

EVALUATION REPORT

**FORMATIVE EVALUATION OF UNICEF WORK
ON DISABILITY INCLUSION (2018-2022)**

Zimbabwe

December 2023

unite for
children



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PREFACE

Approximately 15 per cent of the world's population – more than 1 billion individuals – are persons with disabilities. This number is higher in developing nations due to the complex relationship between disability and poverty. In Zimbabwe, the most recent census suggests a disability prevalence of approximately 9.2 per cent. Children with disabilities face even more deprivation and inequality due to negative social and traditional beliefs, a lack of access to quality and accessible services, financial constraints, and a lack of coordination and collaboration resulting from gaps in implementing existing frameworks. By ratifying the United Nations Convention on the Rights of People with Disabilities (UNCRPD), enacting laws to address the rights of persons with disabilities and passing the National Disability Policy in 2021, the Government of Zimbabwe has taken monumental steps towards addressing these issues. However, social norms such as attributing disability to spiritual causation, targeting girls with disabilities for sexual assault, and stigmatizing mothers of children with disabilities, stand in the way of ensuring that children with disabilities have the same rights and opportunities as their peers.

This formative evaluation of UNICEF Work on Disability Inclusion in Zimbabwe provides a comprehensive assessment of the Zimbabwe Country Office support in ensuring disability inclusion from 2018 to 2022. The evaluation examines key strategies and programmes implemented by the ZCO, under the two Zimbabwe Country Programme Documents (2016-2020 and 2022-2026), which serve as the foundation for UNICEF strategic planning and implementation. The evaluation had two purposes: to provide a thorough examination of UNICEF strategies, interventions, and operationalization of disability inclusion within the context of Zimbabwe; and, to ascertain the impact of those efforts on the well-being of children with disabilities. In doing so, we aim to align UNICEF work with global standards and frameworks, emphasizing children's rights and the organization's core values.

The findings of this evaluation provide a comprehensive overview of UNICEF work in disability inclusion in Zimbabwe. The evaluation highlights the alignment of UNICEF approach with international standards, emphasizing rights-based, inclusive development models. Progress in policy influence, particularly regarding the National Disability Policy of 2021, is a significant achievement. The evaluation also identifies areas for improvement, such as the need for stronger engagement with Organizations of Persons with Disabilities (OPDs) in programme design and more effective cross-sectoral coordination. This report reflects the dedication and commitment of UNICEF Zimbabwe to advance disability rights and inclusion. It acknowledges the successes achieved thus far and offers recommendations for further enhancements.

We recognize with appreciation the many people who freely gave their time for this evaluation, including UNICEF staff from Headquarters and Regional Offices. We are particularly indebted to Rumbidza Tizora, Allet Sibanda, Yongshan He and Pierre Ferry who coordinated all evaluation activities in Zimbabwe. UNICEF Zimbabwe country office leadership and ZCO staff from the Operations and Programme teams all contributed invaluable time and expertise to the evaluation. Our appreciation also goes to the members of the global reference group – Aniruddha Kulkarni, Asma Maladwala, Charlotte Axelsson, Gavin Wood, Jose Maria Viera, Kristoffer Gandrup-Marino, Lieve Sabbe, Philimon Majwa, Rebecca Tortello, Rosangela Berman Bieler, Yetneberesh Nigussie Molla and

Zainab Al-Azzawi – who provided extensive support and feedback in the different stages of the evaluation.

The evaluation was conducted by a team of external consultants under the leadership of Christopher Johnstone and Paula Hunt (co-team leaders), and four team members – Ian Allen, Nisma Elias, Rachel Garaghty, and Kristina Cibuzar. Ian led the data collection effort in Zimbabwe, alongside Tsitsi Chataika, a Disability Inclusion expert based in Zimbabwe, and Kathleen Letshabo from the UNICEF Evaluation Office. The evaluation effort was managed by Adrian Shikwe, Evaluation Specialist, UNICEF Evaluation Office, with technical inputs from Kathleen Letshabo, UNICEF Evaluation Office. Adrian and Kathleen provided continuous support to help improve the quality and utility of the evaluation. Overall supervision was provided by Denis Jobin, Senior Evaluation Specialist, UNICEF Evaluation Office. Special acknowledgement is given to Dalma Rivero and Geeta Dey for their continued administrative support.

Robert McCouch
Director, UNICEF Evaluation Office

TABLE OF CONTENTS

PREFACE	III
SECTION I: BACKGROUND	1
1.0 INTRODUCTION	2
1.1 GLOBAL OVERVIEW: DISABILITY INCLUSIVE DEVELOPMENT IN THE UN AND UNICEF	2
1.2 DISABILITY INCLUSION WORK IN ZIMBABWE	6
1.3 OVERVIEW OF UNICEF WORK ON DISABILITY INCLUSION IN ZIMBABWE	8
2.0 EVALUATION DESIGN AND METHODOLOGY	10
2.1 EVALUATION PURPOSE, OBJECTIVES AND SCOPE	10
2.2 EVALUATION QUESTIONS	11
2.3 EVALUATION APPROACH AND METHODOLOGY	12
2.4 LIMITATIONS OF THE EVALUATION AND ETHICAL CONSIDERATION	14
SECTION II: FINDINGS AND CONCLUSIONS	16
3.0 OVERVIEW: UNICEF CONCEPTUALIZATION OF DISABILITY INCLUSION	17
3.1 UNICEF APPROACH TO DISABILITY-INCLUSIVE PROGRAMMING	17
3.2 RELEVANCE AND COHERENCE OF DISABILITY INCLUSION WORK IN UNICEF	21
3.3 UNICEF ZIMBABWE OFFICE CULTURE IN RELATION TO DISABILITY INCLUSION	24
3.4 CHAPTER SUMMARY AND KEY LESSONS	27
4.0 OVERVIEW: DISABILITY INCLUSIVE PROGRAMMING IN UNICEF ZIMBABWE	28
4.1 UNICEF APPROACHES AND STRATEGIES TO DISABILITY INCLUSION	28
4.2 EFFECTIVENESS OF UNICEF-SUPPORTED PROGRAMME	32
4.3 CHAPTER SUMMARY AND KEY LESSONS	38
5.0 OVERVIEW: SUSTAINABILITY OF UNICEF-SUPPORTED DISABILITY INCLUSIVE PROGRAMMES	39
5.1 REACH/COVERAGE OF UNICEF-SUPPORTED PROGRAMMES	39
5.2 SUSTAINABILITY OF UNICEF-SUPPORTED DISABILITY INCLUSION PROGRAMMES	41
6.0 OVERVIEW: DISABILITY INCLUSIVE PROGRAMMING AND INNOVATION	44
6.1 KEY ENABLERS AND THE FUTURE OF DISABILITY INCLUSIVE PROGRAMMING IN UNICEF ZIMBABWE	44
6.2 LEVERAGING INNOVATION FOR DISABILITY	49
SECTION III: CONCLUSIONS, RECOMMENDATIONS AND EVALUATIVE JUDGMENTS	51
7.0 CONCLUSIONS AND RECOMMENDATIONS	52
7.1 OVERALL CONCLUSIONS	52
7.2 EVALUATIVE ASSESSMENT	54
7.3 RECOMMENDATIONS	57

APPENDIX 1: ILLUSTRATIVE UNICEF-SUPPORTED PROGRAMMES AND/OR INTERVENTIONS 60

APPENDIX 2: SUMMARY OF KNOWLEDGE GENERATION PRODUCTS, YEAR, AND IMPLEMENTATION STATUS 63

APPENDIX 3: COMMON THEORY OF CHANGE FOR DISABILITIES WORK IN ZIMBABWE (2022-2026) 65

APPENDIX 4: SELECTED DISABILITY INCLUSIONS COURSES ON AVAILABLE IN AGORA (NON-EXHAUSTIVE) 66

APPENDIX 5: EVALUATION QUESTIONS/EVALUATION MATRIX..... 67

APPENDIX 6: LIST OF INTERVIEWEES/INFORMANTS 70

APPENDIX 7: ABRIDGED TERMS OF REFERENCE 71

LIST OF TABLES

Table 1: Evaluation questions by objective, themes and evaluation criteria 11

Table 2: Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs)..... 13

Table 3: Percent expenditure of disability inclusion by UNICEF Zimbabwe 43

Table 4: Evaluative assessment of disability inclusion work in Zimbabwe, by criteria..... 56

LIST OF FIGURES

Figure 1: Evolution of disability inclusive development in the UN system and UNICEF..... 2

Figure 2: Building a disability inclusive community 5

Figure 3: Policy and legal instruments to address disability rights in Zimbabwe 7

Figure 4: Contribution analysis 14

LIST OF BOXES

Box 1: UNICEF commitments to disability inclusion, excerpt from DIPAS..... 4

Box 2: Effect of the UNICEF Agora disability orientation course: excerpts by ZCO staff 18

Box 3: UNICEF accountabilities to children with disabilities..... 26

Box 4: Voices of children with disabilities..... 35

Box 5: Summary: study to establish a common disability assessment framework in Zimbabwe 36

LIST OF ACRONYMS

ADAP	Adolescent Development and Participation
ASD	Autism Spectrum Disorder
CBOs	Community-based Organizations
CCCs	Core Commitments for Children
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CFM	Child Functioning Module
CMT	Country Management Team
CSOs	Civil Society Organizations
COAR	Country Office Annual Reports
COVID-19	Novel Coronavirus SARS-CoV-2
CPD	Country Programme Document
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DIPAS	Disability Inclusion Policy, Action and Strategy
DSOs	Disability Service Organizations
DFAM	Division of Financial and Administrative Management
EAP	East Asia and Pacific
ECD	Early Childhood Development
EMIS	Education Management Information System
ESARO	Eastern and Southern Africa Regional Office
ESCT	Emergency Social Cash Transfer
FODPZ	Federation of Disabled Persons of Zimbabwe
FGDs	Focus Group Discussions
HADAP	HIV AIDS and Adolescent Participation
ICF-CY	International Classification of Functioning, Disability, and Health-Children and Youth

KIIs	Key Informant Interviews
MoPSE	Ministry of Primary and Secondary Education
MoPSSLW	Ministry of Public Service, Labour, and Social Welfare
MICS	Multiple Indicator Cluster Survey
NASCOH	National Association of Societies for the Care of the Handicapped
NCDPZ	National Council of Disabled Persons of Zimbabwe
NGO	Non-governmental Organization
NORAD	Norwegian Agency for Development Cooperation
NCF	Nurturing Care Framework
OPDs	Organizations of Persons with Disabilities
PMT	Programme Management Team
SIG	School Improvement Grant
SBC	Social and Behaviour Change
SDG	Sustainable Development Goals
UNCT	United Nations Country Team
UNDESA	United Nations Department of Economic and Social Affairs
UNDIS	United Nations Disability Inclusion Strategy
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
UNSDCF	United Nations Sustainable Development Cooperation Framework
WASH	Water, Sanitation and Hygiene
ZCO	Zimbabwe Country Office
ZPHCA	Zimbabwe Parents of Handicapped Children Association

EXECUTIVE SUMMARY

Children with disabilities are among the most marginalized populations in the world. Persistent barriers to access have prevented many children with disabilities from opportunities for community life, education, public services (such as healthcare) and flourishing. UNICEF has prioritized this population in its strategic and action plans and has implemented wide-ranging advocacy and programming activities focused on inclusion in communities, social services, and UNICEF-sponsored programmes. A global evaluation with a comprehensive field visit to Zimbabwe provided information on UNICEF work on disability inclusion. This report provides information and data on the ways in which UNICEF has advocated for inclusion of children with disabilities in Zimbabwe by supporting activities related to disability inclusion. Those activities included direct government support, direct interventions, partnerships, and programming with non-governmental entities.

The overall objective of the global evaluation, and intensive field visit to Zimbabwe, was to assess UNICEF approaches and progress made in support of disability inclusion. The evaluation aimed to assess the extent to which UNICEF advocacy and programmatic approaches have made a difference in promoting disability inclusion in the work it supports in countries, and consequently the ways in which children are included in their societies. The specific objectives of this evaluation were:

- **Objective 1:** Assess the extent to which UNICEF conceptualization of disability inclusion prioritized the rights of children, reflected the values of the organization, adhered to normative frameworks and standards for children and persons with disabilities, and influenced disability-inclusive policies, processes and practice.
- **Objective 2:** Evaluate whether UNICEF approaches and strategies were effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights.
- **Objective 3:** Evaluate whether the progress made in disability inclusion and advancing disability rights can be scaled-up to reach the majority of children with disabilities, and whether it is sustainable.
- **Objective 4:** Assess the extent to which UNICEF offices are positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives and improve outcomes for children with disabilities.

The evaluation **effort has dual purposes**; to enhance organizational learning, and to strengthen organizational accountability. The evaluation used a formative approach to determine the organization's overall readiness to incorporate disability inclusion into its overall work, specifically in relation to its work related to advocacy and programming at the country level. This report focuses specifically on the Zimbabwe Country Office and its contributions and bottlenecks.

It is anticipated that this report will be utilized by a variety of stakeholders. Primary stakeholders include the UNICEF Zimbabwe senior leadership, programme and sectoral leads, and Disability Focal Points. Information from this evaluation is also useful for external partners.

Conclusion 1: *Conceptualization of disability inclusion in UNICEF Zimbabwe aligns with international standards and frameworks, particularly the United Nations Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Rights of the Child (CRC), and the Convention on the Elimination*

of All Forms of Discrimination Against Women (CEDAW): Implementing the vision of the organization, UNICEF Zimbabwe has embraced a rights-based approach to disability inclusion, emphasizing social and human rights models, inclusive development, and universal design principles. Training and capacity-building efforts have been implemented to ensure that UNICEF staff are well-versed in those concepts and practices around how children with disabilities are understood and approached in country activities. UNICEF played a significant role in the development of the National Disability Policy of 2021 in Zimbabwe, demonstrating its commitment to promoting disability rights and inclusion.

Conclusion 2: The programme teams in ZCO have taken crucial steps by coming together to develop a common work plan and to share ideas and reflections about meeting the needs of children with disabilities. The different coordination mechanisms that were used served the disability inclusion work well at times, and less well at other times, especially in instances where each sector implements disparate activities, instead of contributing to a set of results that is shared across sectors. As a result, opportunities for implementing holistic integrated approaches that address multiple needs of children with disabilities were missed. Efficiencies that should be gained from cross-sectoral collaboration were not realized.

Conclusion 3: *The Operations function is working diligently to foster an inclusive office culture for all UNICEF staff, for partners, and for UNICEF guests:* The Operations team at ZCO has taken significant steps to align the UNICEF office culture with the values of the organization regarding disability inclusion. These efforts have led to improvements in the accessibility of UNICEF facilities for persons with disabilities, including the renovation of restroom facilities, installation of safety measures, and the creation and consideration of accessible spaces. The operations team has shown a commitment to fostering an inclusive office culture through mandatory disability inclusion orientation courses and initiatives such as including persons with disabilities in bid clarification meetings. While challenges persist, such as the need for disability-inclusive bid assessment criteria, the proactive approach of the Operations team demonstrates a strong commitment to advancing disability inclusion within the organization, including creating opportunities to recruit persons with disabilities from the pool of qualified professionals that join the Zimbabwe workforce every year.

Conclusion 4: *The progress made on the programme and operational sides reflect strong commitment to disability inclusion on the part of the leadership of UNICEF Zimbabwe:* UNICEF Zimbabwe has taken positive, meaningful and laudable steps to prioritize disability inclusion (i.e., institutional arrangements for delivery of the cross-cutting programme on disabilities which include the development of a common theory of change and convening the Disability Working Group which reports to the Office of the Representative). This proactive approach by ZCO underscores the organization's role in advancing the rights and well-being of children with disabilities in Zimbabwe. Despite the notable success of the online training campaign, large variations on knowledge and awareness of the larger organizational vision on disability inclusion as articulated in the Disability Inclusion Policy, Action and Strategy (DIPAS), existed between sectors, and within staff in respective sectors.

Conclusion 5: *Delivered through partnership with Civil Society Organizations (CSOs) and Disability Service Organizations (DSOs), UNICEF-supported programmes are largely effective, but they often lack representation of Organizations of Persons with Disabilities (OPDs) at the ideation and planning stages:* UNICEF-supported programmes reflected a practical, results-driven commitment to disability inclusion. They were reported to be largely effective, and to have made tangible improvements in the lives of persons with disabilities and their families. While most beneficiaries expressed their

satisfaction with UNICEF programmes, OPDs expressed disappointment that persons with disabilities were seemingly involved in tokenistic ways in the planning or implementation of programmes. ZCO was perceived to be acting on behalf of children with disabilities instead of directly collaborating with persons with disabilities to accomplish their goals.

Conclusion 6: *Persistent challenges of stigmatization and access barriers continue to pose significant obstacles to the rights and well-being of children with disabilities:* While Zimbabwe country leadership has shown enormous political will that has resulted in tangible progress in promoting disability inclusion, addressing stigmatization and access barriers comprehensively involves changing societal attitudes, removing physical and social barriers, and ensuring equal opportunities for all children regardless of their abilities. Such efforts are essential to creating a more inclusive and equitable society and ensuring no one is left behind. UNICEF has made commendable progress overall but requires a more concerted and focused effort in the area of social and behavioural change in order to disrupt current national narratives.

Conclusion 7: *UNICEF staff pursued the implementation of costed budget plan for different priorities, including disability inclusion work.* However, many UNICEF-supported programmes mainly relied on external funding sources, which does not bode well for their sustainability and scaling up. The evaluation also encountered programmes with great scale-up and sustainability potential. However, scale up of programmes was largely dependent on resource mobilization and advocacy work, which usually take a long time to produce results.

Conclusion 8: *UNICEF demonstrated strong sectoral programme results and successful advocacy in disability inclusion, driven through a common work plan.* A favourable policy environment, strong leadership, connections, and partnerships with OPDs, coordination across and within government ministries, innovations, and funding stability were all identified as enablers for success in disability inclusion work. With the exception of cross-sectoral integration and coordination, the key enablers for successful programming for disability are partly or fully in place. UNICEF Zimbabwe has laid a solid foundation to deliver on the key commitment and obligations that UNICEF makes through the DIPAS accountability framework.

Conclusion 9: *ZCO has demonstrated innovation for inclusion in smaller-scale projects that target specific needs:* UNICEF has developed numerous small-scale, innovative programmes related to children with disabilities. Although the bulk of UNICEF effort has focused on policy change and engaging with government, there were also other support such as assistive technology, and WASH innovations, which have demonstrated that UNICEF has worked in areas that have impacted the lives of children with disabilities other than systems-strengthening and provided opportunity for collaboration with community partners and may attract external funding. Conclusions were further collapsed into four key recommendations for the Zimbabwe Country Office as it carries its work forward on disability inclusion.

Cross-sectoral approaches and coordination

Recommendation 1: This recommendation addresses Conclusions 1, 2 4 and 5, and focuses on planning for disability inclusion within and across sectoral structures and processes, by giving more forethought to ways in which issues related to disability inclusion (such as access to services, community participation, and early intervention) are addressed.

To advance the effectiveness and integration of disability inclusive programming, the Zimbabwe Country Office (ZCO) should enact a multifaceted strategy that reinforces skills, promotes cross-sectoral collaboration, and leverages partnerships with organizations representing persons with disabilities.

- Formulate an office-wide action plan to enforce key provisions of DIPAS, integrating programme and operational functions.
- Revisit current coordination mechanisms for disability inclusion to bolster cross-sectoral collaboration, aligning with the Nurturing Care Framework and the principles of the Convention on the Rights of Persons with Disabilities (CRPD).
- Enhance the partnership strategy to clearly define objectives and anticipated outcomes for engagements with various organizations, including CSOs, Community-Based Organizations (CBOs), OPDs, organizations of parents of children with disabilities and others, in alignment with CRPD and DIPAS.
- Deploy DIPAS-focused training for all ZCO staff, facilitated by the Gender and Human Rights portfolio, which will also monitor the progress of the strategic action plan.
- Execute an updated work plan based on a Theory of Change (ToC) assessment, facilitated by a disability inclusion expert, potentially sourced internally, with the goal of achieving substantial cross-sectoral outcomes.
- Assign a graduate intern specialized in disability inclusion to support the Gender and Human Rights Specialist, enhancing coordination across sectors and with inter-agency partners.
- Establish systematic, consistent, and strategic engagement processes with Organizations of Persons with Disabilities and organizations of parents of children with disabilities throughout all stages of programme development, from ideation to execution.

Disability inclusive workplace

Recommendation 2: The actions in this recommendation address Conclusion 3 and would likely bring ZCO closer to the goal of actualizing UNICEF values, of being a workplace that is disability inclusive, caring and accountable for the well-being of all employees.

