound strategy, bringing together, as it did, diverse skills and competences which no individual organisation could possess. The different expertise will continue to take care of the diverse needs of individual victims. More specific aspects include the following:

There has been inadequate logistical support (especially transport money) for victims of gender based violence to enable them to access police stations, hospitals and the courts, thus making it a major obstacle in accessing justice.

Inadequate logistical support was identified as a drawback in efforts to access justice. According to baseline report, one of the major barriers hindering GWWD's access to justice and post GBV care was that of long distances to the service providers that included the police, clinics and the courts. These service points are mainly located far from where beneficiaries live and required substantial amounts of money to pay for the transport. Lack of transport money to enable them to travel to the service points was there for identified as a key barrier. Often, the need for such money doubled as many of them needed a person to accompany them to the service points.

GWWD survivors confirmed, during interviews, that lack of transport money prevented them from even seeking these services, with 71% (N=41) of them indicating that transport to and from courts or other service points (hospitals, police stations) was a key barrier, and hence a major focus of the project. While distance to the courts varied with location, there were instances such as that of Mhondoro-Ngezi that does not have a court within the district where survivors would travel to other districts (Chikomba or Chinhoyi) for justice services. According to a Ministry of Women and Youth Affairs Officer in the district, victims have to travel as far as 80 kilometres one way to go to court or to access necessary services. This long distance was confirmed by the evaluation team that travelled to Chingondo clinic, one of the main project sites. The situation was exacerbated by unreliability of public transport providers, leaving commuters at the mercy of private providers who often charged exorbitant rates. One of the Regional Magistrates

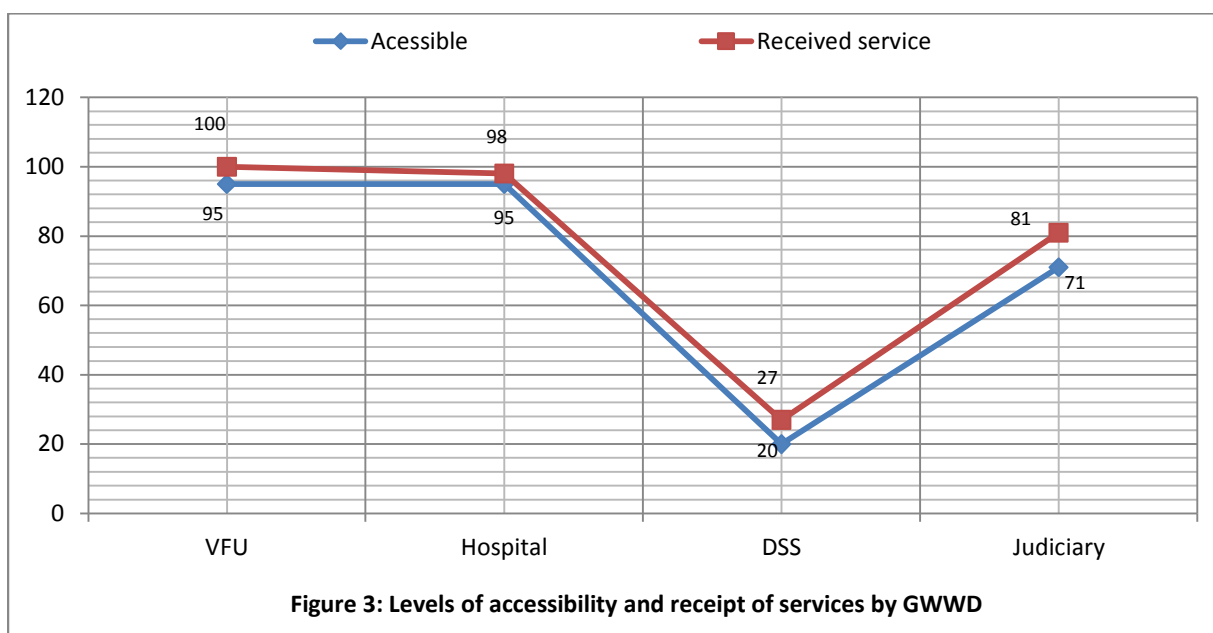
underlined this issue when she said, “Resource constraints also delay if not hinder delivery of justice because movement of victims is disrupted when they have no bus fares”. Thus, inadequate logistical support (especially transport money) for victims of gender based violence became a core project pillar, whose purpose was to support victims to get to the service points.

Attitudes of service providers (DSS, clinics and VFU) have not been user friendly; showing discriminatory tendencies and treatment not the same as able bodied women in their pursuit of services. However, these have since shown positive changes over time.

According to baseline report (2015), “attitudes of service providers; particularly the DSS, clinics and VFU were reported to be discriminatory and not sensitive to people with disabilities when they seek services”. The inclusion of this issue in the assessment was aimed at determining the veracity of such sentiments and what has since happened since the project interventions. Beneficiaries themselves (survivors and non survivors) were best placed to respond to questions on attitudes of service providers.

The findings show all 41GWWD survivors of GBV and other forms of VAW interviewed confirming that prior to project commencement these service providers exhibited such negative attitudes. Some believed that this emanated from communication barriers between them and service providers. Non-survivor beneficiary discussants in all data collection sites expressed a similar view. “There were many cases of sexual abuse of girls and women with disabilities and the police did not take the cases seriously or did not follow them up fully”, said a non-survivor project beneficiary. The whole point of training these service providers was a response to such sentiments about their attitudes. Thus, focus on this strategic pillar was consistent with the expressed needs of beneficiaries.

Have these attitudes changed? Indeed they have as “police are more co-operative since the project began and are more willing to investigate cases fully”, said a non-survivor beneficiary. One way to assess the change was to find out the post-project status of accessibility and service provision (as proxy measures of attitudes) covering some key service providers (police, hospitals, courts and social services). Figure 4 shows percentages of survivors responding on each issue by service institution.



Whereas the police, hospitals/clinics and courts were highly rated on accessibility and service provision, concerns appear to persist around the Department of Social (Welfare) Services on both accessibility (20%) and provision of services (27%). That the project came with a specific pillar focussing on training service institutions to embrace more favourable attitudes makes this activity relevant to the expressed needs of beneficiaries. The respondents felt though that some barriers still persisted and needed more time to be reduced further. These include fear of victimisation and discrimination and fear of communication, especially because proficiency in sign language was still an issue in these service institutions.

GWWD have been facing legal bottlenecks that impedes access to justice after experiencing violence. These came in the form of inadequate sign language and intellectual impairment specialists required to assist victims put their evidence across at police and in court.

Post-violence access to justice has been characterised by a number of barriers, including those related to communication. To minimise the chances of victims being taken advantage of due to their limited ability to communicate, all the five interviewed regional magistrates confirmed the necessity of translation services, particularly sign language and for those with intellectual impairments during court processes. According to the regional magistrates, sign language was not common to most court officials and, invariably, the reliance on external experts often delayed cases due to their unavailability. According to ratings by survivors, only provision of transport to and from court (71%) was rated ahead of sign language interpretation (22%) as a critical service in

mitigating access barriers to post-violence justice by GWWD. One court interpreter confirmed that GWWD with hearing impairments were not able to communicate their views effectively without interpreters. "They found it difficult to relate or report in court what had happened to them. There were too few interpreters to meet demand of cases". Meanwhile, "parents and caregivers, who could understand the communication, were not considered credible witnesses because they were an interested party", said one magistrate. In the absence of such translations and interpretations, cases would have to be postponed until such experts were available.

While the courts were unable to provide statistics on the number of postponements, each of the five regional magistrates interviewed confirmed that they have, indeed, had make some postponements on cases due to communication challenges. This, often resulted in a "justice delayed is justice denied" situation and coupled with all the inconveniences that would go with additional expenses and time spent coming to court again to attend a re-arranged trial. This was a general concern across all stakeholder groups. By facilitating and availing such expertise, albeit with constraints, this project strategy and its accompanying activities resonated well with the needs of beneficiaries.

Due to its perceived importance, various stakeholders expressed views on the need to improve facilitation of interpretation services. A Ministry of Health official said, "We still need LCDZ's support as there is no one to interpret at hospital level (no services which have to do with the disabled are set on the ground). Accordingly, exposure to basic sign languages is needed for the relevant departments". The Bindura secretary of the National Council for Disabled People of Zimbabwe (NCDPZ) argued for the need for sign language to be emphasised in the school curriculum and for the language to be spread to the community so that there will be better communication between the Deaf and the general community.

Provision of psychological support for victims has proved beneficial to those that need it but demand for the services exceeds supply. This strategic area of support remains relevant going forward.

The findings of this evaluation show different respondent categories: implementers, stakeholders and beneficiaries, providing confirmation that the project strategy and activities implemented were relevant in responding to the needs of girls and women with disabilities. For example, one key informant had this to say: "project activities were relevant because, previously, girls and women with disabilities were kept locked up, not knowing that they have a right to be included in different activities and can have their

own survival skills"(key informant - Bindura district). Another key informant also said: "People (GWWD) were unaware of forms of abuse so sometimes they were abused and regarded it as normal life situations ... LCDZ's intervention was an eye-opener" (Key informant - Gwanda district). With specific reference to legal bottlenecks, a key informant in Chikomba said: "GBV against GWWD was very common and there was little chance of justice. A common problem was failure of police officers to understand or interpret sign language when victims come to report. As a result few cases were effectively prosecuted".

In-depth interviews with survivors spoke of the match between strategies used, activities undertaken and the needs identified at the beginning of the project with 98% expressing awareness of the project and its purpose, 100% indicating it was necessary, 93% indicating it was a good response to deal with problems of physical and sexual abuse and 85% expressing that it was dealing with the problem of failure to access justice.

Meanwhile, all five regional magistrates interviewed expressed the view that the problem of VAW needed a project like **Access to Justice for Girls and Women with Disabilities** in order to address the full breadth of issues, a view shared by all the seven interviewed prosecutors and 17 VFU officers. Collectively, they saw continuation of the project as vital so that more and more GWWD can benefit from the intervention.

Conclusions:

1. Given the widespread occurrence of violence against women and girls with disabilities and apparent failure of existing legislative and policy efforts to address the problem, the project **Access to Justice for Girls and Women with Disabilities** was clearly identified, by all respondents across categories, as a needy area of intervention especially in the context of access to justice. Of greater importance was the perceived relevance of the project's strategy of tackling the main obstacles to access to justice (inadequate logistical support, poor attitudes of service providers, lack of GWWD and community empowerment and lack of government and other stakeholder support to GWWD). All 41 survivors, the lead Ministry (Women and Youth Affairs) and all Magistrates agreed on the complementary efforts of the project to existing government and other stakeholders' in addressing VAW and minimise these barriers.
2. Within the limits of the resources at its disposal, the project has been able to provide transport money and other logistical support, empowered GWWD including survivors

and their caregivers (through awareness and training) to be proactive in preventing VAW and in managing cases, capacitated the police and judiciary system and DPOs to embrace the needs of GWWD. Thus the project has made headway in addressing the needs of girls and women with disabilities in the communities where it was implemented.

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

The problem of GBV against women in general and against women and girls with disabilities in particular has not gone away. There is need to continue project interventions to ensure that the momentum gathered so far does not go to waste.

Girls and women with disabilities and other stakeholder respondents in this evaluation acknowledged the considerable headway that the project has made in contributing to prevention of VAW among GWWD, justice delivery for survivor GWWD as well as enhancing their participation in the processes. Overall, 63 per cent of GWWD interviewed reported that were now taking self-protection measures like staying in the company of trusted relatives and avoiding late night duties and 56 per cent expressed their belief that their communities had stepped up efforts to protect them against abuse. These were attributed to be the results of increased awareness on VAW among GWWD, caregivers and community leaders. In particular: (a) 96 per cent of case received proceeding to court (in the last 6 months preceding the evaluation); (b) there was increased awareness and more involvement of GWWD by community structures such as CPCs, CCWs and CBOs; (c) the justice institutions felt that the project enhanced their capacity and (d) DPOs, mainstream women's NGOs and government ministries/departments are gradually taking actions to mainstream GWWD related activities in their programmes, policies and procedures.

In spite of these achievements, feelings were expressed to the effect that the issues that the project was targeting still persisted. As measured by expressed levels of confidence concerning their safety from perpetrators, 54 per cent of GWWD survivors still felt 'unsafe' in their communities and 52 per cent 'unsafe' in their households. In addition, 58 per cent of the interviewed GWWDs expressed concern over delays in completion of cases and felt exposed and more vulnerable to victimization by the accused or his relatives and friends. In the interest of ensuring that the momentum already seen does not go to waste, coupled with the dearth of similar interventions in this important area of work, the results achieved so far remain relevant to the needs of women and girls with disabilities.

Though some achievement has been noted, logistical support continues to be the one pillar of greatest need. The support needs to continue in order to ensure survivors access courts and related services.

There is no doubt that lack of resources and logistical means (especially money for transport, food and accommodation for survivors and caregivers when going for psychiatric and medical examination and to visit courts to attend trials) have, hitherto, been major obstacles in getting access to justice for survivors of gender based violence. This project has made its contribution in facilitating these processes with 82 per cent of the targeted beneficiary GWWDs getting practical assistance including logistical support. The need for continued logistical and related support services remains high. This will allow beneficiaries' meaningful and continued participation in the justice processes. For survivors whose cases were completed with the support of the project they have managed to get legal relief which is expected to boost their post-violence psychological wellbeing even after the project. Thus, the achieved results continue to be relevant to the needs of women and girls with disabilities.

The project prevention side (via public awareness activities) needs both continuation and strengthening (deepening issues in areas already reached) but also extending to new areas so that more communities are reached.

As communities and other stakeholders testified, awareness raising has been done around violence against girls and women with disabilities. However, the respondents noted that the reach was limited compared to desired coverage, even in the same communities in which the project was running. The extent of awareness achievement, as measured by 'average to above average coverage' ratings of 46 per cent for caregivers, 71 per cent for communities and 73 per cent for community leaders, shows that in the opinion of interviewed GWWDs, much remained to be done. Besides spreading to more people in these communities, extending to other communities as well as deepening the content to cover new trends and legislative provisions is necessary. Sharing of experiences among GWWD and caregivers may also help to deepen insights. This further work may help to change both cultural and other practices associated with perpetuation of VAW in the project districts and beyond. The evaluators are of the opinion that awareness and education pillar of the project/intervention and the results it has achieved so far remains relevant and requires a further chance to heighten impact.

Further strengthening of the capacity of service providers and other stakeholders is needed. This should embrace training in specialised areas such as communication with victims (especially sign language and understanding those with mental disabilities).

The police, magistrates, court interpreters, prosecutors and health professionals fall into this category of service providers and stakeholders referred to in the text box above, together with caregivers and other community groups. It was noted that a lot has been achieved by the project through trainings and sensitizations. Comments to the effect that the justice delivery system was a lot friendlier have been given with high accessibility and service ratings by GWWD: police (100% and 95%) and courts (81% and 71%) respectively (also see figure 4). However, with persistent movements by police officers through transfers as well as cases getting more and more complex, the need for training and re-training is recommended. This will build on what has been achieved already and aim for greater heights of excellence. Thus, this component remains relevant. The results achieved so far remain relevant to needs of women and girls with disabilities and the justice system itself.

GBV survivors require further support in dealing with psychological consequences (trauma) from the violence and of experiences during court sessions and accessing related services.

Studies have noted that psychosocial support is often not accorded the attention it deserves because people cannot see the 'emotional scars' suffered by those affected.¹¹ Recognising the need for psychological healing the project under evaluation made provisions for counselling of survivors GWWD to assist and help them accept and appreciate who they are and the situations they had gone through and to take charge of their future. According to Bulawayo Contact, an organisation that helps provide counselling and other psychosocial support where the project referred some of its beneficiaries for professional counselling services, counselling helps to address timidity and low self-esteem as well as offer psycho-social support.

Based on testimonies by stakeholders, including GWWD, counselling support has been availed to GBV survivors, mostly by NGO partners. This has seen those who received counselling support, rehabilitating and contributing in many ways to prevention of further GBV. Relative to the demand, that support has been reportedly limited and any efforts to have it continue is applauded. Psychosocial support remains key in the fight against GBV and in the healing process for survivors. Therefore, its provision remains relevant and the situation even calls for greater diversification of interventions to embrace more

¹¹ <https://www.universalclass.com/articles/psychology/how-to-heal-your-emotional-scars.htm>

“healing” activities. Psychosocial support including counselling remains relevant to the needs of women and girls with disabilities especially survivors.

Conclusions:

1. While all the good progress made by the project is acknowledged, more needed to be done to achieve more. For example, efforts could be directed at preventing delays in concluding cases as said by 58% of survivors. Delays in case completion creates a situation in which survivors' safety from further harm by perpetrators is compromised; due to this reason a good number of survivor GWWD interviewed (54%) reported feeling unsafe in their communities and 52% unsafe in their households. In terms of awareness creation in communities, although much has been covered there was a general sentiment that it could stretch to cover more people in already targeted communities as well as new communities.
2. Specialised training (sign language) was provided at a basic level and thus left confidence gaps in terms of its use within the police and judiciary circles. Besides, the more invisible elements such as psychosocial support require prioritisation in order to deal with potentially damaging 'emotional scars' arising from trauma experienced by GWWD through violence and in navigating the justice delivery system.

8.2 Efficiency

Evaluation Question 1: How efficiently and timely has this project been implemented and managed in accordance with the Project Document?

Efficiency findings came from discussions with LCDZ national office staff and provincial project coordinating structures, to which some of the project funds were disbursed. They were also based on scrutiny of relevant documents and reports. Management of available resources (including logistical issues), training activities and relationships with other stakeholders were core elements considered.

Apart from minor variations, occasioned by delayed disbursements, the project was implemented efficiently, with the bulk of the activities being completed within time and in accordance with the plans.

According to Leonard Cheshire Disability Zimbabwe Finance and Administration team, project financial disbursements from the UN Trust Funds, overall, flowed in accordance with the agreement. This ensured that activities were not unduly interrupted. However, in the face of one or two disbursement glitches, such as encountered during 2017, these were more than made up for through pre-financing arrangements that LCDZ reimbursed once the funds hit its account. However, this arrangement had its limitations such that

some project activities were to be postponed or delayed especially during the first half of 2017.

At community level, there often arose emergency situations that called for urgent need for resources to be made available to support victim's travel for urgent medical examination or court appearance. LCDZ authorised such funds to be mobilised from local resources for later reimbursement by LCDZ. "What was important was uninterrupted service delivery, hence stakeholder involvement", said a DPO Key Informant. Ninety per cent (90%) of survivor beneficiaries confirmed that once assistance commenced, there was a smooth flow of activities.

The project was delivered cost effectively manner due to astute management decisions

Although a technical cost-effectiveness analysis was not undertaken, delivery of the activities is considered cost-effective due to management decisions taken. A conversation with LCDZ management team, coupled with a brief analysis of financial statements showed that the project management team saw and took advantage of leveraging opportunities such as joint planning and execution of activities such as training and other field work activities as well as transport sharing arrangements with other stakeholders. Mobilisation and use of expert volunteer services also contributed to significant savings while delivering quality services. "Complementing each other within the civic organization resulted in the effective delivery of the objectives of the project", a CSO, Key Informant said.

A project management structure developed on the principles of delegation and shared responsibilities augured well for smooth delivery of activities

LCDZ national office coordinated implementation through Provincial Coordination partners featuring Nzeve Deaf Children's Centre, Margaretha Hugo (Copota) Schools and Workshops for the Blind, Jairos Jiri Naran Centre and ZIMCARE Sibantubanye Special School. At district level, the Ministry of Women and Youth Affairs was the coordinator of all activities while community structures ensured the cascading of information and other resources to the beneficiaries. However, while this appears to have worked well, concerns were raised that lack of 'local' presence of LCDZ at times led to inefficiencies because response to emergencies was not always timely. Nevertheless, according to provincial coordinating partners and government ministry departments, the coordination and partnership elements, featuring a multi-sectoral model employed by the project

functioned well. It not only ensured availability of complementary skills but also guaranteed checks and balances.

There was reliance on good and complementary relations and networks that also manifested in managing referrals for specialised services during the case management processes. Thus, there was joint participation in most essential project activities that enabled efficient management, implementation and monitoring to guarantee checks and balances. However, it is the considered view of this evaluation that the area of monitoring could be strengthened, especially joint monitoring and utilisation of data to improve on further activities. In this backdrop LCDZ may wish to consider a physical decentralised approach in which some core staff are placed at district level which will further enhance efficiency. At the community level, the formation and existence of functional support groups gave the project traction as this helped not only to support affected GWWD but also to give project feedback on a regular basis.

Conclusions:

1. Based on the perusal of project documents and discussions with the LCDZ management team, the project has been implemented and achieved its results in accordance with the original timeframes, work plan and budget. A few instances of disbursement delays were more than taken care of through pre-financing activities. GWWD survivors (90%) confirmed that, in their view, they never experience any 'jerks' but smooth flow of activities once started. A former employee with the project also added, because budgets were allocated on an annual basis, this was a successful control measure to ensure it was targeting activities set for that year".
2. Delivery of the project relied on effective coordination of different expert organisations, disability expert service providers (most of whom were volunteers), high level of staff commitment and community level volunteers who saw to the design, management, implementation and monitoring of the project. There was confirmation from Management team that apart from their normal duties that entailed receiving and acting on reports, even the police also performed an influential role in identifying those in need of financial support for medical examinations as well as psychiatric assessments- coordination with the residents of the project areas.
3. However, there are times when it was felt that LCDZ presence on the ground would have provided greater traction than was currently the case with staff operating from cities of Harare, Bulawayo, Mutare, Gweru and Masvingo. For example, "the project

was implemented by LCDZ from Harare with occasional travel to project areas. Even though VFU members and CCWs with cash would assist the victims and get their reimbursements from LCDZ, it was not always possible because of cash shortages ... delays would have been avoided if they had a presence on the ground" (CCW key informant).

4. Specific reference on efficiency is made to the leveraging of resources and opportunities that arose in the environment where joint awareness raising campaigns/activities and other workshops as well as training was undertaken, resulting in cost-savings, without compromising on quality.

8.3 Effectiveness

The project sought to accomplish one (1) goal, four (4) outcomes and eight (8) outputs through 22 different project activities which were implemented in the 3-year period. The effectiveness section of the findings focuses on ascertaining and analysing the extent to which the project achieved its set goal, outcomes and outputs. It also highlights the progress of the project in: reaching the targeted beneficiaries, generating positive changes in the lives of beneficiaries, dealing with factors affecting progress, and influencing policy shift. The bulk of the information is from reviewed project progress reports, supported by views of stakeholders interviewed during data collection for the final evaluation.

8.3.1 Achievement of project goal, outcomes and outputs.

Evaluation Question 1: To what extent was the intended project goal, outcomes and outputs achieved and how?

a. Project goal level

Project Goal: Women and girls with disabilities in Zimbabwe have improved safety from sexual violence and other forms of gender based violence and are increasingly participating in the justice process on equal terms with others when their rights are violated

Indicator 1: Perspectives of women and girls with disabilities and caregivers concerning the safety of GWWD from violence and accessibility of the justice system in the country

Overall, 85% of interviewed GWWD felt that the project was very helpful in making GWWD, caregivers and communities members knowledgeable about GBV and violence against GWWD. However, over 50% of them were not yet confident about their safety both in the community and in their households.

When asked whether they felt safe and protected from violence in their **community**, only 19 of the 41 interviewed GWWD (46%) expressed confidence with their safety, while the rest felt unsafe. Similarly, only 48% of the respondents felt safe in their **households**, while the rest felt unsafe. Although they were happy about the knowledge imparted to them and other community members about GBV, they felt it was too early to confidently say they are now safe because behaviour change of perpetrators may take time. Further probing of interviewed GWWD and caregivers showed that the GWWD who felt unsafe believed that more needed to be done in helping household and community members to respect their rights, care for GWWD and protect them from violence. Some felt unsafe because they could see signs of negligence by household members (like leaving them alone at home) while others still see previous perpetrators roaming freely and sometimes boasting in the community due to inconclusive completion of cases. According to the GWWD, the mere presence of perpetrators in the community threatens them despite their enhanced knowledge of rights, reporting procedures and protection measures. This means that more needed to be done to assure GWWD of their safety and protection in their households and community.

At least 70% of GWWD interviewed felt that justice institutions (Police VFU and Courts), and health institutions (clinics/hospitals), were more accessible than local structures (relatives, local leaders and CBOs).

Concerning accessibility of the justice system, 95.1% of interviewed GWWD indicated that police VFU unit and health institutions were easily accessible and very useful. In addition, 70.7% indicated that courts were also easily accessible. This confirms the effectiveness of one of the key project activities – practical support to GWWD which financed travel and subsistence costs associated with reporting, medical evaluations and attending court sessions. This, also shows some positive attitude change towards GWWD among services providers which can be partly attributed to disability sensitization efforts by the project. On the other hand, only a few respondents (less than 25%) believed that local structures like relatives, teachers, Child Protection Committees (CPCs), local leaders and community based organizations were accessible. Although these were locally available, the accessibility mostly pertained to responsiveness and meeting the emotional needs of GWWD than only physical access. Although police VFU, courts and hospital were far in terms of distance in most cases their responsiveness was appreciated. The distance challenge was bridged by the assistance from the project therefore aided in the responsiveness of these justice actors. The respondents revealed that ordinarily, the major

access to justice barriers included: long distances to police stations and courts (over 30km in most cases); limited buses in rural areas for transport; lack of finance for bus fare; poor communication network; lack of contact details for police stations; and lack of finance for making calls. The project made these irrelevant during its life by linking police stations to the communities; sharing contact details for police stations; providing funds for bus fare or hiring vehicles to carry victims to report, attend court sessions or seek medical attention or related services like psychiatric evaluation. As a result, major access barriers that remained during the life of the project were related to fear of victimization, discrimination and communication challenges especially among the local structures and delayed case completion which was beyond the project's control. Responses gathered through FGDs further revealed that in some cases local structures were accused of negotiating to settle matters at community level to protect their community image or the perpetrators especially if they are relatives or high status figures, therefore seen as less helpful than police and courts. The smooth access to services that was noted at police, courts and health centres during the project life was mainly due to logistical and other practical assistance provided by the project to survivor-GWWD and their caregivers. This positive development however created a sustainability time-bomb as there are no clear/immediate plans by government, local communities and other stakeholders to take up this kind of support to GWWD. The foregoing means the targeted beneficiaries may not be able to meet the logistical cost of accessing justice after the project. This means that after the project, the top barriers are most likely to come back and accessibility to the whole system is thrown into doubt.