With the progress that ZCO has made, there is an opportunity to provide leadership to the entire organization, to move ZCO from just being aware of the import of disability inclusion work, to being a transformative and inclusive environment by:

- Establishing a signature internship programme for university graduates with disabilities to promote diversity and provide career opportunities for young professionals and elevate it to the United Nations Country Teams (UNCT).
- As an associated action that will meet the needs of all staff, launching a staff survey that will enable the disclosure of non-visible or non-observable impairments, and then estimate the cost of reasonable accommodations that will be required to address the findings of the audit and the staff survey.
- Conducting a comprehensive accessibility audit of all UNICEF facilities in Zimbabwe in preparation for DIPAS, which will allow the identification of any remaining barriers or areas

for improvement; Ensure that the audit includes input from persons with disabilities to address their specific needs.¹

- Maintaining the practice of the mandatory disability inclusion orientation courses for all staff and contractors and continually updating and expanding the training opportunities to encompass evolving best practices and international standards.

Leveraging social and behaviour change to combat stigmatization

Recommendation 3: An integrated social and behavioural change (SBC) strategy would address Conclusion 6, seeking to tackle stigmatization in communities, in government, and in social services. SBC experts can also support programme colleagues to ensure that reporting and dissemination of programme results aligns with rights-based narratives.

UNICEF must confront stigmatization head-on and go beyond social and behaviour change campaigns that merely highlight the rights of children with disabilities, to explore integrated solutions, which leverage the opportunities of SBC as a change strategy.

- Explore integrated solutions to combat stigmatization and leverage the opportunities of SBC as a corporate change strategy and evaluate partnerships to ensure exclusion is not reinforced through UNICEF funding or partnerships.
- Conduct an assessment of SBC activities related to children with disabilities and reorient all messaging and outreach to reflect a rights-based approach. There is also a need to re-orient all communications to reflect rights-based messaging, while targeting destigmatization of children with disabilities in communities specifically.
- Conduct a partnership audit using a rights-based and inclusion rubric to ensure that partners and subcontractors work towards disability inclusive outcomes. This audit should have a mechanism to bring partners into compliance with rights-based programming.

Supporting disability inclusive innovation

Recommendation 4: UNICEF influence can be harnessed to uplift and shine a light on small scale innovators at the community level.

To address Conclusion 9, UNICEF should explore opportunities for innovation with community partners to address societal challenges faced by children with disabilities. These partners may, in turn, attract other funding.

- As a follow-up to the research symposium on disability inclusion hosted by UNICEF Zimbabwe in 2022, explore collaboration opportunities between UNICEF Office of Innovations and young innovators in the community of children and adults with disabilities, and public-private partnerships in Zimbabwe.
- Establish a disability inclusion innovation fund that can be used by UNICEF staff along with community partners to follow passion projects related to disability inclusion which may be overlooked in larger scale proposals or are impossible to address in systems-strengthening and policy work. This fund would build on the existing spirit of innovative engagement in ZCO.

¹ This audit should build on the provisions of the *UNICEF Procedure on Eco-Efficiency and Inclusive Access in UNICEF Premises and Operations* and the *Accessibility Toolkit*.

SECTION I: BACKGROUND

This section presents the first two chapters of the evaluation. Chapter 1 presents a brief global overview of children with disabilities and a description of notable developments in the pursuit of rights of persons with disabilities in Zimbabwe. Chapter 2 summarizes the evaluation purpose, methodology and process.

1.0 INTRODUCTION

This chapter provides a brief overview of the global outlook on children with disabilities, the history of disability rights in the United Nations system (UN) and UNICEF, and a summary of the work on advancing the rights and well-being of children with disabilities in Zimbabwe.

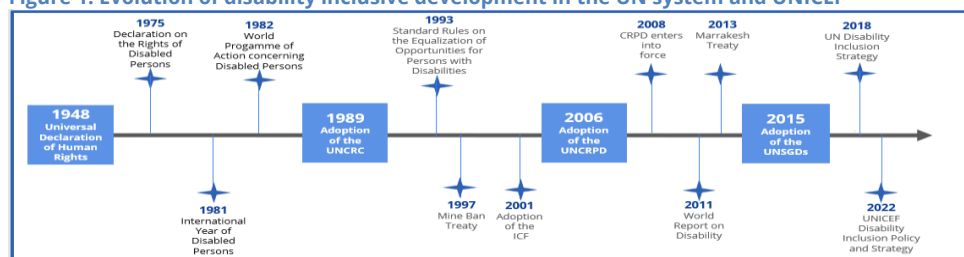
1.1 Global overview: disability inclusive development in the UN and UNICEF

An estimated 1.3 billion people globally, about 15 per cent of the world's population, experience some form of disability.² Children with disabilities may further experience gaps in care, barriers to participation in communities, and stigmatization in various aspects of life. They often face disproportionate barriers in access to health care, nutrition, and safe water, sanitation, and hygiene (WASH) facilities. These barriers may lead to poor physical and mental health outcomes for children who experience them. According to the World Health Organization, persistent health inequities among persons with disabilities may cause them to have poorer health and functioning, to be more affected by health emergencies, and to have shorter life spans than the general population. The COVID-19 pandemic exacerbated these health inequities.

Many children with disabilities also face persistent barriers to education, stemming from discrimination, stigma, and the routine failure of decision-makers to address exclusion in education systems. For example, children with disabilities are more likely to be out of school and miss opportunities to develop the skills needed for employment. Thus, they are also more likely to live in poverty. Because of social stigma and marginalization that may be associated with disability, children with disabilities often face heightened risks of violence, abuse, neglect, and exploitation compared to their peers who do not have impairments.⁴

In the UN system, the long history of commitment to protect the rights and well-being of children with disabilities can be traced back to the declaration of 1981 as the International Year of Disabled Persons, the World Programme of Action Concerning Disabled Persons in 1982, the adoption of the Convention on the Rights of the Child (UNCRC, 1989), and the Standard Rules on Equalization of Opportunities for Persons with Disabilities in 1993. Subsequently, a major treaty that codifies the rights of persons with disabilities the Convention on the Rights of Persons with Disabilities (CRPD), was adopted in 2006. Figure 1 presents key benchmarks in the evolution of disability inclusive development in the UN system and in UNICEF.³

Figure 1: Evolution of disability inclusive development in the UN system and UNICEF



² Global report on health equity for persons with disabilities. Geneva: World Health Organization; 2022

³ Adapted from the *Evaluation of disability-inclusive development at UNDP*, UNDP, 2016

The figure lays out treaties, major actions, and agreements focusing on children's rights since 1948. Two treaties have been instrumental in guiding UNICEF work on disability inclusion: the Convention on the Rights of the Child (1989) and the Convention on the Rights of Persons with Disabilities (2006).

[Convention on the Rights of the Child \(CRC\)](#)⁴: Adopted by the UN General Assembly in 1989 and entered into force in 1990, the CRC is the foundational instrument for safeguarding the rights of all persons and all groups of children, in all contexts. It is a comprehensive human rights treaty that establishes the rights of children and obligations of states to ensure the well-being and development of every child. Fundamental principles of the CRC include non-discrimination, the best interest of the child, the right to life, survival, and development, and the right for all children to express their views and have them considered meaningfully. Additional CRC measures include:

- Civil rights and freedoms, which emphasize freedoms of expression, thought, religion, and protection from violence, abuse, neglect and exploitation.
- Social, economic, and cultural rights, which assert the right to adequate standards of living, health, and education.
- Special protection measures, which protect children in situations of armed conflicts and address exploitation, child labour, and human trafficking.
- Participation rights, which recognizes the right of children to participate in decisions that affect them.
- Implementation and monitoring mechanisms that states undertake to ensure that the rights outlined in the CRC are implemented.

The CRC is the most widely ratified human rights treaty in the world and has played a crucial role in shaping international standards for the protection and wellbeing of children, influencing legislation, policies, and practices across the globe.

[Convention on the Rights of Persons with Disabilities \(CRPD\)](#)⁵: The CRPD is a foundational and comprehensive international agreement that bridges the divide between civil, political, economic, social and cultural rights for persons with disabilities. Article 1 articulates the aim to “*promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and... promote[s] respect for their inherent dignity.*” The CRPD does not introduce any new rights but rather reinterprets the existing human-rights treaties through the lens of persons with disabilities. The CRPD is a legally binding instrument that promotes the universal inclusion of persons with disabilities. In 2023 the Convention had 188 ratifications and 164 signatories. An important aspect of the CRPD is that organizations of persons with disabilities and other members of civil society had representational inputs in the negotiation process, explicitly giving voice in the planning process to persons with disabilities. The CRPD is a foundational guiding instrument behind UNICEF work in disability inclusion.

The CRPD is oriented in the social model of disability, which considers the dual effect of an impairment which an individual has, as well as the lack of societal accessibility that may have a *disabling* effect. The CRPD embraces the World Health Organization interpretation of disability as neither purely biological nor social, but resulting from interactions between individual health conditions, other personal factors, and environmental factors such as positive or negative attitudes, and/or experiences that affect the wellness and enjoyment of lives of persons with disabilities.⁶ The articulation of disability inclusion in the CRPD is in alignment with both human rights and social models of disability that go beyond seeking mere

⁴ See <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

⁵ See <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>

⁶ International Classification of Functioning, Disability and Health (ICF, WHO, 2001)

<https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>

social and physical participation for persons with disabilities. Instead, the Convention outlines the obligations of member states and duty bearers to uphold rights and remove barriers to full societal inclusion. The associated institutional framework for the implementation of the CRPD, the UN Disability Strategy (UNDIS), was introduced in 2018. It provides technical guidance, and allocation of the responsibilities, and articulates 15 common indicators to be used by UN agencies to monitor progress on disability inclusion.

Following on the example of the UNDIS, UNICEF developed its first ever Disability Inclusion Policy and Strategy (DIPAS, 2022-2030), which was launched in 2022. DIPAS provides a detailed framework for advancing disability inclusion in programmatic and organizational approaches,⁷ and focuses on five main objectives:

- Empowering and recognizing children with disabilities as advocates;
- Ensuring that children with disabilities receive necessary support to live independently and participate in their communities;
- Creating enabling environments;
- Ensuring that children with disabilities benefit from a full range of UNICEF programmes embracing inclusivity and diversity; and
- Addressing disability inclusion across all sectoral and programmatic areas.

DIPAS is accompanied by a set of commitments, as indicated in Box 1.

Box 1: UNICEF commitments to disability inclusion, excerpt from DIPAS

A whole organization approach... for UNICEF to become a model for an inclusive, diverse workplace and a global leader for disability inclusion, it must invest in organizational change. DIPAS commits UNICEF to several organizational strategies that will enable the successful implementation of programmes, research, advocacy and communications, as well as ensure that the organization has the technical capacity, inclusive structures and sufficient human and financial resources to embed disability inclusion in all of its efforts. This includes specific and time-bound strategies focused on:

- Accessibility and reasonable accommodations
- Institutional architecture and capacity, including employment and human resources
- Information and communication technology
- Supply
- Communications and advocacy.

Additionally, several specific commitments will be pivotal in accelerating progress towards disability inclusion across the organization. Described further in the Accountability Framework *[that accompanies the strategy]*, these include, among others:

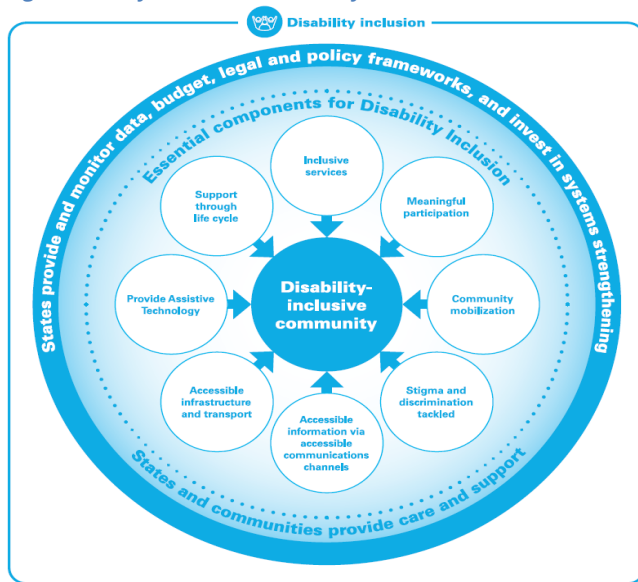
- Disability status will be considered during the recruitment and hiring process, to increase the proportion of UNICEF staff with disabilities.
- Disability inclusion will be incorporated into the mandatory training of all employees.
- All UNICEF regional offices will have a dedicated disability expert by 2030, and more Disability Focal Points will be integrated throughout the organization each year.
- At least 10 per cent of activity-level expenditures across the organization will be applied towards disability-inclusive programming by 2030.

UNICEF cross-sectoral priorities for disability inclusion outlined in DIPAS include preventing stigma, discrimination, neglect, and violence against children with disabilities, improving disability-inclusive

⁷ [UNICEF Disability Inclusion Policy and Strategy \(DIPAS\) 2022-2030](#)

infrastructure and services, facilitating access to comprehensive community care and support, promoting assistive technology and services, and ensuring disability-inclusive actions in humanitarian and emergency settings (as indicated in Figure 2).⁸ Programmatic commitments to disability-inclusive actions and associated results are stipulated in the accountability framework of the five goal areas of the Strategic Plan 2022-2025.

Figure 2: Building a disability inclusive community



In 2021, UNICEF reached 4.8 million children with disabilities with programmes aimed to advance disability rights. The organization actively collaborates with governments, organizations of persons with disabilities (OPDs), and other partners to promote programming, as well as on screening and assessment, disaggregated data collection, and knowledge management. UNICEF is committed to addressing the challenges that persist in promoting disability inclusion, including stigmatization and discrimination.

This report focuses on work done by UNICEF Zimbabwe to advance disability inclusion and disability rights in the period 2018 to 2022. On a national level, Zimbabwe has made significant progress in establishing legal and policy frameworks to protect the rights of children with disabilities. However, there are still significant gaps in the implementation of these frameworks, which have resulted in children with disabilities facing widespread deprivation and inequality. The confluence of over two decades of economic hardships in Zimbabwe has led to children with disabilities emerging as one of the most marginalized and disadvantaged demographic groups among children. This marginalization primarily stems from systemic and environmental obstacles, notably stigma and discrimination. Because of these obstacles, children with disabilities may remain invisible in communities, which hinders their opportunity to integrate into mainstream health, education, legal support, and other essential social services. Despite

⁸ Ibid

strong policies, government systems are still developing better mechanisms to seek and find children with disabilities who are already known in communities to provide access to services.

1.2 Disability inclusion work in Zimbabwe

The most recent statistics derived from the 2017 Inter-Censal Demographic Survey (ICDS)⁹ estimated that 9.3 per cent of the population of Zimbabwe are persons with some form of disability. At 10.2 per cent, the ICDS estimates showed a higher prevalence of disabilities among women, compared to 8.4 per cent for men. Like many countries, Zimbabwe faces significant equity gaps in the realization of the rights of persons with disabilities. Data in Zimbabwe shows that many disabilities are acquired throughout the lifetime of an individual, while about one-third are congenital (from birth). Disability-related data indicate that 47.4 per cent of persons with disabilities reported their disability came about as a result of disease or illness, 23.2 per cent were congenital (since birth), and a smaller percentage resulted from injury from accidents (11.2 per cent), and violence, including domestic violence (5.5 per cent).¹⁰

Disability in Zimbabwe is often identified through assessments made by medical professionals. In the recent past the Washington Group tool on functioning was introduced in the population census, to understand the percent of the population that has 'functional difficulties.'¹¹ The 2013¹² Living Conditions Survey estimated the prevalence of physical disabilities at 31 per cent, visual impairments at 26 per cent, hearing impairments at 12 per cent, and intellectual disabilities at 8 per cent. Thirteen per cent of persons with disabilities experienced disability due to multiple conditions and/or factors. A recent situation analysis found that persons with disabilities face barriers in access to health, education and other social services, and are often overlooked in planning and decision-making processes at all levels of governance in Zimbabwe. The same analysis indicated that only 19.6 per cent of women with disabilities have access to employment or independent means of livelihoods compared to 52.8 per cent of their male counterparts.

1.2.1 Legal instruments and policy landscape for accessing disability rights

For the first decade after independence in 1980, Zimbabwe was a model country for disability rights in Africa. It was one of the first countries to adopt a disability-focused legislation in 1992, which specifically conferred rights for persons with disabilities, including children with disabilities. While some of the gains on the progress on disability rights were lost during the many years of economic hardship in Zimbabwe, the past decade brought a new momentum to access rights for persons with disabilities.

In September 2013, Zimbabwe became the 135th State Party to sign and ratify the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Zimbabwe also signed the UNCRPD Optional Protocol, an additional agreement which established a mechanism for lodging complaints, to be followed by persons with disabilities in the process of reporting a contravention or denial of their rights under the CRPD. There was also evidence of a build-up of political will over the years in the Government of Zimbabwe. For instance, several other legal provisions on disability developed prior to

⁹ [Inter-Censal Demographic Survey \(ICDS\), Zimstat, 2018](#)

¹⁰ Eide A H, Loeb M E, Nhwatiwa S, Munthali A, van Rooy G (2011) Living conditions among people with disabilities in developing countries. In: A H Eide & B Ingstad. *Disability and Poverty*. Bristol: The Policy Press. (pp 55 – 71).

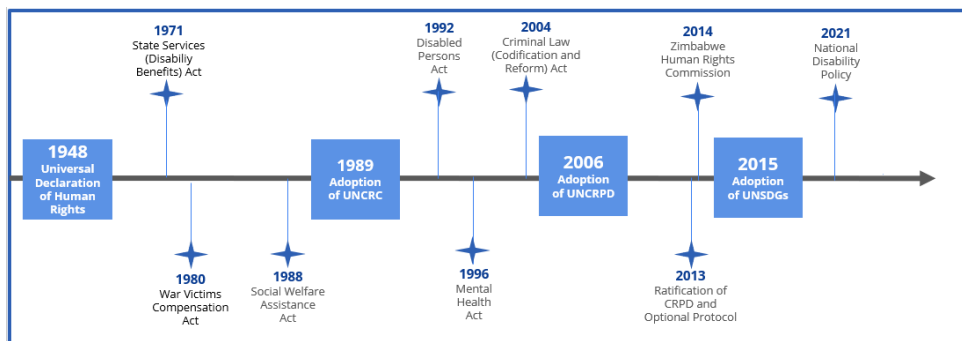
https://www.researchgate.net/publication/300207497_Living_conditions_among_people_with_disabilities_in_developing_countries

¹¹ [Washington Group Short Set on Functioning \(WG-SS\)](#)

¹² Zimbabwe undertook a full population census in 2022, which included the WG-SS module on functioning

the adoption of the UNCRPD in 2006 addressed equality and non-discrimination, as indicated in Figure 3.

Figure 3: Policy and legal instruments to address disability rights in Zimbabwe



Prior to the adoption of the UNCRPD in 2006, Zimbabwe legal and policy frameworks pertaining to disability included the following:

- **State Services (Disability Benefits) Act of 1971:** This Act provided for the establishment of a Disablement Benefits, and Disablement Benefits Appeal Boards.¹³ It set parameters to provide death benefits to survivors of persons who died while employed by the Defence Forces, the Police Force and the Prison Service, or compensation to persons who sustained injuries while on official duty, or non-employees who sustained injuries while assisting any of those entities.
- **The War Victims Compensation Act of 1980 [Chapter 11:16]:** Provides for compensation to survivors, in respect to the death of persons caused by the war of compensation for injuries sustained during war.¹⁴
- **The Social Welfare Assistance Act of 1988 [Chapter 17:06]:** Provides for the granting of social welfare assistance to persons in need and their dependants. Persons with disabilities often qualify for these grants, even though a medical certificate is required to access the benefits.¹⁵
- **Disabled Persons Act of 1992:** This is the main law that addresses disability and the welfare and rehabilitation of persons with disabilities in Zimbabwe. It provides for the establishment the National Disability Board to pursue equal opportunities by ensuring their full access to education, employment and social services for persons with disabilities. It also promotes participation of persons with disabilities in sports recreation and other cultural activities and gives effect to any international treaty or agreement relating to the welfare or rehabilitation of persons with disabilities to which Zimbabwe is a party. However, the Act is outdated and not in line with the CRPD. At the time of the evaluation, Zimbabwe had a Persons with Disabilities Bill awaiting parliamentary approval.¹⁶
- **The Mental Health Act of 1996 [Chapter 15:12]:** Parts III, IV, VIII, and XI of the Act consolidate law relating to the detention, care, and after-care for persons with mental health difficulties and/or intellectual impairments in their interactions with the criminal justice system. It also

¹³ See <https://www.psc.gov.zw/wp-content/uploads/2021/04/dba.pdf>

¹⁴ See <https://ihl-databases.icrc.org/en/national-practice/war-victims-compensation-act-1980-2001>

¹⁵ See <https://zimlil.org/akn/zw/act/1988/10/eng%402016-12-31>

¹⁶ See <https://dredf.org/legal-advocacy/international-disability-rights/international-laws/zimbabwe-disabled-persons-act-chapter-1701/>

provides for the establishment of various boards and their functions, and actions such as repealing the Mental Health Act [Chapter 15:06].¹⁷

- **Criminal Law (Codification and Reform) Act of 2004:** Part V addresses persons with mental health difficulties and/or intellectual disability in their interactions with the criminal justice system. It codifies and reforms the Criminal Law and brings together in one piece of legislation all of the major aspects of the Criminal Law, such as common law offences and statutory offences.¹⁸

Understandably, many of these frameworks were not comprehensive enough to cover the range of provisions in the UNCRPD, according to the Comprehensive Situational analysis on Persons with Disabilities in Zimbabwe, commissioned by the UNPRPD in 2021. For instance, language such as 'imbecile', 'mentally disordered', and 'intellectually handicapped patients,' was used in the Mental Health Act of 1996 to describe persons with mental health challenges who were caught up in the criminal justice system. References to 'disabled persons' were also used in all other legislation. However, more progressive legislation was enacted after the codification and adoption of UNCRPD in 2006. For instance, Sections 22 and 83 of the Constitution of Zimbabwe (Amendment No.20 of 2013) introduce a bill of rights for persons with disabilities, among other things. Sections 242 and 243 establish the Zimbabwe Human Rights Commission. These and other more recent developments in the policy arena are discussed in Section 3.2 of this report.

1.2.2 The National Disability Policy of 2021

Enacted in 2021, the National Disability Policy explicitly underscores that disability response necessitates an inter-ministerial approach, involving all relevant line ministries. Concurrently, the Disabled Persons Act establishes the National Disability Board as the coordinating body responsible for implementing disability policies and programmes. Nevertheless, the Ministry of Public Service, Labour, and Social Welfare (MoPSLSW) takes on the role of overseeing the disability-related activities across ministries and agencies, representing disability concerns within the Zimbabwean Government's cabinet. Meanwhile, non-state organizations, including multilateral organizations, international NGOs, DSOs, OPDs, other civil society groups, and persons with disabilities also engage in the delivery of disability programmes and services. These governmental and non-governmental entities provide programmes and services towards children with disabilities. However, specific coordinating mechanisms explicitly devoted to managing the delivery of policies, programmes, and services impacting the lives of these children are not yet in place.

As part of implementing the National Disability Policy, the Government has appointed Gender and Inclusivity Directors across ministries to facilitate gender and disability mainstreaming. At the time of the evaluation, there was some visibility of persons with disabilities in prominent government positions, the highest being a high court judge, chief director, and Zimbabwe Election Commissioner. There were also many more persons with disabilities in different sectors of the economy. Self-representation is highly desired since it enables persons with disabilities to contribute to all aspects of policy and programming initiatives in the country, from the perspective of lived experiences of the persons involved.

1.3 Overview of UNICEF work on disability inclusion in Zimbabwe

¹⁷ See <https://zimlil.org/akn/zw/act/1996/15/eng%402016-12-31>

¹⁸[https://www.bing.com/search?q=%E2%97%8F+Criminal+Law+\(Codification+and+Reform\)+Act+of+2004&cid=97ca3ab8302346bd9163f3de70713913&gs_lcrp=EgZjaHJvbWUyBggAEUYOTIHCAEQRRj8VdIBCDE2NzZqMGo0qAIAAsAIA&FORM=ANAB01&PC=U531](https://www.bing.com/search?q=%E2%97%8F+Criminal+Law+(Codification+and+Reform)+Act+of+2004&cid=97ca3ab8302346bd9163f3de70713913&gs_lcrp=EgZjaHJvbWUyBggAEUYOTIHCAEQRRj8VdIBCDE2NzZqMGo0qAIAAsAIA&FORM=ANAB01&PC=U531)

While there is progress on the enactment of laws and policies to advance the rights of people with disabilities in Zimbabwe, gaps persist in that children with disabilities have limited access to vital services. These gaps can be attributed to the historical policy landscape and social and economic challenges. Before the enactment of the National Disability Policy in 2021, persons with disabilities were addressed in some legislation, while children with disabilities were not explicitly addressed in any policy documents. The delay in the domestication of the CRPD further compounded the issue. As such, UNICEF Zimbabwe disability inclusion work sought to address the limitations and challenges experienced by children with disabilities through a series of activities focused on policy advocacy systems strengthening, and targeted programmes aimed to support Zimbabwe's social service sectors. The evaluation examined the period 2018-2022, which includes the commitments made in two Zimbabwe Country Programme Documents (2016-2020 and 2022-2026).

The UNICEF Zimbabwe Country Programme Document 2016-2020 mentioned children with disabilities only sparsely. However, it put emphasis on inclusive programming in the education and health sector results. Substantive work was performed during that period as described in Section 4 below, and a non-exhaustive list is presented in Appendix 1. The important work that UNICEF did in disability inclusion during the response to the COVID-19 pandemic may have lessons for disability inclusion in humanitarian settings. However, to the extent that it examines disability inclusion in different contexts, this evaluation focused on the activities conducted outside the pandemic response, and humanitarian response to non-COVID events, such as Cyclone Idai and cholera outbreaks.

For the Country Programme 2016-2020, the areas in which UNICEF Zimbabwe made contributions toward disability inclusion were focused on seven key implementation strategies areas of activity, namely: (i) data and evidence generation; (ii) capacity strengthening; (iii) partnerships; (iv) South-South and triangular cooperation; (v) identification and promotion of innovation; (vi) support to integration and cross-sectoral linkages; and, (vii) service delivery. The evaluation addresses these themes.

On the other hand, UNICEF Zimbabwe Country Programme 2022-2026 was developed within the context of the National Development Strategy for Zimbabwe (NDS1, 2021-2025) and as part of the United Nations Sustainable Development Corporation Framework (UNSDCF).¹⁹ UNICEF Zimbabwe began this period of implementation with "poor maternal, neonatal and child health interventions and low immunization coverage, disproportionately affecting children with disabilities, due to weak and underfunded health systems characterized by poor quality of care."²⁰ The support for strengthening referral systems for maternal and newborn health signalled the intent to institute early identification mechanisms for children with disabilities.

UNICEF Zimbabwe programme teams were active in promoting disability inclusion, which included advocating for policy changes at the national level. Many of the policies that were adopted were subsequently enacted with UNICEF support. The programme teams focused heavily on education, early childhood, social protection and social behavioural change activities. The evaluation focused on those activities, and findings are provided below.

¹⁹ [Zimbabwe Country Programme 2022-2026](#)

²⁰ Ibid

2.0 EVALUATION DESIGN AND METHODOLOGY

This section addresses the purpose and methodology of the global disability inclusion evaluation, outlines its objectives, scope, and evaluation questions, provides a synopsis of the methodology, and summarizes the methodology of the Zimbabwe case study. The evaluation matrix and instruments are presented as Appendix 5.

2.1 Evaluation purpose, objectives and scope

All UNICEF evaluations serve dual purposes of enhancing learning and strengthening organizational accountability. On the accountability side, this evaluation aimed to assess the extent to which UNICEF-supported disability-inclusive programming approaches, strategies and models have made a difference in promoting disability inclusion in the countries where they have been implemented and empowering children with diverse disability experiences. On the learning front, the evaluation used a formative approach to determine the organization's overall readiness to operationalize the strategic plan on disability inclusion (DIPAS) and to deliver on the commitments in the results for children with disabilities.

The overall objective of the evaluation was to assess programming approaches and progress made in support of disability inclusion in UNICEF programming, and in UNICEF Zimbabwe. This report assesses the extent to which strategic and programmatic approaches have made a difference in promoting disability inclusion in the work it supports in Zimbabwe. Derived from the global evaluation, the objectives of this evaluation were as follows:

- **Objective 1:** Assess the extent to which UNICEF conceptualization of disability inclusion prioritized the rights of children, reflected the values of the organization, adhered to normative frameworks and standards for children and persons with disabilities, and influenced disability-inclusive policies, processes, and practice.
- **Objective 2:** Evaluate whether UNICEF approaches and strategies were effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights.
- **Objective 3:** Evaluate whether the progress made in disability inclusion and advancing disability rights can be scaled-up to reach the majority of children with disabilities, and whether it is sustainable.
- **Objective 4:** Assess the extent to which UNICEF offices are positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives and improve outcomes for children with disabilities.

In terms of the **chronological scope**, the evaluation covered disability inclusion work under the Country Programme Document, 2018-2022, with a focus on making summative judgement about the programmes that were implemented in that period. For 2022, the evaluation focused on executing a formative assessment to examine the extent to which UNICEF Zimbabwe positioned itself to achieve the key results for children with disabilities as articulated in various planning and strategy instruments.

The **thematic scope** of the evaluation considers disability as a Goal Area 5 programme result, within the 2018- 2021 Strategic Plan period and as one of the cross-cutting priorities within the 2022-2025 Strategic Plan (the others being adolescent participation, early childhood development, climate action, gender, and peacebuilding). For Zimbabwe, the evaluation aims to assess UNICEF disability-inclusive work across all programmatic sectors, both in development and humanitarian contexts. Other themes of the evaluation

include implementation barriers and enablers, policy landscape, programme effectiveness and reporting, sustainability, and innovation in disability inclusion programming.

2.2 Evaluation Questions

Disability inclusion is an aspirational goal that requires ongoing processes of advocacy, policy updates, direct service delivery to children with disabilities, and targeted support to the most marginalized among children with disabilities. The evaluation addressed a mix of descriptive and normative questions.

Descriptive questions were aimed at providing the current status of the programmes and verifiable facts on the status of the programmes (e.g., the set of challenges to be addressed by disability inclusion programming given the country context; the policy environment; description of UNICEF-supported activities and strategies employed; implementation modalities; selection of implementing partners; and coverage of intended beneficiaries, etc.).

Normative questions provided a basis for making judgments based on application of explicit criteria for weighing evaluative evidence (e.g., relevance to national goals and adequacy of UNICEF implementation strategies against needs of the target populations; whether there is coherence in UNICEF-supported approaches; scalability and sustainability of programme and/or interventions; the contribution of UNICEF-supported programmes/interventions towards stated outcomes, etc.).

All evaluation questions were answered using data harvested from the desk review, secondary data analysis, and primary data collected through key informant interviews and focus group discussions. Table 1 presents the core evaluation questions by evaluation objectives and evaluation criteria. The full complement of questions, including sub-questions, is presented in the evaluation matrix presented in Appendix 5.

Table 1: Evaluation questions by objective, themes and evaluation criteria

Objectives	Evaluation Questions/ Evaluation criteria	Themes/topics from sub-questions
1. Assess the extent to which UNICEF conceptualization of disability inclusion prioritized the rights of children, reflect the values of the organization and adhere to normative frameworks and standards for children and persons with disabilities and influenced disability-inclusive policies, processes, and practice	1.1: What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts (development/fragile/humanitarian)? Descriptive	<ul style="list-style-type: none"> • Definition/conceptualization of disability inclusion; shared understanding of concepts • Alignment with CRPD and key frameworks/instruments • Advocacy for appropriate policies and practice • Relevance to children with disabilities, and coherence within UNICEF, and between different actors
	1.2: To what extent does UNICEF notion of disability inclusion or disability inclusive approaches align with international standards for disability inclusiveness? 1.3: What is the role of the Operations team in ensuring that the ZCO office culture reflects the values of the organization in relation to disability inclusion? ²¹ Normative: relevance and coherence	
2. Evaluate whether UNICEF approaches and strategies	2.1: What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and	<ul style="list-style-type: none"> • Key programmes/interventions • Key approaches/strategies (e.g., mainstreaming, targeting)

²¹ While the global evaluation focused on the disability inclusion programming, UNICEF Zimbabwe adopted a whole-organization approach which necessitated the addition of a question to examine ZCO office culture and values vis-à-vis disability inclusion.

were effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights	what barriers were encountered across sectors and in various programming contexts? (development/humanitarian)? Descriptive	<ul style="list-style-type: none"> • Key barriers to achieving access and inclusion for children with disabilities • Effectiveness of cross-sectoral strategies • Effectiveness in designing programmes for and including children with diverse disability experiences • Effectiveness including OPDs in programme design and implementation
	2.2: To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts? (development/humanitarian)? Normative: effectiveness	
3. Evaluate whether the progress made in disability inclusion and advancing disability rights can be scaled-up to reach the majority of children with disabilities, and whether it is sustainable	3.1: What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts? (development/humanitarian)? Descriptive	<ul style="list-style-type: none"> • Coverage and reach of UNICEF-supported programmes • UNICEF advocacy for inclusion and rights • Scaling-up of UNICEF UNICEF-supported programmes • Key lessons on sustainability of key achievements
	3.2: To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts? (development/humanitarian)? Normative: sustainability	
4. Assess the extent to which UNICEF offices are positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives and improve outcomes for children with disabilities.	4.1: What evidence that the key enablers for successful implementation of disability-inclusive programming are in place in each UNICEF office? (i.e., (i) partnerships, (ii) financing and resource mobilization, (iii) leadership accountability, (iv) coordination (v) cross-sectorality) Descriptive	<ul style="list-style-type: none"> • Disability inclusion and organizational leadership • Cross-sectorality and coordination • UNICEF partnership strategy • Sectoral coordination of work between UNICEF and GoZ • Resource mobilization: staffing • Resource mobilization: financial • Key examples of UNICEF-supported innovation in Zimbabwe • Lessons in innovation and readiness to implement DIPAS
	4.2: To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives Normative: relevance and coherence	

2.3 Evaluation approach and methodology

The overall evaluation adopted a theory-based, non-experimental, mixed methods evaluation design to assess the elements that contributed to enhancement of disability rights and inclusion. This approach was meant to clarify whether disability-inclusive programming addresses the underlying problems and bottlenecks that have been identified in the theory of change. The evaluation also adopted the theory of change developed alongside DIPAS, which was subsequently updated for the sample countries that did not have a theory of change for their work and validated with a cross-sectoral group of programme specialists and disability focal points in each country.

For UNICEF Zimbabwe, a theory of change was developed in 2022 that reflects the objectives, inputs, outputs and activities planned by all programme teams towards the outcome of disability inclusion. The theory of change and work plans for 2022 and 2023 were used as a reference point for all disability inclusion work and guided the evaluation enquiry and analysis. In addition to the data from the Zimbabwe case study, patterns from across the other 13 UNICEF country offices that participated in the evaluation emerged, were used in the analysis and in the updated theory of change that was validated by ZCO staff.

2.3.1 Data collection

The evaluation utilized the following four data collection methods: (i) executing a desk-based review of UNICEF documents and data collected from the global, regional and country levels and secondary analyses of existing data sets²² to examine the global outlook for disability-inclusive development programming; (ii) executing a desk-based review of UNICEF documents from Zimbabwe; (iii) conducting a primary data collection mission in Zimbabwe, featuring key informant interviews with UNICEF staff, government counterparts, UN and donor partners, Implementing Partners (CSOs, and CBOs, DSOs, OPDs), as well as focus group discussions of beneficiaries (children with disabilities, teachers, parents and/or caregivers). An online survey of preliminary evaluation findings was administered to all UNICEF country offices, including Zimbabwe. In Zimbabwe, a total of 39 key informant interviews and focus groups discussions were conducted, reaching 125 individuals (see Table 2).

Table 2: Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs)

Groups of persons contacted	Number of KIIs/FGDs	Number of persons
KIIs with UNICEF staff	17	32
KIIs with Implementing Partners (DSOs)	8	6
KIIs with Organization of Persons with Disabilities (OPDs)	3	5
KIIs with funding/donor partners	1	1
KIIs with government	3	8
FGDs with beneficiaries (caregivers/parents/young adults)	4	32
FGDs with beneficiaries (children with disabilities)	3	41

2.3.2 Data Analysis

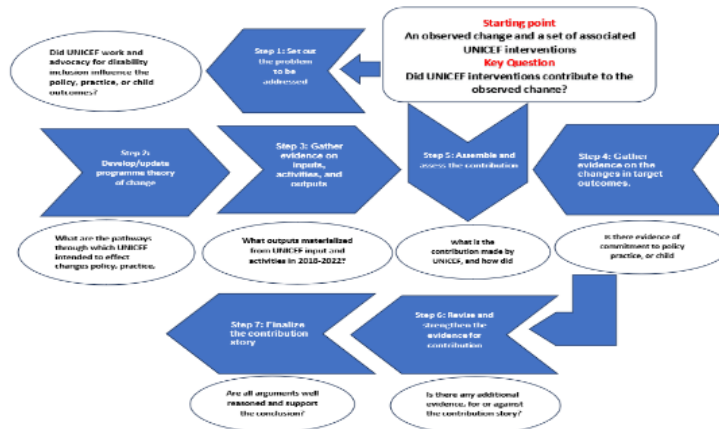
The first step of the data analysis was to employ an inductive coding technique, where evaluators developed codes as they reviewed the documentary evidence from the participating country. After organizing the codes, deductive coding was applied to empirical data collected (qualitative interview data and documents), while activities and conceptualizations were examined along a continuum of descriptors ranging from exclusionary to inclusive.

The **contribution analysis** approach²³ was the theoretical approach to this evaluation, i.e., the evaluation aimed to identify the contribution that UNICEF made to disability inclusion in countries, and where gaps remained. Contribution analysis was both useful and necessary in the case of Zimbabwe where multiple actors (government, donors, civil society organizations, community-based organizations, etc.), are making different inputs and contributions towards the outcome of expanding access to services and inclusion for children with disabilities.

²² The evaluation is expected to conduct a secondary analysis of data on ECD/ECE profiles and to the extent possible, update the profiles for participating countries, and MICS 7 datasets where feasible.

²³<https://nonprofitbuilder.org/storage/377/Contribution-analysis-An-approach-to-exploring-cause-and-effect-ILAC.pdf>

Figure 4: Contribution analysis



Validating of recommendations and theory of change: Developing evaluation recommendations is a co-creation process between the evaluation team, the Evaluation Office and UNICEF Zimbabwe staff. A workshop was convened for that purpose, and to validate the draft theory of change. Additional workshops may occur based on the availability of the Evaluation Office. Validated recommendations paved way for the management response action, as reflected in Chapter 7 and the Executive Summary.

2.4 Limitations of the evaluation and ethical consideration

The theory of change for the cross-cutting programme on disabilities that was at the centre of the Zimbabwe analysis was not validated with programme teams during the planning process. Other than that, the evaluation conformed to the required international norms and standards for evaluations²⁴ as articulated in the UNEG Ethical Guidelines for Evaluation.²⁵ Evaluators observed proper ethical conduct, which included ensuring informed consent in accessible formats, protecting privacy, confidentiality and anonymity of participants, respecting the autonomy of participants, ensuring fair recruitment of participants (including women, girls and socially excluded groups, particularly persons with different experiences and/or their representatives, and ensuring that the evaluation results do not harm participants or their communities. Each of those is discussed further below.

Informed consent: The evaluation had 41 participants who were children and young adults. The informed consent process included a description of the purpose of the evaluation, risks of participation, how the information will be used, and options to: (i) withdraw consent at any stage of the evaluation process without consequence or penalty; (ii) request that all information be kept anonymous. Informed consent forms were signed by all children 18 years and older. Adults (parents and teachers) gave consent for children 17 years and younger.

²⁴ UNICEF (May 2019) Evaluation Brief Special Issue #3: Revised Evaluation Policy (2018), <https://www.unicef.org/evaluation/documents/revised-evaluation-policy-unicef-2018>, accessed 9 August 2021.

²⁵ UNEG (March 2008) UNEG Ethical Guidelines for Evaluation, <http://www.unevaluation.org/document/detail/102>, accessed 9 August 2021

Protection of privacy, confidentiality, and anonymity, and respecting the autonomy of participants: Interviewers adhered to strict protocols of refraining from asking personal questions about disability. Participants' personal information was concealed in the transcription process. Only the leads of the evaluation team will have access to identifying information to make it available to participants if they request it.

Making evaluation findings available to evaluation participants: The evaluation design featured a dissemination plan for evaluation participants, particularly intended beneficiaries of interventions being evaluated, to receive the findings in an accessible format and language. The plan was discussed and refined with UNICEF Zimbabwe, with joint dissemination activities to be conducted as reflected below:

- Key messages for persons with disabilities, in several formats;
- Key message for other audiences (i.e., UNICEF Zimbabwe CMT and PMT, and the UNCT);
- Production of a video clip on the evaluation, key findings, recommendations, and the management response, as well as well as a response from beneficiaries; and,
- Policy brief (s) on agreed findings/themes.