Indicator 2: Percentage of GWWD interviewed who feel empowered to claim their rights

At least 93% of interviewed GWWD felt empowered with knowledge of their rights and understanding of what GBV/VAW constitutes and the steps they need to take. They felt that this empowerment enables them to claim their rights.

Overall, most GWWD felt highly empowered to claim their rights. Empowerment was measured by the level of knowledge of rights, violation of rights, and the steps to take to seek justice. A total of 93% of the interviewed GWWD expressed knowledge of their rights and the same proportion confirmed that they understood GBV/VAW as involving violation of the rights of women and girls. They went on to assess what constituted gender-based violence and the results are summarized in the table below:

Table 7: Acts which constitute VAW/GBV identified by GWWD

Act	Considered VAW/GBV	
	No. (N=41)	Percentage
Sexual abuse (e.g. Rape)	41	100
Forced marriages	40	98
Beating of a wife by her husband	39	95
Sexual exploitation (taking advantage of lower status)	39	95
Denying a female child food	37	90
Denying a girl the right to education	37	90
A male relative beating a girl child	37	90
Physical Assault	37	90
Sexual harassment (unwanted sexual advances/ acts)	37	90
Verbal abuse	36	88

All the acts listed in the table were generally considered to be violation of the rights of women and girls particularly acts of sexual nature (all confirmed by over 95% of respondents). The judgement of these acts as violation of their rights is based on acquired knowledge on what VAW/GBV involves – which the project dwelt on through trainings, awareness meetings and campaigns. However, when asked what forms of abuses they would NOT report, GWWD mostly pointed out corporal punishment (39%) and physical abuse (12%). For corporal punishment, respondents noted that this is an acceptable disciplinary measure in households and schools so reporting would be a waste of time. For physical abuse, respondents noted that they have reported before and the perpetrators are never given any punishments hence it is not taken as a serious crime. These revelations point to limited knowledge of the full breath of GBV issues as the project focused more on sexual violations informed by the situations in the communities. This however does not mean that other forms of violation are not important, but GWWD needed more education on their legal steps and repercussions like what happened with sexual violations. Although there was generally a significant level of empowerment of GWWD and communities on VAW/GBV with a special bias towards sexual violations, there is however need for more information on other forms of violations of women's rights to raise their profiles and awareness among GWWD especially in rural communities.

Indicator 3: Percentage of GWWD survivors of violence reached by the project reporting improved well-being after accessing/participating in post violence justice process.

According the project reports, 74% of the reached survivors reported improved well-being after participating in the justice process.

A review of project records revealed that a total of 546 out of the 738 reached GWWD confirmed that their lives and well-being had improved after participating in the justice process. They were particularly happy that they had received valuable information from the project and had finally got a chance to be heard and the perpetrators had been exposed and arrested. GWWD appreciated the project for the empowerment and practical assistance but were not confident about improved well-being as most cases were either pending or unsatisfactorily completed or they do not know how the cases progressed. However, while GWWD appreciated training, information and logistical support, as contributing towards their access to justice and enhanced welfare, having cases pending before the courts, and living in the same community with the accused perpetrators threatens their safety. Up to 58% of interviewed GWWD actually expressed concern over the delays in completion of cases as they felt exposed and more vulnerable to victimization by the accused or his relatives and friends. An additional 15% noted that they were not aware of the status of their cases. This pointed to weaknesses in follow up and feedback to victims on reported cases and cases before the courts. In conclusion, while the project did well to make sure that cases are identified, reported and brought to court, the follow up and feedback to victims needed to be strengthened in order to have significant impact on the welfare of GWWD survivors beyond court processes.

b. Outcome level achievements

Outcome 1: Enhanced access to justice for disabled girls and women survivors of sexual violence and other forms of gender based violence across the country

Indicator 1.1: *Percentage of GWWD survivors of gender based violence who received practical assistance to access justice and survivor friendly services against the target of 900 survivors*

A total of 738 (82% of the target of 900) GWWD survivors of GBV received practical assistance and disability expert support services which enhanced their access to justice.

Practical assistance was in the form of financial support for transport fares (reporting, medical assessments, psychiatric assessment and attending court sessions); subsistence allowances; accommodation and medical fees. According to interviewed GWWD, the financial support motivated them and other victims in remote areas to report cases as well as assisting them to get medical or psychiatric reports which are requirements in court. They also further noted that it assisted victims to attend court sessions where their cases were heard. According to the police and court officials interviewed, this cleared a huge backlog of pending cases which were waiting for medical or psychiatric reports as

well as identifying and dealing with new cases during the life of the project. Police in all districts made sure that all cases which awaited these assessments were attended to during the life of the project. Disability support services came in the form of provision of specialists at police stations and courts to assist in communication with girls and women who are Deaf and hearing/speech impaired, visually impaired and with those mentally challenged. Specialists in sign language, visual and mental disabilities assisted with interpretations and handling to enable fair hearing of the cases involving GWWD. This also helped to clear a backlog of cases which were pending due to communication breakdown. The courts also made sure that the cases involving these special needs were attended to in the presence of the support specialists. Overall, the support improved access to justice and related services and opened the doors of the police, health institutions and courts wider for GWWD survivors who previously faced limited access due to logistical, and communication challenges in reporting and pursuing their cases as elaborated earlier.

Indicator 1.2: *Number of cases of GWWD who are survivors of violence that were received at pre-trial stage that proceeded to court in the past 6 months. {Target was 150 every 6 months for 36 months (900)}*

Out of the 738 cases received by the project, 664 (90%) proceeded to trial stage in courts, and 600 (81%) were assisted to access medical assessments. However, 73% of interviewed GWWD still had cases pending in the courts.

A review of project records and reports showed that a total of 664 cases proceeded from reporting to trial stage with the assistance of the project. This represented 90% of the 738 received cases, a proportion highly commended by GWWD and justice institutions. In addition, 81% of the received cases were assisted to access medical and psychiatric assessments required by the courts. However, statistics for fully completed cases were not available although the general feeling among GWWD and caregivers was that most of the cases were still pending. For instance, 73% of interviewed GWWD still had cases pending in the courts – signalling that the trial to post-trial process was not yet completed for most of the cases.

Indicator 1.3: *Perspectives of GWWD survivors reached by the project on received services and on their experiences with police and courts*

GWWD view the service of justice institutions (police and courts) as Fairly Good despite concerns over delayed investigations, arrests of suspects and completion of cases.

On average, 45% of GWWD viewed the service of police and courts as good (54% police and 37% courts) while 37% view their services as Fair (39% police and 34% courts). It was

clear that GWWD rated police's service higher than courts. According to the interviewed GWWD, they interacted more with the police than courts and there were cases where police do all their work only to be delayed at the courts. Despite the fair rating of police, interviewed GWWD complained about delayed investigations and arrests of perpetrators in some cases thereby delaying justice.

Table 8: Justice Institutions service rating:

	Percentage (%) of respondents giving the response				Total
Justice institution	Good	Fair	Poor	Don't	
Police	54	39	7	0	100
Courts	37	34	22	7	100
Women's organisations	20	22	17	41	100
DSS/DCPWS	12	29	22	37	100

While there is some fair rating of these institutions during the life of the project which provided financial and training support, the ability to maintain or improve this service level after the project is questionable due to chronic resource shortages within Police and all other justice delivery institutions.

Outcome 2: GWWD, Caregivers, community leadership and community based organizations (CBOs) in 8 selected Districts are increasingly proactive to prevent and respond to occurrences of violence against GWWD

Indicator 2.1: Percentage of sensitized GWWD, caregivers and community leaders reporting taking action to prevent violence against GWWD and in support of GWWD who are survivors of violence by type of action

Over 63% of GWWD are taking self-protection measures and 46% believe the community is taking measures to protect them against GBV.

Generally, GWWD, caregivers and community leaders have stepped up efforts to prevent and respond to violence against GWWD. From the sensitization done by the project, over 63% of interviewed GWWD noted that they are taking self-protection measures like staying in the company of trusted relatives and avoiding late night duties. Forty-six per cent (46%) of the interviewed GWWD also believed the community was making efforts to protect GWWD against abuse. Over half of the GWWD were not convinced with community efforts because most abuses come from the same communities they live in. Further probing showed that over 66% of interviewed GWWD believed it is the role of their parents, guardians and caregivers to protect them against

abuse. The same have noted and commended efforts from these duty bearers like making sure that they have reliable company as well as encouraging GWWD to report any suspicious behaviour by men and to get more involved in community activities to remind all leaders to speak and act against violence directed at GWWD. Teachers (especially female) were also considered key defenders of GWWD rights through giving information on GBV although this was still limited on the ground. While some efforts were confirmed as being taken by GWWD and the community, there was little difference between activities undertaken by these groups at baseline in 2015 (encouraging GWWD to report abuse, avoiding living GWWD alone or with strangers) and steps taken now. More work is therefore necessary to enhance the efforts made at household and community level to protect girls and women since these are also the two places where most abuses occur.

Indicator 2.2: *Perspectives of caregivers, community leaders, representatives of CBOs and CPCs on disability issues and vulnerability of girls and women with disabilities to gender based violence*

Community leaders, CBOs, CCWs, CPCs and caregivers believe that they now know GWWD's rights, violence against GWWD, child abuse, general VAW/GBV as well as cultural and religious beliefs which promote VAW/GBV. They however viewed trainings and awareness campaigns on these issues as limited.

From all the FGDs and Key informant interviews conducted, representatives of community leaders, CBOs, CCWs, CPCs and caregivers expressed basic knowledge of GWWD's rights, violence against GWWD, child abuse and general GBV. They also showed knowledge of some cultural practices which promote GBV (like early or forced marriages) and strongly condemned such practices. They however expressed concern over the limited number of trainings and awareness campaigns. According to the community representatives, better provision of information, educational and communication (IEC) materials could further enhance their understanding. They particularly highlighted that community capacitation on providing practical assistance to abused women and girls was limited as the project took up the role itself. While communities appreciated awareness on GBV and formation of support groups by the project, they felt that they needed more on empowerment to provide the practical support which the project was offering. Empowerment examples suggested included income generating projects and comprehensive more training of local-based people on disability specialist areas like sign language interpretation.

Indicator 2.3: *Number of CBOs and Child Protection Committees that are involving GWWD in their programmes in the 8 project districts and ways in which they are involving them.*

Eight (8) CBOs and 32 CPUs confirmed involving GWWD in their programs through awareness campaigns as well as incorporating their representatives in their programs and activities like meetings, trainings and national events.

All Interviewed CBOs and CPCs were clear on the need and zeal to involve GWWD in their programs but fell short on resources to bring them to meetings and to provide sign language translation services. Implementation reports show that 8 CBOs and 32 CPCs confirmed that apart from spreading awareness messages, they always include people with disabilities including GWWD in their meetings, calendar events and other activities. In the FGDs conducted with representatives of CBOs and CPCs, they revealed that they send invitations to support groups in their communities when they have events which touch on rights, GBV, participation, health, education, nutrition and income-generating initiatives. They also encourage GWWD to actively participate despite their condition. In CPCs, there was now a slot for GWWD in addition to children's representative (for example in Bikita and Hwange). At community level, CPCs however noted that there is a critical shortage of sign language specialists, braille specialists and assistive devices such as wheelchairs for people with physical disabilities. These challenges limit the full involvement of GWWD but CBOs and CPCs believed that the attitudes towards involvement of GWWD has significantly taken a positive shift.

Outcome 3: Police, Public Prosecutors and Judiciary are more supportive to women and girls with disabilities who seek post-violence justice

Indicator 3.1: Perspectives of Police, Magistrates, Public Prosecutors and Interpreters on access to justice by disabled girls and women survivors of violence

All justice delivery institutions (ZRP, JSC and NPA) acknowledged the difficulties they faced in dealing with cases involving people with disabilities in general, and viewed the project as a catalyst to the justice delivery process for GWWD.

The justice institutions confirmed that they did not have disability specialists, the resources to hire specialists and the finance to assist victims with transport and medical assessments – which made it difficult to handle cases of GWWD. According to the institutions, the project addressed major bottlenecks in the justice delivery process while at the same time, facilitating access to justice for GWWD. Interviews with police, magistrates, prosecutors and interpreters in all districts concurred that they were the biggest institutional beneficiaries of the project as it helped to clear a backlog of court cases

involving GWWD which accumulated due to resources and communication challenges as well as absence of psychiatric and medical reports. The project facilitated these through availing logistical support (transport and subsistence), psychiatric assessments and sign language interpreters. Apart from clearing the backlog, police, magistrates and prosecutors also confirmed that the project facilitated timely identification of new or previously unreported cases and brought them to the justice system. VFU and judiciary officers were also capacitated through sensitization trainings on GBV, disability, how to handle GBV cases involving GWWD and on basic sign language.

In the view of the justice institutions, this support and capacity building made the justice delivery institutions more efficient in handling GBV cases and more responsive to the needs of GWWD. It changed the perceptions and attitudes of the officers in these institutions concerning disability, violence against girls and women as well as building the capacity of the justice system on disability issues. This improved operational efficiency, improved the coordination between police, hospitals and courts, and restored the confidence of the public in the justice system. After achieving so much, the justice delivery officers were worried about the sustainability of these outcomes as cases had already begun to accumulate from December 2017. This is an indication that justice delivery institutions are not yet able to effectively deal with cases of GWWD without external support.

Indicator 3.2: *Percentage of cases of violence against GWWD received in the last 6 months attended to by Police, Prosecutors and Judiciary according to guiding principles prescribed by law and the Protocol on Multi-sectorial Management of Sexual Abuse and Violence in Zimbabwe.*

90% of the cases reached by the project proceeded to the trial stage in courts and victims were happy that perpetrators were exposed and arrested. However, only 27% of GWWD interviewed confirmed that their cases had been fully completed.

Although the justice delivery system was quick to bring cases to the system and ensuring the safety of the victims, completion of cases took longer than expected. For instance, out of the 738 cases received, 668 (90%) proceeded to the trial stage in the courts and the survivors were happy with that the perpetrators had been brought to the courts. However, although statistics were not readily available, respondents from the justice institutions noted that most of the cases were still pending finalization by the end of the project. According to police, this was due to resource limitations in the system and the need to meticulously verify evidence for and against the accused given the sensitivity and consequences of the cases involved. Investigations take longer than expected due

to resources constraints in the police especially transport and financial limitations to reach witnesses. Although they were happy about bringing cases to the courts, GWWD and caregivers in all districts complained about the time it took to complete cases as some of the perpetrators were still in the same communities after being reported (all caregivers expected cases brought to court to be finalised within two weeks so that they do not continue to be called on to the courts). In addition, only 11 out of the 41 GWWD (27%) confirmed that their cases had fully finalised at the time of evaluation. This shows that while project did very well in the pre-trial phase especially in raising awareness, helping in identification of cases, facilitating reporting of cases, assisting in pursuing cases in courts, and securing medical and psychiatric reports, the trial and post-trial phases had some challenges. The trial and post-trial phases had other challenges beyond the scope and control of the project especially with regards to conducting further investigations, bringing more witnesses, influencing bail conditions, bringing suspects on bail back to court as well as managing relations between the victims and the suspects living in the same community. These mostly depended on the capacity of the police and national prosecuting authority who are facing critical resource shortages.

Outcome 4: Organizations (including DPOs, mainstream women's NGOs and government ministries/departments) are increasingly incorporating the needs of GWWD into their policies and guiding principles

Indicator 4.1: *Percentage of sensitized DPOs with Child Protection and Gender Sensitive Policies in place that have explicit language about the needs of GWWD and how those needs will be addressed*

According to project reports, 31% of sensitized DPOs have *Child Protection and Gender Sensitive Policies in place*

Project implementation reports reviewed show that the project managed to reach 201 individuals in 35 DPOs against a target of 70 individuals from 35 organizations. The target for individual was therefore almost trebled. Out of the 35 reached DPOs, 11 (31%) have child protection and gender sensitive policies. These are Jairos Jiri Bulawayo Centre, ZIMCARE Sir Humphrey Gibbs, King George VI, National Council for Disabled Persons of Zimbabwe (NCDPZ), Zimbabwe National League of the Blind (ZNLB), Association of the Deaf (ASSOD), LCDZ, Zimcare Head Office, Henry Murray School for the Deaf, Nzeve Deaf Children's Centre and Margaret Hugo School and Workshop for the Blind (COPOTA). Although some DPOs were still in the process of incorporating specific needs of children and GWWD in their organizational policies, DPO generally expressed growing interest in

GWWD issues and willingness to embrace their needs and support would be victims to access justice and related services.

Indicator 4.2: *Perspectives of GWWD on relevant government and NGO programmes, policies and their guiding principles*

Over 80% of interviewed GWWD generally felt that there is encouraging support from government and NGO programs but more still needs to be done to incorporate needs of GWWD into programs and activities

Up to seven (7) Government bodies (police, National Prosecuting Authority, Judicial Services Commission, Ministry of Women and Youth Affairs, Department of Social Welfare, Ministry of Health and Child Care, Ministry of Local Government (District Councils) and Ministry of Justice, Legal and Parliamentary Affairs were considered on this indicator. All these departments are supporting GWWD although their efforts to implement disability-sensitive programs are limited by resource and skills constraints. Ministry of Women and Youth Affairs confirmed that it has already incorporated GWWD objectives in its policy and this is likely to influence many organizations under its supervision. Interviewed GWWD were able to identify all these organizations in addition to Childline and LCDZ as the organizations which focused on the rights of GWWD. However, the general belief among over 80% of the interviewed GWWD was that more NGO and government programs still needed to give more attention and effort in incorporating the needs of GWWD. They specifically highlighted the need for CSO and government to consult them in development of new programs so that they make their input in the design of programs especially related to communication, protection, provisions, facilities and other needs of GWWD. This would make programs more disability-sensitive and gender-sensitive and create a sense of ownership and being valued among GWWD.

Indicator 4.3: *Number of mainstream women's organizations and government ministries/departments that can demonstrate their support for the needs of women and girls with disabilities for protection from violence and access to justice*

Seven (7) government departments and seven (7) mainstream organizations were reached and they all demonstrated understanding and support for GWWD programs

All the seven (7) government departments reached by the project showed interest in promoting the rights of GWWD as evidenced by their participation in the access to justice project. The project directly reached seven (7) mainstream organisations for women and children against a target of 15 (Childline, Msasa, ZWALA, Women's Association Group, Adult Rape Clinic, Justice for Children and Legal Resources Foundation) but have also reached to more than 15 organizations through national project activities and the Victim

Friendly System (VFS) (at both national and regional levels). Among the reached mainstream women's organizations, only Women's Action Group (WAG) had implemented a specific project of GWWD in Gurube while the rest did not have specific work on GWWD. Nevertheless, all the above mentioned organizations have demonstrated support to the idea of including GWWD in their work. This is evidenced by their involvement in the access to justice project, particularly in the training of GWWD to understand their rights and the justice process. They have supported GWWD in access to justice despite that they still need capacity building on managing GWWD cases. Women organizations like Women Action Group, Msasa project and ZWLA are also mainstreaming GWWD issues by initiating and participating in, activities dealing with disability, GBV and justice.

c. Output level achievements

Output 1.1: Disabled girls and women survivors of violence are better cared for during the pre-trial, trial and post-trial periods)

A total of 738 GWWD were reached against a target of 900. The project targeted to reach 900 GWWD with practical assistance right through the stages of the justice delivery process. Records show that a total of 738 were reached at pre-trial stage. However not all these cases were seen through the trial and post-trial stages as some of the cases are still pending in the courts. The project achieved its main contribution by bring the cases from the pre-trial stage to the trial stage. Completion depends on many other factors in the justice delivery system which were beyond the control of the project. For instance, the project had no control over the amount of evidence required to prove a case, the cooperation of the accused, number of witnesses and the time taken by the prosecutors and magistrate to analyse a case. Therefore the courts may require more time to analyse or more information and this makes the trial process more protracted and beyond project scope.

Output 2.1: Girls and women with disabilities have increased knowledge of their rights on GBV issues

Of the interviewed GWWD, 93% know at least one right. GWWD attributed this knowledge to the training and awareness campaigns activities of the project. The most recognized rights were education, protection from abuse and to be heard. It is good that the right to protection was the second most recognized right. This enhances the likelihood of working towards safeguard the right. The recognition of education as the top right corresponds

with their education status as 63% of these were out of school mainly due to financial and health challenges (this is the case for about 65% of those out of school). Knowledge of specific laws protecting GWWD could not be ascertained due to high illiteracy levels among GWWD.

About 90 % of interviewed GWWD preferred reporting GBV to police rather than other stakeholders. This is a good sign that GWWD understand the seriousness of VAW/GBV and the need to put it through the justice system rather than community structures which may protect influential perpetrators. The awareness activities of the project might have contributed in sensitizing GWWD to know, protect and value their rights as well as seeking justice from the relevant places in the case of violation. Progress reports show that a total of 32 support groups of GWWD were formed across all districts and 30 of them were also visited in the last year of the project as follow up to check on their activities. Over 93% of the GWWD interviewed revealed that they were not aware of specific laws which protected them but knew their rights as well as what constituted violation of those rights.

Output 2.2: Community leadership, community members, CBOs and caregivers have greater awareness of the vulnerability of GWWD to GBV and are more actively supporting GWWD who are survivors of GBV

Progress reports show that a total of 35 community structures were reached and sensitized on GBV and violence against GWWD. All community leaders interviewed in this evaluation acknowledged that GWWD were indeed vulnerable to GBV but noted that communities have stepped up efforts to protect them. All the community leaders interacted with during interviews and / or in FGDs were fully behind taking abuse cases to the justice system rather than community settlements of cases. This was because community settlements are illegal and not victim friendly while the formal justice system is victim-friendly. Community arrangements protect the perpetrator and expose the victim to further abuse. While there are some community leaders who prefer community settlements to protect the image of the community, this was strongly condemned by others who reiterated that the law should not be selectively applied. All caregivers interviewed were clear about their role in the protection of GWWD. They highlighted that it was their role to make sure that GWWD stay safe and away from potential perpetrators, keeping GWWD occupied and avoiding leaving them alone or in the company of strangers or unreliable relatives. In Bikita, Hwange and Chikomba, caregivers noted that identity documents were key in ensuring access to justice. Therefore, they see it as their

duty to ensure that GWWD under their care have the necessary identity documents and have been working to ensure availability of all necessary documents. Community members who participated in FGDs across all districts condemned violence against people with disabilities and were very optimistic that if people unite, they can build a society which shuns violence against GWWD.

Output 2.3: Girls and women with disabilities and caregivers in targeted districts are more competent to communicate using formal sign language and are better able to support survivors of GBV who have hearing impairment

All interviewed GWWD and caregivers with hearing and speech impairments confidently responded to questions using sign language. However the evaluation team could not tell whether they were using formal or informal language due to lack of capacity in sign language but the research team relied on the interpretation given by caregivers. The project targeted 80 GWWD but the actual number could not be determined at the point of evaluation as it needed continuous assessment of the reached women and girls by the project. The sample of GWWD interviewed comprised 15 (37%) respondents with hearing and speech impairments, accompanied by 15 caregivers. In all these instances, sign language interpretation was involved. What was evident was that, as GWWD spoke through their caregivers, they understood the questions translated into sign language by their caregivers and the caregivers understood the responses, enabling them to translate to the evaluation team. It was confirmed that part of the sign language was from the basic training conducted by the project, which they felt needed to be both refreshed and advanced. There were also hearing and speech impaired participants who actively contributed in the FGDs using sign language and other participants from CPCs were able to interpret for the evaluation team. Records show that a total of 163 parents and caregivers were reached with sign language training to enable them to support Deaf girls and women facing GBV.

Output 3.1: Women and girls with hearing and or speech disabilities have greater access to legal and justice systems when they experience violence

Survivors with hearing and speech impairment were able to give statements to police and testify in court using sign language with the assistance of specialist sign language interpreters provided by the project. This was a sign of inclusiveness by the courts and empowerment of the GWWD which helped them to be heard in the justice system more than before. The project targeted 40 officers with sign language training i.e. 20 VFU Police and 20 court interpreters. Project reports showed that 43 VFU officers were trained on sign

language and received follow-up refresher sessions and 30 of them (67%) are now able to communicate using basic sign language. In addition, 71 GWWD (12 survivors and 59 non-survivors) and 6 community members (Village health workers and caregivers) were also trained and are also able to interpret basic sign language. The project could not train court interpreters due to bureaucracy within the JSC. The training on VFU officer, GWWD and community members helped survivor women and girls with hearing and speech disabilities to participate and testify better in their cases. VFU and court officers commended the project for capacitating them with basic sign language training to be able to record statements given in basic sign language. They however called for more refresher and higher level training sessions in order to be more helpful to the victims and to the justice system. They expressed concern over the completion of the project before it could produce specialists who can also provide services in courts within the justice delivery institutions. While the police have received sign language training, they all concurred that they were not yet at the level to confidently use sign language without assistance – they could only do basic interpretation. This therefore leaves a gap in effective sign language interpretation as the project closes.