Fair recruitment of participants from affected populations, including socially excluded groups: One of the groups identified for inclusion in the evaluation was children of parents with disabilities, who in many cases assume the role of primary caregivers for their parents. However, the evaluation effort did not succeed in securing the direct participation of those children in key informant interviews or focus group discussions; therefore the evaluation only relied on data from the desk-based review for insights about that population.

Limited evaluability: The relatively wide timeframe, availability of data, staff turnover, and loss of institutional memory impaired evaluability. Evaluability was particularly limited for humanitarian programming, due to undocumented strategies and decision-making, and simplified reporting requirements, among other issues. To mitigate these effects, the evaluation team generated new evidence through interviews and field observations, made best use of the broader knowledge base outside UNICEF, and made credible, substantiated estimations/inferences when necessary.

Data availability: As is typically the case in evaluations with a broad temporal scope (five years in this case), the evaluation ran into challenges with data availability and gaps in institutional memory. Triangulation of sources (e.g., UNICEF staff, Government officials Implementing Partners, beneficiaries, etc.) and methods were used to mitigate this limitation.

Attribution: It is difficult to directly attribute results to any one or more factors or source of inputs, actions, or actors, or to claim credit for positive outcomes associated with such efforts. It was not feasible to create a comparison group due to the timing of the evaluation. The evaluation employed contribution analysis to elaborate and validate the evaluation theory of change (and its application at the country level), and its associated key assumptions, to assess the contribution of UNICEF as plausibly as possible.

SECTION II: FINDINGS AND CONCLUSIONS

This section presents the findings of the evaluation in four chapters, grouped around the objectives of the evaluation. Each chapter presents an analysis of UNICEF work in disability inclusion in Zimbabwe, with a focus on the years of 2018-2022, aligning it with two country programme planning cycles, CPD 2016-2020, and CPD 2022-2026. An overview of the chapter provides the context of the evaluation objectives and questions, followed by statements of findings, a broader discussion of the findings associated with each sub-question, and conclusions.

3.0 OVERVIEW: UNICEF CONCEPTUALIZATION OF DISABILITY INCLUSION

Zimbabwe was one of the first countries in Africa to enact disability legislation with the 1992 Disabled Persons Act, thereafter referred to as *the Act*. UNICEF operates within a policy environment favourable to the rights of persons with disabilities, compared to other countries in Africa, and specifically in the Southern Africa region. In 2013, Zimbabwe made additional progress towards recognizing the rights of persons with disabilities by ratifying the United Nations Convention on the Rights of Persons with Disabilities (CRPD, 2006) and the CRPD Optional Protocol.²⁶ In the shaping of the new 2013 Constitution, disability issues became a national priority. Section 22 aims to pursue more expansion of the rights of persons with disabilities and asserts:

"The State and all institutions and agencies of government at every level must recognize the rights of persons with physical or mental disabilities, in particular their right to be treated with respect and dignity."

According to *the Act*, the State as a duty bearer assumed an obligation to deliver on the following:

- (a) develop programmes for the welfare of persons with physical or mental disabilities, especially work programmes consistent with their capabilities and acceptable to them or their legal representatives;
- (b) consider the specific requirements of persons with all forms of disability as one of the priorities in development plans;
- (c) encourage the use and development of forms of communication suitable for persons with physical or mental disabilities; and
- (d) foster social organizations aimed at improving the quality of life of persons with all forms of disability.

This section addresses the first objective of the evaluation. It describes UNICEF conceptualization of disability inclusion and examines whether it enables the prioritization of the rights of children and adherence to normative frameworks and standards for children and persons with disabilities.

3.1 UNICEF approach to disability-inclusive programming

EQ 1.1: What approaches did UNICEF employ towards disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

This question addresses the definition and conceptualization of disability inclusion in Zimbabwe and whether there is a shared understanding of concepts across sectors within UNICEF, and between UNICEF and key actors (i.e., government and key partners). It also discusses UNICEF advocacy—whether the policies and practices that UNICEF Zimbabwe advocated for were relevant to the needs of children with disabilities, especially those who are most marginalized.

3.1.1 Conceptualization of disability inclusion

²⁶ This protocol is an additional agreement to the CRPD, which establishes a mechanism for lodging complaints, to be followed by people with disabilities in the process of reporting a contravention or denial of their rights under the CRPD.

Finding 1: There is a clear conceptualization of disability inclusion around social and human rights models, inclusive development built around the principle of universal design, and a functional knowledge of these concepts between UNICEF and the Government of Zimbabwe. However, UNICEF staff expressed the need to strengthen their capacities to incorporate these concepts in their various sectoral practices.

UNICEF conceptualization of disability inclusion was largely articulated in the in-house training that embraces social and human rights models which view disability as part of human diversity and promote an inclusive approach to development. This conceptualization is also articulated in the National Disability Policy, which highlights the social and human rights models of disability, and incorporate all other rights (civil, political, economic and cultural rights). It also addresses intersectionality, and the multidimensional and multi-layered nature of deprivation that is suffered by children with disabilities. These models inform the concept of disability inclusion within UNICEF, the design of policies, and design of programmes and interventions that seek to make a holistic and positive difference in the lives of children with disabilities. Notably, the policy includes 'leaving no-one behind' as a key principle.

The Agora training platform is curated by UNICEF staff, ensuring that all video-based content aligns with organizational approaches. Top-level leadership has created an environment wherein all staff have access to UNICEF-vetted information on disability inclusion. These definitions are rooted in rights-based approaches outlined in CRC, CRPD, and broad principles of 'leave no one behind.' All ZCO staff who participated in key informant interviews (KIIs) confirmed the firm commitment of leadership to disability inclusion as an important value, both in UNICEF as a workplace, and in all UNICEF-supported programming. The Country Representative was its greatest champion, while the Deputy Representative was the technical leader overseeing disability inclusion programming.

For example, the above-mentioned Agora course was declared mandatory for staff at all levels, and for Implementing Partners and contractors. At the time of the evaluation, a completion rate of 84 per cent had been achieved within UNICEF. Programme staff were introduced to the key concepts around disability inclusion and relied on the guidance provided by the training in formulating their plans and activities. A handful of UNICEF staff reported that they benefited from more comprehensive face-to-face training provided under the auspices of United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD). Several programme staff reported that these training opportunities had a positive effect on how they viewed children with disabilities, interacted with them, and served them. Box 2 presents excerpts of statements made by UNICEF staff on the effect that the Agora course had on them.

Box 2: Effect of the UNICEF Agora disability orientation course: excerpts by ZCO staff

UNICEF Staff 1: "...before I came to UNICEF Zimbabwe, I was in a category of people who think that to deal with disability, you need a whole institution or whatever...that it has to be something parallel that you specialize in...you treat the person or there's no treatment, and that mentality stays with us even when you go to public health. One thing I had to deconstruct, through the Agora course was the fact that the person living with disability is not a patient..., the medical model is so biased that you find yourself in that position of trying to treat...But the course on disability was mandatory, it was very well monitored in the office...HR would tell us that...we are missing 10 people in [our] section, and you will be given two days to complete it. So, that was very military, but very, very helpful...I took the course when I came here...I didn't even know that it existed..."

UNICEF Staff 2: "... informed by the Convention on the Rights of People with Disabilities...so it was just bringing consciousness on how the affected individual says *"I am an individual with a disability I'm not a disabled person..."* So, that message was very clear and conscientized me. Even when I meet somebody [with a disability], I don't begin to conclude that they need my assistance. You can ask if they need it, but don't patronize them by thinking they are not capable of doing

something. It's usually the environment that makes them unable to do some things because like if there's some stairs there and I'm supposed to go and up the stairs and I can't. They don't have the legs to do so, but not because they can't if they're pushing themselves in a wheelchair; it's because of the stairs that you have put that makes them unable to reach that place... So, it [the course] really gave me an awareness that I didn't have before, and the consciousness of how to interact with a person with disabilities in a different way than I used to think before..."

UNICEF Staff 3: "... I think one of it is about when you see someone who is disabled, that person is not called disabled. No, he is a person with a disability. It's only they are living with it. These people are people. They are strong. They are people like anybody else, but they are only living with disabilities. So that is some of the things that I have learned ... yeah.

Despite standard opportunities for training related to training and country approach, there was some variance in how disability inclusion was understood in relation to specific sectoral work. At this point there is a shared understanding of the needs and challenges surrounding disability inclusion in the Country Office. Notably, UNICEF Zimbabwe followed the architecture of the most recent UNICEF Strategic Plan (SP, 2022-2025) and positioned disability inclusion as a cross-cutting area. However, there were nuanced differences in how disability inclusion was implemented within programming among UNICEF goal areas and/or sectors and across programming contexts. UNICEF respondents expressed the need to sharpen their skills in deploying these concepts to strengthen programme design, implementation, and monitoring for themselves, as well as for partners.

3.1.2 Policies and practices supported by UNICEF Zimbabwe

Finding 2: UNICEF provided leadership and technical assistance for the development of the National Disability Policy of 2021 and continued to support its operationalization by assisting in the development of a national implementation strategy and implementation of various activities across programme teams in support of the various initiatives spearheaded by line ministries.

In UNICEF Zimbabwe, from 2019 to 2021, disability inclusion work was done under the auspices of the Disability Working Group, which coordinated disability inclusion activities across sectors, and developed a work plan which was implemented through funding from Norwegian Agency for Development Cooperation (NORAD). Subsequently, the role of coordinating disability inclusion work was assigned to the Child Protection team, under the leadership of the Chief of Child Protection, with oversight from the Deputy Representative.

One of the notable achievements during the period of the evaluation was the spearheading, by UNICEF, of the draft National Disability Policy. UNICEF played a substantive role by providing technical and financial support, as well as hiring a disability consultant in 2019 – 2021 to help with the development. The Government of Zimbabwe attributed the development of the policy directly to UNICEF Zimbabwe, as indicated below.

Honourable Malinga, engaged the then UNICEF Country Representative Dr. Mohammed Ayoya, who agreed to the establishment of a Government of Zimbabwe and UNICEF partnership to push forward the agenda of constructing the NDP, under which a Zimbabwean policy, development and disability expert Dr. Christine Peta, was hired to lead and fortify the process. (National Disability Policy, p.24)

This policy serves as an overarching framework to achieve inclusion for persons with disabilities across public, private and development sectors, and sets standards for the inclusion of persons with disabilities

in all facets of life. UNICEF also supported the development of the draft policy on Inclusive Education, which was being considered for adoption by the Government of Zimbabwe at the time of this evaluation.

In addition to the pre-CRPD laws discussed in Section 1.2.1 of this report, developments in the legal frameworks, policy landscape and institutional arrangements that occurred in during the period of this evaluation included: (i) adoption of the National Disability Policy in 2021; (ii) allocation of two seats in the Senate to be occupied by persons with disabilities, elected by persons with disabilities to pursue the goal of self-representation; (iii) creating directorate level positions for gender and disability in all government ministries and allocating the budget to fill the positions; and (iv) encouraging the appointment of qualified persons with disabilities through affirmative action and similar incentives, so as to replicate, in the workforce, diversity that is found in the citizenry.

On the policy side, the National Disability Policy exhibits substantial alignment with the CRPD. Together, these frameworks make comprehensive provisions, both explicit and implicit, for safeguarding the rights of children with disabilities. These provisions span from foundational human rights enshrined in the Constitution (Amendment 20 of 2013), to other entitlements such as access to education, health and social protection, family life, sexual and reproductive health, sports and recreational activities, and access to public spaces and infrastructure, pursuit of economic productivity, and improved livelihoods. Another key feature of the approach to disability inclusion is the strong endorsement by leadership in UNICEF Zimbabwe to embrace the universal design in public spaces, both in concept and in application.

That notwithstanding, the evaluation came across a few instances of UNICEF-supported interventions and activities that were implemented in segregated and/or residential settings (e.g., King George IV School and Centre for Children with Disabilities, Margaretha Hugo Primary School of the Blind, Copota School for the Blind, etc.). The justification proffered by caregivers and government representatives for the continued existence in Zimbabwe of residential programmes for children with disabilities was that they remain necessary, especially for children with multiple and severe disabilities, who require round-the-clock care, and/or lack the resources to have their homes retrofitted for their needs. These needs were further justified by the National Disability Policy, which embraces the exercise of the right to autonomy for making choices and decisions (Standard 3.3 of the National Disability Policy). In the case of children with disabilities, parents and caregivers had the right and freedom to make decisions about the best living arrangements for their children. It is unknown at this time what choices parents had other than those presented above.

On the other hand, officials of the Government of Zimbabwe disclosed that the key driver for the need for residential facilities is discrimination and abandonment, due to harmful traditional beliefs and practices around children with disabilities. While not ideal, residential facilities for children with disabilities is an extra-regulatory strategy that government will continue to use until other arrangements can be put in place. The National Disability Policy upholds the principle of universal design, to prevent isolation and segregation from the community. For instance, Standard 3.3. calls for the upholding of the principle of universal design in public housing and social amenities (Standard 3.3.11) in modification or initial construction of healthcare infrastructure (Standard 3.7.16) and educational facilities (Standard 3.9.28). The UNICEF Country Representative reiterated the position of the organization to prioritize solutions that do not isolate children with disabilities from their families, in accordance with the stipulations of the CRPD.

Conclusion 1: Conceptualization of disability inclusion in UNICEF Zimbabwe aligns with international standards and frameworks, particularly the United Nations Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Rights of the Child (CRC), and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The organization has embraced a rights-based approach to disability inclusion, emphasizing social and human rights models, inclusive development, and universal design principles. Training and capacity-building efforts have been implemented to ensure that UNICEF staff are well-versed in these concepts and practices around how children with disabilities are understood and approached in country activities. UNICEF also played a significant role in the development of the National Disability Policy of 2021 in Zimbabwe, demonstrating its commitment to promoting disability rights and inclusion.

3.2 Relevance and coherence of disability inclusion work in UNICEF

EQ1.2: To what extent does the UNICEF notion of disability or disability-inclusive approaches align with international standards for disability inclusiveness?

This question addresses adherence/alignment with the CRPD, CRC, CEDAW international frameworks and/or instruments that are relevant to disability inclusion and the relevance of UNICEF work to address diverse needs of children with disabilities and diverse disability experiences. It also addresses coherence of disability work in UNICEF (global, regional, and country levels; within sectors, and in different contexts) and between different entities and partners that contribute to disability inclusion.

3.2.1 Adherence/alignment to international instruments and frameworks

Finding 3: Programme planning and implementation processes for disability inclusion are vetted for compliance with professional and ethical standards of the organization at the sector level, through the Disability Working Group, and for compliance with gender and human rights norms, thereby bringing them into compliance with the CRPD.

UNICEF training for disability inclusion (the Agora orientation for all UNICEF staff) is based on the CRPD and aligns with the CRC and CEDAW. It also aligns with UNDIS and DIPAS (the aforementioned UNICEF strategy on disability inclusion). Following consultations with stakeholders, UNICEF Zimbabwe also drafted a disability strategy for consideration by the Government, which became the National Disability Policy of 2021. The disability strategy interpreted the perspectives of the CRPD into the national contexts. Within UNICEF, the SBC team developed the Disability Inclusion Social and Behaviour Change Strategy (2022-2026). All these instruments framed disability in relation to human rights and as a development imperative, in alignment with the international standards and frameworks.

3.2.2 Relevance of UNICEF work to address diverse needs of children with disabilities

Finding 4: By and large, UNICEF work was found to be relevant to the needs of children with diverse disability experiences, and to beneficiaries. However, OPDs expressed a desire for more meaningful participation and engagement in UNICEF-supported programmes, beginning at the programme ideation and design stages.

UNICEF works with several government ministries and numerous Implementing Partners. As a result, UNICEF-supported programmes covered diverse impairment experiences. Some programmes addressed physical impairments that limit mobility and/or dexterity and require assistive devices such as

wheelchairs. Others addressed sensory impairments such as absence/loss of vision or hearing, and more complicated neurodevelopmental disorders and/or multiple impairments. A handful of programmes addressed albinism, which can be managed with proper eye care and monitoring skin problems. The evaluation team met with beneficiaries of UNICEF-supported programmes (service providers, parents, caregivers, children and young people with disabilities) who reported that their needs were addressed in several ways. For instance, key informants from Implementing Partners articulated how disorienting the COVID-19 pandemic was to children and young people with disabilities in their programmes, and the lifeline that was extended to beneficiaries through UNICEF support in the COVID-19 response:

"We were also sharing COVID-19 information, and also trying to discuss ways they [youth with disabilities] can protect themselves...because people with visual impairments... like to feel their spaces. Now being told that they are not supposed to feel surfaces, they were some who were anxious because that's how they navigate around."

Key informants also reported that a metric for success in their organizations was when youth with disabilities were weaned off [UNICEF] support and branched out to pursue their own economic ventures. They cited instances of previous programme participants who were so empowered. A notable example was that of a young man with autism spectrum disorder, who has started a thriving photography business after a few years of working with the organization. To the young people in the programmes, success in disability inclusion was viewed as follows:

"when we stop to think that...oh we really need to include [our fellow citizens]... when we stop having to sit and say...how do we include – that it success.."

The evaluation also encountered several respondents, representatives of OPDs, who indicated that their participation in UNICEF-supported programmes was tokenistic. A theme that was repeated several times by beneficiaries was a lack of consultation especially at programme design stage. This finding was echoed by other reviews and studies in Zimbabwe, for instance, the Comprehensive Situational analysis on Persons with Disabilities in Zimbabwe, commissioned by the UNPRPD in 2021.

Representatives of OPDs indicated that because of onerous reporting requirements imposed by UNICEF and skill deficits and limited or lack of capacities, their members were often excluded from bidding and competing for UNICEF work. UNICEF support was perceived to be skewed towards CSOs, CBOs and DSOs, almost always to the exclusion of organizations led by, and advocating for, persons with disabilities (OPDs). Those sentiments resounded with UNICEF respondents (programme staff), who confirmed that between securing funding for programmes, start times, and donor requirements, time and opportunity for extensive consultations was limited.

Repeatedly, representatives of OPDs highlighted the difference in Zimbabwe (and worldwide) between OPDs as organizations **of persons with disabilities** and others (i.e., CSOs, CBOs and DSOs) who work with and/or provide dedicated services **for persons with disabilities**. The motto of 'nothing about us, without us'" was repeated by several OPD representatives. OPDs were clearly defined as groups led by persons with disabilities, and/or for whom most members have impairments. According to the CRPD and the 'nothing about us without us' philosophy, these organizations are recognized as a key constituency that has deep expertise on all matters concerning persons with disabilities, borne out of the lived experiences of persons with disabilities.

3.2.3 Coherence of disability inclusion work in UNICEF Zimbabwe

This assessment of coherence addresses the synergies and interlinkages between disability inclusion interventions in UNICEF Zimbabwe, including complementarity, harmonization and coordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort. It also addresses a shared understanding of disability inclusion between UNICEF and government counterparts in Zimbabwe, and whether there are avenues to work through any incongruencies.

Finding 5: The work on disability inclusion had office-wide coordination mechanisms that served UNICEF Zimbabwe programmes well under certain factors, and less well at other times. There were instances where opportunities to integrate activities were missed, even when there were clear complementarities between programme goals in different sectors. The potential for larger and mutually beneficial gains in pursuing collaboration was not exploited, partly due to funding decisions.

UNICEF staff reported that UNICEF Zimbabwe had coordination mechanisms in place, which served disability inclusion work effectively when there was a common programme that was being implemented by sector teams. However, the evaluation also recognized missed opportunities to integrate activities, even when there were clear complementarities between goals. This missed integration reflects a gap in achieving coherence in the disability inclusion interventions. Programme teams also missed opportunities for collaboration due to funding decisions. This implies that there may have been instances of duplicative efforts or parallel initiatives within programme teams. More work is required to enhance complementarities and harmonized programming, while avoiding duplication of efforts. This would contribute to the overall effectiveness and impact of their development initiatives in Zimbabwe.

Despite internal difficulties in coordination, all key policies in UNICEF were sufficiently aligned with national policies. While implemented by partners (e.g., CSOs and DSOs), programmes were developed through UNICEF technical assistance, based on the mutually shared objectives and in alignment with government policies and positions. In the evaluation team's interactions with government officials and implementing partners (and UNICEF staff in some instances), listening to the dialogue and language that was used, evaluators recognized and affirmed the need for work to build deeper connections between awareness, understanding and change of attitudes and behaviours. For instance, disability inclusion experts from ESARO²⁷ observed the following:

"...we witnessed the dire need for increased capacity and understanding of the rights of children with disabilities among Government counterparts and Implementing Partners. To ensure Implementing Partners reach children with disabilities with their interventions and Government counterparts take ownership of building a more inclusive society, it would be important to continue investing in sensitization and capacity building."