Output 3.2: Police, Public Prosecutors and Judiciary have increased knowledge of disabilities; challenges faced by GWWD in accessing justice and conscientiously respond to acts of violence against girls and women with disabilities

The project reached 223 judicial officers (223%) and 346 VFU officers (115%) against targets of 100 and 300 respectively. These were empowered with knowledge and information on disabilities and challenges faced by GWWD in accessing justice and were also capacitated in handling survivor GWWD when they seek justice services.. The information empowered officers from key justice institutions with basic skills to handle GWWD although more is still required especially on providing for and handling the mentally challenged, physically challenged and the hearing impaired. The knowledge imparted to these officers includes appropriate language, attitudes and provisions to adapt or put in place when dealing with GWWD. Interviews with justice institutions and women organizations revealed that the project invested in providing training and IEC material on GBV and special needs of GWWD in all the districts covered. This was in the form of initial sensitization meetings, follow up meetings as well as highly attended monthly VFS sub-committee meetings. The evaluation team managed to witness two of the VFS meetings in Harare and Bulawayo during the evaluation and confirmed the huge attendance (over 80 participants in both meetings), the seriousness of business and the

passion put by the participants on child rights, women rights, GBV and violence against GWWD was encouraging. The meetings were attended by representatives of JSC, NPA, ZRP VFU, Lawyers, CSOs, CBO, DPOs and Women's organizations. Although resources may present challenges for practical assistance, this forum is a huge sustainability step in the fight against GBV and child abuse. Members of the multi-sectorial VF System monitor each other and provide feedback under the coordination of JSC (Chief Magistrate chairs the national committee whilst Regional Magistrates chairs regional/sub-committee meetings). Overall, justice officers believed that the trainings, the information and periodic coordination meetings, which the project brought contributed to enhanced delivery of justice and protection of women and girls with disabilities.

Output 4.1: DPOs are more aware of the vulnerability of GWWD to GBV and are more active in taking measures that protect GWWD within their organizations and in their conduct (measures including operational Child Protection and Gender sensitive Policies)

Overall, all DPOs interviewed commended the project on strengthening their purpose and the confidence of members through sensitization campaigns, IEC materials and training. Interviews with DPOs like Jairos Jiri Naran Centre, Council for the Blind, King George VI Centre, Copota, Nzeve Deaf Children's Centre, Zimcare Sibantubanye Special School confirmed that the training and awareness campaigns by the project helped them to further understand that they are worthy and they can participate in all community activities. The training also included factors which promote GBV against GWWD and measures to protect them. The DPOs interviewed confirmed that they are more empowered to fight against GBV among GWWD regardless of the status of perpetrators. DPOs have also continued to participate in VFS coordination meetings and activities to make sure that the full breadth of the needs and interests of GWWD are given due attention not only in the process of seeking justice, but also in everyday lives. Some of the DPOs involved with the project were also supported through a consultant to develop/review their gender and child protection policies which are now at different levels of operationalization.

Output 4.2: Concerns and needs of GWWD are increasingly included in mainstream women and child protection programmes. DPOs are expected to actively participate in mainstream women and child protection programmes and activities (including awareness raising & meetings) to articulate concerns of GWWD and ensure active participation of GWWD in women empowerment programmes

All the 11 reached DPOs were assisted to assess their own internal systems to ensure that they incorporate disability, gender and child-friendly principles. The audits assisted the DPOs to be all-inclusive in terms of gender, disability and child-friendliness. All the seven

(7) mainstream women and child protection organizations were also encouraged to incorporate the needs of GWWD and involving DPOs in their programs so that they can articulate the needs of women and children in general and GWWD in particular. The project reported general interest in incorporating GWWD among all the reached DPOs and mainstream organizations. However, challenges like lack of finance and skills were cited by all as constraints to the full implementation of GWWD-sensitive policies and programs. The project managed to participate in the review of the national gender policy. It also advocated for the review of the psychiatric assessment form as well as advocating for the decentralization of this service. In both cases it was working with the relevant government ministries, reached mainstream women's organizations, DPOs and justice institutions which all supported the recommendations as a way of promoting the rights of GWWD, children and women.

Conclusions:

1. The project successfully facilitated access to justice for GWWD through awareness creation, knowledge impartation, empowerment, disability expert services and logistical support to GWWD. Overall, 85% of interviewed GWWD felt that the project was very helpful in making GWWD, caregivers and communities members knowledgeable about GBV and violence against GWWD. However, over 50% of them were not yet confident about their **safety** both in the community and in their households due to pending cases in the courts.
2. This was further enhanced by capacity building of GWWD, justice institutions, disabled people's organizations, women organizations and relevant community structures. Despite this empowerment, the safety of GWWD in households and communities is not yet guaranteed as some cases are still pending. However, at least 70% of GWWD interviewed felt that partly as a result of the project justice institutions (Police VFU and Courts), and health institutions (clinics/hospitals), were more **accessible** than local structures (relatives, local leaders and CBOs).
3. At least 93% of interviewed GWWD felt **empowered** with knowledge of their rights and understanding of what GBV/VAW constitutes and the steps they need to take in case of violation. They felt that this empowerment enables them to claim their rights where necessary and 63% of GWWD interviewed confirmed taking self-protection measure after training by the project.
4. According to project reports, 74% of the reached survivors reported improved **well-being** after participating in the justice process.

8.3.2 Effectiveness in reaching targeted beneficiaries

Evaluation Question 2: To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?

The project targeted nine (9) groups of beneficiaries; two (2) primary beneficiaries (survivor & non-survivor GWWD) and seven (7) secondary beneficiaries as indicated in the table below. This section assesses the extent to which the project managed to reach these groups, the interventions performed and the numbers reached. As the project goal outlines, girls and women with disabilities were the primary target of the project, and the project sought to improve their safety from violence, their access to justice when violated, their empowerment and participation in the justice delivery process and in community. Table 9 below summarizes how these groups were reached:

Table 9: Reaching project target beneficiaries

Target group	Target	Achievements / Activities / interventions
i. Girls and Women with Disabilities (GWWD) survivors of GBV/VAW	900 targeted <ul style="list-style-type: none"> • Safety from violence • Access to justice • Empowerment for self defence • Participation in justice process 	738 reached through post-violence services (82%) <ul style="list-style-type: none"> • Logistical support for access to justice (transport, subsistence, medical and / or psychiatric assessment bills) • Disability specialist services (sign language interpretation, braille) • Sign language training • Home visits and case follow-ups • Counselling • Distribution of IEC materials on gender laws, GBV and GBV prevention in formats appropriate for the recipients
ii. GWWD) non-survivors of GBV/VAW	1000 targeted <ul style="list-style-type: none"> • Safety from violence • Empowerment for self defence • Participation in community programs 	1295 reached through empowerment to prevent GBV (129.5%) <ul style="list-style-type: none"> • Awareness campaigns and training on rights, gender laws and GBV • Support group formation and strengthening and linkage to mainstream women and children organizations as well as relevant government institutions such as Police, MoWYA, DSS and councils • Distribution of IEC materials on gender laws, GBV and GBV prevention in formats appropriate for the recipients
iii. Caregivers and parents of GWWD	1000 targeted <ul style="list-style-type: none"> • Sensitization, Empowerment and attitude change to effectively 	995 reached (99.5%) <ul style="list-style-type: none"> • Awareness campaigns on Gender rights, gender laws disability rights, GBV and protection of GWWD from GBV • Distribution of IEC materials

	communicate, assist and protect GWWD	
iv. Community leaders and CBOs	260 targeted • Sensitization, Empowerment and attitude change to effectively communicate, assist and protect GWWD	329 individuals reached (126.5%) • Awareness campaigns on Gender rights, gender laws disability rights, GBV and protection of GWWD from GBV • Distribution of IEC materials
v. Uniformed forces (Police)	300 targeted • Sensitization, Capacity building and attitude change to communicate, serve and protect GWWD	346 VFU officers reached (115.3%) • Awareness workshops on disability rights, Gender rights, GBV and protection of GWWD from GBV • Sign language training • Distribution of IEC materials
vi. Legal Officers (Magistrates, prosecutors and interpreters)	100 targeted • Sensitization, Capacity building and attitude change to communicate, serve and protect GWWD	223 reached (223%) • Awareness workshops on disability rights, Gender rights, , GBV and protection of GWWD from GBV • Sign language training • Distribution of IEC materials
vii. Government Ministry Officials	50 targeted • Sensitization and Capacity building to communicate, serve and protect GWWD	143 reached (286%) • Awareness workshops on disability rights, Gender rights, gender laws , GBV and protection of GWWD from GBV • Distribution of IEC materials
viii. Civil society organizations - DPOs	70 individuals from 35 organizations targeted • Sensitization and Capacity building to communicate, serve and protect GWWD	201 individuals (287.1%) and 35 organizations reached • Training and awareness workshops on Gender rights, gender laws, disability rights, GBV and protection of GWWD from GBV • Gender and Child Protection Policy audit and Review/Development • Distribution of IEC materials • Introduced to and continued participation in VFS platform
ix. Civil Society Organizations- Mainstream Women's Organizations	30 targeted from 15 organizations • Sensitization and Capacity building to communicate, serve and protect GWWD	53 individuals (176.7%) and over 30 organizations reached with 7 having been reached directly • Awareness workshops on disability rights, Gender rights, gender laws, GBV and protection of GWWD from GBV • Lobby meetings for policy reviews to incorporate needs of GWWD • Distribution of IEC materials

Conclusion: Generally, the project surpassed its targeted number of beneficiaries in groups. Out of the nine groups targeted, the project reached over 100% of the target for eight (8) of them. It is only on GWWD survivors where achievement was below 100% (i.e. 82% of target). The less number of survivor GWWD could be explained in two ways either that prevention strategies were effecting in reducing number of VAW incidences or that

GWWD are not reporting cases to formal justice system. This scenario calls for further, study and analysis to understand the underlying factors.

8.3.3 Effectiveness in generating positive change among women and girls

Evaluation Question 3: To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.

The evaluation found that the changes on the lives of GWWD were related to their safety, access to justice, empowerment for self-protection and participation. Overall, 80% of the interviewed girls and women with disabilities (GWWD) believed that the project was helpful especially in empowering them with knowledge on rights, GBV and protection against GBV. They believe this has helped them to identify certain acts including traditional practices which were previously not recognized as abuse and clarified the proper channels of reporting violation of their rights without fear or favour. The support with disability specialist services brought a sigh of relief for those who had long-standing pending cases – some as old as 2012. They felt that their needs were finally valued by the justice system from pre-trial to trial stage. Due to changing attitude and communication ability in the judiciary system and community, GWWD supported by their caregivers felt that they were now more accommodated to participate in the justice delivery processes and general development issues. However, GWWD could not confidently state that they felt safe from abuse in their communities as attitudes of community members need time to change and some perpetrators are still in the same areas.

Conclusion: In summary, the project made good life changes related to empowerment, access to justice and participation but more still needs to be done to assure their safety from abuse in households and communities.

8.3.4 Factors influencing achievement / failure

Evaluation Question 4: What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?

Achievements in the areas of access to justice, empowerment and participation were mainly driven by the project's direct investment into the missing links which caused a backlog of cases (finance, logistics and medical assessments). This was key factor that effectively facilitated access to post-violence services by GWWD thereby promoting delivery of justice to the GWWD. The improved cooperation of justice institutions like VFU and the courts in clearing outstanding cases also made sure that the process flowed well

leading to better access to justice. Coordination was done through coordination meetings and other project events where these institutions were all invited to discuss and share a common vision. Achievements related to empowerment were made possible by an investment in training, establishing support groups, employing IEC materials (especially those adapted into appropriate forms like audios, sign language and braille) to accompany training workshops and awareness campaigns conducted in all districts. Other facilitating factors included support from the Ministry of Women and Youth Affairs (MoWYA) in community level mobilization. The MoWYA compensated the absence of project staff at community level as it utilized its cadres at ward level especially on organizing trainings, community awareness and follow-up on support groups. Apart from improving project effectiveness the arrangement that the project had with MoWYA embedded the project within the ministry thereby enhancing chances for sustainability through continued link between MoWYA and established support groups.

However safety and full participation were impeded by limited investment in institutional capacity building – which caused communication challenges to continue. The strategy of teaching sign language in one or two sessions, limited comprehensive learning of sign language in both justice institutions and community based institutions. This limited the communication support services available to GWWD especially the Deaf in the communities. Delays in completion of cases, disappearance of accused persons mainly sneaking into neighbouring countries, unsatisfactory completion of cases and the existence of known perpetrators roaming the communities on bail impeded justice delivery and threatened the safety of survivors. Other hindering factors included limited finance especially in justice institutions (to complement the project) and limited presence of the implementer on the ground.

Conclusion: Project achievements were mainly driven by the project's focus on critical gaps that were closed through financial support for logistics, medical assessments and engagement/involvement of disability experts/specialists in cases involving GWWD. However, the financial support was not adequate to cover all the trial and post-trial processes and cover all necessary institutions with full capacity building. Therefore limited capacity building in sign language, delays in completion of cases and financial limitations were among the limiting factors for the project.

8.3.5 Effectiveness in policy advocacy

Evaluation Question 5: To what extent was the project successful in advocating for legal or policy change? If it was not successful, explain why.

Policy advocacy activities of the project focused on influencing policies and programs to be more gender sensitive and to incorporate needs of girls and women with disabilities. The project managed to participate in review of national gender policy, facilitated the review of the psychiatric assessment form, and advocated for the decentralization of medical and psychiatric assessments. It also facilitated review of gender and child protection policies for DPOs. However, policy change is normally a long process and depends on the readiness of the influenced organization to embrace the changes. There were mixed levels of readiness among the organizations targeted for policy change by the project. For instance, Ministry of Women and Youth Affairs was ready to embrace changes quicker than other organizations and incorporated GWWD-specific needs because it was already in the process of reviewing its policies to embrace gender and disability issues. However, other organizations needed more time to propose and approve changes to their policies in order to embrace disability rights.

Conclusion: The project made some influence in the review of national gender policy, review of the psychiatric assessment form, and decentralization of medical and psychiatric assessments. It also facilitated gender policy development and review for DPOs. Influence on gender and disability policy change in CSOs organizations including DPOs and mainstream women's organizations was launched but at different levels of adoption and operationalization due to organizations' internal processes/ procedures on policy change.

8.4 Project outcomes and Impact

Evaluation Question: What are the intended and unintended consequences (positive and negative) that resulted from the project?

8.4.1 Impact on Girls and Women with Disabilities and GBV survivors

The project sought to improve GWWD's safety from violence, access to justice, empowerment to defend and participation in justice delivery and development processes. The activities of the project managed to cause changes in the lives of GWWD especially in relation to access to justice and empowerment. **Intended positive changes witnessed by GWWD include:**

- **Improved fairness in court hearings (access to justice):** According to VFU and judiciary officers, cases involving GWWD used to be unfairly postponed or dismissed due to communication breakdown between the victim and the court. This created a backlog

of pending cases and sometimes cases were thrown out due to communication breakdown. Disability expert services provided by the project in the form of sign language specialists and support persons bridged the communication gap through sign language interpretation and behaviour management during court processes especially for the mentally challenged survivors. GWWD could make statements and testify in court using sign language or with the assistance of disability specialist support persons. This assistance brought fairness to the way their court cases were heard.

- **Reduced time of case completion (access to justice):** There has been a backlog of court cases which remained uncompleted due to lack of medical reports, psychiatric reports and sometimes failure by the victims themselves to attend court. The project assisted victims to secure psychiatric or medical reports in addition to transport and subsistence allowances to attend court. This encouraged victims to report and or to pursue their cases without having to worry about costs and delays.

- **Increased awareness of VAW / GBV and the steps to take:** The awareness campaigns on GBV helped GWWD to be more aware of violence and steps to take to prevent its occurrence to them or responding in case of violence. This information empowered them to report previously hidden cases and follow up their cases already in the courts. This has also boosted their readiness to report any form of abuse to themselves and others.

- **Improved linkage to Government and non-Government stakeholders:** the project facilitated dialogue between GWWD and government and non-government stakeholders for future services. This helped the GWWD to be connected to institutions and individuals who matter most. This was done through support groups established in all project districts and through referrals for services as well as bringing the institutions to the awareness campaigns and training programs. The encounters were also important in clearing fears that GWWD held in approaching institutions like police, courts, department of social welfare, Ministry of Women and Youth Affairs, lawyers and CSOs. Due to these linkages created by the project, GWWD and caregivers can easily approach the justice delivery structures in their vicinity and get help.

- **Improved coordination of child and women rights-related programs:** The victim friendly system (VFS) coordination meetings held monthly brings together many state and non-state institutions and individuals working on promoting the rights of children, and women. The meetings are attended by representatives of JSC, NPA, ZRP VFU, Lawyers, CSOs, CBO, child protection organizations, Women's organizations. The level

of attendance (over 80 participants) and the sharing of activities, new programs, plans and updates help all participants to understand what is taking place in the region and this increases prospects of collaborations. The project facilitated involvement of DPOs in this platform and has resulted in representation of persons with disabilities and their needs in this platform. DPOs are expected to continue participating in the VFS beyond the project.

- **Boosted self-esteem of GWWD:** Empowerment of GWWD with knowledge on rights and information on what to do and where to go when violated boosted their sense of recognition and consideration which helps them to participate in community activities with confidence. This confidence led to the reporting of some cases which were hidden all along. As 74% of the 738 reached survivor GWWD felt that their well-being had improved after participating in the justice process, these are likely to be more confident in standing for disability rights, women and children's rights. The 1,295 non-survivor GWWD empowered with information are also likely to have improved confidence in standing for their rights.

- **Building a foundation and support system for reporting cases by GWWD:** Tolerance of sign language and training of different institutions in sign language introduced the basic foundation for incorporating disability issues in government, non-government and community institutions and programs. The 43 trained police officers will be good resources to start with in the government justice delivery system while the 6 community leaders and 71 GWWD trained will be resources in their communities. Apart from helping in communication, all these can also be used as agents of change in awareness raising on disability rights, gender and children's rights. The project also established and strengthened support groups for GWWD and their caregivers. These will continue to function as community level support system/structures for GWWD both survivors and non-survivors. The support groups are also expected to champion the rights of GWWD and reporting of cases in their communities.

Unintended impact on GWWD:

- **Insecurity / lack of safety due to uncompleted cases:** The project exposed perpetrators by identifying suspects and taking them to court in order to seek justice for the victims, but those who are yet to be convicted because the case is still pending are in most cases living in the same community with the victim. This has put some girls and women at risk of victimization by the accused and his family. In Bikita, some caregivers

actually noted with concern that one perpetrator boasted that the victim will never win in the courts.

- **Dependency by beneficiaries:** The project provided direct practical support with bus fare, subsistence allowance and bill payment for GWWD survivors and caregivers. It also gave transport and subsistence allowances for stakeholders attending its meetings and police officers carrying out investigations and medical assessments for three years and they got used to it. This however created an element of dependency on the program by both GWWDs and stakeholders. Some VFU officers in Midlands, Masvingo, Mash West and Mash East could not imagine how they will work without the support of the project. While the direct support was very critical to get things done, the resulting dependency has generated questions on the sustainability of the approach.
- **Misplaced entitlements:** The project provided allowances for both the caregiver and the GWWD survivor. Some cases which emerged from FGDs in Mat North, Mat South, Masvingo and Mash West showed that fathers, mothers and other family members now compete to be caregivers for the GWWD but not all of them do it out of concern for the GWWD simply to earn the benefits when there are events and gatherings. In one meeting during the evaluation, a caregiver came with no survivor but still wanted to claim allowances for the absent victim. In other cases, caregivers collected allowances for the victims but the pass-on was not guaranteed.
- **Conflicting interpretation of rights:** While the law declares people with mental disabilities as having no capacity to consent to sex (as supported by this project), some civil society organizations like Her Zimbabwe and Sexual Rights Centre are fighting for sexual rights of all women including women with disabilities. From the advocates of sexual rights, as long as they want to enjoy their rights to sex, they should be allowed to consent. Although there is consensus on the need to end violence and abuse against all women, these interpretations are in place and they create conflicting understanding and approaches to promoting sexual rights.

8.4.2 Impact on the community

- **Increased awareness of VAW / GBV and the steps in cases of violations.** This was achieved through community level awareness campaigns which invited community leaders, GWWD, child protection organizations, women organizations and CBOs. The invitation of people from different organizations and sharing written information created a wide reach which increased awareness on VAW and GBV issues. The

project was able to directly reach 738 GWWD survivors of GBV, 1295 non-survivor GWWD, 995 caregivers and parents, and 329 community leaders and CBOs. These were empowered with information will also spread to other community members.

- **Strengthened community support systems** – awareness campaigns and training of caregivers, CCWs, CPCs and CBOs strengthened them to deal with issues affecting GWWD at local level - including referring victims to the right institutions like police, relevant CSOs like Childline, Social Welfare and Health institutions. This helps to quicken reporting of cases and giving proper attention to cases in the communities including those with special needs like sign language.
- **Improved attitude and approach in handling sexual offenses:** Community leaders confirmed that contrary to the old beliefs that they could deal with sexual matters at local level, they no longer presiding over sexual-violation cases but they now refer them to police to pursue formal justice and fairness for all parties.
- **Improved capacity to handle GWWD** – Community structures' capacity was boosted through sign language training, disability sensitization and provision of IEC materials. This makes communities more responsive and useful to GWWD.

8.4.3 Impact on the Justice Delivery system

- **Improved capacity to handle GWWD:** awareness on GBV and GWWD needs as well as training in basic sign language enhanced the capacity of the police and courts to deal with cases involving GWWD. There is now better understanding of disabilities and basic communication with GWWD within justice institutions.
- **Change of attitudes towards GWWD who approach police and courts in the quest for justice:** Prioritisation of GWWD cases in court roster at some courts showed that the judiciary system now understands the sensitive nature of the cases involving people with disabilities especially on memorizing issues and concentration span. Checking by Police and courts on whether special provisions like sign language interpretation are required was/is a sign of embracing disability in their daily work.
- **Increased commitment to fighting GBV and violence against GWWD:** Active participation of justice institutions (police, prosecutors, Magistrates, interpreters) in the project and in the monthly VFS platform and activities is an indication of commitment to the protection of women and children. More interestingly through this project, concerns of GWWD have been also brought to the fore within the VFS and justice institutions have shown great interest on improving their systems to be

inclusive/accommodative of persons with disabilities. This drive and desire has also spread to other government departments and other CSOs alike.

8.4.4 Impact on civil society and government organizations

- **Increased awareness / knowledge of VAW / GBV and needs of GWWD** – this was a result of involvement in awareness campaigns for GBV as well as providing services in the justice delivery process (especially hospitals, police, courts, responsible ministries, lawyers, CSOs, women organizations and child protections organizations). Their participation increased awareness of disability rights and women rights as well as the justice delivery system.
- **Improved recognition and incorporation of GWWD needs and commitment to fight GBV.** This was a result of sensitization about GWWD and GBV and the need to mainstream these in interventions and programs. Project reports show that 11 DPOs, 7 government departments and 7 mainstream organizations have demonstrated their commitment to incorporating needs of GWWD in their programs. The consideration by the CSOs, DPOs and government departments will help in influencing policies and programs to be inclusive to gender and disability issues.

Conclusions

1. The project made significant changes in the lives of GWWD as those with completed cases felt relieved from a long standing burden. GWWD were left empowered with knowledge to identify violations to the rights and the procedures to take in the event of violation.
2. Community structures were also empowered with information to be able to protect GWWD from abuses as well as identify any violations of GWWD rights, report them and support GWWD in accessing justice.
3. Justice institutions were capacitated through training to better serve GWWD especially with regard to valuing them, communicating with them and prioritizing their cases.
4. Civil society organizations were also sensitized to incorporate disability needs in their programs and policies.
5. Concerns are however raised around exposure of victims to the perpetrators and their families especially when cases are still pending or the perpetrator was not given a custodial sentence. The direct logistical support strategy is also believed to have caused some dependence, which threatens sustainability.

8.5 Sustainability

Evaluation Question 1: How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?

The issue of sustainability of results and activities brought about a mixed bag of responses. On a positive note, there is belief among implementing agencies, government Ministries and departments that the project did much to pave way for continuation of project activities and effects.

Achieved results and activities have been successfully embedded in functions of existing Government and community level structures, giving them a good chance of continuation.

Ministries of Women and Youth Affairs, the Police (Victim Friendly Unit) and Ministry of Public Service, Labour and Social Welfare, Ministry of Health and Child Care and Judicial Services Commission (JSC) have been central in the execution of the project whose activities have been embedded into their respective mandates, some of which have been deliberately re-defined to incorporate the activities of the project. Besides the above, community level structures; Case Care Workers (CCWs) and Child Protection Committees (CPCs) have already mainstreamed issues of GWWDs into mainstream functions at minimum cost through ensuring representations of GWWD in their activities as well as through identification, reporting, referring and following up of cases. Support groups that were formed as part of the project processes have also enhanced chances for inclusion of GWWD in community activities and self-representation at community level and in programmes that matter to women. Achieved results and activities have been also successfully mainstreamed into existing structures, thus giving them a good chance of continuation. In responding to a question on mainstreaming within government structures, 51 per cent of GWWD survivors expressed the view that this was indeed the case. Project activities have also been aligned to and mainstreamed with the case management system, a national strategy for handling all cases of vulnerable children from identification and facilitating referrals. Thus, their chances of continuing are high.

Training undertaken for personnel within the corridors of the justice and support systems provided knowledge and skills resources that will remain useful beyond the project

The police have been trained in managing victims in a more friendly way, the prosecutors and interpreters on how to handle cases of GWWDs in court while the magistrates have had their fair share for special consideration and prioritisation of such cases. In addition,

issues covered by the trainings will continue to be 'refreshed' through the monthly Victim Friendly Committee sector meetings where LCDZ and other DPOs will continue to participate beyond the project. The VFS meetings are also a platform for stakeholders to continuously reflect/revisit the protocols of service provision and managing vulnerable witnesses and concerns of GWWD will also be reflected upon in the process. There have also been community level trainings that provided community leaders, caregivers, GWWD and general community members with empowering information and knowledge which will continue to influence their attitudes and behaviours on VAW especially against GWWD therefore the effects of the project are expected to continue. A community Focus Group Discussion had this to say concerning project sustainability: *"This project is sustainable because, as caregivers, we were taught how to handle the disabled child in terms of communication, and identifying the child in need"*.

Community engagement and strengthening of local structures has resulted in the mobilisation of local resources, including time and finances to support the project and maintain its momentum

Caregivers, have since started small local resource mobilisation efforts which are beginning to yield resources that go some way in supporting continuation of project activities. Caregivers that have been bought into the philosophy and practices of the project have invested their efforts into supporting the activities. Examples of these include the following:

"As care givers we also decided to put 60c per person per month so that we help the child with needs such as clothes, transport or any help of any sort" - Focus Group Discussion – Caregivers in Bikita District.

"We are able to engage in small projects such as gardening to mobilise local resources to support activities such as bus fares in our communities. We are also able to mobilise local support to create awareness at every opportunity"- Focus group Discussion - Chikomba District.

"Some people were supported financially and managed to start their projects like keeping traditional chicken (roadrunners), planting sweet potatoes etc". – Bindura FGD discussant

The project has managed to create a 'community of practice' bringing together different mutually reinforcing skills in the prevention and response to violence against Girls and Women with Disabilities.

The community of practice involves state and non-state actors ranging from community to national level. These networks have helped to facilitate referrals and case closures in some cases. The evaluation findings show that there is mutual respect of what each

organisation brings into the effort. For instance one of the key informants highlighted that: *“As organisations, we are already contributing on a small scale and all it might require is coordination ... we also assist financially but LCDZ has lessened the burden”* (Civil society Key Informant).

8.5.1 Concerns about sustainability prospects –

Whereas positive sentiments were expressed by the various respondent groups about sustainability prospects; mostly emanating from activity mainstreaming within government systems, empowerment initiatives at community level, training provided at all levels and the creation of a community of practice (all sectors), fears and concerns were raised regarding the future of the project and its results.

The loudest ‘voice’ came from survivors where the biggest fear was that the absence of financial support from LCDZ might present a major obstacle in maintenance of the momentum achieved so far (continuation of activities). Only 12 per cent of them gave the project and its effects any chance of continuation with 83 per cent either unsure or disagreeing that project activities and benefits would continue after the end of donor funding. As a result, 68% of survivors saw transportation and attendance of court cases as the activities with the least chance of continuation. According to them, overcoming these would be an onerous task which could have been addressed if the project had made adequate investment in income generating projects (IGAs).

Since a direct support with financial and other resources to help beneficiaries to get to the police, hospital and the courts was such a major pillar of the project, other respondent groups equally cast doubt over the prospects of continuation because every activity, they argued, depended on financial and other resources that the project had brought. Due to the harsh economic environment, neither Government nor non-government partners are likely to find resources to adequately support this initiative and GWWD in a meaningful way.

Here are some stakeholder perceptions about sustainability prospects.

“Although communities are now knowledgeable on where to go when such violence occurs, it will be difficult to carry on activities without financial support for bus fares and other costs. That will be the biggest problem and this will take everything backwards” (Civil society key informant).

“Very unlikely that the project can continue without financial support as most of the beneficiaries need transport money to come to court and they do not have any income” (Key informant, Government Ministry).

“Closing LCDZ is like closing the justice system, LCDZ is now like a department of the justice system. For example, a case has just been reported and when LCDZ was contacted, they could no longer support it. Justice has been may be denied” (Key Informant – Regional Magistrate).

Conclusions:

In spite of the sentiments/concerns over what will happen when funding support ends, there is equally some belief that sustainability of project results will not fail. This is because of the training and mainstreaming efforts undertaken. However, community capacitation on providing practical assistance to abused women and girls with disabilities was limited as the project took up the role itself.

8.6 Knowledge generation

Evaluation Question 1: What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?

The lessons summarised hereunder are those that came from discussions with different groups of respondents, especially those tasked with implementation at every level: from the community to national levels.

- One of the lessons is that issues of violence against GWWD are sensitive and delicate and could have adverse health and social consequences. It requires 24 hour surveillance to ensure that response is timely and effective.
- Each community and its people are different. In implementing projects, this calls for flexibility and hence the need for different approaches rather than a 'one-size fit all approach'.
- By its nature, projects targeting GWWD require adequate resource support, no matter where they happen. Income generation projects may be considered to accompany such interventions to allow for smooth weaning of beneficiaries from the project as well as continuation of activities. Apart from enhancing project sustainability income generating projects are also relevant to GWWD and their caregivers who are often living in poverty. Thus, interventions on ending VAW may be taken seriously by such groups if they also address their economic needs and priorities.
- Whereas there is evidence of some good practices and lessons from this project, these are not sufficiently documented and packaged to ensure retention of institutional memory and specifically that important lessons are not lost.

Evaluation Question 2: Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?

- System-wide training on critical aspects such as disability rights including sign language was a good approach for effective and efficient project implementation and for sustainability. However, the training should go beyond basics to ensure that enough skills are imparted and allowed to cascade to other system/institutional levels for sustainability,
- Although this was not an intrinsic part of the project, the one stop centre concept (where cases are handled in one place that hosts police, nurses, lawyers and counsellors) makes it easier for the victims to access all the services they need under one roof. This is working well in Makoni (Rusape) and Gwanda though these centres lack skills in handling GWWD and some services like psychiatric assessments are not being offered. However, effort may be made to impart disability related skills to these centres.
- Accommodation remains an issue of concern for those coming to attend court cases or simply visiting distant places for services. There was a gap raised by stakeholders across all districts on overnight accommodation for survivors. Projects of this nature could tap into the efforts and experience of organisations like Bulawayo Haven Trust that assist women and girls survivors with pre-service and, if necessary, post service accommodation, coupled with counselling services when attending court, seeking health services and other issues.
- One of the findings of this evaluation is that in several communities, support groups have been formed and are functional in prevention of VAW, providing psychosocial support to members and support to survivors of GBV. The formation of grassroots cadres such as support groups was one sure way of ensuring low-cost but effective support services that can be sustained beyond the life of a project.

Evaluation Question 3: What are the current issues/challenges concerning access to justice and other post-violence services for GWWD in Zimbabwe?

The issue of access to justice for GWWD and related services remains paramount in Zimbabwe where VAW is persisting. As highlighted below, there are some challenges that continue to stand in the way of smooth access to post-violence services for GWWD in the country. Needless to say, their urgent redress can strengthen GWWD access to justice:

- The findings from this evaluation suggest that the project had important support components. However, in some cases, such support tended to be stronger during the pre-trial and trial phases but weaker or unavailable in the post-trial phase. This observation was supported by 15% of the survivors who agitated for the inclusion of post court support and protection services. One regional magistrate had had these strong words, “an element of abandoning the victim and not provide services beyond trial creeps in and was seen as a let down on the victims – a situation that might worsen their plight due to reprisals”. Invariably, the victim goes back to the community to face several scenarios: (a) lack of post-trial counselling services, (b) meeting face to face with the perpetrator or perpetrator’s family and (c) in the event of a caregiver perpetrator, on whom the victim depends for support, the likelihood of re-traumatisation and lack of support or further abuse is high,
- Limited specialist services, especially sign language translation and communication with those with intellectual impairments, continue to be an issue for GWWD at the courts. The experts are too few to meet demand, and the training has not been sufficiently mainstreamed to increase the number of experts. Postponement of GWWD cases will continue to be a feature for some time to come, until more experts are trained and the services get sufficiently decentralised,
- In some communities and religious sects such as Apostolic groups (VaPostori), GWWD are viewed in negative light. As a result, they are not accorded the care they deserve. When GBV or VAW occur, such communities tend to want to resolve them internally, thereby leaving prospects for justice compromised and counselling services unavailable for survivors,
- Centralisation of services is a drawback to access to justice. The location of LCDZ office in Harare meant that there were often delays between occurrence of case and the response. Unavailability of other services at the GWWD door step means that help does not arrive on time.
- GWWD groups appreciated the role of support groups as a mechanism for their support. Whereas their formation has gained momentum, they believe more communities need encouragement to embrace this concept so that they enjoy the on-going support that these structures provide on a sustainable basis,
- On a positive note, the existence of structures and organs at various levels augurs well for GWWD access to justice. The VFS forum, for example, is one sustainable platform

for advocacy and coordination and a collective voice to speak for GWWD in the fight against GBV.

9. CONCLUSIONS AND RECOMMENDATIONS

9.1 Conclusions

Overall

The project sought to address a pertinent gap in regard to meeting the needs of GWWD in efforts aimed at ending and responding to VAW. It significantly contributed towards improved access to justice, empowerment and participation of GWWD in justice delivery and community development. It has left GWWD empowered with knowledge of their rights and procedures in the event of violation. It also ensured that access to justice and other post-violence services for survivor GWWD was with less barriers at least during its life span through provision of practical assistance such as disability specialists like sign language interpreters as well as logistical support. The project also made an attempt to build internal capacities of police and other justice actors for communication, handling and management of cases involving GWWD.

Relevance

3. Given the widespread occurrence of violence against women and girls with disabilities and apparent failure of previous interventions, legislative and policy efforts to address the problem, the project **Access to Justice for Girls and Women with Disabilities** was clearly identified, by all respondents across categories, as a needy area of intervention especially in the context of access to justice. Equally important was the perceived relevance of the strategy of tackling the main obstacles to access to justice (inadequate logistical support, poor attitudes of service providers, lack of GWWD and community empowerment and lack of government and other stakeholder support to survivor GWWD). All 41 survivors, the lead Ministry (Women and Youth Affairs) and all Magistrates interviewed agreed on the complementary efforts of the project in addressing access barriers for GWWD.
4. Within the limits of the resources at its disposal, the project has been able to provide transport money and other logistical support, empowered survivors and their

caregivers (through awareness and training) to be proactive in preventing and responding to VAW including managing cases. The project also capacitated the police and judiciary system and DPOs to embrace the needs of GWWD. Thus, the project has made headway in addressing the needs of girls and women with disabilities in the communities and in the justice delivery system at least during its life span.

5. While all the good progress is acknowledged, more needed to be done. For example, efforts could be directed at preventing delays in concluding cases (as said by 58% of survivors), since this creates a situation in which 54% of them feel unsafe in their communities and 52% unsafe in their households. In terms of awareness creation in communities, much has been covered but there was a general sentiment that awareness could stretch to cover more people in already targeted communities as well as new communities.
6. Specialised training (sign language) was provided at a basic level and thus left confidence gaps in terms of its use within the police and judiciary circles.
7. In addition, the more invisible elements such as psychosocial support require prioritisation in order to deal with potentially damaging 'emotional scars' arising from trauma experienced by GWWD through VAW and in navigating the justice delivery system. Therefore, future similar projects need to strongly incorporate psychosocial support component.

Efficiency

5. Based on the perusal of project documents and discussions with the LCDZ management team, the project has been implemented and achieved its results in accordance with the original timeframes, work plan and budget. A few instances of disbursement delays were more than taken care of through pre-financing of activities and expediting activity implementation. GWWD survivors (90%) confirmed that, in their view, they never experienced any 'jerks' but smooth flow of activities once started. A former employee with the project also added, because budgets were allocated on an annual basis, this was a successful control measure to ensure it was targeting activities set for that year".
6. Delivery of the project relied on effective coordination of different expert organisations, disability expert service providers (most of whom were volunteers), high level of staff commitment and community level volunteers who saw to it that the project flow smoothly from the design, management, implementation and monitoring

and evaluation. There was confirmation from Management team that apart from their normal duties that entailed receiving and acting on reports, the Police also performed an influential role in identifying those in need of project support for medical examinations as well as psychiatric assessments. Police also assisted with coordination with the residents of the project areas for support to survivors.

7. However, there are times when it was felt that LCDZ presence on the ground would have provided greater traction than was currently the case with staff operating from Harare and other city centres. For example, “the project was implemented by LCDZ from Harare with occasional travel to project areas. Even though VFU members and CCWs with cash would assist the victims and get their reimbursement from LCDZ, it was not always possible because of cash shortages “... some delays would have been avoided if they (LCDZ) had a presence on the ground” (CCW key informant).
8. Cost sharing and leveraging of resources. Specific reference is made to leveraging opportunities that arose in the environment where joint awareness campaigns, trainings and other workshops were undertaken, resulting in cost-savings, without compromising on quality.

Effectiveness

9. The project successfully facilitated access to justice for GWWD through awareness creation, knowledge empowerment, disability expert services and logistical support to GWWD. Overall, 85% of interviewed GWWD felt that the project was very helpful in making GWWD, caregivers and communities members knowledgeable about GBV and violence against GWWD. However, over 50% of them were not yet confident about their **safety** both in the community and in their households due to pending cases in the courts
10. Project effectiveness, was further enhanced by capacity building of GWWD, justice institutions, disabled people's organizations, women organizations and relevant community structures. Prospects are high that these stakeholders will take forward some elements of the project. Despite this empowerment, the safety of GWWD in households and communities is not yet guaranteed as some cases are still pending. At least 70% of GWWD interviewed felt that justice institutions (Police VFU and Courts), and health institutions (clinics/hospitals), were more **accessible** than local structures (relatives, local leaders and CBOs)
11. At least 93% of interviewed GWWD felt **empowered** with knowledge of their rights and understanding of what GBV/VAW constitutes and the steps they need to take. They

felt that this empowerment enabled them to claim their rights with 63% of GWWD confirming taking self-protection measures.

12. According to the project reports, 74% of the reached survivors reported improved **well-being** after participating in the justice process.
13. Generally, the project surpassed its targeted number of beneficiaries in groups. Out of the nine groups targeted, the project reached over 100% of targets. It is only on GWWD survivors where achievement was below 100% (i.e. 82% of target). This is so because these are beyond the project's control but dependent on incidences of VAW.
14. The project made good life changes related to empowerment, access to justice and participation but more still needs to be done to assure GWWD of their safety from abuse in households and communities.
15. Project achievements were mainly driven by financial support for logistics, medical assessments and engagement of specialist disability experts. However, the financial support was not adequate to cover all the trial and post-trial processes and cover all necessary institutions with full capacity building. Therefore limited capacity building in sign language, delays in completion of cases owing to financial limitations.

Impact

16. The project made significant changes in the lives of GWWD as those with completed cases felt relieved from a long standing burden. GWWD were left empowered with knowledge to identify violations to the rights and the procedures to take in the event of violation.
17. Community structures were also empowered with information to be able to protect GWWD from abuses as well as identify any violations of GWWD rights, report them and support GWWD in accessing justice.
18. Justice institutions were capacitated through training to better serve GWWD especially with regard to valuing them, communicating with them and prioritizing their cases.
19. Civil society organizations were also sensitized to incorporate disability needs in their programs and policies

20. Concerns are however raised around exposure of victims to the perpetrators and their families especially when cases are still pending or the perpetrator was not given a non-custodial sentence. The direct logistical support strategy is also believed to have caused some dependence, which threatens sustainability.
21. The project made some influence in the review of national gender policy, review of the psychiatric assessment form, and decentralization of medical and psychiatric assessments. Influence on gender and disability policy change in organizations was only launched but not yet effected in some organizations due to internal processes/procedures on policy change.

Sustainability

22. In spite of the sentiment of concern over what will happen when funding support ends, there is equally some belief that sustainability of project results will not fail. This is because of the training and mainstreaming efforts undertaken by the project. However, community capacitation on providing practical assistance to abused women and girls was limited and is not expected to improve as the project took up the role itself.

Knowledge generation

23. One of the lessons is that issues of violence against GWWD are sensitive and delicate and could have adverse health and social consequences if proper support is not given. They require continuous surveillance to ensure that response is timely and effective.
24. By nature of the identified needs, projects targeting GWWD require more resource support despite/no matter the context in which they are implemented. GWWD are usually among the poor as such ideally, income generation projects should accompany such interventions to allow for smooth weaning from the project activities and meeting economic needs of the beneficiaries.
25. Whereas there is evidence of some good practices and lessons from this project, these are not sufficiently documented and packaged to ensure retention of institutional memory and specifically to ensure that important lessons are not lost. In this regard there are a lot of good practices and lessons from this project that need proper documentation.
26. System-wide training on disability issues and critical aspects such as sign language is a good approach that ensures capacity of the justice system to take care of itself.

However, effect of this approach is limited if this is confined to basics that do not allow effective functionality.

27. The one stop centre concept (where cases are handled in one place that hosts police, nurses, lawyers etc) makes it easier for the victims to get access to all the services they need. This is working well in Makoni (Rusape) and Gwanda but these lack disability specialized skills and services like psychiatric assessment services.
28. Accommodation remains an issue of concern for those coming to attend court cases or simply visiting distant places for services. Tap into the efforts and experience of organisations like Bulawayo Haven Trust that assist survivor women with pre-service and, if necessary, post service accommodation, coupled with counselling services when attending court, seeking health services and other issues.

9.2 Key Recommendations

This final section makes recommendations based on the findings from the evaluation. These are structured to show who they are targeted at and within what timeframe (s).

Table 10: Key Recommendations

Target	Recommendation	Time frame
Implementers and other CSOs, DPOs, CBOs	1. After recognising the identification of violence against GWWD as an important area for intervention, the project did well to tackle the barriers on their 'road to justice'. However, consideration should be given, by Government and its stakeholders, to inject more resources, not only to reach more GWWDs but also to ensure timely and effective completion of cases that go through the courts.	Immediate effect and in future projects
	2. Future programming must take focus on linkages of the four pillars as manifested in the outcomes of the project with a view to strengthening complementarities so that none of the areas is left behind.	Future projects
	3. A deliberate effort must be directed towards 'silent' areas such as psychosocial support. This enables the project to deal with potentially damaging 'emotional scars' arising from trauma experienced by GWWD in experiencing violence and in navigating the justice delivery system.	Immediate effect and in future projects
	4. Training has already been part and parcel of the project. However, the training provided, such as on sign language, to project participants (especially police and court officials) should be characterised by refresher courses and go beyond basics to ensure that enough skills are imparted to enable them to manage communication with GWWD adequately and allow for cascading of skills to other levels for sustainability and institutional strengthening.	Within the first quarter of project & on-going

	5. Although there is now an appreciation of the need to take on board GWWD's issues in most mainstream women's organisations and some government departments, these were far from convincing. NGOs and government programs still need for more effort in championing the cause of GWWD by incorporating their needs in all their policies, procedures and programmes dealing with women's issues generally and girls and women with disabilities in particular.	Immediate
	6. Due to the inconvenience experienced by GWWD witnesses regarding lack of accommodation when courts and related services spill into another day, implementers of similar projects must consider provision of decent and safe overnight accommodation for witnesses as a priority activity.	Future projects
	7. The area of psychosocial support (PSS) needs heightening and prioritisation in order to deal with the invisible effects of the trauma associated with experiences of GWWD in going through the violence and the justice system	Immediate
	8. The area of post-trial support requires as much attention as the pre and during trial support for GWWD who are victims of gender based violence. This would focus on psychological and other areas of need to minimise further traumatising	Immediate
	9. Project implementing organisations must consider decentralising and ensure staff presence in areas of operation to ensure efficient response to issues and regular interface with critical stakeholders.	Future projects
	10. The monitoring component of project must be strengthened through stakeholder coordination, sharing and utilisation of monitoring data	Future projects
	11. Provide trained counsellors for those with disabilities to mitigate trauma of experiences	Future projects
	12. Due to fears regarding consequences of termination of funding, project implementing organisation must set in motion sustainability plans to facilitate a smooth landing when the project ends.	Future projects
	13. There has not been sufficient professional documentation of project processes in this project. This needs to be done in a professional way to ensure valuable lessons are available beyond the phase of the project.	immediate
	14. Project designers and implementers must consider incorporating promising practices such as the one stop centre in Makoni (Rusape) and Gwanda to ensure that victims can access complementary services in one place) makes it easier for the victims to get access to all the services they need	immediate

Community leaders and structures	15. Community leaders and community-based women and child rights organizations need to take over community sensitisation and awareness work and continue with sensitization of community members so that there is continuity of awareness on VAW and GWWD even after the project has ended.	immediate
Justice delivery Institutions	16. Justice and health institutions need to embrace capacity building efforts initiated by the project in their own capacity building programs. These institutions can take advantage of sign language and other specialists who were working on the project by engaging them to conduct sign language training during general training of police, health staff and court staff. They also need to keep on raising the issue of mainstreaming disability to change staff attitudes.	immediate
	17. Given the limited attention the important area of violence against GWWD has received in the past, the Government must build on efforts such as those undertaken by Leonard Cheshire Disability Zimbabwe and take a lead in intensifying the response through budgetary allocation to such initiatives.	immediate
	18. Given the concerns about the safety of those coming to attend court cases or simply visiting distant places for services, particularly where it involves overnight travel, provision of decent and safe overnight must be included among the key direct support services.	immediate
Media	19. The success of an intervention depends on its awareness and ownership by the public. This area of work needs intensification throughout the country through media blitz and other channels	immediate

10. ANNEXES

10.1 Final Version of Terms of Reference (TOR) of the evaluation



End of Project Evaluation for 'Access to Justice for Girls and Women with Disabilities'
Project (January 2015- December 2017)

1. BACKGROUND

1.1 Introduction

Access to Justice for Girls and Women with Disabilities is a project of Leonard Cheshire Disability Zimbabwe (LCDZ) which is funded by the United Nations Trust Fund to End Violence against Women (UNTF). This three (3) year (01 January 2015- 31 December 2017) project seeks to ensure safety of girls and women with disabilities (GWWD) from gender based violence (GBV) as well as to promote their smooth access to justice and other post violence services when they are violated. Whilst practical assistance to survivor GWWD and general advocacy on access to services for GWWD are done nationally, primary preventative activities of the project are implemented in 8 districts of Bindura, Makoni, Chikomba, Bikita, Gwanda, Hwange, Zibagwe (Kwekwe) and Mhondoro-Ngezi. In the absence of comprehensive statistics on violence against GWWD in Zimbabwe, the selection of project districts was based on two factors that are presence of a Regional Court (Bindura, Makoni, Gwanda, Chikomba & Hwange) and presence of LCDZ in the district (Bikita, Zibagwe/Kwekwe and Mhondoro-Ngezi). The project targeted at least one (1) district from each of the country's 8 rural provinces.

1.2 Context

This project contributes to global efforts in ending violence against women. Researches have shown that World-wide women and girls are subjected to various forms of violence and Zimbabwe is not an exception. For instance the World Bank has noted that at least 1 in every 3 women have experienced some form of violence in their life time¹². In Zimbabwe the most reported forms of violence are of sexual and physical nature. The National Baseline Survey on Life Experiences of Adolescents (Zimbabwe Statistical Agency/ZIMSTAT, 2011) noted that about 33% of females aged 18-24 years experienced sexual violence before reaching 18 years. Sexual violence has been noted in both

¹² World Bank. (2017). Violence against Women and Girls. Retrieved from <http://www.worldbank.org/en/topic/socialdevelopment/brief/violence-against-women-and-girls>

domestic and public settings whilst majority of physical and psychological violence cases are prone within the family set-up, commonly qualified as domestic violence. In response the Zimbabwe government, civil society organizations and other stakeholders came up with a number of interventions including projects, policies and laws such as the Sexual Offences Act (2001), Criminal Law (Codification and Reform) Act (Chapter 9:23) Act 23/2004 and the Domestic Violence Act (Chapter 5:16) Act 14/2006 as well the establishment of the Victim Friendly System.

However, despite all these interventions to address violence against women, incidences of violence against GWWD continued to silently occur. Whilst women and girls with disabilities have unique concerns and needs, mainstream programmes on ending violence against women tended to treat all women as a homogeneous group with GWWD among other minority groups of women losing out in the process. Consequently, there is no reliable information on violence against GWWD. Nevertheless, anecdotal reports and evidence available from this project and from LCDZ's prior experience on similar work indicates that violence among GWWD is discreetly rife. For instance the Living Conditions among People with Disabilities in Zimbabwe study (2014) noted that individuals with disabilities are more prone to violence than their non-disabled counterparts. In majority of cases perpetrators target the mentally challenged and those with hearing and speech impairments taking advantage of their lack of comprehension and lack of verbal language. Compounding the situation for GWWD are practical challenges that they face in seeking justice and other post-violence services. The 2015 Baseline study by LCDZ on Access to Justice for GWWD identified a number of barriers to services for GWWD which includes negative attitudes among service providers; communication challenges; long distances to service centre; costs and infrastructure inaccessibility among others. Thus, besides being highly vulnerable to violence, survivors of GWWD encounter difficulties in reporting abuse and in accessing information and remedial services such as justice, health and counselling services.

1.3. Project Strategies and Results Framework

1.3.1 The Strategies

In an effort to close the above noted gaps in ending violence against women in Zimbabwe LCDZ implemented a 3 year project that pursued both preventative and responsive strategies in addressing violence against women and girls with disabilities with a budget of US\$400,452.00. Three key strategies that the project pursued are (1) direct service provision to survivor GWWD to access post-violence justice and related services (to improve service delivery), (2) empowerment of women and girls with disabilities as rights holders and Disabled People's Organizations (DPOs) to improve safety and reduce incidences of GBV against GWWD as well as (3) advocacy and skills development for key duty bearers and stakeholders (changing individual knowledge, promote access to justice and influence organizational culture).