The evaluation team also received feedback and confirmation from UNICEF staff, government counterparts, Implementing Partners, and representatives of OPDs, that continued raising awareness and strengthening capacities of different groups of implementers and stakeholders is a requirement for building a disability-inclusive society. Continued investment in the UNPRPD capacity building initiative and creating time for self-improvement through in-house training resources and opportunities beyond

²⁷ The ESARO team comprising of Ms. Yetneberesh Molla (Disability Inclusion Specialist) and Ms. Kristel Juriloo (Programme Officer for Disabilities) undertook a 5-day mission to ZCO in September 2022, to provide monitoring and technical assistance for the Norway funded cross-sectoral disability inclusion programme which ran from 2021 to the end of 2022.

the disability orientation course²⁸ were recognized as key to maintaining the momentum for disability inclusion work in Zimbabwe both among partners and for UNICEF staff.

Conclusion 2: The programme teams in ZCO have taken crucial steps by coming together to develop a common work plan and to share ideas and reflections about meeting the needs of children with disabilities. The different coordination mechanisms that were used served the disability inclusion work well at times, and less well at other times, especially in instances where each sector implements disparate activities, instead of contributing to a set of results that is shared across sectors. As a result, opportunities for implementing holistic integrated approaches that address multiple needs of children with disabilities were missed and efficiencies that should be gained from cross-sectoral collaboration were not realized.

3.3 UNICEF Zimbabwe office culture in relation to disability inclusion

EQ 1.3: What is the role of the Operations team in ensuring that the ZCO office culture reflects the values of the organizations in relation to disability inclusion?

This question addresses two themes: (i) the changes that ZCO implemented to ensure that the UNICEF office is accessible to persons with disabilities, UNICEF staff and guests; and, (ii) the improvements to ZCO processes for creating opportunities to establish different types of arrangements and better engagement with persons with disabilities.

3.3.1 *Accessibility of ZCO to persons with disabilities*

Finding 6: Staff in the Operation functions implemented a series of actions over the period of the evaluation to ensure that ZCO staff with disabilities and UNICEF guests experienced an inclusive environment in UNICEF facilities.

Over the period of the evaluation, many positive actions were initiated by Operations teams to make UNICEF facilities accessible to persons with disabilities. A non-exhaustive list of those actions includes: (i) renovation and designating dedicated restroom facilities for use by people with disabilities (i.e., installation of ramps for wheelchair access, doors that open both ways, positioning the toilet seats for better accessibility, etc.); (ii) installation of panic buttons that are linked to the central control room to enhance safety and security for persons with disabilities; (iii) levelling the pavement and walkways for ease of navigation by persons using a wheelchair; (iv) allocating a ground floor space that office leadership can use to facilitate face-to-face contact with person with disabilities; (v) renovating the other office space with accessibility in mind, including installing rolling evacuation chairs for evacuation during emergencies; and (vi) renovating the children's room (the main boardroom) to make it accessible people with disabilities. As a results of these and many other improvements, ZCO facilities received a grading of 'compliant' on the Environmental Footprint & Accessibility Assessment Tool (EFAAT) that is maintained by the Division of Financial and Administrative Management (DFAM).

3.3.2 *Opportunities to establish better engagement with persons with disabilities.*

Finding 7: All categories of staff in the Operations functions completed the mandatory orientation course on disability inclusion, while managers initiated key actions to engender an inclusive office

²⁸ See <https://agora.unicef.org/> for a list of available courses

culture, and to deepen the engagement with persons with disabilities. However, staff were not aware of DIPAS, a key policy which stipulates important requirements for disability inclusion in UNICEF as a workplace.

Like their programme counterparts, all staff in the Operations functions were also mandated to complete the online orientation course on disability inclusion, and they too had a high completion rate. Interview respondents responsible for key Operations functions reported that the awareness course exposed them to the UN/UNICEF obligations and commitments to persons with disabilities and cultivated ideas on how to improve key processes in the HR and Supply functions in ZCO, as well as to improve general health and wellbeing of staff. In the Supply function, managers have updated advertising rosters to include OPDs, and routinely extend invitations to participate in bid clarification meetings. However, the bid assessment procedures and award criteria do not give any special consideration for including persons with disabilities,²⁹ a situation that ZCO supply managers are actively pursuing with the Supply Division. OPDs pointed out that merely sending adverts to OPDs may not provide enough time and opportunity to respond.

The larger agenda of inclusion that is has been in place for many years in ZCO includes the establishment and continued upkeep of a dedicated space for nursing mothers, as well as provision of ergonomic desks chairs to all staff who need them without requiring doctor certificates (a preventative measure to reduce the likelihood of developing chronic injuries in the workplace).

One of the five key 'enablers' articulated in the UNICEF Strategic Plan (2022-2025) is "*dynamic and inclusive people culture*," hence the evaluation also tackled the issue of disability inclusion from the standpoint of living UNICEF values. The question was posed as to whether UNICEF Zimbabwe as an employer reflects the population of Zimbabwe in terms of being inclusive of people who disabilities – in particular *visible* impairments³⁰ - in their workforce. Several respondents were of the view that not having any persons with disabilities did not reflect well on ZCO efforts to build an inclusive workforce (or on the rest of the UN in Zimbabwe for that matter, given that there is no meaningful presentation of persons with disabilities in other UN agencies either). One respondent from UNICEF expressed their thoughts on this matter as follows:

"... No. It does not. And it doesn't mean that there are no people with disabilities out there who are looking for jobs that we have in UNICEF. But in our hiring, is it by coincidence that we only have people who are able-bodied and swift, and are able to do things quickly and effectively without "inconveniencing" anyone with interpretation, [for instance]? ...If you look at the demographics [of Zimbabwe] - we have young people, we have middle aged people... we have people of all colours and most nationalities, but all able-bodied, all swift, all good?"

On the other hand, a couple of respondents expressed the view that not having persons with visible impairments in the ZCO workforce was neither good nor bad, and that the right hiring will happen organically when a candidate with a disability is matched with the right job. Those respondents expressed that making a declaration to hire persons with disabilities would be tokenistic. That position runs contrary to the goals and expectations that are stated in DIPAS:

²⁹ For instance, disability could be a diversity consideration that is rewarded in the assessment criteria, or a stipulation could be made to factor out additional cost for accommodations assessing financial bids.

³⁰ We emphasize visible here to acknowledge that there could be staff that have other forms of disabilities which were disclosed to supervisors and/or management, that are not visible to the eye.

Following the example of two UNICEF regions, all regions will establish targets whereby UNICEF will progressively increase the number of employees with disabilities by at least 2 per cent across all offices by 2025, with the aim of reaching 7 per cent global representation by 2030..." (DIPAS, p.74)

A senior Operations manager disclosed conversations within the HR function on the possibility of initiating an internship programme for university graduates to promote disability inclusion, given that universities and other institutions of higher learning in Zimbabwe add hundreds of young professionals into the workforce every year. The initiative is still at the formative stages. There is an opportunity to reconcile the different views of staff, and for a deeper dialogue between management and staff that will lead to building a programme which will highlight the talent and abilities of persons with disabilities and achieve inclusiveness that is based on merit. More importantly, the planned initiative will position UNICEF Zimbabwe to meet the accountabilities that the organization has set for itself with regard to children with disabilities (see in Box 3).

Box 3: UNICEF accountabilities to children with disabilities

1. By 2025, UNICEF will increase, by at least 2 per cent, its organizational budget expenditure, to progressively accelerate disability inclusion across its programmes and operations, in both development and humanitarian action, committing to a target of 10 per cent of total expenditure by the year 2030.
2. By 2025, UNICEF will progressively increase the number of employees with disabilities by at least 2 per cent across all offices, with the aim of reaching 7 per cent representation by 2030.
3. By 2025, all UNICEF regional offices will have at least one dedicated full-time disability specialist for programmes and operations, to coordinate and support disability inclusion in the region.
4. By 2025, 75 per cent of UNICEF staff will have undergone training on disability inclusion.
5. Generate evidence from data insights and research through dedicated capacity (i.e., Centre of Excellence on Data for Children with Disabilities) to guide programme design and investments.
6. Disability inclusion, specifically of children with disabilities, will be systematically mainstreamed into media communications and advocacy.
7. By December 2023, regional and headquarters Divisional Directors will have developed divisional/regional action plans on DIPAS.

Source: DIPAS, p. 85

Staff also mentioned that the disability orientation course did not touch on the topic of disabilities that are not visible or observable (e.g., dyslexia, or a mild form of autism spectrum disorder,³¹ etc.), and raised the possibility that the organization may be falling short in including people with non-visible disabilities as well. This points out the need to expose UNICEF managers and staff in the HR function to the basic tools that they can use to cultivate a culture where staff feel safe enough to disclose non-visible disabilities, and to put in place reasonable accommodations for those as well, a goal that is highlighted in DIPAS.

Conclusion 3: The Operations team at ZCO has taken significant steps to align the UNICEF office culture with the values of the organization regarding disability inclusion. Those efforts have led to improvements in the accessibility of UNICEF facilities for persons with disabilities, including the renovation of restroom facilities, installation of safety measures, and the creation and consideration of accessible spaces. The Operations team has shown a commitment to fostering an inclusive office culture through mandatory disability inclusion orientation courses and initiatives such as including persons with disabilities in bid clarification meetings. While challenges persist, such as the need for

³¹ Also known loosely as high-functioning autism

disability-inclusive bid assessment criteria, the proactive approach of the Operations team demonstrates a strong commitment to advancing disability inclusion within the organization, including creating opportunities to recruit persons with disabilities from the pool of qualified professionals that join the Zimbabwe workforce every year.

3.4 Chapter summary and key lessons

This chapter highlighted the overall conceptualization, framing, and operationalization of work on disability inclusion undertaken by ZCO during the evaluation period (i.e., 2018-2022). An important finding was that there was clear communication and understanding on a conceptual level about the rights of persons with disabilities and how to engage in ways that uphold and honour those rights. UNICEF Zimbabwe followed organizational guidance to ensure alignment with the key conventions, frameworks, and instruments and to bring coherence within UNICEF, and between different actors.

Second, ZCO leadership invested in establishing a culture of awareness, undergirded by a requirement for all staff and partners to participate in a training course, and enforcement of that mandate. This was followed by other concrete actions, such as a deliberate pursuit of inclusive and rights-based approach programming where all programme teams were required to demonstrate relevance for children with disabilities. The office also embraced the principles of 'universal design' in the operations functions and decisions (e.g., renovating of facilities to improve accessibility, updating supply guidelines to make them more inclusive, etc.), which resulted in improved accessibility for persons with disabilities, and ensuring that UNICEF workplace, premises and the internal climate became disability-friendly overall.

The evaluation also identified areas which the office could continue to strengthen and uphold rights, primarily in inclusive education and OPD engagement. In inclusive education, both UNICEF and the Government of Zimbabwe are struggling with ways to make education systems more inclusive for children with more significant or complex disabilities. The fast-paced, short-turnaround culture of the UNICEF workspace has created barriers for working meaningfully with OPDs. Immediate adjustments that are required include updating the UNICEF communication strategy to reach out to additional platforms that are used to communicate with OPDs, having more lead time on the planning and design stages than UNICEF is accustomed to, and providing material support such as arranging for transportation of OPD members to UNICEF meetings, printing materials in accessible formats, and allowing more time to respond to requests for proposals, among others.

A key lesson from the UNICEF Zimbabwe is that creating a culture that values inclusion of persons with disabilities requires intentional action by office leadership. In the case of Zimbabwe the leadership set a tone about respecting the rights of person with disabilities, both UNICEF employees and guests, which was followed by the mandate to acquire the basic tools on engaging with persons with disabilities such as developing disability inclusive programmes as well as updating the infrastructure in the workplace.

4.0 OVERVIEW: DISABILITY INCLUSIVE PROGRAMMING IN UNICEF ZIMBABWE

UNICEF Strategic Plan 2022-2025 explicitly elevates disability inclusion to promote and protect the rights of children with disabilities through programming, "across all Goal Areas and in support of the *Leave No One Behind* (LNOB) agenda and national priorities" as defined in the CRPD, (p.7). UNICEF also committed to including access, equity, inclusion, non-discrimination, and human rights, among others, as a conduit for programmatic change to ensure that the rights of every child are realized (p. 20). The Strategic Plan also positioned disability as a "cross-cutting programme," core element of all UNICEF work. This message is in perfect alignment with strategies espoused in UNICEF Zimbabwe CPD 2016-2020, and CPD 2022-2026. This section provides a summary of UNICEF-supported interventions, programmes and strategies and evaluates whether were effective in achieving access and inclusion for children with disabilities, and in supporting the progressive realization of their rights.

4.1 UNICEF approaches and strategies to disability inclusion

EQ 2.1: What are the key approaches, interventions, and strategies that UNICEF ZCO has implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?

UNICEF and others have long used two complementary approaches to programming known as the 'twin-track' approach. Applied to programming for children with disabilities, mainstreaming is the integration of disability inclusion into sectoral and cross-sectoral programming and organizational systems and structures. While the ultimate goal should always be to integrate and include children with disabilities in all aspects of society and development, targeting actions and investments to advance the rights and well-being of children with disabilities, as well as the inclusion of staff with disabilities is also required. This question addresses the key programmes/interventions, key approaches and/or strategies (e.g., mainstreaming, targeting, etc.), and key barriers to achieving access and inclusion for children with disabilities.

4.1.1 Key programmes/interventions and implementation strategies

Finding 8: UNICEF Zimbabwe supported a substantial number of programmes, interventions, and activities, some of which have transformed the policy landscape in a positive manner, such as providing in-house technical leadership in the development of the National Disability Policy. ZCO also made substantial progress in reorienting staff to work in a cross-sectoral manner. However, understanding of the different choices in implementation strategies (mainstreaming, targeting, integration, segregation, etc.) and their implications when it comes to disability inclusion work were limited.

In the period of the evaluation (2018-2022), UNICEF Zimbabwe supported implementation of numerous government programmes based on a shared agenda, objectives, and results set out in two CPDs for Zimbabwe (2016-2020 and 2022- 2026). Within UNICEF, programme planning was based on a common theory of change that was developed in 2022 and implemented under the Disability Working Group under the leadership of Chief of Child Protection, with oversight from the Deputy Representative. The theory of change for the work on disabilities organizes the UNICEF agenda for disability inclusion work under four programming approaches: (i) institution strengthening; (ii) social and behavioural change; (iii) evidence and knowledge management; and, (iv) partnership and advocacy. Through this theory of change

(ToC), UNICEF (and presumably the Government of Zimbabwe), aim to achieve for all children with disabilities, by 2026,

“equal opportunities to fully participate in social life and utilize social services, and are better protect[ion] and less at risk of violence, abuse, exploitation and exclusion”

The theory of change is presented in Appendix 3.

In addition to the theory of change, common work plans for the work on disabilities were in place for two fiscal years (2022 and 2023), and a work plan was developed around the NORAD-supported activities for disability inclusion. All the activities that were reflected in the work plans were in perfect alignment with the theory of change. Based on these and sector workplans, UNICEF supported several programmes, interventions, and activities, some of which led to impact in the policy landscape, such as the National Disability Policy, and the draft education policy on inclusive education, and the draft policy on identification of impairments. With information harvested from the desk review and triangulated from interview data, Appendix 1 presents a list of programmes, interventions and activities aimed at fostering disability inclusion, approaches to programming (whether they were mainstreamed, targeted, integrated, and/or segregated), and reported results of the programmes.

In some of these programmes, stakeholders reported some limited success in working across sectors. Influenced by the work of the Disability Working Group and a common work plan, stakeholders reported examples of cross-sector collaboration (or integration). One respondent described it this way:

“... We tried as much as possible last year to work in a more integrative way, to put the integrated work plan into action and not just say in meetings that we want to do integration. ... For example, we led a survey And we included everything So, primarily it was an immunization project. Two years ago, we would have gone there [to the field], count all the kids with vaccine, and with no vaccine, and came back. That's it. So, what we did this time was to develop a questionnaire that was integrated. So we went to Child Protection, WASH, etc., everyone added something. So then we added those to the disability aspect. And then we're looking at, for example, in every household, instead of just counting, who is vaccinated and who is not. We're asking around, is there any child with disability here? Which disability are we talking about? How do we/you know, if it's a child who is school age, is he going to school? So this kind of question, we wouldn't have done it before. I think it was a deliberate movement around what we call primary health care approach. And we are trying to revitalize that platform. So I can say that...of three barriers; financing, for sure; the knowledge barrier - that was lifted; and the technical in terms of how we operate as UNICEF...”

That notwithstanding, respondents confirmed that the approach to implementation to disability inclusion was, except for a few occasions, siloed, even though planning and monitoring instruments such as a common theory of change and common work plan were in place. Except in one or two cases, key informant interviews with UNICEF programme staff had no mention of collaboration with staff from a different sector. In fact, in every case, work plans indicated sector leads as being solely accountable for line activities from their sections, without any regard for how the activities fit into a larger framework, or how efficiencies and effectiveness can be enhanced through collaboration. From every available data source, it was clear that the coordination of disability inclusion work and the operationalization of cross-sectoral programming in ZCO did not include joint implementation of activities by different sectors.

For instance, the evaluation team encountered an example of a community-based model entitled the 'care group approach,' where community nutrition workers implemented a UNICEF-supported programme, the primary focus of which was to ensure that children of mothers of child-bearing age receive good nutrition education and guidance and growth monitoring. Programme implementers also indicated that because of the infrastructure that was built through WASH programmes, some communities were able to receive good hygiene education on handling food.

In response to an enquiry regarding whether they used the integrated early childhood development (ECD) approach and the nurturing care framework (NCF), and what activities they did to stimulate younger children, or to get the pre-school age children in the programme ready for school, key informants indicated that they had not been exposed to integrated ECD or NCF, and that it was not featured in the UNICEF materials they had. Echoing a recurring theme on the failure to integrate services even in a cross-sectoral programme, several UNICEF programme staff observed that the way that resource mobilization and budget allocations are done in UNICEF disincentivizes cross-sectoral collaboration:

UNICEF Staff 1: "Most of the time, the weakness of work is, as we were saying before, you receive the funding to go out there implement your activity to report to the donor."

UNICEF Staff 2: "I tend to find quite honestly, that other people feel that they're doing you a favour and not that this is part of addressing the nurturing care framework. So, when they feel that they're doing you a favour with resources, but we will not congregate our resources around a common thing, So I keep my money in [Section X]. I keep my money in [Section Y] ... so integration is on paper, and it's in the community, but it's not at the UNICEF programmatic level ... I think there's a lot to be done. I feel stronglythat's a missed opportunity if we don't take on this approach ... if you're not for children who are you serving? ..."

Mainstreaming was the main strategy pursued by Government of Zimbabwe and UNICEF in reaching children with disabilities with social services, coupled with building infrastructure and systems that serve all children equitably. Examples include adoption of building codes and UNICEF technical inputs in developing universal design blueprints for WASH facilities, and similar activities in the education sector (i.e., WASH in schools, and incorporating universal design in the development of teaching and learning materials, as well as the use of assistive devices that allowed integration of all children in most learning facilities). There were some programmes that targeted persons with disabilities, such as training HIV counsellors in sign language interpretation, care group approach in nutrition, and support that went to special schools and residential programmes (see Section 3.1.2). UNICEF programme staff expressed a need for more expert guidance to ensure the proper use of targeting, and to avoid harmful practices that result from institutionalization and isolation of children with disabilities.

The evaluability assessment and formative evaluation of the current strategic plan (EAFE)³² highlighted 'organizational and programmatic convergence' as one of the principles that underpins the cross-sectoral programmes that are envisaged in UNICEF Strategic Plan 2022-2025. "Convergence' is defined as bringing together the various pillars of the organization and its partners to work in a multiplicative way. This work on disability inclusion is an example of what was envisaged in the strategic plan, hence the advice from the evaluation applies even here:

³² Evaluability assessment and formative evaluation of the UNICEF positioning to achieve the UNICEF Strategic Plan, 2022-2025, UNICEF Executive Board Decision, E/ICEF/2023/3

Convergence is harmed when related functions are managed separately, for example, disability, gender, and leave no one behind ... managerial and leadership incentivizing of convergence – and willingness to drive it at lower levels – is limited by competition for portfolios, promotions and directorial positions. (UNICEF Executive Board Decision, E/ICEF/2023/3).³³

The Strategic Plan further calls for UNICEF to accelerate programmatic and organizational convergence towards outcomes for children by incentivizing system thinking, strengthening the implementation of comprehensive multisectoral programme approaches, and incentivising innovation. This advice applies to UNICEF Zimbabwe, both in terms of pulling together the programmatic elements, institutional arrangements, and the partnerships that will enhance disability inclusion work and the pursuit of rights for children with disabilities. Any one of these elements does not lead to effective and efficient delivery of results without the other two.