In availing the direct services LCDZ is collaborating with its network of over 30 partner organizations/institutions (POs). However, regional coordination of service provision to

survivor GWWD among other activities was done by Nzeve Deaf Children's Centre (Manicaland Province), ZIMCARE Sibantubanye Special School (Bulawayo and Matebeleland North and South Provinces), Jairos Jiri Naran Centre (Midlands Province), COPOTA School for the Blind (Masvingo) and the rest of the provinces were directly coordinated by LCDZ. The project also strongly collaborates with the Victim Friendly Unit of Police, Judiciary Service Commission, National Prosecuting Authority and other stakeholders to facilitate fair and smooth access to disability and survivor friendly justice and related services for women and girls with disabilities. This is mainly done through provision of practical assistance that ameliorate access barriers this includes logistical support (facilitating traveling and meeting related costs) and disability expert services such as sign language interpretation, Braille reading and support persons at Police and in Court. As empowerment measures to the target group the project also among other things offered training to GWWD and their caregivers on violence against women, conducted community awareness raising and sensitization of community leaders on violence against GWWD. National dialogues, training and sensitization of Police, Judiciary, mainstream women's organizations as well as DPOs are also key components of the project that are aimed at both prevention of and effective response to incidences of violence against GWWD by the targeted institutions and authorities. While direct service provision, training and sensitization of Police, Judiciary, other government departments, women's organizations and DPOs are done at national level; training of GWWD and their caregivers and community awareness raising activities and support groups were done in 8 districts of Bindura, Bikita, Makoni, Chikomba, Zibagwe/Kwekwe, Gwanda, Hwange and Mhondoro-Ngezi.

1.3.2 Project's Anticipated Results

The project's overall goal is a situation where, 'Women and girls with disabilities in Zimbabwe have improved safety from sexual violence and other forms of gender based violence and are increasingly participating in the justice process on equal terms with others when their rights are violated'. In contributing to this goal the project was expected to produce the following changes:

1. GWWD (primary beneficiaries of the project) in Zimbabwe will be more aware of their rights and be able to detect and report violence against them. They will also be more visible in women's programmes and their concerns being considered in programming and policy making by both government and civil society actors. About 1,900 GWWD and 1,900 caregivers are expected to directly benefit from the project.
2. Police, Court Officials and other service providers will change their attitudes towards GWWD and assist them in a disability friendly manner that considers their different needs and capabilities.
3. DPOs and mainstream women's organizations will be the vanguard for the protection of girls and women with disabilities and alarm raisers when abuse happen.

The Project's Results Framework/Theory of Change is presented in the table below:

Project Goal: Women and girls with disabilities in Zimbabwe have improved safety from sexual violence and other forms of gender based violence and are increasingly participating in the justice process on equal terms with others when their rights are violated.		
Outcome	Output	Activities
Outcome 1: Enhanced access to justice for disabled girls and women survivors of sexual violence and other forms of gender based violence across the country	1.1 Disabled girls and women survivors of violence are better cared for during the pre-trial, trial and post-trial periods.	1.1.1 Provision of disability expert and support services ¹³ to women and girls with disabilities with pending or new cases of violence against them in the process of accessing justice
		1.1.2 Provision of logistical support to women and girls with disabilities and their caregivers in the process of accessing justice and related services
		1.1.3 Home visits and cases follow-up to disabled women survivors of violence
		1.1.4 Provision of counselling to both women and girls with disabilities and their caregivers/parents
Outcome 2: GWWD, Caregivers, community leadership and community based organizations (CBOs) in 8 selected Districts are increasingly proactive to prevent and respond to occurrences of violence against GWWD	2.1: Organizations (including DPOs, mainstream women's NGOs and government ministries/departments) are increasingly incorporating the needs of GWWD into their policies and guiding principles	2.1.1 Mobilizing and training of women and girls with disabilities on GBV, relevant laws and reporting procedures (where and how to seek help) among other issues
		2.1.2 & 2.1.3 Gathering & Adaptation of identified materials into accessible formats GWWD (i.e. audio, visual and Braille among formats).
		2.1.4 Distribution of adapted IEC materials to women and girls with disabilities as relevant for particular types of disabilities
		2.1.5 Formation of support groups for GWWD and linking them to mainstream women's organizations and other women and child protection structures at community level
	2.2: Community leadership, community members, CBO's and caregivers have greater awareness of the vulnerability of GWWD to gender based violence and are more actively	2.2.1 Carry-out community awareness raising campaigns to be organized on and in line with national, regional and international commemorations and other localized campaigns in all selected districts
		2.2.2 Sensitization of community leaders (CL) and CBOs on vulnerability of GWWD to gender based violence and the need to proactively respond and prevent its

¹³ Disability expert and support services includes the following: 1. Assisting with communication at service providers (health centres, Police Station and Court) e.g. sign language interpretation and Braille Reading 2. An expert in disability acting as a support person for GWWD accessing services especially at Court 3. Disability expert giving technical advice and recommendations to service providers including Police and Courts when handling cases of GWWD 4. Disability expert's assessment of the survivor and her home environment and recommendations for general status and welfare of the survivor

	supporting GWWD who are survivors of GBV.	occurrence (Side-line meetings with community leaders during awareness campaigns and training of GWWD. Activity is linked to 2.2.1 & 2.1.1)
	2.3: Girls and women with disabilities and caregivers in targeted districts are more competent to communicate using formal sign language and are better able to support survivors of gender based violence who have hearing impairment.	2.3.1 Identification of girls and women with disabilities especially those with hearing and or speech impairment for training in sign language 2.3.2 Training of identified women and girls with disabilities especially those with hearing and or speech impairments on sign language
Outcome 3: Police, Public Prosecutors and Judiciary are more supportive to women and girls with disabilities who seek post-violence justice	3.1 Women and girls with hearing and or speech disabilities have greater access to legal and justice systems when they experience violence	3.1.1 In-depth Training of Court Interpreters on sign language 3.1.2 Refresher training for previously trained VFU and Court Interpreters trained on sign language
	3.2 Police, public prosecutors and judiciary have increased knowledge of disabilities, challenges faced by GWWD in accessing justice and expeditiously respond to acts of violence against girls and women with disabilities.	3.2.1 National Project Start-up workshop 3.2.2 National Annual Dialogue meetings with key stakeholders on rights of women with disabilities and access to justice 3.2.3 Training of Police, Judicial Officers and representatives of mainstream women's organizations on disability and general handling of survivors of violence with different forms of disabilities during VFS sub-committee meetings
	4.1 DPO's are more aware of violence against women and are more active in taking measures that protects GWWD within their organizations and communities.	4.1.1 Training of DPOs on violence against women, relevant laws and reporting procedures 4.1.2 Review of DPOs' (partner institutions') Child Protection and Gender Policies and their development where they are not present (to be done bilaterally with individual DPOs/POs through facilitation by experts/consultant)
	4.2 Concerns and needs of GWWD are increasingly included in mainstream women and child protection programmes	4.2.1 Attendance to VFS quarterly national and monthly sub-committees and other relevant meetings by DPOs and LCDZT. DPOS and partners district of interest we will prioritise 4.2.2 Follow-up meetings with individual mainstream women's organizations and
Outcome 4: Organizations (including DPOs, mainstream women's NGOs and government ministries/ departments) increasingly incorporating the needs of GWWD into their policies and guiding principles		

		development action points to include concerns of GWWD into their programmes and guiding principles (meetings to be schedule during their planning periods)
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2. PURPOSE OF EVALUATION AND INTENDED USE

2.1 Why the Evaluation needs to be done?

This is a mandatory final project evaluation required by the UN Trust Fund to End Violence against Women. The purpose of this project terminal evaluation is to assess and analyse the impact of the project on the lives of GWWD and on their access to post-violence justice and related services. Thus, it ought to assess the extent to which the project has achieved its set results/objectives and targets both at district and national levels against the standard evaluation principles of relevance, effectiveness, efficiency and sustainability. The evaluation also seeks to note and document good practices and lessons learnt from this project on ending violence against women especially GWWD that can be replicated or inform future programming for LCDZ and UNTF.

2.2 How the evaluation results will be used by whom and when?

The results of the evaluation will be mainly used by LCDZ and UNTF to improve future interventions on addressing violence against GWWD as well as to account for the project funding with the donor. Lessons and recommendations arising from this evaluation will also be shared with key stakeholders at district, national and global level for the same use of improving interventions on ending violence against women.

2.3 What decisions will be taken after the evaluation is completed?

This evaluation exercise is mainly done to understand how the project has performed and generate lessons and knowledge from its experience for future programming. It does not necessarily lead to significant decisions. However it may inform decision making at UNTF concerning approval of final project report and project closure. At LCDZ level the results of the evaluation will help the organizations in making decisions around whether to continue investing in the intervention.

3. SCOPE OF WORK, EVALUATION OBJECTIVES & QUESTIONS

3.1 Scope of Work

The evaluation will have a national scope on access to post-violence justice and services for survivor GWWD but evaluation of particular aspects of the project will be focussed on 8 districts of Makoni, Bikita, Chikomba, Bindura, Zibagwe/Kwekwe, Gwanda, Hwange and Monhondoro-Ngezi. It will cover the entire project duration that is 1st January 2015 to 31st December 2017 assessing all project results (Goal, Outcomes and Outputs) and their related activities. Thus, identifying, analysing and documenting changes in attitudes and behaviours of targeted groups among other benefits and effects on their lives that can be attributed to the project. The key target groups to be covered include GWWD (both

survivors & non-survivors), caregivers of GWWD, Community Leaders, Regional Court Officials (Regional Magistrates, Prosecutors and Interpreters), Victim Friendly Unit (VFU) Police Officers, Ministry of Women Affairs, Gender and Community Development, mainstream women's organizations, Disabled Peoples Organizations (DPOs) among other stakeholders at both national and district levels. The evaluators are also expected to assess and make a comment on the project's design and theory of change.

3.2 Evaluation Objectives

This evaluation exercise seeks to fulfil the following objectives:

- To assess the project's achievements against expected results and targets (thus assessing its impact through basic evaluation principles of relevance, effectiveness, efficiency and sustainability)
- To identify and document good practices and lessons from this project for future interventions
- To make a general assessment of access to post-violence justice and related services for GWWD in Zimbabwe- identifying areas that require further attention

3.3 Evaluation Questions

The key questions that need to be answered by this evaluation include the following divided into five categories of analysis. The five overall evaluation criteria – relevance, effectiveness, efficiency, sustainability and impact - will be applied for this evaluation.

Evaluation Criteria	Mandatory Evaluation Questions
Effectiveness	<p>1) To what extent were the intended project goal, outcomes and outputs achieved and how?</p> <p>2) To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?</p> <p>3) To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.</p> <p>4) What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?</p> <p>5) To what extent was the project successful in advocating for legal or policy change? If it was not successful, explain why.</p>
Relevance	<p>1) To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls with disabilities?</p> <p>2) To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities?</p>
Efficiency	<p>1) How efficiently and timely has this project been implemented and managed in accordance with the Project Document?</p>

Sustainability	1) How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?
Impact	1) What are the unintended consequences (positive and negative) resulted from the project?
Knowledge Generation	1) What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls? 2) Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions? 3) What are the current issues/challenges concerning access to justice and other post-violence services for GWWD in Zimbabwe?

4. EVALUATION APPROACH AND METHODOLOGY

The preferred methodology is mixed-method (the evaluator should be able to come up with ways to do this). Primary data collection methods may include in-depth interviews and focus group discussions with GWWD, caregivers and community leaders as well as key informant interview with key stakeholders. The evaluators also need to utilize secondary data sources such as project progress reports, monitoring and evaluation reports, activity reports and case files/database for survivors. A baseline was also carried in the early stages of the project and the resultant report is also available for reference. However, for successful execution of this evaluation exercise, evaluators/consultants are requested to propose a suitable methodology, other sources of information and data capturing methods in consideration of the available resources and nature of the project. The proposed methodology should spell-out how data will be captured at both national and district levels but should incorporate the above suggested methods. The evaluation methodology may change upon more detailed design discussion with the evaluation consultant.

5. ETHICAL CONSIDERATIONS

The evaluation must be conducted in accordance with the principles outlined in the UN Evaluation Group (UNEG) 'Ethical Guidelines for Evaluation' <http://www.unevaluation.org/ethicalguidelines> It is imperative for the evaluator(s) to:

- Guarantee the safety of respondents and the research team.
- Apply protocols to ensure anonymity and confidentiality of respondents.
- Select and train the research team on ethical issues.
- Provide referrals to local services and sources of support for women that need them.
- Ensure compliance with legal codes governing areas such as provisions to collect and report data, particularly permissions needed to interview or obtain information about children and youth.
- Store securely the collected information.

The evaluator(s) must consult with the relevant documents as relevant prior to development and finalization of data collection methods and instruments. The key documents include (but not limited to) the following:

- World Health Organization (2003). Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women. www.who.int/gender/documents/violence/who_fch_gwh_01.1/en/index.html
- Jewkes, R., E. Dartnall and Y. Sikweyiya (2012). Ethical and Safety Recommendations for Research on the Perpetration of Sexual Violence. Sexual Violence Research Initiative. Pretoria, South Africa, Medical Research Council. Available from www.svri.org/EthicalRecommendations.pdf
- United Nations Evaluation Group (UNEG), 'Ethical Guidelines for Evaluation', June 2008. Available at: http://www.unevaluation.org/ethical_guidelines.
- UN Trust Fund Evaluation Guidelines 14
- Researching violence against women: A practical guide for researchers and activists November 2005
- http://www.path.org/publications/files/GBV_rvaw_complete.pdf
- World Health Organization (WHO), 'Ethical and safety recommendations for researching documenting and monitoring sexual violence in emergencies' 2007, http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

6. DELIVERABLES AND TIMEFRAMES

6.1 Main Deliverables

The key deliverables that the evaluator/consultant is expected to deliver are indicated in the table below.

Deliverable	Description	Timeframe/ Due Date
Technical Proposal/Evaluation Inception Report (Language: English)	The Technical Proposal or inception report should give a detailed description of the general methodology, data collection methods and sources of information that the evaluator is proposing to answer all the evaluation questions and fulfil the evaluation's objectives. The same report should provide details and a schedule for all the activities to be carried out. It should also describe the evaluators' understanding of the work to be undertaken as well as allocation of duties and responsibilities among the evaluation team members. UNTF guidelines are to be followed in preparing this report (these guidelines are considered to be part of these terms of reference). NB: The evaluator must prepare the inception report before commencing on any data collection to allow the opportunity for clarifications and sharing of common understanding about the evaluation from the onset. The inception report should follow the structure given in	Week 1: November 2017

	Annex 3 of the TOR and also refer to UNTF Evaluation Guidelines Section 4.3, pages 20 and 21	
Draft Evaluation Report (Language: English)	This is prepared by the evaluator soon after data collection and analysis. The draft should be shared with all key stakeholders to enable them to make comments and input into the evaluation information and process as well as to ensure that the evaluation meets the required quality criteria. The report structure will be agreed upon by the evaluators, LCDZ and UNTF but will be largely guided by the UNTF Guidelines for evaluation that will be shared with the evaluator (these guidelines are considered to be part of these terms of reference).	Week 4: December 2017
Final Evaluation Report (Language: English)	The final evaluation report will be the last deliverable and it has to be satisfactory to LCDZ and UNTF. The report including its structure must meet UNTF minimum requirements as per UNTF Guidelines for Evaluation (these guidelines are considered to be part of these terms of reference). It should also show that the evaluator has incorporated comments and feedback of key stakeholders including LCDZ & UNTF.	31 st January 2018

6.2 Timeline of the entire evaluation process

The evaluator is requested to propose a workable work schedule but guided by the following general work timelines.

Evaluation Stage	Key Tasks	Responsible	Time Frame
1. Preparatory	Drafting and sharing ToR	M. Chinoona	30/09/2017
	Review and finalization of ToR	Technical Advisors (UNTF & UN Women)	2 nd Week Oct 2017
	Advertisement for consultancy	LCDZ Management	3 rd Week Oct 2017
	Interviews and Selection of Evaluator/Consultant	LCDZ Management	3 rd Week Dec 2017
2. Commissioning & Inception	Inception meeting & Signing of Contracts/ Agreements with Evaluator	LCDZ Management & Evaluation Manager	8 th January 2018
	Review of key documents and preparation and submission of Inception Report	Evaluator/Consultant	5 th – 12 th Jan 2018

	Presentation & review of Inception Report and provide feedback	Evaluator/Consultant	15 Jan 2018
3. Data Collection & Field Work	Obtaining necessary approvals	Evaluation Manager	3 rd Week Jan 2018
	Scheduling and other logistics for field work & interviews	Field Work Coordinator (LCDZ M&E Officer)	1 st Week Feb 2018
	Field visits and collection of primary data	Evaluator/Consultant, Field Work Coordinator	1 st Week Feb- 2 nd Week Feb 2018
4. Data Analysis & Preparation of Reports	Synthesising of data, analysing and interpretation of findings	Evaluator/Consultant	2 nd & 3 rd Weeks Feb 2018
	Preparation of Draft Evaluation Report	Evaluator/Consultant	3 rd Week Feb 2017
	Review of the Draft Evaluation Report and provision of feedback	Evaluation Manager, LCDZ Management & Technical Advisors (UNTF)	4 th Week Feb 2018
	Incorporation of feedback and submission of Final Evaluation Report	Evaluator/Consultant	4 th Week Feb 2018 (28 February 2018)
5. Finalization & Publication of Evaluation Report	Approval of the Final Evaluation Report	LCDZ Management & UNTF	March 2018
	Publication of the Report	Evaluation Manager	March 2018

7. BUDGET

The available budget for the evaluation is \$9,000.00 to meet all costs associated with the exercise.

8. MANAGEMENT ARRANGEMENT OF THE EVALUATION

Role	Responsibilities/Duties	Responsible Person
Evaluation Manager	Someone from the grantee organization, such as project manager and/or M&E officer to manage the entire evaluation process under the overall guidance of the senior management. His/her responsibilities includes: Drafting and sharing of terms of reference; Coordinate the recruitment of the Evaluator/Consultant; Ensures that all necessary documents and approvals are available for the consultant. He/she will lead the collection of the key documents and data to be shared with the evaluators at the beginning of the inception stage;	To be nominated by LCDZ

	<p>Liaise and coordinate with the evaluation team, the reference group, the commissioning organization and the advisory group throughout the process to ensure effective communication and collaboration. This includes scheduling and calling for update meetings in consultation with evaluator;</p> <p>Provide administrative and substantive technical support to the evaluation team and work closely with the evaluation team throughout the evaluation;</p> <p>Lead the dissemination of the report and follow-up activities after finalization of the report</p>	
Commissioning Organization/LCDZ	<p>Senior management of the organization who commissions the evaluation (grantee) – responsible for:</p> <p>1) allocating adequate human and financial</p>	<p>LCDZ Executive Director with support from Finance and Administration Manager</p>
Evaluator/Consultant	<ul style="list-style-type: none"> • To conduct an external evaluation based on the contractual agreement and the Terms of Reference, • Develop the research methodology and propose schedule for field work in liaison with Field Work Coordinator • Works under the day to day supervision of the Evaluation Manager. 	To be recruited
Field Work Coordinator	<ul style="list-style-type: none"> • Plans and schedule all field activities in consultation with the Consultant and Evaluation Manager • Coordinates mobilization of project beneficiaries sampled for interviews and or focus group discussions • Oversees other administration and logistical matters related to evaluation field activities 	LCDZ Monitoring & Evaluation Officer
Reference Group	<ul style="list-style-type: none"> • Include primary and secondary beneficiaries, partners and stakeholders of the project who provide necessary information to the evaluation team and to reviews the draft report for quality assurance (The evaluators and Evaluation Manager should create a platform to enable review and feedback from the reference group). 	<ul style="list-style-type: none"> • Selected GWWD and caregivers from project beneficiaries • Relevant government departments

Technical Advisors (Advisory Team)	<ul style="list-style-type: none"> • Reviews terms of references for the evaluation • Participate in the recruitment of the consultant/evaluator • Reviews evaluation draft and final reports for consistence with UNTF expectations and ethical considerations 	UNTF Portfolio Manager (USA) & UN Women Project Focal Person (ZW) & Any other persons seconded by UNTF
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9. REQUIRED QUALIFICATIONS & COMPETENCIES

At least a Master's Degree in Monitoring and Evaluation, Development Studies, Project Management, Gender Studies, Statistics or any other relevant subject

- At least 5 years' experience of carrying out project terminal evaluations using mixed methods with a strong component on qualitative research.
- Traceable experience of evaluating projects on violence against women or gender based violence
- Extensive knowledge and experience with Results Based Management to project management
- Expertise in gender and human rights based approaches to evaluation
- Appreciation of disability rights and issues is desirable
- Sound knowledge and understanding of Zimbabwe's legal and justice system is an asset
- Good communication skills (both written and oral)
- Ability to communicate in English and Shona and or Ndebele is necessary.

10.2 Evaluation Matrix

EVALUATION CRITERIA	INDICATORS		DATA SOURCES		DATA COLLECTION METHODS	
	Q1: To what extent were the intended project goal, outcomes and outputs achieved and how?		GOAL: Project Goal: Women and girls with disabilities in Zimbabwe have improved safety from sexual violence and other forms of gender based violence and are increasingly participating in the justice process on equal terms with others when their rights are violated			
EFFECTIVENESS	Indicator 1: Perspectives of women and girls with disabilities and caregivers concerning the safety of GWWD from violence and accessibility of the justice system in the country		GWWD		Interviews with GWWD - Survey questionnaire	
	Indicator 2: Percentage of GWWD interviewed who feel empowered to claim their rights		GWWD		Interviews with GWWD - Survey questionnaire	
	Indicator 3: Percentage of GWWD survivors of violence reached by the project reporting improved well-being after accessing/participating in post violence justice process.		LCDZ progress reports / Data base		Reports review and analysis	
	Outcome 1: Enhanced access to justice for disabled girls and women survivors of sexual violence and other forms of gender based violence across the country					
	Indicator 1.1: Percentage of disabled women and girls survivors of gender based violence who received practical assistance to access justice and survivor friendly services against the target of 900 survivors		LCDZ progress reports / Data base		Reports review and analysis	
	Indicator 1.2: Number of cases of GWWD who are survivors of violence that were received at pre-trial stage that proceeded to court in the past 6 months.		LCDZ progress reports / Data base		Reports review and analysis	
	Indicator 1.3: Perspectives of GWWD survivors reached by the project on received services and on their experiences with police and courts					
	Output 1.1: Disabled girls and women survivors of violence are better cared for during the pre-trial, trial and post-trial periods					
	Number of beneficiaries who receive practical assistance during the pre-trial period		LCDZ progress reports / Data base		Reports review and analysis	
	Number of beneficiaries who receive practical assistance during the trial period		LCDZ progress reports / Data base		Reports review and analysis	
	Number of beneficiaries who receive practical assistance during the post-trial period		LCDZ progress reports / Data base		Reports review and analysis	
	Outcome 2: GWWD, Caregivers, community leadership and community based organizations (CBOs) in 8 selected Districts are increasingly proactive to prevent and respond to occurrences of violence against GWWD					
	Indicator 2.1: Number of sensitized GWWD, caregivers and community leaders reporting taking action to prevent violence against GWWD and in support of GWWD who are survivors of violence by type of action		LCDZ progress reports / Data base		Reports review and analysis	
	Indicator 2.2: Perspectives of caregivers, community leaders, representatives of CBOs and CPCs on disability issues and vulnerability of girls and women with disabilities to gender based violence		Caregivers, community leaders, representatives of CBOs and CPCs		FGDs and Interviews	
	Indicator 2.3: Number of CBOs and Child Protection Committees that are involving GWWD in their programmes in the 8 project districts and ways in which they are involving them		LCDZ progress reports / Data base CBOs and CPCs		Reports review and analysis	
	Output 2.1: Girls and women with disabilities have increased knowledge of their rights and gender based violence issues					
	Number of women and girl with disabilities who can identify at least 2 laws that protects women from violence in Zimbabwe		GWWD		Interviews with GWWD - Survey questionnaire	
	Percentage of women and girls with disabilities reached with training who know the right steps to take in the event of abuse/violence		LCDZ progress reports / Data base		Reports review and analysis	

Perspectives of GWWD on how laws to protect women in the country relates to their rights as enshrined in international conventions such as UNCRPD	GWWD	Interviews with GWWD - Survey questionnaire
Output 2.2: Community leadership, community members, CBOs and caregivers have greater awareness of the vulnerability of GWWD to gender based violence and their rights to protection		
Number of Community Leaders who support the idea of reporting cases of violence against GWWD to Police instead of family and community settlements	LCDZ progress reports / Data base	Reports review and analysis
Percentage of caregivers taking measures to protect GWWD under their guardianship from violence of any nature	LCDZ progress reports / Data base	Reports review and analysis
Perspectives of surveyed (sample) community members from targeted districts/project areas on violence against GWWD	community members	FGDs Interviews with community members
Output 2.3: Girls and women with disabilities and caregivers in targeted districts are more competent to communicate using formal sign language and are better able to support survivors of gender based violence who have hearing impairment		
Number of women and girls with disabilities confidently converse in formal sign language	community members	FGD /Interviews with community members
Perspectives of trained GWWD and caregivers on supporting survivors of gender based violence who have hearing and or speech impairment	LCDZ progress reports / Data base	Reports review and analysis
Outcome 3: Police, Public Prosecutors and Judiciary are more supportive to women and girls with disabilities who seek post-violence justice		
Indicator 3.1: Perspectives of Police, Magistrates, Public Prosecutors and Interpreters on access to justice by disabled girls and women survivors of violence	Police, Magistrates, Public Prosecutors and Interpreters	Interviews with Police, Magistrates, Public Prosecutors and Interpreters
Indicator 3.2: Percentage of cases of violence against GWWD received in the last 6 months attended to by Police, Prosecutors and Judiciary according to guiding principles prescribed by law and the Protocol on Multisectoral Management of Sexual Abuse and Violence in Zimbabwe.	LCDZ progress reports / Data base	Reports review and analysis
Output 3.1: Women and girls with hearing and or speech disabilities have greater access to legal and justice systems when they experience violence		
Number of hearing and or speech impaired girls and women who can testify in sign language during court proceedings	LCDZ progress reports / Data base	Reports review and analysis
Perspectives of VFU Police Officers and Court Interpreters on using sign language in recording statements and interpreting in court	VFU Police Officers and Court Interpreters	Interviews with VFU Police Officers and Court Interpreters
Number of trained Police Officers and Court Interpreters competent and confident in using sign language in their work	LCDZ progress reports / Data base	Reports review and analysis
Output 3.2: Police, Judiciary and mainstream women's organizations have increased knowledge of disabilities, challenges faced by GWWD in accessing justice and expeditiously respond to acts of violence against girls and women with disabilities		
Number of Police and Judiciary Officers with basic skills to handle GWWD who are survivors of gender based violence	LCDZ progress reports / Data base	Reports review and analysis
Number of mainstream women's organizations reaching out to GWWD who are survivors of gender based violence	LCDZ progress reports / Data base	Reports review and analysis
Percentage of trained Police and Judiciary Officers who support prioritization of cases of gender based violence involving GWWD	LCDZ progress reports / Data base	Reports review and analysis
Outcome 4: Organizations (including DPOs, mainstream women's NGOs and government ministries/departments) are increasingly incorporating the needs of GWWD into their policies and guiding principles		
Indicator 4.1: Percentage of sensitized DPOs with Child Protection and Gender Sensitive Policies in place that have explicit language about the needs of GWWD and how those needs will be addressed	LCDZ progress reports / Data base	Reports review and analysis

	Indicator 4.2: Perspectives of GWWD on relevant government and NGO programmes, policies and their guiding principles	GWWD	Questionnaire survey
	Indicator 4.3: Number of mainstream women's organizations and government ministries/departments that can demonstrate their support for the needs of women and girls with disabilities for protection from violence and access to justice	LCDZ progress reports / Data base	Reports review and analysis
	Output 4.1: DPOs are more aware of violence against women and are more active in taking measures that protects GWWD within their organizations and communities		
	Percentage of DPOs staff supported in 2016. Members knowing the steps to take in the event of violence or suspected violence against GWWD both within and outside their organizations	LCDZ progress reports / Data base	Reports review and analysis
	Level of awareness of DPOs about the vulnerability of women and girls with disabilities to gender based violence		
	Output 4.2: Concerns and needs of GWWD are increasingly included in mainstream women and child protection programmes		
	Percentage of Government and NGO mainstream women and child protection programmes that includes the needs of GWWD as well as ways to address those needs	LCDZ progress reports / Data base	Reports review and analysis
	Number of DPOs participating in mainstream programmes and activities aimed at ending violence against women at both local and national levels	LCDZ progress reports / Data base	Reports review and analysis
	Level of awareness of DPOs about the vulnerability of women and girls with disabilities to gender based violence (GBV)	DPOs	Interviews with DPOs
	Q2: To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?		
	GOAL: Project Goal: Women and girls with disabilities in Zimbabwe have improved safety from sexual violence and other forms of gender based violence and are increasingly participating in the justice process on equal terms with others when their rights are violated		
	Beneficiaries whose lives are expected to be changed and improved through the project goal (Girls and women with disabilities)	GWWD	Questionnaire survey
	Outcome 1: Enhanced access to justice for disabled girls and women survivors of sexual violence and other forms of gender based violence across the country		
	Beneficiary 1 Women/girls with disabilities	LCDZ progress reports / Data base	Reports review and analysis
	Beneficiary 2 Legal officers (i.e. lawyers, prosecutors, judges)	LCDZ progress reports / Data base	Reports review and analysis
	Beneficiary 3 Uniformed personnel (i.e. police, military, officers)	LCDZ progress reports / Data base	Reports review and analysis
	Outcome 2: GWWD, Caregivers, community leadership and community based organizations (CBOs) in 8 selected Districts are increasingly proactive to prevent and respond to occurrences of violence against GWWD		
	Beneficiary 1 Women/girls with disabilities	LCDZ progress reports / Data base	Reports review and analysis
	Beneficiary 2 Secondary Beneficiary Other	LCDZ progress reports / Data base	Reports review and analysis
	Beneficiary 3 Community-based groups/members	LCDZ progress reports / Data base	Reports review and analysis
	Outcome 3: Police, Public Prosecutors and Judiciary are more supportive to women and girls with disabilities who seek post-violence justice		
	Beneficiary 1 Legal officers (i.e. lawyers, prosecutors, judges)	LCDZ progress reports / Data base	Reports review and analysis
	Beneficiary 2 Uniformed personnel (i.e. police, military, officers)	LCDZ progress reports / Data base	Reports review and analysis

Outcome 4: Organizations (including DPOs, mainstream women's NGOs and government ministries/departments) are increasingly incorporating the needs of GWWD into their policies and guiding principles	Outcome 4: Organizations (including DPOs, mainstream women's NGOs and government ministries/departments) are increasingly incorporating the needs of GWWD into their policies and guiding principles				
	Beneficiary 1	Civil society organizations (including NGOs)	LCDZ progress reports / Data base	Reports review and analysis	
	Beneficiary 2	Civil society organizations (including NGOs)	LCDZ progress reports / Data base	Reports review and analysis	
	Beneficiary 3	Govt officials (i.e. decision makers, policy implementers)	LCDZ progress reports / Data base	Reports review and analysis	
	Q3: To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes				
	Perspectives of GWWD on changes on their lives		GWWD	Questionnaire survey	
	Perspectives of caregivers and community on changes on the lives of GWWD.		Caregivers	FGD with Caregivers	
	Proportion of interviewed GWWD who feel that the project brought positive changes		GWWD	Questionnaire survey	
	Q4: What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?				
	Internal factors facilitating progress		Implementer and implementing partners	Interviews with implementers and partners	
	External factors facilitating progress				
	Internal factors impeding progress				
	External factors impeding progress				
	Evaluation Question 5: To what extent was the project successful in advocating for legal or policy change? If it was not successful, explain why				
	RELEVANCE	Number of advocacy-related activities		LCDZ progress reports / Data base	Reports review and analysis
		Specific policy changes advocated for			
		Responses from organizations whose policies should change			
		Policy changes			
		1) To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls with disabilities?			
		Coherence between need identified at baseline and project strategies and activities.		All evaluation respondents	FGDs, KIs, Questionnaire Survey
Proportion of survivors who feel the project activities were relevant to their needs					
Perceptions of the justice system					
Community perceptions on					
2) To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities?					
Coherence between project strategies and activities and current/future needs of GWWD		All evaluation respondents	FGDs, KIs, Questionnaire Survey		
Proportion of survivors who feel the project activities continue to be relevant to their needs					
Perceptions of the justice system on continued relevance of project strategies and activities					
Community perceptions on continued relevance of project strategies and activities					
EFFICIENCY	How efficiently and timely has this project been implemented and managed in accordance with the Project Document?				
	Degree of variance between the executed activities vs Planned activities		LCDZ progress reports / Data base Implementing partner records / database	Records, Reports review and analysis	
	Degree of variance between planned and actual timelines				
	Capacity of staff in implementing the project (numbers & skills)				
	Adequacy and utilization of the budget (discrepancy between planned and actual cost)				
	Timeliness and channels of disbursements				

IMPACT	Financial accountability and reporting	GWWD, Justice institutions, DPOs, CBOs, Community Leaders, Government Institutions	FGDs, KIs, Questionnaire Survey
	Clarity of roles and responsibilities		
	Coordination mechanisms and frequency		
	Level of stakeholder participation		
	Monitoring and follow up mechanisms		
	Utilization of monitoring results		
	Facilitating / inhibiting factors affecting timely implementation		
	Mitigating measures taken to address the causes of variance		
	What are the intended and unintended consequences (positive and negative) resulting from the project?		
	Positive and negative changes in the lives of GWWD and GBV survivors.		
SUSTAINABILITY	Positive and negative changes in the justice delivery system	All evaluation respondents	FGDs, KIs, Questionnaire Survey
	Positive and negative changes in the Community		
	Positive and negative changes in DPOs and civil society organizations		
	Positive and negative changes in Government institutions		
	How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?		
	Systems and structures put in place by the project for sustainability		
	Level of adoption by institutions relevant in protecting GWWD		
	Perceptions of sustainability by GWWD and stakeholders		
	1) What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?		
	Number of documented cases produced		
KNOW LEDGE GENERATION	Number and type of recordings produced (videos, Audios, photos)	All evaluation respondents	FGDs, KIs, Questionnaire Survey
	Type, frequency and depth of reports produced		
	Lessons learnt by GWWD and stakeholders		
	2) Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?		
	Best practices in fighting GBV		
	Potential and strategies for replication		
	3) What are the current issues/challenges concerning access to justice and other post-violence services for GWWD in Zimbabwe?		
	Access to justice challenges		
	Other post-violence service challenges		
	Suggested solutions to challenges		
RECOMMENDATIONS	Project Recommendations	All evaluation respondents	FGDs, KIs, Questionnaire Survey
	For LCDZ, implementing partners and civil society organizations		
	For DPO		
	For community structures		
	For justice institutions		
	For other government departments	All evaluation respondents	FGDs, KIs, Questionnaire Survey

10.3 Final version of Results Monitoring Plan

A. Statement of Project Goal, Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline data	E. Timeline for baseline data collection	F. Endline data please provide actual endline data per indicator	G. Timeline for endline data collection
Project Goal: Women and girls with disabilities in Zimbabwe have improved safety from sexual violence and other forms of gender based violence and are increasingly participating in the justice process on equal terms with others when their rights are violated	1: Perspectives of women and girls with disabilities and caregivers concerning the safety of GWWD from violence and accessibility of the justice system in the country	1. In-depth Interviews with GWWD	49.0% and 56.7% interview respondents felt that they and all other GWWD were more prone and vulnerable to GBV within their families and communities respectively as compared to other able bodied females. With regards to safety at community level, 62% of the GWWD somehow felt safe	June 2015	95.1% of GWWD felt more prone than other in the community. 56.1% felt more prone than others in their family. 46% felt safe in the community and 48% felt safe in their households.	January 2018
		1. In-depth Interviews with GWWD 2. Separate Focus Group Discussions with GWWD and their caregivers	With regard to accessibility and responsiveness to cases of GWWD, 26.9% of the respondents felt that the JSC was very responsive and good when dealing with GWWD whilst 22.1% felt that they were good sometimes. 18.3% felt their accessibility and response was fair		Accessibility: Police viewed as accessible by 95.1% of GWWD. Courts – viewed as accessible by 70.7% of GWWD Responsiveness: 53.7% viewed police as very responsive, and 39.1 viewed them as fairly responsive. 36.6% viewed courts as very responsive and 34.1% as fairly responsive.	
	2: Percentage of GWWD interviewed who feel empowered to claim their rights	1. Individual Interviews with GWWD	50% of the GWWD interviewed outrightly felt that there was no situation which ever justified any form of GBV	June 2015	100% felt GWWD should never be exposed to abuse but 65.9% cited some situations which exposed them to abuse.	January 2018
	3. Percentage of GWWD survivors of violence reached by the project reporting improved wellbeing after accessing/participating in post violence justice process.	Client Feedback Interviews at 6 months intervals or exit-whatever comes first	This could not be established during the baseline. LCDZT will need to develop wellbeing assessment tools for ongoing measurements of changes within the clients being assisted.	June 2015	According to project reports 74% out of 738 reported improved wellbeing. However, out of GWWD interviewed during the evaluation 42% believed well-being had improved while 58% felt exposed due to delayed completion of cases or lack of feedback	January 2018
Outcome 1: Enhanced access to justice for disabled girls and women survivors of sexual violence and other forms of gender based violence across the country.	1: Percentage of disabled women and girls survivors of gender based violence who received practical assistance to access justice and survivor friendly services	Review of Client Files/Records	Post GBV care was only sought for 55.2% of the GBV cases involving GWWD that were recorded during the baseline	June 2015	738 GWWD reached against a target of 900 (82%). 97.3% of interviewed sexual violation survivors sought	January 2018

A. Statement of Project Goal, Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline data	E. Timeline for baseline data collection	F. Endline data please provide actual endline data per indicator	G. Timeline for endline data collection
	against the target of 900 survivors				justice through the police and courts	
	2: Number of cases of GWWD who are survivors of violence that were received at pre-trial stage that proceeded to court in the past 6 months.	Review of Client Files/Records	35 GBV cases involving GWWD were still pending in the 6 districts	June 2015	148 of the 154 cases (96 %) received in the final half year of the project were referred to the courts for trial	January 2018
	3: Perspectives of GWWD survivors reached by the project on received services and on their experiences with police and courts	Client Feedback Interviews at 6 months intervals or exit-whatever comes first	42.3% of the GWWD felt that the courts were not adequately resourced to deal with their cases. 36.5% of the respondents however felt that the JSC did not have sufficient knowledge to work with GWWD particular with regards to sign language and GWW mental disabilities. Attitudes of the JSC staff was also cited by 13.5% of the GWWD as a major deterrent to service seeking among GWWD.	June 2015	54% and 39% of interviewed GWWD viewed police services as good and fair respectively. 37% and 34% of GWWD viewed court services as good and fair respectively	January 2018
Outcome 2: GWWD, Caregivers, community leadership and organizations (CBOs) in 8 selected Districts are increasingly proactive to prevent and respond to occurrences of violence against GWWD	1: Percentage of GWWD, caregivers and community leaders reporting taking action to prevent violence against GWWD and in support of GWWD who are survivors of violence by type of action	Interviews with GWWD, caregivers and community leaders	59.6% of GWWD reported that their caregivers were taking actions within the households in order to prevent GBV for the GWWD in their family. These actions were mostly keeping the GWWD away from any form of harm of danger, keeping them attended to by a trusted adult at all times and discussions on sex and sexuality to enable informed decision making. 46.2% of the GWWD also felt that the community and community leadership were taking actions to make GWWD safe in their area. These actions were mainly awareness raising and information provision on service providers.	June 2015	63% of GWWD taking self-protection measures. 46% believed community was taking protection measures.	January 2018
	2: Perspectives of caregivers, community leaders, representatives of CBOs and CPCs on disability issues and vulnerability of girls and	1. Annual Small Scale Survey	The baseline established that; Stigma, discrimination, economic dependence on men and service delivery systems that are not sensitive to the needs of GWWD did not only	June 2015		January 2018

A. Statement of Project Goal, Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline data	E. Timeline for baseline data collection	F. Endline data please provide actual endline data per indicator	G. Timeline for endline data collection
	women with disabilities to gender based violence	2. Key Informants Interviews from CBOs and CPCs	make them more vulnerable to GBV but also to all other facets of social ills such as HIV and unemployment. Attitudes of service providers, Religious and Traditional Practices, Poor access to information on rights and service providers, Diminished decision making autonomy for women in second marriages and being out of school were also identified as key drivers of vulnerability.		High levels of knowledge of women rights, child rights, rights of GWWD as well as harmful cultural practices. Harmful cultural practices like child marriages highly condemned by FGD and KII respondents	
	3: Number of CBOs and Child Protection Committees that are involving GWWD in their programmes in the 8 project districts and ways in which they are involving them	Key Informants Interviews (key informants will be drawn from relevant Government departments, CBOs and CPCs)	19 CBOs/NGOs. However, the # of CPCs in the districts could not be established by the baseline	June 2015	CBOs and CPCs were clear on the need and zeal to involve GWWD in their programs but fell short on resources to bring them to meetings and to provide sign language translation services	January 2018
Outcome 3: Police, Public Prosecutors and Judiciary are more supportive to women and girls with disabilities who seek post-violence justice	1: Perceptions of Police, Magistrates, Public Prosecutors and Interpreters on access to justice by disabled girls and women survivors of violence	1. Interviews with Regional Magistrates, Regional Court Public Prosecutors and Interpreters	Perceptions of the Police, Magistrates, and Public Prosecutors on access to justice by GWWD to access justice, showed that the current laws and constitution promoted non-discriminatory access to justice. However, due to resource constraints within government to fully provide free legal aide to survivors of GBV, distances to district courts and the technicalities in the provisions of the law .e.g. in trying to provide verdicts that can stand scrutiny, GWWD are often faced with challenges to access justice mainly due to their vulnerability. Lack of appreciation of sign language and the attitudes of some of the VFU, JSC and DCWPS/DSS staff were also identified as bottlenecks in access to justice for GWWD. As a result, these become	June 2015	Justice delivery institutions viewed the project as a catalyst to the justice delivery process. It addressed major bottlenecks in the process while at the same time, facilitating access to justice for GWWD	January 2018
		2. Annual Dialogues (Stakeholders meeting)		June 2015		January 2018

A. Statement of Project Goal, Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline data	E. Timeline for baseline data collection	F. Endline data please provide actual endline data per indicator	G. Timeline for endline data collection
Outcome 4: Organizations (including DPOs, mainstream women's NGOs and government ministries/departments) are increasingly incorporating the needs of GWWD into their policies and guiding principles	2: Percentage of cases of violence against women with disabilities received in the project in the last 6 months that are attended to by Police, Prosecutors and Judiciary in accordance with guiding principles prescribed by law and the Protocol on Multi-sectorial Management of Sexual Abuse and Violence in Zimbabwe.	1. Review of Statistics from Police and Courts 2. Review of Client Files/Records	eminent barriers for GGWD to access justice.	June 2015	Figures not established but many outstanding and new cases were brought to the attention of police and courts. Their completion was however affected by resource challenges faced by the justice delivery institutions.	January 2018
	1. Percentage of sensitized DPOs with Child Protection and Gender Sensitive Policies in place that have explicit language about the needs of GWWD and how those needs will be addressed	Policy Audit and Review	To be established during project implementation	TBA	Figures not established but considerations for incorporating the needs of GWWD were ongoing. Some organizations were already incorporating GWWD needs in their programs and activities	January 2018
	2. Perspectives of GWWD on relevant government and NGO programmes, policies and their guiding principles	Focus Group Discussions with GWWD and Caregivers	Only 31.7% and 22.0% of the individual interview respondents felt that NGO's and mainstream women's organizations in the community included programs for GWWD respectively. 16.3% ¹⁴ also felt that the DSS and DCWPS were very responsive to their needs of GWWD.	June 2015		January 2018
	3. Number of mainstream women's organizations and government ministries/departments that can demonstrate	1. Review and Analysis of policies and programmes of relevant	To be established during project implementation	TBA		January 2018

A. Statement of Project Goal, Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline data	E. Timeline for baseline data collection	F. Endline data please provide actual endline data per indicator	G. Timeline for endline data collection
	their support for the needs of women and girls with disabilities for protection from violence and access to justice.	government ministries/departments and mainstream women's NGOs				
		2. Interviews with Key Informants (including representatives of the relevant organizations)				
		3. Observation of conduct and physical environment of service provider				

10.4 Beneficiary Data Sheet

Beneficiary group	Target	Total number reached
x. Girls and Women with Disabilities (GWWD) survivors of GBV/VAW	900	738
xi. GWWD non-survivors of GBV/VAW reached by awareness	1000	1295
xii. Caregivers and parents of GWWD	1000	995
xiii. Community leaders and CBOs	260	329
xiv. Uniformed forces (Police)	300	346
xv. Legal Officers (Magistrates, prosecutors and interpreters)	100	223
xvi. Government Ministry Officials	50	143
xvii. Civil society organizations and DPOs	70	201
xviii. Mainstream Women Organizations	30	53

10.5 Additional methodology-related documentation

a. Beneficiary Questionnaire

END OF TERM EVALUATION ACCESS TO JUSTICE FOR GWWD AND THEIR CAREGIVERS

BASIC INFORMATION:

Name of enumerator _____
 Date: ____/____/____ Time Started: _____ Time Ended: _____
 District: _____ Ward: _____

+++++
 Have you obtained consent YES [] NO []

SECTION 1: RESPONDENT DEMOGRAPHICS:

Question	Codes	Response
1.1 Age of respondent		[] YRS
1.2 Are you the head of the household?	1 = Yes 2 = NO	[]
1.3 If the caregiver is being interviewed, what is the age of the beneficiary?		[]
1.4 Sex of the respondent	1= Male 2=Female	[]
1.5 Educational status of the beneficiary	1= In School 2= Out of School	[]
1.6 If out of school, state the reason	1=Financial challenges 2=Health 3= Not interested 4= Completed 5= Other (Specify).....	[]
1.7 Type of disability	1=Hearing impaired 2=Visual impaired 3=Physically challenged 4=Mentally challenged 5=Other (Specify).....	[]
1.8 Marital status of the GWWD	1=Married and living with spouse 2=Married and not living with spouse [] 3=Divorced/Separated 4=Widow 5=Never been married/Not yet married	
1.9 How many people live in this household?	Male Female Total	
1.9.1 How many household members are below 18?		
1.9.2 How many household members below 18 are living with disabilities?		
1.9.3 How many are 18 and above?		
1.9.4 How many individuals above 18 years of age are living with a disability?		

SECTION 2: PROJECT KNOWLEDGE & INVOLVEMENT

Question	Codes	Response
2.1 Are you aware of the project Access to justice for GWWD?	1=Yes 2=No	[]
2.1.1 If YES: a What was the main purpose of this project?	1=Informing GWWD about their rights 2=Helping GWWD VICTIMS OF GBV access justice 3=Help reduce instances of GBV 4=Ensure GWWD are safer since the project began 5=Other (Specify).....	[]
b What activities were being undertaken by this project? (Tick as many as possible)	1=Providing transport to and from court for GWWD 2=Providing sign language interpreters for court 3=Providing emotional support in court 4=Providing GBV training for GWWD and caregivers 5=Sensitizing community leaders on GBV 6=Sensitizing police and other judicial officials on GBV 7=Other (Specify).....	[] [] []
c Which key organizations were helping or partnering in some form or the other with LCDZ to implement this project? (A maximum of 3)	1= Nzeve Deaf Children's centre 2= ZIMCARE Sibantubanye Special School Bulawayo 3= Jairos Jiri Naman centre 4= COPOTA School for the blind 5= Victim friendly unit 7= National Prosecuting Authority and JSC 8= Other (Specify).....	[] [] [] [] []
d How were you involved with the project if at all?	1= Educated on rights of GWWD 2=Helped assist GWWD affected by GBV	[]

	3=Involved in awareness programs 4=Member of DPO 5=Other (Specify)..... 6=Did not participate	<input type="text"/>
2.1.2 If your answer to 2.1 was NO, What activities do you know of that are being done by LCDZ in the community? (You can select up to 3) (Probe further)	1=Providing transport to and from court for GWWD 2=Providing sign language interpreters for court 3=Providing PSS support in court 4=Providing GBV training for GWWD and caregivers 5=Sensitizing community leaders on GBV 6=Sensitizing police and other judicial officials on GBV 7=Other (Specify).....	<input type="text"/>

SECTION 3: PROJECT RELEVANCE

Question	Codes	Response
3.1 Was the project necessary?	1=Yes 2=No 88=Not sure	<input type="text"/>
3.1.1 Give reasons for your answer above	_____ _____ _____	
3.2 What problems faced by GWWD did the project seek to address? (Probe the specific activities) (Up to 3)	1=Physical and sexual abuse 2=Lack of access to justice for GWWD who are GBV survivors 3=Limited knowledge of rights of GWWD 4=Limited knowledge of legal system and/or procedures after abuse 5=Lack of transport to and from court 6=Lack of community awareness on how to access justice for GWWD	<input type="text"/> <input type="text"/> <input type="text"/>
3.3 Was the project a good response to these problems faced by GWWD (Give reason for your answer)	1=Yes 2=No 88=Not sure _____	<input type="text"/>
3.4 What else could have been done to ensure GWWD have access to justice?	_____ _____	

SECTION 4: PROJECT EFFICIENCY

Question	Codes	Response
4.1 Once started did the project activities flow smoothly?	1=Yes 2=No	<input type="text"/>
4.2 What challenges did you notice in the implementation of the project? (Up to 3 answers)	1=Shortages of finance 2=Shortage of manpower 3=Lack of cooperation from some partners 4=Community resistance 5=Lack of support after case is concluded 6=Other (Specify).....	<input type="text"/>
4.3 Of all the project activities, identify one which you think could have been done differently for better results? (Justify your answer)	1=Providing transport to and from court for GWWD 2=Providing sign language interpreters for court 3=Providing PSS support in court 4=Providing training for GWWD and their caregivers on GBV 5=Sensitizing community leaders on GBV 6=Sensitizing police and other judicial officials on GBV 7=Other (Specify).....	<input type="text"/>

SECTION 5: PROJECT EFFECTIVENESS

5.1 In the table below, please indicate the extent to which the project activities were achieved in this project, give details of what was done and the extent to which this contributed to access to justice for GWWD.

Activity	Extent of Achievement	Specify what was achieved	Contribution to improving access to justice for GWWD
	1=Not at all; 2=slight; 3=average; 4=good; 5= excellent		1=Not at all; 2=slight; 3=average; 4=good; 5= excellent
a) Facilitating travelling & meeting related costs			
b) Disability expert services such as sign language translators in court and at police stations, mental and			

physical health experts assistance in court and other procedures			
c) Support for GWWD victims of GBV at police stations and court			
d) Training GWWD and their caregivers on violence against GWWD			
e) Community awareness campaigns on violence against GWWD			
f) Sensitizing community leaders on violence against GWWD			
g) Other (Specify).....			