4.1.2 Key barriers against realizing disability including in different contexts

Finding 9: UNICEF staff and partners confirmed that lack of access to quality and accessible services, and stigmatization of children with disabilities and negative social beliefs and other harmful practices were persistent barriers, signalling the need for an integrated approach and deep reflection and office-wide consideration on how to leverage social behaviour change as a change strategy to combat barriers to disability inclusion.

While the ZCO has demonstrated success in planning and implementing work for children with disabilities, several barriers and challenges affect implementation. Key barriers to implementation that emerged from key informant interviews and focus group discussions include:

Negative social beliefs and harmful practices: Stigmatization of children with disabilities in Zimbabwe was associated with a myriad of ills, which include hiding children and/or excluding them from their communities, as well as denying children access to essential services and subjecting them to violence and abuse. These negative social attitudes have a gendered dimension, with girls who have disabilities and mothers of children with disabilities bearing a disproportionate burden of discrimination and exclusion. Some organizations use children with disabilities for money-making schemes without prioritizing their rights.

Lack of access to quality and accessible services: Children with disabilities often face barriers to accessing education, healthcare, water, sanitation, and hygiene (WASH) facilities, child protection services, social protection programmes, and information and communication technology (ICT). These barriers include lack of funding, inadequate infrastructure, and negative attitudes among service providers.

Multi-dimensional deprivation and chronic poverty: Children with disabilities in Zimbabwe often come from poor families. This makes it difficult for them to afford the costs of essential services, such as education and healthcare. In addition, lack of resources combined with the prohibitive cost of accessible infrastructure modifications means that accessibility is not always a priority. Lack of data and disaggregation of people living with disabilities and absence of common mechanism for disability screening only exacerbate these problems.

³³ Evaluability assessment and formative evaluation of the UNICEF positioning to achieve the UNICEF Strategic Plan, 2022–2025, UNICEF Executive Board Decision, E/ICEF/2023/3

Conclusion 4: The progress made on the programme and operational sides reflect strong commitment to disability inclusion on the part of the leadership of UNICEF Zimbabwe: UNICEF Zimbabwe has taken positive, meaningful and laudable steps to prioritize disability inclusion (i.e., institutional arrangements for delivery of the cross-cutting programme on disabilities which include the development of a common theory of change and convening the Disability Working Group which reports to the Office of the Representative). This proactive approach taken by ZCO underscores the organization's role in advancing the rights and well-being of children with disabilities in Zimbabwe. At the same time, there were large variations (between staff and between sectors) in knowledge about disability inclusion (despite online training) and awareness of the larger organizational vision as articulated in DIPAS.

4.2 Effectiveness of UNICEF-supported programme

EQ 2.2: To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts?

This question addresses the effectiveness of the cross-sectoral strategy for disability inclusion, effectiveness in designing programmes for and with children with diverse disability experiences, and success in including representatives of OPDs in programme design and implementation.

4.2.1 Effectiveness of ZCO cross-sectorally

Finding 10: UNICEF programmes were effective across programme areas in relation to promoting disability inclusion. Stakeholders' feedback for strengthening disability inclusion focused on inclusive planning processes. Disaggregated data is an effective way to monitor progress but is sometimes difficult to attain when children with disabilities are 'mainstreamed' in programmes.

Interview data showed diverging opinions on the most successful programmes when it comes to disability-inclusiveness, with most staff referencing specific activities that were impactful. Programmes were described as largely effective in the immediate term and ZCO programme staff considered themselves to be 'aware and/or sensitized' to disability inclusion (using the continuum from being blind to neutral, aware or transformative),³⁴ with none of the interview participants claiming that programmes were implemented in a manner that demonstrates UNICEF to be a disability-inclusive and transformative environment. However, evaluation evidence examining intermediate to long-term outcomes and impact of these interventions was highly limited.

When this same question about effectiveness was asked of IPs and OPDs—to identify UNICEF-supported programmes they deemed impactful—their views aligned with those of UNICEF staff. However, respondents also sent forth a strong message that some of the programmes do not target meaningful inclusion. Some OPDs mentioned that they are not always adequately engaged in planning, and some

³⁴ The evaluation referenced concepts from gender analysis which differentiate between, language, actions, or programmes that are gender-blind on one end of the spectrum (i.e., failing to recognize that the needs of men and women are different, or erroneously assuming that gender is not an influencing factor), to those that are gender-transformative (i.e., seeking to challenge gender inequality by transforming harmful gender norms, roles and relations, etc., and working towards redressing those inequalities).

felt that efforts can even be described as tokenistic. At the government level, a need for stronger coordination with the ministries was highlighted. For instance, validity checks on the registration status of organizations that are being considered should be conducted with the Government of Zimbabwe prior to the award of UNICEF tenders. A government respondent asserted the following:

“ ... So UNICEF, as a development partner, does not consult us with their planning ... there was a point where we just caught up with three OPDs that...signed contracts with UNICEF, and they're going to be ... we know the characters of these OPDs, there are some that have been formed as a the money making scheme, You know, and they're some like... I won't mention the names, but children are being abused there! So, if UNICEF does not talk to us, and then they pick that OPD, because they're working with children. But we are in the process, maybe that OPD is under investigation, and we are in the process of de-registering it. But then UNICEF has already signed contracts with them... ”

A key factor that was mentioned as enabling effectiveness in programmes is data disaggregation, even though a deeper knowledge is required to programme for meaningful/impactful disability inclusion. While disaggregation can provide useful insights for more targeted programming, there was limited data and/or evidence on the reach UNICEF activities have on children with disabilities and their families. This is an observed and acknowledged obstacle. This mirrors challenges at the country level in that there is insufficient data on the number of children with disabilities and no common tool to assess and certify children as having impairments.

4.2.2 Effectiveness in reaching children with diverse disability experiences

Finding 11: UNICEF-supported programmes achieved success in reaching children with diverse disability experiences through its support of institutional strengthening, social behaviour change, evidence and knowledge management, and partnerships and advocacy. UNICEF promoted inclusive education and accessible healthcare infrastructure and supported cash transfer programmes. The organization has also funded studies that influenced legislative reform on disability inclusion and expanded access to services and raised awareness on critical issues .

UNICEF Zimbabwe supports programmes that reach children with diverse disability experiences, mainly through mainstreaming, but also by providing targeted interventions. As indicated in the theory of change for disabilities inclusion (see Appendix 3), programmes were organized under four headings: (i) institutional strengthening, (ii) social behavior change, (ii) evidence and knowledge management, and (iv) partnerships and advocacy.

Institutional strengthening: The desk review, interviews, and focus group discussion data confirmed that UNICEF has promoted several activities which were meant to strengthen systems in several sectors. In Education, UNICEF collaborated with the Ministry of Education in advocating for legislative reforms that resulted in the amendment of the Education Act of 2020 to enhance inclusiveness for children with disabilities and bring it in alignment with Amendment No.20 of 2013 of the Constitution of Zimbabwe. New provisions of the Act include accessible school infrastructure and reasonable accommodations for teaching and learning. UNICEF supported the Ministry of Primary and Secondary Education (MOPSE) by providing technical assistance the drafting and production of the Inclusive Education Handbook, training of teachers in using the handbook, and advocating for the Inclusive Education Policy, which was under consideration by Cabinet at the time of the evaluation.

The organization also provided direct support to several schools that serve children with a particular impairment experience (e.g., children with hearing impairments). UNICEF implements the School Improvement Grant (SIG), which incentivizes inclusion of children with disabilities. This was provided as an example of the more impactful forms of support to schools:

"... direct support to schools was quite impactful. What we have also done with the school improvement grant is that we support special schools, all the special schools the grant used to be \$10,000 per school now, I think it's \$5000 per school. And we've been following up to see what that grant has done in terms of improving quality of learning ... the school improvement grants for children with disabilities... But we have also added an incentive for any school that is a resource unit for children with disabilities as a way of incentivizing schools to create is those units ... it's not much, but it's an incentive, 10 per cent of the total cost ... "

UNICEF also supported the education sector by facilitating the inclusion of the Washington group of questions in the annual school census beginning in 2022 - an important enhancement to the Education Management Information System (EMIS). After the first year of this enhancement, the number of children identified as having one or more impairments increased about twofold. This also enabled follow-up with school psychologists, who in many instances were able to provide further testing and recommend children for different types of services. UNICEF in turn provided direct procurement support for assistive devices, Braille machines, tablets, and in some instances, reading glasses.³⁵

In Health, Nutrition and HIV, UNICEF supported the institutional strengthening of health systems. ZCO has worked to ensure children with disabilities have access to essential health services and nutrition support. This has involved supporting local healthcare workers to conduct outreach and direct service programmes to reach children in underserved areas (including during emergency contexts such as Cyclone Idai), and practical assistance during the COVID-19 pandemic, such as food packs, implementing a disability inclusive immunization strategy, and providing sign-language training to several cohorts of HIV counsellors employed in government hospitals.

Social behaviour change: UNICEF supports programmes and policies that promote social behaviour change and also provide social protection to families of children with disabilities. This includes cash transfer programmes and other forms of assistance to reduce poverty and improve the well-being of children with disabilities and their families. These programmes had a strong equity focus and some facilitators were trained in sign language to improve communication and implementation success with participants with hearing impairments.

Informants who were beneficiaries of UNICEF programmes disclosed that activities helped boost their self-confidence. Some of the children engaged in income-generation projects emphasized that economic empowerment was crucial for their independence and self-sustainability. The children and teachers mentioned personal growth, increased sociability, and a willingness to support others. This suggests that UNICEF support for the programmes has not only benefited the children individually but has also fostered a sense of community and mutual support among participants. They also credited the programmes for exposing them to key knowledge and processes to access their rights, as well as increased knowledge on important topics such as Sexual and Gender-Based Violence (SGBV) and Sexual

³⁵ One informant pointed out that the procurement of reading glasses was not the responsibility of the education sector and is not sustainable.

and Reproductive Health (SRH). Box 4 provides a summary of inputs from beneficiaries – mainly children with disabilities.³⁶

Box 4: Voices of children with disabilities

How did the organization assist you and what are you able to do after receiving that support?

- The organization has helped me boost my self-confidence.
- We have been taught about rights, SGBV and SHR.
- Now confident and have started their own business of selling various items
- Through exchange programmes, we increased awareness on disability in schools.
- The organization has given us exposure to interact in communities and beyond the Zimbabwe borders.
- In the training I attended in Zanzibar, I learned about income generation projects, and I obtained leadership skills. I also did a course in web design and was exposed to disability awareness.
- The organization has taught us to stand up for ourselves; for example, when I was denied access to a school, I challenged the position and eventually, I was admitted.
- The organization supported me by funding my education by providing me with assistive devices.
- It helped me become a leader, and now I work with the Police to bring issues of abuse to the fore within my community.
- I am now a disability advisor at church – I assisted a mother of child with disability to approach the Social Welfare department, The child is 6, and she now gets assistance from the Department because of my intervention.
- We were assisted with food packs during COVID-19.
- This organization is a safe space for persons with disabilities.
- When I first joined this organization, I was afraid to meet new people, I was reserved, but now I am very sociable and can easily mix with others. I have grown from inside. I can now support others who are still struggling with being assertive.

UNICEF Zimbabwe also supported the development of a Disability Inclusion Social and Behaviour Change Strategy (2022-2026)³⁷ which outlines a comprehensive approach to promote the full inclusion of children with disabilities by transforming social norms and attitudes. It provides guidance for designing tailored Social and Behaviour Change (SBC) interventions rooted in human-centred approaches. The strategy emphasizes evidence-based solutions and includes a step-by-step guide, barrier and enabler analysis, and capacity building for programme officers and partners. It aims to create sustainable change by understanding affected communities, engaging local stakeholders, and monitoring the desirability, feasibility, and viability of solutions, with the goal of ensuring the long-term inclusion of children with disabilities in Zimbabwe.

Evidence and knowledge management: UNICEF invested in knowledge generation and management. This included the funding of studies and reports highlighting the situation of persons with disabilities in Zimbabwe. Appendix 2 summarizes selected studies and actions emanating from recommendations of

³⁶ Participants included 10 young people of ages X-Y; 5 females and 5 males; 3 individuals had physical disabilities and required the use of assistive device to move around; 3 individuals had audible speech impairments; and, 3 individuals self-reported as suffering from epilepsy; and 2 individuals had multiple impairments. In terms of education, 2 individuals reported that they finished Grade 7; 3 individuals attempted but did not complete O level; 2 individuals studied for a technical diploma; and one individual dropped out of university due financial challenges. None is formally employed, and all of them resided with their parents.

³⁷ Information about this programme can be found in UNICEF Zimbabwe's 2022-2026 Programme, accessible at: <https://www.unicef.org/zimbabwe/media/5091/file/Zimbabwe%20Country%20Programme%202022-2026.pdf>

studies, as well as their implementation status. Box 5 provides a summary of one of the studies commissioned by the Social Policy and Research team that has clear relevance across all sectors and that provided the Government with options for the development of harmonized systems for disability identification, assessment, a system that can be used determine eligibility and referral mechanism for social protection and social services across different sectors.

Box 5: Summary: study to establish a common disability assessment framework in Zimbabwe

The purpose of the study was to contribute to the development of a harmonised systems to be deployed towards the identification and assessment of persons with disabilities, including children with disabilities; to institute a referral mechanism for social protection and social services; and, to assess the extent to which persons with disabilities were included in the social protection system in Zimbabwe.

The study offered several recommendations to enhance the inclusiveness of social protection for persons with disabilities in Zimbabwe:

1. Establishment of a standardised multi-sectoral system for disability identification, assessment, and determination, emphasising human rights principles and using the Washington Group Question Sets as a reference.
2. Creation of a disability-responsive case management package for individuals with disabilities, expanding on existing mechanisms.
3. Recruitment and training of mobile teams at the district level, comprising medical, rehabilitation, and social work professionals, to facilitate disability identification and case management.
4. Improvement of monitoring of disability inclusion in social protection programmes, including data disaggregation and the establishment of a disability registry.
5. Increased efforts to ensure the representation of all persons with disabilities, especially those with intellectual or communication-related disabilities, in both social protection programmes and related research.
6. Strengthening of engagement with the African Union to expedite the ratification of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa, reinforcing the Government's commitment to disability inclusion and accountability within the region.

Recommendations from an assortment of studies included:

- leveraging the Spotlight Initiative to prevent sexual and gender-based violence against children with disabilities;
- implementing family-focused social interventions, scaling up community dialogues and social norms change initiatives, and strengthening community-based child protection systems; and
- reforming disability laws, building awareness among government officials, improving disability data collection, and promoting equitable access to essential services such as education, health, and social protection for children with disabilities.

Several studies also emphasized the continued importance of confronting disability stigma through awareness campaigns and community-level engagement and highlighted the importance of collecting comprehensive data on children with disabilities, and integration into national planning. UNICEF Zimbabwe also invested in analysing monitoring data from Social and Behaviour Change programmes, which yielded key insights such as the importance of continued engagement to amplify the voices of persons with disabilities in policy and societal priorities, the need to sensitize community leaders to promote inclusion of women and children with disabilities in community initiatives. This message is also

applicable to the highly gendered disability inclusion movement, where men are reported to dominate the leadership positions of DSOs and OPDs.

Advocacy: The theory of change for disability inclusion also features twin strategies of partnerships (covered in Sections 4.2.3 and 6.1) and advocacy. UNICEF Zimbabwe has demonstrated effectiveness in promoting advocacy in addressing the invisibilization, stigma, and marginalization faced by children with disabilities. For instance, the SBC strategy for disability inclusion identifies targeted advocacy as a key implementation strategy, alongside community-based advocacies. KIIs with beneficiaries and their families highlighted that these initiatives helped to boost children's self-confidence, increase their awareness around their rights, provided economic empowerment, promoted disability awareness in communities, nurtured leadership skills among children with disabilities (some of whom have taken on leadership roles in their communities, such as working with the police and advising at their church), enhanced their personal growth and increased sociability. A key area of advocacy for UNICEF Zimbabwe that includes all sectors is the concerted effort to lobby increase of domestic resources towards key services, among others.

4.2.3 Effectiveness of UNICEF partnership strategy

Finding 12: UNICEF has formed partnerships with OPDs, but organizations expressed the need for more strategic engagement at the early stages of programme development, right from ideation and priority setting.

UNICEF has historically worked closely with DSOs but began to engage more closely with OPDs in the recent past. OPDs described the engagement as being mainly consultative, with UNICEF also leveraging networks of OPDs. Some OPDs noted that when there is a lack of Memorandum of Understanding (MOU) or contract in place, the partnership lacks depth. OPDs noted that they would like to deepen their engagement with UNICEF, but that this engagement needs to be meaningful.

When the question on effectiveness was asked of IPs and OPDs, to identify UNICEF-supported programmes they deemed impactful, by and large their sentiments aligned with those of UNICEF staff that UNICEF support is making a difference in the communities they serve, even though the support for any programme usually dries out before its full impact can be realized. OPD respondents also conveyed a strong message that some of the programmes do not target meaningful inclusion. Some OPDs mentioned that they are not always adequately engaged in planning, and some described the engagement as tokenistic. IP and OPD respondents also observed that stronger coordination between their organizations and government ministries was needed, and that more due diligence was required in vetting of organizations beyond initial certification since advancing the rights of children with disabilities required much more than being certified as a CSO or service provider.

Conclusion 5: Delivered through partnership with CSOs and DSOs, UNICEF-supported programmes were largely effective, but they often lacked representation of OPDs at the ideation and planning stages: UNICEF-supported programmes reflected a practical, results-driven commitment to disability inclusion. They were reported as making tangible improvements in the lives of persons with disabilities and their families. Some beneficiaries expressed satisfaction, but OPDs expressed disappointment that persons with disabilities themselves were not meaningfully involved in planning or implementation, or were only involved in tokenistic ways. As such ZCO is acting on behalf of children with disabilities but is not collaborating with persons with disabilities (including OPDs) to accomplish their goals.

4.3 Chapter summary and key lessons

This chapter described and evaluated whether disability inclusion approaches and strategies in UNICEF Zimbabwe were effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights. The evaluation found that: UNICEF has demonstrated contributions to disability inclusion in Zimbabwe in national policy advocacy, multi-sectoral planning for disability inclusion, and leveraging of funds to support activities; UNICEF programmes were effective across programme areas in relation to promoting disability inclusion; children with disabilities still face stigmatization and access barriers in Zimbabwe; and, UNICEF has formed partnerships with OPDs, which have expressed the need for more strategic engagement at the early stages of programme development, right from ideation and priority setting.

The key lessons on disability inclusion programming in Zimbabwe drawn from the evaluation are: (i) children with disabilities remain stigmatized in their localities and sometimes their own homes.; UNICEF Zimbabwe has undertaken SBC efforts to address this stigma; while more work is needed, preliminary efforts have shown success; (ii) service provision and programming require a multi-pronged approach that considers different elements of the 'whole child;' Although UNICEF staff were cognizant of this orientation, working across sectors was difficult due to the funding structures within UNICEF and subsequent ownership dynamics regarding programming; (iii) cultivating and maintaining relationships is critical to UNICEF success in this area; Government, non-governmental, and OPD partners all look to UNICEF for both leadership and resources; and, (iv) effectiveness is facilitated by accurate information. ZCO has worked to generate knowledge about children with disabilities through studies and disaggregated data sets. Much is still unknown, but the knowledge base in the office is growing deeper over time.

5.0 OVERVIEW: SUSTAINABILITY OF UNICEF-SUPPORTED DISABILITY INCLUSIVE PROGRAMMES

This discussion of sustainability of UNICEF-supported interventions in Zimbabwe addresses the extent to which the net benefits of the intervention continue or are likely to continue. This analysis of sustainability looks at the social, environmental and institutional capacities of the systems needed to sustain net benefits over time. In this chapter we evaluate whether the progress made by the ZCO in disability inclusion and advancing disability rights can be scaled-up to reach most children with disabilities, and whether it is sustainable. The findings are organized around two evaluation questions which address evidence that disability inclusion programmes and interventions are reaching children with disabilities across sectors and in various programming contexts, and the extent to which UNICEF offices were successful in advocating for scaling-up of UNICEF-supported interventions, approaches and strategies in various programming contexts.

5.1 Reach/coverage of UNICEF-supported programmes

EQ 3.1: What is the evidence that disability inclusion programmes and interventions across sectors are reaching children with disabilities in various programming contexts?

This question addresses the reach and coverage of UNICEF-supported programmes in different sectors and contexts, and analyses how UNICEF supports advocacy for inclusion and rights.

5.1.1 Coverage/reach of UNICEF-supported programmes in different programming contexts

Finding 13: There was substantial evidence of interventions and activities being implemented, across sectors, many of which mainstreamed disability inclusion, while a few programmes targeted children and persons and children with disabilities. By and large targeted programmes with good scale-up metric such as a clear universe of beneficiaries were successful in reaching the intended population and making a difference, while the reach of mainstreamed programmes was not easy to verify.

Disability inclusion programmes and interventions for children with disabilities were implemented across sectors, with UNICEF support, the evidence of which was presented in successive work plans covered by the evaluation period. Many were implemented through day-to-day programming, while others were implemented in response to emergencies, such as Cyclone Idai, cholera outbreaks, and the COVID-19 pandemic. In focus group discussions and interviews, beneficiaries (children and young adults with disabilities and their parents, guardians, and caregivers) confirmed that UNICEF programmes reached their communities and made a difference in their lives when it mattered, such as at the height of the COVID-19 pandemic.

There was also evidence of coverage of disability inclusion programmes and interventions for children with disabilities across sectors and in various programming contexts, borne out by the inclusion of disability programming in the cross-sectoral disability work plan since 2021. Through this work plan, ZCO monitors legislation and policy frameworks developed with UNICEF support, and additional tools to facilitate enforcement and/or implementation of those policies. While policy, legislation, advocacy and other 'upstream' activities have an expansive reach, UNICEF Zimbabwe - and UNICEF as a whole - has not put in place any metrics to account for their contribution in terms of sustainability.

On the other hand, UNICEF is one player in a larger landscape of organizations that support efforts to improve the lives of children with disabilities. At various times during evaluation field visits, participants mistakenly attributed support that they received from other organizations to UNICEF, which demonstrates familiarity with the UNICEF brand and the organization's reputation within communities for providing tangible support to persons with disabilities.

5.1.2 UNICEF advocacy for disability inclusion and the rights of children with disabilities

Finding 14: Advocacy did not receive due prominence in the theory of change for the cross-cutting area of disabilities, even though UNICEF Zimbabwe has carried out extensive advocacy work that has yielded tangible results in policy and other areas. Invisibilization and stigma emerged as key barriers to meaningful participation of children with disabilities – an area that can benefit from advocacy from a cross-sectoral integration and collaboration.

UNICEF work on Social and Behavioural Change (SBC), such as supporting creation of caregiver organizations, or supporting capacitation of adolescents with information, knowledge, and skills, was reported to have empowered young people who benefitted from these programmes to tackle stigma, invisibilization and marginalization.

Invisibilization was identified as a critical barrier for participation in programming for children with disabilities. Based on global estimates, most children with disabilities are likely living in communities but may not be served effectively when partnerships are created with institutions that provide segregated services. Focus group discussions and group interview data reinforced that invisibilization is one of the most substantial hindrances to the rights, well-being, and social inclusion of children with disabilities in Zimbabwe. Respondents said this is rooted in the complex interplay of religious and cultural convictions and traditions. As one of the implementing partners who was engaged in the work of confronting invisibilization in a religious community with a very high membership indicated:

“...you then look at children with disabilities, they have an added disadvantage because if they are abused and no one will be looking ... it has been believed that if you give birth to a child with disability, it's punishment. So, most of the time, people have hidden children with disability from society, even from the church. They don't bring them to church, they don't want.... Now parents that were telling us “from the time my child was born, this is the first time they've actually gone outside because we now believe that our child didn't come as a result of punishment...” ... [my child] is God's creation ... the community is now accepting ... now they can actually go to church with the children and not get to hide them.”

Religious and cultural convictions and traditions include: the notion that disability is a punitive or malevolent consequence, affecting both the afflicted child and their parents; attributing disability to malevolent spiritual forces; reluctance to seek appropriate and timely medical assistance for children with disabilities; considering certain disabilities (e.g., albinism) as possessing beneficial ritual significance; targeting girls with disabilities for sexual assault under the misguided belief that they lack sexuality; and, stigmatizing mothers of children with disabilities as promiscuous. These harmful practices are often exacerbated by factors such as poverty, low levels of education, and neglect within rural communities. Respondents noted that these negative social practices are not confined solely to the broader community but also exist within disability-support service providers, thereby compromising the quality of and access to essential services for children with disabilities.

Children with disabilities are most likely living in communities with limited social services. If programmes are concentrated in segregated settings or are not proactive in seeking out children with disabilities, then they cannot be effective or have as much reach as those that are attempting to reach all children with disabilities. Interview data revealed that UNICEF Zimbabwe has begun to tackle the issues of stigma and invisibilization, most notably through its support of youth ambassador programmes and partnerships with the JF Kapnek Trust. Through this programme, youth served as ambassadors, and described situations in which they be seen as leaders, and help to mitigate stigma, invisibilization, and misinformation. This presents a low-cost capacity building opportunity that can be sustainable.

Examples of other UNICEF-supported programmes that tackle invisibilization and stigma were the Insize Nutrition project and the care groups that were created to work with Apostolic women. While the programme objectives were not intentionally focused on targeting stigma or invisibilization, a positive unintended impact from the programme was realized when participants who were family members of children with disabilities were able to discredit myths in the community care groups. As a result, integrating intentional anti-stigma work into community-level activities emerged as a potential promising practice.

Conclusion 6: Persistent challenges of stigmatization and access barriers continue to pose significant obstacles to the rights and well-being of children with disabilities: While Zimbabwe country leadership has shown enormous political will, which has resulted in tangible progress in promoting disability inclusion, addressing stigmatization and access barriers comprehensively involves changing societal attitudes, removing physical and social barriers, and ensuring equal opportunities for all children regardless of their abilities. Such efforts are essential to creating a more inclusive and equitable society and ensuring no one is left behind. UNICEF has made commendable progress overall, but a more concerted and focused effort is required in the area of social and behavioural change in order to disrupt current national narratives.

5.2 Sustainability of UNICEF-supported disability inclusion programmes

EQ 3.2: To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?

This question addresses the organization's ability to provide support to scale up the programmes and explores the sustainability of key achievements and continuing to expand when external funding is no longer available.

5.2.1 *Scaling-up of UNICEF supported programmes, by programming context*

Finding 15: Due to recent funding shortages in the CO, programming is typically funded by external grants that are time-bound, hence scaling programmes beyond the original scope of these projects, or sustaining them, is often difficult when funding cycles end. Community-led initiatives programmes strategies such as 'layering' have demonstrated a greater potential for sustainability.

Scaling of programmes is nearly impossible without government funding. ZCO funding for disability inclusion has decreased over the past five years, further decreasing support for new or existing initiatives by government, let alone influencing the scaling up of programmes in a meaningful way. Supported by the resource mobilization team, one of the strategies that all programme sector teams were implementing was to advocate for new resources from donor partners. In some instances, UNICEF was able to leverage relationships with private donors to infuse resources into key government initiatives, especially programmes with a definable scale and scope. However, many promising initiatives that ran out of international donor funding or do not have a backing of private donors have not been able to be brought to the desired scale.

There were some examples of sustainable interventions—mainly infrastructure projects in WASH and Education. These were supported by government building codes, even though they did not always use universal design, sometimes because of cost-saving measures. Not all programmes demonstrated the ability to be sustainable. This highlights the need for CPD planning processes that engender sustainability of cross-sectoral disability-inclusive programming.

While not all programmes showed ability for sustainability, others demonstrated a strong potential for scaling-up. Interview data suggested the need for stronger coordination from the Resident Coordinator's (RC) office, to give disability inclusion the highest visibility among UN agencies, and to help with mobilizing action across agencies (this support existed previously), although others have noted that the RC office may not be the best location for coordination of programmes. Many key informants noted that scaling up and/or building the sustainability of activities is a difficult task and activities often go away when the funding dries up.

Community-led initiatives that were supported by UNICEF Zimbabwe demonstrated a greater potential for sustainability. However, being community-led alone is not sufficient. The community-led programme in Insiza had a stipulation that women should bring whatever they had in homes, and not source out goods that required extra resources and/or effort to procure. This strategy demonstrates some forethought on sustainability.

Layering of programmes also was mentioned by several informants. As a learning strategy, layering builds on knowledge and understanding, by creating new learning nodes and deepening understanding with every new opportunity, even if new learning is unrelated to old learning. Applied to programming, all else being equal, communities that receive a second initiative have a greater chance to succeed than those that received only one intervention. Coupled with community leadership of programmes, stakeholders are more likely to assume ownership as they embrace the challenge to carry the programme through successfully when their reputation as community leaders or important community voices is at stake. Ownership and determination promote sustainability. As a programming strategy, it also means that given a choice to select between a community that is being reached for the first time, and another that received prior support from UNICEF or a similar entity, the choice should be the latter.

The nutrition care groups program in Insiza was a good example of layering nutrition education on top of a very old WASH programme that was concluded in the late 1990s and being able to use WASH infrastructure to deliver education about food hygiene. Ultimately, key informants emphasized that programmes are funding-dependent, which often compromises the ability to scale-up or remain sustainable. While the Zimbabwe government has an enabling policy environment, there are often limitations in funding resources, and enforcement. For instance, the National Disability Policy did not include an implementation strategy or a costed workplan. This represents a limitation to programming possibilities when there is no likelihood of programmes being continued or picked up by government or civil society, beyond UNICEF inputs.

Within the ZCO, funding for disability programming has not increased year to year, relative to the overall country expenditure. Over the five years covered in this evaluation (2018-2022), the percentage of UNICEF Zimbabwe's total budget tagged for disability inclusion was around 3.2 per cent, with a tendency to decrease or fluctuate from year to year (see Table 3).

Table 3: Percent expenditure of disability inclusion by UNICEF Zimbabwe

Year	ZCO Expenditure	ZCO Disability Expenditure	Total Per Cent Expenditure Spent on Disability
2018	121,484,941	5,176,748	4.2
2019	136,117,845	5,205,419	3.8
2020	110,185,282	3,738,406	3.3
2021	159,865,716	4,172,953	2.6
2022	119,640,518	2,424,514	2.0
Total	647,294,301	20,718,039	3.2

UNICEF continues to advocate for increased government budgets to meet the needs of the most marginalized children, including children with disabilities, and to develop and implement costed work plans. However, disability inclusion programming is largely funded by donors, which often limits the ability to scale-up and/or sustainability.

Conclusion 7: UNICEF staff relentlessly pursued the implementation of costed budget plans for different priorities, including disability inclusion work. However, many UNICEF-supported programmes mainly relied on external funding sources, which does not bode well for their sustainability and scaling up. The evaluation also encountered a few examples programmes with great scale-up and sustainability potential. However, scale up of programmes was largely dependent on resource mobilization and advocacy work, which usually takes a long time to produce results.

6.0 OVERVIEW: DISABILITY INCLUSIVE PROGRAMMING AND INNOVATION

This chapter assesses the extent to which UNICEF offices are positioned to embrace innovative disability-inclusive interventions and leverage those insights to inform future initiatives and improve outcomes for children with disabilities. The findings are organized around two evaluation questions which look for evidence that the key enablers for successful implementation of disability-inclusive programming are in place in UNICEF Zimbabwe.

6.1 Key enablers and the future of disability inclusive programming in UNICEF Zimbabwe

EQ 4.1: What evidence exists that the key enablers for successful implementation of disability-inclusive programming are in place in ZCO?

The UNICEF Disability Inclusion Policy and Strategy (DIPAS) identifies the key enablers of successful disability-inclusive programming as leadership, accountability and coordination, partnerships, and financing and resource mobilization. In key informant interviews, UNICEF programme staff identified the same enablers with more nuance based on the Zimbabwe context, as well as two additional enabling factors. Those included: (i) existence of a favourable policy environment; (ii) strong leadership in the ZCO on the issue of disability inclusion and innovations in disability programming; (iii) connections and partnerships with OPDs in the design, development and implementation of activities; (iv) coordination within government ministries, and coordination across those ministries on disability inclusion; and, (v) a history of funding and resources linked to disability inclusion work. UNICEF respondents also provided their assessments on whether those enablers were or were not in place, partially or fully.

Cross-sectoral collaboration and/or coordination was not identified by UNICEF programme staff as a strong enabler for disability-inclusive programming in UNICEF Zimbabwe, contrary to the wisdom of UNICEF Strategic Plan (2022-2025), and Zimbabwe CPD (2022-2026). It is understandable that the key drivers for disability inclusion may be variable, depending on prevailing contextual factors, hence it is not clear if the omission of cross-sectoral collaboration was a reaction to the existing coordination arrangements, or if it was a manifestation of a conceptual position on the part of staff.

6.1.1 Disability inclusion and organizational leadership

Finding 16: Successive Country Representatives have provided strong leadership and commitment to promoting the rights of children with disabilities. Chiefs of Sections and senior managers all recognized and affirmed disability inclusion, not only as key to UNICEF commitment to reach the most marginalized children, but also as a core value of UNICEF Zimbabwe, alongside CRITAS.³⁸

Leadership accountability and coordination is one of the key enablers of success in disability inclusion according to DIPAS, both for UNICEF work for children with disabilities, and for UNICEF as a workplace. There was evidence of acknowledgement from the high levels of the Government of Zimbabwe of the leadership that UNICEF has provided (see Section 3.1.2).

Key informants also strongly affirmed that disability inclusion is a UNICEF priority that was articulated clearly by the ZCO leadership, with the Country Representative being its greatest champion, and the

³⁸ Care, Respect, Integrity, Transparency, and Accountability

Deputy Representative providing regular oversight for disability inclusion programming from a supervisory standpoint. This enabler was considered fully in place.

On the government side, the Office of the President and other high-level leadership have shown renewed interest and momentum on issues of disability inclusion, most recently demonstrated by the adoption of the UNICEF-supported National Disability Policy in 2021, allocation of two seats in the Senate for Persons with Disabilities elected by persons with disabilities, and the appointment of gender and disability directors in all ministries. A lagging indicator and the next frontier for progress on pursuing rights is the allocation of a regular budget to some of the key priorities of the directorate of Social Welfare in MoP/SLSW.

6.1.2 Cross-sectoral coordination of disability inclusion work within UNICEF

Finding 17: Some elements of cross-sectoral coordination were in place (the common theory of change, work plan and the Disability Working Group). However, disability inclusion work remained largely siloed, partly due to the coordination responsibility for the work being positioned under a single sector that did not have accountabilities for all the elements of the work plan, or supervisory mandate for the staff in other sector teams.

Coordination mechanisms served the work on disability inclusion work effectively at times, and not as effectively at others (See Section 3.2.3, Finding 5). Conversations around disability-inclusive programming were limited to activities within sector teams, with limited discussion of how those activities fit into a larger framework, despite the existence of a unified theory of change, and a common work plan for disability inclusion work for 2022 and 2023. Even with those instruments in place, disability inclusion was largely implemented through singular programme areas. Inputs from several sources identified weaknesses in the coordination approach, where a single sector provides functional leadership for the disability inclusion work. A similar observation was made by the ESARO disability inclusion team in 2022, which observed the following during their programme monitoring visit:³⁹

“The Zimbabwe CO has recognized disability inclusion as a cross-cutting issue to all the sectors and has accordingly developed a cross-sectoral plan for disability inclusion. However, the positioning of the issue of children with disabilities under the Child Protection Section creates confusion for other sectors and doesn't demonstrate how other sectors can mainstream disability in their work.”

The ESARO team further observed that other cross-cutting issues such as gender and SBC were positioned under directly under the Deputy Representative, who has the mandate and accountability to oversee all programmes, and that a similar arrangement was necessary for disability inclusion to function effectively as a cross-cutting programme. The evaluation team suggests that the Gender and Human Rights portfolio, which has larger complementarity with disability inclusion, could be responsible for the technical inputs, thereby acting in an assistive role to Deputy Representative on the disability inclusion portfolio.

³⁹ The ESARO team comprising of Ms. Yetneberesh Molla (Disability Inclusion Specialist) and Ms. Kristel Juriloo (Programme Officer for Disabilities) undertook a 5-day mission to ZCO in September 2022, to provide monitoring and technical assistance for the Norway funded cross-sectoral disability inclusion programme which ran from 2021 to the end of 2022.

The aforementioned programme monitoring mission team also addressed the need for joint planning of interventions to promote collaboration between sectors. They suggested a cross-sectoral pilot where all sectors are involved in joint effort, in one or more geographical location, to pursue a complementary set of results which contribute to positive outcomes for children with disabilities. Such a pilot would, among other things, present the opportunity for integration and the efficiencies that would result from that approach.

6.1.3 UNICEF partnership strategy in disability inclusion

Zimbabwe has a vibrant civil society that is working to advance disability inclusion and disability rights. These include two national umbrella organizations for OPDs: the National Association of Societies for the Care of the Handicapped (NASCOH), founded in 1969, and the Federation of Disabled Persons of Zimbabwe (FODPZ), founded in 2003. Information available through the desk review and from self-reports during the evaluation indicates that FODPZ has 42 organizations under it, both OPDs and DSOs, while NASCOH has 72 organizations under it. A third umbrella organization, the National Council of Disabled People of Zimbabwe (NCDPZ), is more of a regional organization, based in Bulawayo. With 85 branches in 10 provinces, NCDPZ functions more like a standalone organization, not an umbrella organization.

Working through partnerships was highlighted as a key enabler for success in DIPAS. UNICEF staff also indicated that connections and partnerships with OPDs in the design, development, and implementation of activities were a key enabler for disability inclusion work in Zimbabwe. UNICEF staff observed that partnership with all types of organizations that work for or with people with disabilities (CSOs, DSOs, OPDs,) were key to reaching children with disabilities with programmes and support.

On the other hand, OPD respondents observed that UNICEF Zimbabwe partnerships with DSOs and other CSOs were much stronger than partnerships with OPDs who can better represent the voices and lived experiences of persons with disabilities (see Section 3.2.2 and Conclusion 5). For instance, programme beneficiaries who were themselves persons with disabilities highlighted the need for advocacy for the most basic services, such as accessible infrastructure (smooth pavement for example) and expressed that enhanced engagement with OPDs and persons with disabilities could allow for innovative approaches to improving their lives and livelihoods. A team of disability inclusion experts from ESARO (see footnote 38 above) advised that partnerships should target children with disabilities directly:

“UNICEF Zimbabwe will also need to revise PCAs and work plans to ensure that inclusion of children with disabilities are integral part of any given collaboration/partnership.”

As is the case with every aspect of disability inclusion and advancing disability rights, careful consideration should be given to the choice of partners, and articulation of clear objectives for partnerships. While direct involvement and participation of children should equally apply to children with disabilities, this requires a more nuanced strategy and erecting some guardrails. For one, this could mean investing more in targeting children of parents with disabilities, and organizations of parents of children with disabilities, as an important component of any partnership arrangements, and piloting other innovative partnership arrangements under the guidance of disability inclusion experts in ESARO.

6.1.4 Coordination of disability inclusion work between UNICEF and government

UNICEF programme teams engage with government counterparts all the time to seek opportunities to mainstream disability in all programmes. For instance, key informant interviews with representatives of the Ministry of Primary and Secondary Education highlighted several activities to demonstrate alignment between UNICEF and MoPSE.

Also, government respondents asserted that the coordination on disability inclusion work should not only be with UNICEF, but with other UN agencies as well. For instance, disability inclusion work was coordinated from the RC's office from 2020 to 2022. This was reported to have been an effective model, also because it was anchored by a high level of expertise on disability inclusion.

"...You know, when we really felt like we were going somewhere, because we were meeting at the same place with UNICEF, UNESCO, UNFPA, UNDP. And the coordination role that this office was playing was very important ... What it [coordination from the RC's office] was bringing, the difference it made to us was that... UN agencies work in silos, in terms of disability, but this office... was able to bring everyone together. We had a situation where the left hand did not know what the right hand was doing .., we were so saturated with the training on sexual and reproductive health rights and gender based violence and because each agency had their own training."

The mandate of the current evaluation did not cover the work of other UN agencies, or necessarily assess the work of the UNCT/RC's office. Capitalizing on the vacuum that is being experienced by government partners since the loss of UNCT coordination capacity, there is an opportunity for UNICEF Zimbabwe to increase its visibility by positioning the organization as a *de-facto* convenor of the disability inclusion work. However, that will require strengthening in-house capacities, and intentionally increasing the visibility of the Disability Working Group as the vehicle through which the 'technical partner' role under the UNPRPD is operationalized.

Government respondents also indicated that better coordination between government and UNICEF was required in the recruitment of service providers and technical experts. For instance, MoPSSW maintains a compliance register of CSOs that provide services for people with disabilities, and at times organizations that were de-registered because of certain infractions or complaints for beneficiaries were then awarded contracts by UNICEF. There also were many instances where a consultancy team awarded a contract by UNICEF (and other UN entities) did not have the right expertise in disability inclusion. In both these instances (recruitment of CSOs and technical experts) technical partners in government suggested that a there should be a substantive discussion between government and UNICEF on how to get the best value for the money spent.