5.2 Overall, do you think the project achieved its purpose? 1=Yes / 2=No

5.2.1 Give reasons for your answer.....

SECTION 6: PROJECT OUTCOMES AND IMPACT

6.1 Awareness – Human rights, GWWD rights, GBV

GWWD RIGHTS ISSUES		CODES	RESPONSE	
6.1.1	Do you know any specific rights for GWWD?	1=Yes 2=No	<input type="text"/>	
6.1.2	If Yes, please specify			
6.1.3	Who introduced these rights to you?	1=Parents/Guardians 2=Community leaders 3=LCDZ 4=Other children 5=Teachers 6=Community structures (specify) 7=Other (Specify).....	<input type="text"/>	
6.1.4	What do you understand by the term GBV(Gender Based Violence)	<div></div> <div></div>		
6.1.5	Which of the following do you think constitutes GBV / violation against the rights of girls and women?		YES	NO
	Rape and child sexual abuse			
	Beating of a wife by her husband			
	Denying a female child food			
	Denying a girl the right to education			
	A male relative beating a girl child			
	Assault			
	Harassment			
	Sexual exploitation			
	Forced marriages			
	Verbal abuse			
6.1.6	Do you think there are any circumstances or situations that justify girls and women with disabilities to be exposed to GBV?	YES <input type="text"/> NO <input type="text"/> State reasons for you answer		
6.1.7	Are GWWD in your view, more prone to GBV? Why?	YES <input type="text"/> NO <input type="text"/> State reasons for you answer		
6.1.8	Are girls and women living with disabilities more prone to GBV in your family?	YES <input type="text"/> NO <input type="text"/> State reasons for you answer		
6.1.9	Have GWWD in your family ever experienced any form of GBV?	1=Yes 2=No <input type="text"/> 3=No response		
6.1.10	If yes what was the nature of the GBV?	<div></div> <div></div>		

6.2 Experiences / encounters with GBV

6.2.1	In the past 3 years, have you or the family member living with disability been subjected to any forms of GBV?	1=Yes 2= No 3= Did not respond	<input type="text"/>
6.2.2	If yes to 6.2.1 what was the nature of the GBV/Abuse (Multiple response possible, but do not prompt)	Tick all mentioned	
	Sexual Violence (Rape, sexual assault/sexual harassment, human trafficking, and indecent exposure)	1	
	Physical Violence	2	

	Emotional Violence	3			
	Other specify below	4			
6.2.3. Who perpetrated this GBV? Tick all appropriate, do not prompt					
	Sexual Violence	Physical Violence	Emotional Violence	Other	
a.	Father				
b.	Step father				
c.	Brother				
d.	Step brother				
e.	Uncle				
f.	Other male relative(specify)				
g.	Neighbor				
h.	Spouse/Boyfriend				
i.	Other male authority figure. e.g. Teacher, Policeman, (specify)				
j.	Other(specify)				
6.2.4	Did you seek any Post GBV care services after this happened?		Tick appropriate response		
	Probe for all that were responded to above	Yes	No	Did not respond	
	Sexual Violence (Rape, sexual assault/ <u>sexual harassment</u> , <u>human trafficking</u> , and <u>indecent exposure</u>)				
	Physical Violence				
	Emotional Violence				
	Other specify below				
6.2.5 If yes, where did you go to seek the service? Tick all mentioned, do not Prompt		Sexual Violence	Physical Violence	Emotional Violence	Other
a.	Visited the hospital/Clinic				
b.	Victim friendly unit				
c.	DSS/DCWPS				
d.	Courts				
e.	Child Protection committee				
f.	Mainstream Women's Organization				
g.	Local leader				
h.	Local CBO				
i.	Pastor				
j.	Relative				
k.	Teacher/School head				
l.	Other specify				
6.2.6	Who, if anyone, helped you go to this service?	1=Friend.....			

		2=Relative..... 3=Teacher..... 4=Peer/ student..... 5=Other(specify)..... 0=No one..... 88=Don't know..... 99=Declined to answer.....	
6.2.7	How did they help you go to this service?	1=Transport..... 2=Directions..... 3=Money.....4- Other (specify)..... 88=Don't know..... 99=Declined to answer.....	
6.2.8	How much did this service help you?	1=Helped me a lot..... 2=Some help..... 3=No help at all..... 88=Don't know..... 99=Declined to answer.....	

6.3 Access to and participation in Zimbabwe justice system

QUESTION	CODES	RESPONSE
6.3.1 When faced with a case of GBV against GWWD, who do you report to?	1=parents/Guardians 2=Teachers 3=Police 4=Community leaders 5=Other relatives 6=Other (Specify).....	[_____]
6.3.2 What type of GBV would you report? (Up to 3)	1=Physical 2=Sexual 3=Emotional 4=Child labour 5=Corporal punishment 6=Other (Specify).....	[_____]
6.3.3 What type of GBV would you not report?		[_____]
6.3.4 What do you think should be done to the perpetrator?	1=Arrested and tried 2=Given community service 3=Brought to community leaders 4=Forgiven 5=Nothing 6=Other (Specify).....	[_____]
6.3.5 What should be done to help the victim?	1=Counselled 2=Get medical check up 3=Relocated to a safer place 4=Other (Specify).....	[_____]
6.3.6 Where did you obtain information about Zimbabwe's legal system? (Up to 3)	1=Parents/Guardians 2=Community leaders 3=LCDZ 4=Other children 5=Teachers 6=LCDZ community awareness campaigns 7=Other (Specify).....	[_____]

6.3.7 How accessible were these services to GWWD?

	Were services received?		Very Accessible	Accessible	Not Accessible
	Yes	No			
a. Visited the hospital/Clinic					
b. Victim friendly unit					
c. DSS/DCWPS					
d. Courts					
e. Child Protection committee					
f. Mainstream Women's Organization					
g. Local leader					
h. Local CBO					

i. Pastor					
j. Relative					
k. Teacher/School head					
l. Other specify					
m. Other					

6.3.8 What could be the major **barriers** to accessing these services in your area?

6.3.9. To what extent do the Police, Judiciary and Mainstream women's organizations support women and girls with disabilities in the event of violence?

	Very good and responsive	Good sometimes	Fair	Below average	Poor and unresponsive
a. Police	1	2	3	4	5
b. Judiciary/Courts	1	2	3	4	5
c. Mainstream Women's Organizations	1	2	3	4	5
d. DCWPS/DSS	1	2	3	4	5

6.3.10 What do think are the barriers to service delivery of these departments? Tick all mentioned

	Resources	Attitudes	Knowledge of how to work with GWWD (e.g. sign language)	Other specify
a. Police				
b. Judiciary/Courts				
c. Mainstream Women's Organizations				
d. DCWPS/DSS				

6.4 Knowledge of and participation in GBV prevention efforts / strategies

6.4.1 Whose responsibility is it to ensure that these rights are met for GWWD? (Rank any top three in order of importance)

1=Parents/Guardians 2=Government 3=Social Welfare 4=Community 5=Children 6=NGOs and CBOs	7=Local Leaders 8=Police 9=Religious leaders 10=Teachers 11=Others (Specify).....	<input type="text"/> <input type="text"/> <input type="text"/>
---	---	--

6.4.2 What are the causes or factors that promote GBV against GWWD within the household and the community?

Household Level	Community Level
Probe for i) Cultural, religious and Traditional beliefs ii) Knowledge on service providers	

6.4.3 Are there any actions that you have taken to prevent GBV against GWWD within your household and community

1=YES; 2=NO; 88 Don't Know; 99=No response What actions are these? 1..... 2..... 3.....	1=YES; 2=NO; 88 Don't Know; 99=No response What actions are these? 1..... 2..... 3.....
---	---

Do you or the GWWD feel safe and protected from GBV within your Household and community? Support your Answer

Community	Household
1=YES; 2=NO; 88 Don't Know; 99=No response Reason:	1=YES; 2=NO; 88 Don't Know; 99=No response Reason:

6.5 Overall perception of impact (notable changes)

6.5.1 Listed below are statements that describe the outcome/impact situation of project interventions. For each statement,. Select one box that best describes your degree of agreement with the given statement.
KEY: SA-Strongly Agree; A-Agree; N-Neutral; D-Disagree and SD-Strongly Disagree.

Statement	SA	A	N	D	SD
a. More witnesses are coming forward for court cases					

b.	There is better sharing of legal rights knowledge by children (with their families, communities and peers)					
c.	There is provision of high quality services arising from community elders mentoring and related support					
d.	DPOs are fully constituted and operational and ensure that GWWD have access to justice and full support before and after the court case.					
e.	Girls and women are well versed with information on child rights					
f.	An efficient call in system that meets international standards linked with several services is available and in use					
g.	The numbers and girls reporting violence has increased					
h.	There is increased awareness of the rights of GWWD					
i.	Linkages with the allied services strengthened and available for appropriate advice and assistance.					
j.	Social well-being (Through disabled-adapted assistance) for GWWD is promoted					
k.	There is increased access to information material (leaflets, posters, games) about rights and how to report a case of rights violation					
l.	There is increased awareness about rights and justice, leading to increased demand for formal legal services					
m.	Mobile legal consultations available through participation of qualified lawyers and of paralegals trained by the project					
n.	Demand for formal legal consultations, advice and proceedings, through better access to information about the legal system					
o.	Communities have more confidence in Zimbabwean formal legal system					
p.	There is better Access to justice for GWWD in the 8 districts (Through increased scope of the legal services)					

6.5.2 Overall comment on the impact of the project

.....

SECTION 7: SUSTAINABILITY

7.1 The table shows a number of statements about the sustainability prospects of the project. Show, by ticking one box for each statement the extent to which you agree or disagree. [Responses: SA=Strongly Agree, A=Agree, NS=Not Sure, D=Disagree, SD=Strongly Disagree]

Question	SA	A	NS	D	SD
a.					
b.					
c.					
d.					

7.2 Of the various project components, which one do you think has the least chance of continuing? Why?

7.3 What are these threats and what can be done to overcome them?

7.4 What should LCDZ do in order to improve prospects for sustainability of similar future project outcomes?

SECTION 8: EQUALITY AND NON-DISCRIMINATION

Question	Codes	Response
8.1 Did the project take care of the needs of all GWWD?	1=Yes 2=No	[]
8.2 If any groups were left out/not fully catered for, which groups are these?	1=GWWD living in isolated areas 2=Orphans 3=Children out of school 4=Other (Specify).....	[]
8.3 In your own view, why were the groups you identified in 8.2 left out?		
8.4 What needs to be done to ensure that all GWWD benefit equally?		

SECTION 9: LESSONS, CONCLUSIONS AND RECOMMENDATIONS

9.1 What lessons have you learnt from this project? (Probe fully for positive and negative lessons)

9.2 What suggestions do you have for implementation of similar projects in future?

9.3 Any other comments on the project?

.....

b. Key Informant Interview Guide – Implementers

FINAL EVALUATION

ACCESS TO JUSTICE FOR GIRLS AND WOMEN WITH DISABILITIES

KEY INFORMANT INTERVIEW GUIDE

[For use with Implementer (LCDZ) and Implementing Partners (Coordinators)]

KI Name		M		Designation	
Contact details		F		Role in Project	

[illegible]

1.0 Project relevance

Issues	Questions
Relevance and alignment with stakeholder needs	To Needs of Beneficiaries (GWWD). Do achieved results (goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities?
	Needs of Leonard Cheshire Disability and alignment with Government of Zimbabwe
Relevance of project DESIGN	Appropriateness of the design of the project (reflect fully on issues of best practice – such as baseline, stakeholder involvement, M&E framework)
Relevance of project pillars	<p>How relevant were these core project pillars in addressing the project goals?</p> <ul style="list-style-type: none"> ▪ Direct service provision ▪ Stakeholder empowerment (various stakeholders) ▪ Advocacy and skills development

2.0 Project efficiency

2.1 Relationship between resource inputs and results	<p>Budget utilization against achievement of results? [Less to produce more results?]</p> <p>How efficiently and timely has this project been implemented and managed in accordance with the expectations and plans as in Project Document?</p>
2.2 Resource management	<p>Management of resources? Measures (what) taken to achieve efficiency (Leveraging? Networking? Partnership? Communication? Would there have been greater efficiency with different strategies?) ? How did the resources flow? Any impediments?</p>
2.3 Efficiencies of design	<p>How were these gained? (Leveraging? Networking? Partnership? Communication?) In hind sight, would there have been greater efficiency with different strategies?</p>

3.0 Project effectiveness (Directed to the key project implementers – LCDZ and partners in field)

3.1 Results against targets	<ul style="list-style-type: none"> ▪ Achievements of the project (Outputs, Outcomes, Purpose), including reach. (Contributing to access to justice for GWWD)? ▪ What were the internal and external factors that contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?
3.2 Implementation strategies	<ul style="list-style-type: none"> ▪ What were the implementations strategies planned, adopted and used? How effective were the strategies [management of processes, technical assistance provision, stakeholder involvement and coordination, monitoring and evaluation] in contributing to achievement of project goals?
	<ul style="list-style-type: none"> ▪ What were the challenges? How were they overcome? Lessons learnt? ▪ Advocating for legal or policy change? Was this successful? Explain why.

4.0 Outcomes and Impact

Project-induced changes (in the three pillars of empowerment, direct service provision and advocacy and lobbying)	<p>To what extent has this project generated changes (and what specific changes?) in relation to the specific forms of violence it was addressing and linked to each pillar? [consider both <u>positive</u> and <u>negative</u> changes (intended or unintended):</p> <ul style="list-style-type: none"> ▪ in the lives of beneficiaries (targeted or untargeted) and their families ▪ in Community structures and practices ▪ in key organizations (such as judiciary system)
---	---

	<ul style="list-style-type: none"> in policies and practices?
5.0 Sustainability	
5.1 Post-donor project continuation prospects	How are the results already achieved by the project in the lives of women and girls, especially the positive changes, going to continue after this project ends?
5.2 In-built sustainability measures and mechanisms	What processes and measures has the project included to enhance prospects of continuation? [probe on capacity building, working within existing community and national structures, integration with other existing programmes]
5.3 Sustainability threats and sustainability lessons	What are the key threats to continuation and how have these been (or are being) dealt with? [Probe on existence of a sustainability plan framework].
6.0 Equality and Nondiscrimination	
Beneficiary categories [inclusion and exclusion]	Were these issues at all in this project? In what way did they manifest? What measures were (or need to be) taken to avert threats related to discrimination?
6.2 Possible actions	What measures are being (or can be?) taken to make it all-inclusive?
7.0 Lessons learnt, conclusions and recommendations	
Lessons learnt, recommendations	Looking back on the project experiences, what lessons do we take home? If there one thing you could change in a similar project, what would that be? Any additional reflections?
Thank you for your time	

c. Key Informant Interview Guide – Justice Institutions

FINAL EVALUATION ACCESS TO JUSTICE FOR GIRLS AND WOMEN WITH DISABILITIES KEY INFORMANT INTERVIEW GUIDE [For use with Support Stakeholders – Justice Delivery institutions]																		
<table border="1"> <tr> <td> <table border="1"> <tr> <td>KI Name</td> <td></td> <td>M</td> <td></td> <td>Designation</td> <td></td> </tr> <tr> <td>Contact details</td> <td></td> <td>F</td> <td></td> <td>Role in Project</td> <td></td> </tr> </table> </td> <td colspan="5"> How well did you execute your role? What were the success factors and the impediments to your efforts? </td> </tr> </table>	<table border="1"> <tr> <td>KI Name</td> <td></td> <td>M</td> <td></td> <td>Designation</td> <td></td> </tr> <tr> <td>Contact details</td> <td></td> <td>F</td> <td></td> <td>Role in Project</td> <td></td> </tr> </table>	KI Name		M		Designation		Contact details		F		Role in Project		How well did you execute your role? What were the success factors and the impediments to your efforts?				
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KI Name		M		Designation														
Contact details		F		Role in Project														
Section 1: Project Knowledge and involvement																		
Issues	Questions																	
Project knowledge	1.1 From your own understanding, what were the key pillars / activities of LCDZ's project on access to justice for GWWD?																	
Role / Involvement in the project	1.2 How were you involved in the project? What was your role as a department?																	
Justice delivery system	1.3 What services are you as a government department doing to (i) prevent and to (ii) respond to GBV in this community? 1.4 Do you think they are enough to cater and assist victims and survivors of GBV as well as to punish the perpetrator? 1.5 Do you think your department (VFU/Courts) system is accessible and friendly for GWWD GBV survivors? 1.6 How proactive is your department in preventing and responding to GBV in GWWD? 1.7 What challenges do you face in delivering services to GWWD? 1.8 How can these challenges be closed?																	
Section 2: Project relevance																		

Issues	Questions
	2.1 What issues / challenges was the project trying to address? (community, gender, disability, justice delivery system)
Relevance and alignment with stakeholder needs	2.2 To Needs of Beneficiaries (GWWD). Do achieved results (goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities? 2.3 To Needs of Leonard Cheshire Disability and alignment with Government of Zimbabwe
Relevance of project DESIGN	2.4 Appropriateness of the design of the project (reflect fully on issues of best practice – such as baseline, stakeholder involvement, M&E framework). Could this have been better designed? How and why?
Cultural context	2.5 Are there any practices in this community that are GBV but are accepted and viewed as culture, religion, norms etc.? 2.6 Any known danger zones in this community (or in this area) where girls/Women are at increased risk for violence? (water points, taxi terminus, shopping centre, homes, going to the field, going to and from school, or in schools, etc.) 2.7 What do people in this community do when they are violated/experience GBV? 2.8 Are GBV cases usually reported? If NO/YES, why? 2.9 Who are usually the main perpetrators of violence and who are mainly the victims? Probe 2.10 What usually happens to the perpetrators? 2.11 What happens to the victims of GBV or GBV survivors? 2.12 Without mentioning any names or indicating anyone specific, which groups of GWWD/types of disability do you think are most at risk for sexual violence? And, why do you think these groups are more at risk? 2.13 How are GBV survivors treated in the community? (Are they not victimized and blamed for the perpetrator's actions) 2.14 What is the attitude of people towards reporting or seeking help in a case where one has been violated? 2.15 How comfortable are women and girls living with disabilities in seeking help from service providers (PROBE: Courts, police, etc...? If No, why are they not comfortable? 2.16 Do service providers (health centres, police, etc.) provide both adults and girls with professional help for any incident of child abuse/physical violence? 2.17 What is the attitude of the service providers towards those seeking help?
GBV Knowledge context	2.18 Do you think Men and women; girls and boys in this community understand what amounts to GBV? If yes/No, why do you say so? 2.19 In your own opinion are both women and girls well informed/Educated on protection and response structures from GBV (such as VFU, the courts, Childline, CPSc, CCWs. Why do you say so? How is the education done? 2.20 Are girls with disability in this community aware of their rights in any case or form of violence? Why do you say so? 2.21 In your view are women living with disability in this community aware of their rights enough to stand up to any form of abuse/violence? Why do you say so?
Section 3: Project delivery efficiency	
2.1 Relationship between resource inputs and results	What is your overall comment about management of project and resources? How did this make it difficult or easier to execute programmes? Did GWWD benefit from the resources? Why? How efficiently and timely has this project been implemented and managed in accordance with the expectations and plans as in project document?
2.2 Resource management	What are some of the practical measures introduced for making best use of resources that you are ware of? (Leveraging? Networking? Partnership? Communication? Could this have been done differently and better?
Section 4: Project effectiveness	
Results against targets	4.1 Was the project implementation plan shared with you? 4.2 Did the project achieve its planned results in contributing to access to justice for GWWD? Explain further. 4.3 What factors impacted on the achievement of the intended project results
Implementation strategies	4.4 As the project unfolded, what implementations strategies did the project use or have to change for greater effectiveness [management of processes, technical assistance provision, stakeholder involvement and coordination, monitoring and evaluation]? 4.5 What contribution did the project make to influence legal or policy change? What was your contribution to this? What challenges were faced? How were they resolved? What useful lessons did you learn from implementation of this project?
Section 5: Outcomes and Impact	

Project-induced changes (by pillar and activities)	5.1 To what extent has this project generated positive changes (and what changes) in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project?
	5.2 What do you think would improve the safety of women and girls living with disability in this area?
	5.3 What do you think can be done to prevent GBV especially among women and girls with disabilities <ul style="list-style-type: none"> ○ <i>Community level,</i> ○ <i>Institutional level (Health service providers, Support Groups etc.)</i> ○ <i>Policy Level</i>
	5.4 What do you think can be done to improve GBV services at <ul style="list-style-type: none"> ○ <i>Community level,</i> ○ <i>Institutional level (Health service providers, Support Groups etc.)</i> ○ <i>Policy Level</i>
	5.5 How did the project help to improve the justice delivery system in Zimbabwe? Any Figures (trends) of backlogs of cases (by nature of crime?). Any pending cases for GWWD (by nature of crime).
	5.6 How did the project help to change social norms detrimental to GWWD 5.7 How did the project help to change: <ul style="list-style-type: none"> • Views and attitudes towards reporting? Towards victims? • Sources of help used? • The practice of seeking help in cases of GBV.
	5.8 How did the project contribute to changing the knowledge and understanding of GBV

Section 6: Sustainability

6.1 Post-donor project continuation prospects	How are the results already achieved by the project in the lives of women and girls, especially the positive changes, going to be sustained after this project ends?
6.2 In-built sustainability measures and mechanisms	What processes and measures has the project already embraced to enhance prospects of continuation? [probe on capacity building, working within existing community and national structures, integration with other existing programmes]
6.3 Sustainability threats and sustainability lessons	What are the key threats to continuation and how have these been (or are being) dealt with? [Probe on existence of a sustainability plan framework].

Section 7: Equality and Nondiscrimination

7.1 Beneficiary categories [inclusion and exclusion]	Were these issues at all in this project? In what way did they manifest? What measures were (or need to be) taken to avert threats related to discrimination?
7.2 Possible actions	What measures are being (or can be?) taken to make it all-inclusive?

Section 8: Lessons learnt, conclusions and recommendations

Lessons learnt, recommendations	8.1 Looking back on the project experiences, what lessons do we take home? If there one thing you could change in a similar project, what would that be? Any additional reflections?
	8.2 Are you aware of any policies or laws that are in place to protect people against violence?
	8.3 Do you think the laws and policies in place make GWWD feels safe from GBV in the community? How effective are these? Please explain further.
	8.4 Policy Considerations Zero down to GBV against Women and girls with disabilities. What policy recommendations do you have?

8.5 Any other comments

.....

d. Key Informant Interview Guide – Other stakeholders

FINAL EVALUATION

ACCESS TO JUSTICE FOR GIRLS AND WOMEN WITH DISABILITIES

KEY INFORMANT INTERVIEW GUIDE

[For use with Support Stakeholders – Government and Non State Actors]

KI Name		M		Designation	
Contact details		F		Role in Project	
How well did you execute your role? What were the success factors and the impediments to your efforts?					

1.0 Project relevance

Issues	Questions
Relevance and alignment with stakeholder needs	<p>To Needs of Beneficiaries (GWWD). Do achieved results (goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities?</p> <p>To Needs of Leonard Cheshire Disability and alignment with Government of Zimbabwe</p>
Relevance of project DESIGN	Appropriateness of the design of the project (reflect fully on issues of best practice – such as baseline, stakeholder involvement, M&E framework). Could this have been better designed? How and why?
Relevance of project pillars	<p>How relevant were these core project pillars in addressing the project goals?</p> <ul style="list-style-type: none"> ▪ Direct service provision ▪ Stakeholder empowerment (various stakeholders) ▪ Advocacy and skills development

2.0 Project delivery efficiency

2.1 Relationship between resource inputs and results	<p>What is your overall comment about management of project resources? How did this make it difficult or easier to execute programmes? Did GWWD benefit from the resources? Why?</p> <p>How efficiently and timely has this project been implemented and managed in accordance with the expectations and plans as in Project Document?</p>
2.2 Resource management	What are some of the practical measures introduced for making best use of resources that you are aware of? (Leveraging? Networking? Partnership? Communication? Could this have been done differently and better?

3.0 Project effectiveness (Directed to the key project implementers – LCDZ and partners)

3.1 Results vs targets	<ul style="list-style-type: none"> ▪ Achievements of the project (Outputs, Outcomes, Purpose), including reach. (Contributing to access to justice for GWWD)? ▪ What were the internal and external factors that contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?
3.2 Implementation strategies	<ul style="list-style-type: none"> ▪ What were the implementations strategies planned, adopted and used? How effective were the strategies [management of processes, technical assistance provision, stakeholder involvement and coordination, monitoring and evaluation] in contributing to achievement of project goals? ▪ What were the challenges? How were they overcome? Lessons learnt? ▪ Advocating for legal or policy change? Was this successful? Explain why.

4.0 Outcomes and Impact

Project-induced changes (in the three pillars of empowerment, direct service provision and advocacy and lobbying)	<p>To what extent has this project generated changes (and what specific changes?) in relation to the specific forms of violence it was addressing and linked to each pillar? [consider both positive and negative changes (intended or unintended):</p> <ul style="list-style-type: none"> ▪ in the lives of beneficiaries (targeted or untargeted) and their families ▪ in Community structures and practices ▪ in key organizations (such as judiciary system) ▪ in policies and practices?
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5.0 Sustainability

5.1 Post-donor project continuation prospects	How are the results already achieved by the project in the lives of women and girls, especially the positive changes, going to continue after this project ends?
5.2 In-built sustainability measures and mechanisms	What processes and measures has the project already embraced to enhance prospects of continuation? [probe on capacity building, working within existing community and national structures, integration with other existing programmes]

5.3 Sustainability threats and sustainability lessons	What are the key threats to continuation and how have these been (or are being) dealt with? [Probe on existence of a sustainability plan framework].
6.0 Equality and Nondiscrimination	
Beneficiary categories [inclusion and exclusion]	Were these issues at all in this project? In what way did they manifest? What measures were (or need to be) taken to avert threats related to discrimination?
6.2 Possible actions	What measures are being (or can be?) taken to make it all-inclusive?
7.0 Lessons learnt, conclusions and recommendations	
Lessons learnt, recommendations	Looking back on the project experiences, what lessons do we take home? If there one thing you could change in a similar project, what would that be? Any additional reflections?

e. FGD Guide					
FINAL EVALUATION					
ACCESS TO JUSTICE FOR GIRLS AND WOMEN WITH DISABILITIES					
FGD/KEY INFORMANT INTERVIEW GUIDE					
[For use for Community Stakeholders (leaders, caregivers, community structures)]					
<p>ame is..... We are a team of Independent Consultants who have been asked by LCDZ to conduct the Final Evaluation of the project "Access to Justice for Girls and en living with Disabilities". The purpose of our meeting is to talk about your views, opinions regarding the Gender Based Violence perpetrated against women and escent girls living disability with and their access to post-GBV care services as well as to reflect on what changes current anti-GBV efforts have brought about. cipation in this study is voluntary. You are free to let me know if I ask a question that you are not comfortable answering or do not have any opinion about or mmodation towards. This discussion is strictly confidential and the results will be used only for the purposes of this study. Later, information from all respondents will be ined and analysed together and nowhere in the report will we include people's names, positions or where they are from.</p>					
KI Name		M		Designation	
Contact details		F		Role in Project	
How well did you execute your role? What were the success factors and the impediments to your efforts?					
1.0 GBV Context					
1.1 In your view, what are the Major issues relating to GBV in this area?	<ul style="list-style-type: none"> Is GBV a problem in this area? Is GBV a problem with women and girls with disabilities? Which types of GBV are prevalent in this area? Who are the (a) main victims (b) main perpetrators What are the relevant Ministries doing to address GBV? Is this working? Are there any changes you have observed over time? 				
1.2 Acceptability of GBV practice in this area	<ul style="list-style-type: none"> In your opinion, is GBV in all its forms, an acceptable practice in this area/district? What is the community attitude towards all forms of GBV, especially on GWWD <ul style="list-style-type: none"> Physical violence (severe beating, punishment, slapping)? Domestic violence (within home, severely beaten, punished, raped)? Sexual violence/abuse (being forced to perform sexual acts against will, molestation) Emotional violence (being shouted at, being humiliated, being blackmailed) Child abuse (food withdrawal from child, denial of education, molestation, beaten..) Is there a change in community attitudes about GBV? 				
1.3 GBV – the main drivers or underlying causes	<ul style="list-style-type: none"> What are the main drivers/underlying causes of GBV against GWWD? Is it culturally acceptable? What role does religion play in promoting GBV Is poverty a cause of GBV? Are early marriages a cause? Is failure to resolve domestic dispute a cause? Have the drivers you have been talking about ben changing over time? 				
1.4 Effect of GBV on GWWD Households and observed. Help seeking behaviours	<ul style="list-style-type: none"> Effect in victims (women and girls living with a disability) Effect on perpetrators 				
	<ul style="list-style-type: none"> Do GWWD with disabilities seek help? Fully elaborate whether it is Yes or No Are there any different trends from what was the case before? 				

Now let us turn specifically and have some frank reflections on the project 'Access to Justice for Girls and Women with Disabilities' that LCDZ has been implementing in this and other communities.	
2.0 Project relevance	
Issues	Questions
2.1 Relevance and alignment with stakeholder needs	To Needs of Beneficiaries (GWWD). Do achieved results (goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities? To Needs of Leonard Cheshire Disability and alignment with Government of Zimbabwe
2.2 Relevance of project DESIGN	Appropriateness of the design of the project (reflect fully on issues of best practice – such as baseline, stakeholder involvement, M&E framework). Could this have been better designed? How and why?
3.0 Project delivery efficiency	
3.1 Relationship between resource inputs & results	What is your overall comment about management of project resources? How did this make it difficult or easier to execute programmes? Did GWWD benefit from the resources? Why? How efficiently and timely has this project been implemented and managed in accordance with its expectations and plans?
3.2 Resource management	What are some of the practical measures introduced for making best use of resources that you are aware of? (Leveraging? Networking? Partnership? Communication? Could this have been done differently and better?
Now let us talk about GBV services in the context of the project 'Access to justice for women and girls with disabilities' (who are victims of GBV), how effectively they were used, challenges faced and the extent to which they contributed to achievement of results:	
4.0 Project effectiveness	
4.1 GBV Services and the service providers	<ul style="list-style-type: none"> Are there adequate service providers for GBV victims in the area? What are your views about level of skills in provision of GBV services for GWWD? In general, do community members know where to go for these services? How would you describe the attitudes of Service Providers who assist GWWD when GBV has occurred? (such as the police, DSS, Clinics/Hospitals, Legal service providers & NGOs) Do these service providers promote and support activities related to GBV with special focus on the well-being of disadvantaged groups of the community including those with disabilities? How proactive are the DPOs in preventing and responding to GBV in GWWD?
The project 'Access to Justice for Women and Girls with Disabilities' came with a focus on three pillars of (a) Direct service provision, (b) Stakeholder Empowerment and (c) Lobbying and advocacy & skills building	
4.2 Results vs targets	<ul style="list-style-type: none"> Did the project achieve its intended results in terms of outputs, outcomes, and goal of contributing to access to justice for GWWD? What makes you say that? What were the internal and external factors that contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?
4.3 Implementation strategies	<ul style="list-style-type: none"> What were the implementations strategies adopted and used by the project? How effective were the strategies in contributing to achievement of project goals? What were the challenges faced? How were they overcome? Lessons learnt? How successful was advocating for legal or policy change? Please explain why.
5.0 Outcomes and Impact	
Project-induced changes (in the three pillars of empowerment, direct service provision and advocacy and lobbying)	To what extent has this project generated changes (and what specific changes?) in relation to the specific forms of violence it was addressing and linked to each pillar? [consider both positive and negative changes (intended or unintended)]: <ul style="list-style-type: none"> in the lives of beneficiaries (targeted or untargeted) and their families in the manner DPOs and Government Ministries incorporate needs of GWWD in their policies and practices (and guidelines for others) in the way service providers (such as judiciary system) manage interface between survivors and other stakeholders
6.0 Sustainability	
6.1 Post-donor project continuation prospects	How are the results already achieved by the project in the lives of women and girls, especially the positive changes, going to be sustained after this project ends?
6.2 In-built sustainability measures and mechanisms	What processes and measures has the project already embraced to enhance prospects of continuation? [probe on capacity building, working within existing community and national structures, integration with other existing programmes]
6.3 Sustainability threats and sustainability lessons	What are the key threats to continuation and how have these been (or are being) dealt with? [Probe on existence of a sustainability plan framework].

7.0 Equality and Non-discrimination	
7.1 Beneficiary categories [inclusion and exclusion]	Were these issues at all in this project? In what way did they manifest? What measures were (or need to be) taken to avert threats related to discrimination?
7.2 Possible actions	What measures are being (or can be?) taken to make it all-inclusive?
8.0 Lessons learnt, conclusions and recommendations	
Lessons learnt, recommendations	Looking back on the project experiences, what lessons do we take home? If there is one thing you could have changed in the project, what would that be? Any additional reflections?

f. Informed Consent Form

DIAL HONOUR CONSULTANCY

CAREGIVER CONSENT FORM FOR BENEFICIARY PARTICIPATION

Research Initiative: FINAL EVALUATION OF ACCESS TO JUSTICE FOR GIRLS AND WOMEN WITH DISABILITIES

BENEFICIARY PARTICIPATION COMPONENT

1. Principal Investigators : ----- and -----

Your child is being asked to take part in An interview/Group discussion as part of an the FINAL evaluation of Lcdz's work in Zimbabwe. This form has important information about the reason for doing this evaluation, what we will ask the beneficiaries and the way we will use information from them if you choose to allow them to participate.

2. Why are we doing Interview/Focus Group Discussions with Beneficiaries?

Beneficiaries are being asked to participate as independent participants in Interviews/Focus Group Discussions about this project that is implemented by LCDZ and financially supported by UNTF. The Interviews/Focus Group Discussions will encourage beneficiaries to share their points of view about the relevance and effectiveness of these programmes/services within their communities.

3. What will my beneficiary be asked to do if my child is in this study?

Your beneficiary will be asked to respond to a series of questions or come up with related questions of their own. They do not have to answer any question and will not be pressured to answer. The researchers will not ask any personal or sensitive questions, but enquire about their perceptions of the programmes and services that they are involved in, as follows:

4. Time and Confidentiality:

The beneficiary's participation will not be videotaped. The researchers will take notes that will only include their name, age, gender, community only. Only the principal researchers will be able to review their comments and their identity will never be linked with the comments or perceptions that they share. Participants will be asked to respect each other's confidentiality by not discussing each other's responses once they leave the Focus Group Circle.

5. What are the possible risks to beneficiaries of participating?

To the best of our knowledge, the things beneficiaries would be asked to talk about in this Focus Group Discussion will have no more risk of harm than the risks of everyday life. Participating in a learning activity about the value of the programmes and services they are involved in and how these connect to other social services and support systems may be positive, stimulating and empowering for your child.

On the other hand, beneficiary may experience the following, which the researchers will try to mediate:

- The beneficiary may get tired during the session. They can rest/take a break at any time.
- The may feel emotional when answering some of the questions. They can tell the researcher at any time if they want to take a break or stop participating.

6. What are the possible benefits for beneficiaries or others?

Beneficiaries will not have any material benefit from participating in the research, nor will it cost anything but their time. Participation is strictly voluntary. However, as a result of participating in an interesting discussion on issues that concern them, there may be positive benefits such as a feeling of better understanding of Gender Based Violence (GBV) issues and a sense of personal empowerment. This information gathered will result in recommendations to LCDZ which may be used to help other children and young people in the future.

7. How will the information collected be shared?

Results of this study will be used in a limited manner, in direct reporting and presentations to LCDZ itself and its partner organisations. We may wish to use direct quotes from your child, but your child's identity will be kept strictly confidential.

An exception to our promise of confidentiality is that we need to report evidence of GBV. We will not ask about child abuse, exploitation or neglect, but if your child tells us about child abuse, exploitation or neglect we will need to report that information to the appropriate authorities.

8. What are beneficiary's rights as a research participant?

Participation in this study is voluntary. Beneficiary may withdraw from this study at any time -- you and the beneficiary will not be penalized in any way or lose any sort of benefits for deciding to stop participation. If beneficiary decides to withdraw from this study, the researchers ask that the information already collected from them can be used.

9. Who can I contact if I have questions or concerns about this research study?

If you or your beneficiary has any questions, you may contact the researchers directly:

1. Researcher 1 ()
2. Researcher 2 ()

10. Caregiver Permission for Beneficiary Participation in the Evaluation

I have read this form and the purpose of the evaluation has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I give permission for my beneficiary to participate in the evaluation described above.

Parent/Legal Guardian's Name (printed) and Signature

Date

Name of Person Obtaining Parental Permission

Date

g. Enumerator Guidelines

ACCESS to JUSTICE for GIRLS and WOMEN with DISABILITIES.

FINAL -TERM EVALUATION

GUIDELINES FOR DATA COLLECTORS

Introduction

The instructions outlined hereunder are meant to help us to manage data collection at the site level in accordance with expected performance and behavioural standards. In addition, they are also meant to standardize the manner in which data is being collected across all data collection sites. Please read carefully and ask questions if any.

Ethics statement

After the training, and having studied these guidelines very closely, you are expected to sign the ethics form that outlines ethical expectations, committing yourself to "doing things the right way".

Before departure for data collection

Please check and make ensure that you have all the required stationery for use during data collection.

Arrival at the data collection site

It is necessary to establish rapport by first greeting whoever; it is that you are collected data from. Ask the age of the interviewee and ensure they are in the appropriate category.

Beginning the Interview

My name is _____, a researcher conducting a survey on behalf of Leonard Cheshire Disability Zimbabwe (LCDZ) which has been working on Access to Justice for Girls and Women with Disabilities (GWWD) in this community for the past three years. We are trying to find out about how the project is dealing with access to justice for these categories. LCDZ will use the answers you provide to improve programming. We also hope the information will benefit your community and possibly other communities in the future. As such, you are requested to respond to interview questions as truthfully as you possibly can. The information that you share will be kept in confidentiality and there will be no "come-backs" from the answers you give. Thus, whatever you say will not be shared with others. Your identity will remain anonymous and your name will not be recorded anywhere on the questionnaire and no-one will be able to link you to the answers you give. Only the interviewers will have access to the unlinked information. Please understand that you are not being forced to take part in this study and the choice whether to participate or not is yours alone. However, we would really appreciate it if you do share your thoughts with us. If you choose not take part in answering these questions, you will not be affected in any way. If you agree to participate, you may stop me at any time and tell me that you don't want to go on with the interview. If you do this there will also be no penalties and you will NOT be prejudiced in ANY way.

Assent/Consent form

Explain the purpose of the assent form. If interviewee is above 16, ask them to complete consent form. If below 16 ask a parent, guardian or institutional authority to sign the consent form.

End of interview – Thank the interviewee and proceed to the next participant or data collection site.

RESEARCHER'S DECLARATION

I, (full names)..... ID Number declare that:

- ☒ I have read through the research guidelines and am satisfied with their contents
- ☒ I am suitably qualified and experienced to perform the above research study.
- ☒ I will ensure that every research subject or other involved persons, such as relatives, shall at all times be treated in a dignified manner and with respect.

I also confirm that I have been adequately briefed on, and understood the contents of Leonard Cheshire values and operational guidelines. I understand that breach of any of its conditions shall constitute sufficient grounds for termination of contract.

Signature..... Date

10.6 Lists of persons and institutions interviewed or consulted and sites visited

A. KEY STAKEHOLDERS CONSULTED

- Survivor girls and women with disabilities and their caregivers
- Girls and women with disabilities and their caregivers in the project districts
- Ministry of Women Affairs, Gender and Community Development (MoWAGCD) at both national and project district levels
- Zimbabwe Republic Police (Victim Friendly Unit) at national, district level and station level in project districts
- Judicial Services Commission (JSC) at national and Regional Court levels
- National Prosecuting Authority at Regional Court level
- Ministry of Health and Child Care (especially the Department of Mental Health)
- LCDZ partner disability organizations (list and names to be provided to the evaluators during planning)
- Other women's organizations and community structures (including community leaders)

B. ORGANIZATIONS AND POSITIONS

Level	Organisation	Designation	Role in Project
National	Leonard Cheshire Disability	Programme Manager	Programme Overseer
National	Leonard Cheshire Disability	M and E Officer	M and E Officer
National	Leonard Cheshire Disability	Admin & Finance	Admin & Finance
National	Leonard Cheshire Disability	Ex-Case Management Officer	Ex-Case Management Officer
National	Judicial Services Commission	Regional Magistrate	Regional Magistrate
National	Judicial Services Commission	National VFC Coordinator	VFC Coordination
National	Judicial Services Commission	National Prosecution	Prosecution Services
National	Judicial Services Commission	Court Interpreter	Interpretation Services
National	Judicial Services Commission	Court Interpreter	Interpretation Services
National	Victim Friendly Unit (Police)	VFU Officer	VFU Officer
National	Victim Friendly Unit (Police)	VFU Officer	VFU Officer
National	Department of Social Services	Social Welfare Officer	Social Welfare Officer
National	Department of Social Services	Probation Officer	Probation Officer
National	Childline Zimbabwe	Project Officer	Project Officer
National	Medicines Sans Frontiers (MSF)	Project Officer	Project Officer
National	Catch	Project Officer	Project Officer
National	Catch	Project Officer	Project Officer
Level	Organisation	Designation	Role in Project
District – Bindura	Judicial Services Commission	Regional Public Prosecutor	Court Prosecution Services
District – Bindura	Judicial Services Commission	Chief Court Interpreter	Prived Intermediary Services
District - Bindura	Department of social Services	Social Welfare Coordinator	Child Protection & Welfare
District - Bindura	Department of social Services	District Social Welfare Officer	Coordination of Social Services
District - Bindura	Legal Aid Directorate	Legal Aid Officer	Legal Services to Clients
District - Bindura	Women and Youth Affairs (Minist)	Community Development Officer	Community mobilisation
District - Bindura	Disabled people's Organisation	Secretary for Organisation	No specific role, just interested stakeholder
District - Bindura	Community Leader	Village head	Community Mobilisation
District - Bindura	Victim Friendly Unit (ZRP)	VFU Coordinator – Bindura Rural	Case Referrals from VFU
District - Bindura	Victim Friendly Unit (ZRP)	VFU Coordinator (District)	Case Referrals from VFU and Sign Language Interpreter

District - Makoni	Judicial Services Commission	Regional magistrates	Trial of regional cases
District - Makoni	Judicial Services Commission	Prosecutor	Providing Prosecution Services
District - Makoni	Judicial Services Commission	Chief Interpreter	Providing Interpretation Services
District - Makoni	Judicial Services Commission	Interpreter	Intermediary
District - Makoni	Judicial Services Commission	Court Transcriber	Transcribing Services
District - Makoni	Women and Youth Affairs	District development Officer	Development Coordinating
District - Makoni	Nzeve Deaf Centre	Families Coordinator	Team leader & Sign Language
District - Makoni	ZWALA	Legal Officer	Provision of Legal Services
District - Makoni	Ministry of Health	Matron at Hospital	Medical Counselling
District - Makoni	Women and Youth Affairs	Officers	Support Group Motivator
District - Makoni	Women and Youth Affairs	Officers	GWWD Mobilisation
District - Makoni	Department of social Services	Child Protection Officer	Oversee Child protection Cases
District - Makoni	Ministry of health and child care	One stop centre administrator	Coordination & Administration
District - Makoni	Assemblies of God	Pastor	Gender Council representative
District - Makoni	Ministry of Health	Village health Worker	Community Motivators
District - Makoni	Childline	Project Officer	Counselling Services, support groups
District - Makoni	Victim Friendly Unit (ZRP)	District Inspector	Investigations, arrests, referrals
District - Chikomba	Judicial Services Commission	Regional magistrate	Trial of Cases at Court
District - Chikomba	Judicial Services Commission	Regional Public Prosecutor	Prosecution services for clients
District - Chikomba	Ministry of Health and Child care	Registered General Nurse	Mental Problem Examination
District - Chikomba	Ministry of Health and Child care	SIC Outpatient department	Counsel and Treat Services
District - Chikomba	Women and Youth Affairs	Community development	Community Mobilisation
District - Chikomba	Women and Youth Affairs	Youth Development Officer	Community Mobilisation
District - Chikomba	Ministry of Education (MoESAC)	Learner Welfare	Welfare of learners
District - Chikomba	Ministry of Education (MoESAC)	Schools Inspector	Facilities examination
District - Chikomba	Department of social Services	Social Welfare Officer	Case Identification & referrals
District - Mhondoro Ngezi	Ministry of Health & Child Care	Rehabilitation technician	Rehabilitation Services
District - Mhondoro Ngezi	Victim Friendly Unit (ZRP)	VFU Officer Mamina	Investigations, arrests, referrals
District - Mhondoro Ngezi	Community leadership	VIDCO Chairman	Community Mobilisation
District - Mhondoro Ngezi	Community leadership	VIDCO Chairman	Community Mobilisation
District - Mhondoro Ngezi	Community Structures	GPC Chairperson	Community Mobilisation
District - Mhondoro Ngezi	Community leadership	VIDCO Chairman	Community Mobilisation
District - Kwekwe	Jairos Jiri Naran Centre	TIC / Midlands Team Leader ATJ	Coordinator LCDZ activities
District - Kwekwe	Judicial Services Commission	Chief Interpreter	Providing Interpretation Services
District - Kwekwe	Victim Friendly Unit (ZRP)	Inspector VFU Midlands	Investigations, arrests, referrals
District - Kwekwe	Ministry of Health & Child Care	Rehabilitation technician	Rehabilitation Services
District - Kwekwe	Victim Friendly Unit (ZRP)	Inspector VFU Kwekwe	Investigations, arrests, referrals
District - Kwekwe	Victim Friendly Unit (ZRP)	VFU Officer in charge	Investigations, arrests, referrals
District - Bikita	Women and Youth Affairs	Community development	Community Mobilisation
District - Bikita	Department of social Services	Social Welfare Officer	Case identification & referrals
District - Bikita	Judicial Services Commission	Regional magistrate	Trial of Cases at Court
District - Bikita	Judicial Services Commission	Regional Public Prosecutor	Prosecution services for clients
District - Bikita	Legal Resource Foundation	Human Rights Lawyer	Legal Services to Clients
District - Bikita	Legal Resource Foundation	Human Rights Lawyer	Legal Services to Clients
District - Bikita	Judicial Services Commission	Chief Interpreter	Providing Interpretation Services
District - Bikita	M Hugo Primary school for the blind	School Head	Counselling Services, support groups

District - Bkita	M Hugo Primary school for the blind	Specialist teacher	Counselling Services, support groups
District - Bkita	M Hugo Primary school for the blind	Specialist teacher	Counselling Services, support groups
District - Bkita	M Hugo Primary school for the blind	Specialist teacher	Counselling Services, support groups
District - Bkita	ZRP Victim Friendly Unit	VFU Officer	Investigations, arrests, referrals
District - Gwanda	Ministry of Education (MoESAC)	Schools Inspector	Facilities examination
District - Gwanda	Legal Resources Foundation	Paralegal	Facilitator on GBV and Human Rights
District - Gwanda	Department of social Services	Social Welfare Officer	Case Identification & referrals
District - Gwanda	Ministry of local Government	Councillor Ward 14	Mobilisation of beneficiaries
District - Gwanda	Women and Youth Affairs	Community development	Community Mobilisation
District - Gwanda	Legal Aid Directorate	Legal Aid Officer	Legal Services to Clients
District - Gwanda	Victim Friendly Unit (ZRP)	Sergeant VFU	Investigations, arrests, referrals
District - Gwanda	Victim Friendly Unit (ZRP)	Constable VFU	Investigations, arrests, referrals
District - Gwanda	Victim Friendly Unit (ZRP)	Constable VFU	Investigations, arrests, referrals
District - Gwanda	Victim Friendly Unit (ZRP)	Constable VFU	Investigations, arrests, referrals
District - Gwanda	ZWALA	Legal Officer	Legal Services to Clients
District - Hwange	Judicial Services Commission	District Public Prosecutor	Court Prosecution Services
District - Hwange	Judicial Services Commission	Regional Public Prosecutor	Court Prosecution Services
District - Hwange	Women and Youth Affairs	District Head	Community Mobilisation
District - Hwange	Women and Youth Affairs	Ward Development Coordinator	Community Mobilisation
District - Hwange	Victim Friendly Unit (ZRP)	Inspector VFU	Investigations, arrests, referrals
District - Hwange	Victim Friendly Unit (ZRP)	Constable VFU	Investigations, arrests, referrals
District - Hwange	Victim Friendly Unit (ZRP)	Constable VFU	Investigations, arrests, referrals
District - Hwange	Judicial Services Commission	Regional magistrate	Trial of Cases at Court
District - Hwange	Judicial Services Commission	Chief Interpreter	Providing Interpretation Services
District - Hwange	Nangababi Primary School	Health, G & C Teacher	Coordination at School level

C. FOCUS GROUP DISCUSSIONS

District	Area/Village/Ward	Position	
District - Bindura	Manhenga Village	Development Coordinator	Support Group
District - Bindura	Manhenga Village	Village Health Worker	Support Group
District - Bindura	Manhenga Village	Village Health Worker	Support Group
District - Bindura	Manhenga Village	Village Health Worker	Support Group
District - Bindura	Manhenga Village	Child Care Worker	Support Group
District - Bindura	Manhenga Village	Ward development Committee	Support Group
District - Bindura	Manhenga Village	Child Care Worker	Support Group
District - Bindura	Manhenga Village	Child Care Worker	Support Group
District - Makoni	Vengere Halli Rusape	Women and Youth Coordinator	Support Group
District - Makoni	Vengere Halli Rusape	Women and Youth Coordinator	Support Group
District - Makoni	Vengere Halli Rusape	Lead Child care Worker	Support Group
District - Makoni	Vengere Halli Rusape	Lead Child care worker	Support Group
District - Makoni	Vengere Halli Rusape	Pastor	Support Group
District - Makoni	Vengere Halli Rusape	Village Health Worker	Support Group
District - Chikomba	Chivhu Social Welfare	Ward Councillor	Community Leader
District - Chikomba	Chivhu Social Welfare	Village Health Worker	Support Group
District - Chikomba	Chivhu Social Welfare	Village Health Worker	Support Group

District - Chikomba	Chivhu Social Welfare	Ward Coordinator	Support Group
District - Chikomba	Chivhu Social Welfare	Child Care Worker	Support Group
District - Chikomba	Chivhu Social Welfare	Ward Coordinator	Support Group
District - Chikomba	Chivhu Social Welfare	Child Care Worker	Support Group
District - Mhondoro-Ngezi	Chingondo Clinic	Village Health Worker	Support Group
District - Mhondoro-Ngezi	Chingondo Clinic	Village Health Worker	Support Group
District - Mhondoro-Ngezi	Chingondo Clinic	Village Health Worker	Support Group
District - Mhondoro-Ngezi	Chingondo Clinic	Village Health Worker	Caregiver/Support Group
District - Mhondoro-Ngezi	Chingondo Clinic	HHW	Support Group
District - Mhondoro-Ngezi	Chingondo Clinic	HCC	Support Group
District - Mhondoro-Ngezi	Chingondo Clinic	Village Health Worker	Support Group

10.7 List of supporting documents reviewed

- Project final document and the results framework
- Project Baseline Study
- Case files and database
- Project Progress & Annual Reports
- Internal Project Activity and Monitoring Reports
- LCDZ will conduct project end line small scale survey and the report for this exercise will be shared with the evaluators
- Protocol on the Management of Sexual Abuse and Violence against women in Zimbabwe
- National Gender Policy