Other respondents, mainly CSOs and OPDs, indicated that while mandates and expectations were clear, there was a general lack of coordination and collaboration between government departments and CSOs – and that relationships were acrimonious in some instances. Weak cross-sectoral collaboration and the associated loss of efficiencies also was found between government departments, as was the case between UNICEF sectoral teams.

6.1.5 Resource mobilization: staffing and technical resources within UNICEF

Finding 18: UNICEF Zimbabwe has invested substantially in providing the technical resources for the work on disability inclusion (i.e., commissioning studies and hiring consultants) to generate

knowledge and technical solutions on key issues, such as developing tools for early identification of children with disabilities.

This evaluation has already discussed the technical expertise and leadership that UNICEF Zimbabwe brought to bear during the development of the National Disability Policy (see Section 3.1.2). Also discussed earlier (see Section 4.2.2), sourcing out technical expertise for knowledge generation is identified as one of the key strategies which UNICEF uses to multiply its impact. Appendix 2 presents studies that were commissioned and supported during the evaluation period, and the follow-up actions from those studies, some of which were direct inputs into legislative and policy reforms, while others were for internal consumption and guiding activities.

When it comes to staffing, UNICEF Zimbabwe, like most UNICEF offices, did not have an in-house disability inclusion technical expert. While UNICEF continues with the process of building a pool of disability inclusion experts, mostly at the global and regional levels, it has identified disability focal points in all countries, who are encouraged to deepen their expertise with training resources and self-study opportunities. Appendix 4 presents a compilation of disability inclusion courses available in Agora that address programming across different sectors, and in humanitarian contexts.

Disability inclusion is one of the newer areas of programming in UNICEF (alongside climate change). The Evaluability Assessment and Formative Evaluation of the Strategic Plan 2022-2025 (EAFE) identified the need for UNICEF to address the flow of knowledge and access to technical capacity, and recommended that UNICEF should put in place a mechanism in place:

“ ... improving the flow of knowledge and access to technical capacity, including expertise in essential and newer areas and to provide[ing] learning opportunities for staff to diversify and develop their skills in critical areas...”

In response to this recommendation, UNICEF drew upon staff training resources such as Agora, and supported evaluations to learn more about the process of improvement for disability inclusion. In this evaluation, for example, Zimbabwe went above and beyond expectations for a general evaluation, elevating activities so that a full report could be shared with the CO. Zimbabwe has a long history of engagement in disability rights, and there are in-country technical capacities that UNICEF can access to work on a targeted curriculum that can guide staff through their self-learning.

When it comes to ZCO readiness to implement DIPAS, the evaluation found that most UNICEF programme and operations staff were not aware of DIPAS, mainly because the strategy is new, and also because the implementation guidance was not yet issued at the time of the evaluation. With the discussions of the DIPAS accountabilities that were brought up during this evaluation (see Section 3.2.2), the ZCO should have a better appreciation of those accountabilities and opportunities to incorporate concrete actions in work planning processes and prepare to achieve key milestones by 2025.

6.1.6 Mobilizing financial resources for disability inclusive programming

Funding and in-kind resources to support programmes and services targeting children with disabilities are made available by the Zimbabwean government, donor agencies, and other NGOs. Those resources have proven insufficient to achieve policy objectives and targets. There is no recent evidence to indicate any noteworthy changes in the volume of resources allocated from governmental and non-governmental sources to enhance the well-being and inclusion of children with disabilities. In conversations related to

resource mobilization, it was noted that overall, Zimbabwe is entering a period of reduced development funding both internally and from external donors. While there is movement toward mobilizing resources from the private sector, those funds are in short supply due to Zimbabwe's economic situation over the past two decades. Private sector partnerships often are limited to awareness campaigns within those organizations.

During the period being evaluated, UNICEF received funding from organizations such as NORAD and the Spotlight Initiative that prioritized disability inclusion. Due to an array of factors, that funding can end abruptly (as happened with the Norwegian funding stream). As a result, this can be considered an enabling factor that is partially in place as funding on the issue is not guaranteed.

Conclusion 8: UNICEF demonstrated strong sectoral programme results and successful advocacy in disability inclusion, driven through a common work plan. A favourable policy environment, strong leadership, connections, and partnerships with OPDs, coordination across and within government ministries, innovations, and funding stability were all identified as enablers for success in disability inclusion work. With the exception of cross-sectoral integration and coordination, the key enablers for successful programming for disability are partly or fully in place. UNICEF Zimbabwe has laid a solid foundation to deliver on the key commitment and obligations that UNICEF makes through DIPAS as indicated in the Accountability Framework.

6.2 Leveraging innovation for disability

EQ 4.2: To what extent is UNICEF Zimbabwe positioned to embrace innovative disability-inclusive interventions and leverage those insights to inform future initiatives?

Finding 19: UNICEF Zimbabwe demonstrated the organization's ability to innovate on community-based needs for children with disabilities through targeted programming. ZCO demonstrated that a CO can at once engage in the slow work of policy change and government capacity building, while developing disability-specific needs interventions that can provide support at the community level.

6.2.1 Key examples of UNICEF-supported innovation to promote disability inclusion

UNICEF Zimbabwe is well positioned to embrace innovative disability-inclusive interventions. It is already leading on this front. In our interviews, a number of innovations were discussed, including, among others:

- the development of modified wheelchairs for children with disabilities;
- development and design of special clothing for persons with disabilities; and,
- customization of a laptop and development of disability friendly applications such as sensing walking sticks.

ZCO is well positioned to embrace innovative disability-inclusive interventions and leverage those insights to inform future initiatives, as well as provide guidance to country offices in the region, if they are prioritized. Due consideration also should be given to the perspectives and/or leadership of persons with disabilities in innovation planning and implementation. Funding and in-kind resources remain a challenge.

Conclusion 9: *ZCO has demonstrated innovation for inclusion in smaller-scale projects that target specific needs:* UNICEF has developed numerous small-scale, innovative programmes related to children with disabilities. Although the bulk of UNICEF effort has focused on policy change and engaging with government, there were also other support such as assistive technology, and WASH innovations, which have demonstrated that UNICEF has worked in areas that have impacted the lives of children with disabilities other than systems-strengthening and also provide opportunity for collaboration with community partners and may attract external funding. Conclusions were further collapsed into four key recommendations for the Zimbabwe Country Office as it carries its work forward on disability inclusion.

SECTION III: CONCLUSIONS, RECOMMENDATIONS AND EVALUATIVE JUDGMENTS

This section presents a summary of the conclusions and recommendations for the evaluation. Evaluative judgment on the relevance, coherence, effectiveness, and sustainability of UNICEF-supported work on disability inclusion in Zimbabwe are also offered.

7.0 CONCLUSIONS AND RECOMMENDATIONS

This chapter presents a summary of the conclusions, and recommendations. Evaluative judgment on the relevance, coherence, effectiveness, sustainability of UNICEF-supported work on disability inclusion in Zimbabwe are also offered.

7.1 Overall conclusions

This section presents the overall conclusions of the evaluation, organized under the four themes from evaluation objectives, namely: (i) UNICEF conceptualization of disability inclusion and adherence to international normative frameworks; (ii) effective of UNICEF-supported programmes in promoting progressive realization of rights for children with disabilities; (iii) scaling-up and sustainability of UNICEF-supported programmes; and, (iv) leveraging innovation in furtherance of the disability inclusion agenda, and readiness to implement DIPAS. The section also presents recommendations, and an overall evaluative assessment of the relevance, coherence, effectiveness, and sustainability of Zimbabwe work on disability inclusion.

7.1.1 UNICEF conceptualization of disability inclusion

The evaluation addressed the definition and conceptualization of disability inclusion in Zimbabwe and whether there was a shared understanding of concepts cross-sectorally within ZCO, and between UNICEF and key actors (i.e., government and key partners). It also discussed UNICEF advocacy and whether the policies and practices that ZCO advocated for were relevant to the needs of children with disabilities, especially those who are most marginalized. The evaluation concluded that:

- Conceptualization of disability inclusion in UNICEF Zimbabwe aligned with United Nations conventions (CRC, CEDAW, CRPD) and other international standards and frameworks, and the programmes in Zimbabwe embraced a rights-based approach to disability inclusion, emphasizing social and human rights models, inclusive development, and universal design principles. Training and capacity-building efforts were implemented to ensure that UNICEF staff are well-versed in these concepts and practices around language choice and use.
- All programme teams in ZCO were working from a common work plan and convening regular meetings to share ideas and reflections about meeting the needs of children with disabilities. ZCO tried out a couple of mechanisms to coordinate the work on disability inclusion. All these are important building blocks for enhanced coherence in ZCO disability inclusion work.
- The Operations team took significant steps to align the UNICEF office culture with the values of the organization regarding disability inclusion, and those efforts have led to improvements in the accessibility of UNICEF facilities for persons with disabilities, including the renovation of restroom facilities, installation of safety measures, and the creation and consideration of accessible spaces. The Operations function has shown a commitment to fostering an inclusive office culture through mandatory disability inclusion orientation courses and initiatives such as including persons with disabilities in bid clarification meetings.

7.1.2 Effectiveness of UNICEF supported disability inclusion programmes/strategies

The evaluation examined whether UNICEF Zimbabwe efforts at cross-sectoral integration, collaboration and coordination was effective, and whether the use of strategies such as mainstreaming and targeting were effective in achieving access and inclusion for children with disabilities, and in supporting the progressive realization of their rights. It also examined whether experiences and inputs from children with disabilities, their parents and caregivers, and organizations that work to advance the rights of persons with disabilities (OPDs) are incorporated in programme design. The evaluation concluded that:

- UNICEF Zimbabwe made meaningful progress on disability inclusion on both the Programme and Operations functions, driven by strong leadership commitment to disability inclusion in ZCO.
- UNICEF Zimbabwe has taken positive, meaningful and laudable steps to prioritize disability inclusion (i.e., institutional arrangements for delivery of the cross-cutting programme on disabilities which include the development of a common theory of change and convening the Disability Working Group which reports to the Office of the Representative). This proactive approach underscores the organization's role in advancing the rights and well-being of children with disabilities in Zimbabwe.
- UNICEF-supported programmes reflected a practical, results-driven commitment to disability inclusion, were delivered through partnership with CSOs and DSOs, and were reported to be making tangible improvements in the lives of persons with disabilities and their families.

On the other hand, the evaluation also concluded that:

- Opportunities for implementing holistic integrated approaches that address multiple needs of children with disabilities were not sufficiently exploited in that each sector team implements disparate activities, instead of contributing to a set of results that is shared across sectors. As a result, efficiencies that should be gained from cross-sectoral collaboration are yet to be realized.
- Some of the challenges that UNICEF Zimbabwe faces, such as the need for disability-inclusive bid assessment criteria or creating opportunities to recruit persons with disabilities from the pool of qualified professionals, require an organization-wide response.
- Large variations on awareness of the larger organizational vision as articulated in DIPAS and the accountabilities that accompany DIPAS commitments exist among staff and between sector teams.

7.1.3 Sustainability of UNICEF-supported disability inclusion programmes/strategies

Persistent challenges of stigmatization and access barriers continue to pose significant obstacles to the rights and well-being of children with disabilities: While Zimbabwe country leadership has shown enormous political will which has resulted in tangible progress in promoting disability inclusion, addressing stigmatization and access barriers comprehensively involves changing societal attitudes, removing physical and social barriers, and ensuring equal opportunities for all children regardless of their abilities. Such efforts are essential to creating a more inclusive and equitable society and ensuring no one is left behind. UNICEF has made some efforts in this area but may need a more concerted and focused effort in social and behavioural change to disrupt current national narratives.

UNICEF staff relentlessly pursued the implementation of costed budget plans for different priorities, including disability inclusion work. However, many UNICEF-supported programmes mainly relied on external funding sources, which does not bode well for their sustainability and scaling up. The evaluation encountered a few examples of programmes with great scale-up and sustainability potential. However,

scale up of programmes was largely dependent on resource mobilization and advocacy work, which usually takes a long time to produce results.

7.1.4 Leveraging innovation and readiness to implement DIPAS

The evaluation concluded that:

- UNICEF Zimbabwe had identifiable enablers for success in disability inclusion work, which included a favourable policy environment, strong leadership, connections and partnerships with OPDs, coordination across and within government ministries, and support for innovations.
- Cross-sectoral programming was not identified as an enabler; neither was cross-sectoral programming demonstrated in a meaningful way.
- ZCO is a 'learning organization' that has taken advantage of free coursework and has commissioned studies on disability inclusion. Further learning and exploring pathways for disaggregated data on the national level will help ZCO on this learning journey.
- ZCO has demonstrated Innovation for Inclusion in smaller-scale projects that target specific needs: UNICEF has developed numerous small-scale, innovative programmes related to children with disabilities. Although the bulk of UNICEF efforts have focused on policy change and engaging with government, smaller pockets of work related to clothing, assistive technology, and WASH innovations have demonstrated that UNICEF has worked in areas that have smaller-scale impact than systems-strengthening but provide opportunity for collaboration with community partners and may attract external funding.

7.2 Evaluative Assessment

Zimbabwe has a long history of strong activism and civil society action in advocating for the rights of people with disabilities. The earlier efforts that took a 'nothing about us without us' approach pushed the progress Zimbabwean society has made in reshaped values of respect for persons with disabilities. Through internal processes, UNICEF has embraced the rights-based approaches that have been called for by persons with disabilities and their allies. In the two country planning cycles covered by this evaluation (CPD 2016-2011 and CPD 2022-2026), disability inclusion has grown by leaps and bounds and is approaching maturity. UNICEF has created an enabling internal environment that has led to focused programming aimed at improving the life opportunities for persons with disabilities.

Disability inclusion work in UNICEF Zimbabwe has exhibited strong relevance and responsiveness to the needs of children with disabilities, and conceptual coherence, to the extent that the approaches to programming flow out of the CRPD and UNDIS. However, additional conceptualization and inputs are required to improve its external coherence and sustainability, and to extend its reach, relevance and utility within more challenging and complex programming contexts, including in fragile states and countries with humanitarian programming. The Zimbabwe CO has led efforts in policy reform and community-based services. As in many countries, disability-inclusive humanitarian response remains a programmatic challenge. Despite this, work appears to be relevant and coherent.

Sustainability of programmes was largely predicted by the availability of external funding. In Zimbabwe, programmes that appeared to have the greatest chance for sustainability were those that were embedded in communities or in government initiatives. As is typical in most UNICEF country programmes, core funding investments often focus on staffing, monitoring and evaluation, and infrastructure, while programme funding mostly relies on resources mobilized for specific purposes, which is often finite and presents risks for sustainability.

Commented [MF1]: You are talking about ZCO then make this statement that applies globally

Understanding the effectiveness of programmes is a remaining gap in evaluations. UNICEF Zimbabwe has contributed significantly to creating an internal organizational culture that seeks to understand and address the stigmatization, barriers, and institutional challenges that are faced by children with disabilities. Further evaluative work is needed to understand how effective those programmes were in reducing stigma, increasing access to services, and for supporting children with disabilities to thrive within their homes and communities. At times gauging effectiveness is not possible. For example, policy advocacy work can directly measure the authorship and passage of a new policy, but its implementation is often difficult to track. Despite these challenges, UNICEF must remain on the forefront of pushing for children's rights and using data to understand how they are experiencing these rights (if at all). Doing so may require a re-orientation into how the organization conducts, and reports on, its work. UNICEF can generally accurately report how many children have been reached in programmes but has greater difficulty explaining what that reach has enabled children to do.

Table 4: Evaluative assessment of disability inclusion work in Zimbabwe, by selected OECD/DAC criteria

DAC Criterion	Definition	Elements of analysis	Assessment
1. RELEVANCE	Assessing whether programme choice, design and implementation responds to national priorities and needs of rights holders, and continue to do so when circumstances change	As a prerequisite to effectiveness, relevance addresses responsiveness to needs and priorities, responsiveness and sensitivity to the context, responsiveness over time, all of which are influenced by the quality of the design.	UNICEF Zimbabwe has worked carefully with government stakeholders and non-profit partners to ensure that programming approaches respond to the needs of children with disabilities. Programming has aligned with specific initiatives that were conceived by and/or with government departments. Intentionality for cross-sectoral, holistic approaches is currently emerging through a disability inclusion theory of change and subsequent planning processes. There was also substantive evidence from implementing partners and beneficiaries about the relevance of specific initiatives to different groups/profiles of children with disabilities, and the timeliness of interventions.
2. COHERENCE	Assessing the consistency in approach and whether policies/guidance are aligned with standards and human rights considerations and addresses both the internal and external contexts.	Internal coherence considers alignment with institutional policy frameworks and harmonization with other interventions. External coherence considers alignment with external policy commitments, and coherence with interventions implemented by other actors.	UNICEF contribution to disability inclusion is driven by the National Disability Policy (2021) which was drafted and passed with UNICEF support. Within UNICEF, all-staff training initiatives, development of tools such as the common theories of change and work plan influenced a coherent approach and harmonization of sectoral approaches, there is a general office-wide commitment to advocacy to address disability inclusion and rights.
3. EFFECTIVENESS	Assessing whether programme and/or interventions have achieved their intended results or outcomes, including any differential results across groups.	The analysis includes achievement of intended objectives and results at throughout the results chain, weighing the relative importance of what was achieved, inclusiveness and equity of results amongst beneficiary groups, and influencing factors.	In general, the evidence on the effectiveness of UNICEF programmes for children with disabilities. Internal processes, orientation, and planning are strong. Similarly, programming has good geographic reach. However, whether programming has impacted children's lives remains to be seen This is partially because "downstream" impact has many contributing factors. However, a lack of understanding of effectiveness also comes from reporting and marketing from programmes that prioritizes narratives of scope and reach and donor-friendly images rather than understanding the direct impact on the lives of children.
4. SUSTAINABILITY	Assessing if achievement of the goals can be maintained through available resources and systems, and if the benefits of an intervention can continue beyond infusion of external funding.	Sustainability includes strengthening of systems and capacities to support future development or humanitarian activity, continuation of positive effects over time, and an examination of the potential risks and ongoing costs associated with an intervention.	Many of the programmes meant to benefit children with disabilities were implemented through government structures such as village health workers, HIV Counsellors in hospitals, and under the oversight of government officials. Potential for sustainability was enhanced where programmes were aligned with government priorities and were embedded in communities who took ownership for them and were built on the foundation of other development initiatives. However, some programmes became unsustainable because there was no government funding beyond UNICEF cycle of funding.

7.3 Recommendations

Encapsulated by Outcome 7 of the of the Country Programme Document (CPD 2022-2026), which stipulates that “by 2026 more vulnerable children and adolescents, including those living with disabilities, benefit from inclusive social services that protect them from poverty and promote social inclusion and resilience,” disability inclusion is a key cross-cutting programme. The recommendations presented in this section are drawn from the evaluation's findings and conclusions. They propose and justify, from a long menu of possible considerations, key actions to position UNICEF Zimbabwe to deliver results for children with disabilities as per the commitments of the CPD 2022-2026, and to support government to achieve the commitments expressed in several policy and legal instruments in support of persons with disabilities.

Several consultations were convened to validate recommendations, to determine whether they were based on the findings and evidence provided in the evaluation; were well targeted and actionable; and whether the required follow-up actions were practical and/or feasible. Recommendations stipulate proposed actions, to be executed by Programmes and Operation teams as assigned the management team.

7.3.1 Cross-sectoral approaches and coordination

Like many organizations and government departments, UNICEF work is planned and implemented within programme areas. Budgeting, technical expertise, and reporting lines all follow sectoral patterns, with great success in many instances. This recommendation addresses Conclusions 1, 2, 4 and 5, and focuses on planning for disability inclusion within and across sectoral structures and processes, by giving more forethought to ways in which issues related to disability inclusion (such as access to services, community participation, and early intervention).

Recommendation 1: To advance the effectiveness and integration of disability-inclusive programming, ZCO should enact a multifaceted strategy that reinforces skills, promotes cross-sectoral collaboration, and leverages partnerships with organizations representing persons with disabilities.

- Update the office-wide action plan to enforce key provisions of the Disability Inclusion Policy, Action, Strategy, and Action Plan (DIPAS), integrating programme and operational functions.
- Update the theory of change to guide the action plan and ensure substantial cross -sectoral outcomes.
- Revisit current coordination mechanisms for disability inclusion to bolster cross-sectoral collaboration, aligning with the Nurturing Care Framework and the principles of the Convention on the Rights of Persons with Disabilities (CRPD).
- Enhance the partnership strategy to clearly define objectives and anticipated outcomes for engagements with various organizations, including Civil Society Organizations (CSOs), Community-Based Organizations (CBOs), Disabled People's Organizations (DPOs), and others, in alignment with CRPD and DIPAS.
- Deploy DIPAS-focused training for all ZCO staff.
- Establish systematic, consistent, and strategic engagement processes with Organizations of Persons with Disabilities and Parent Organizations throughout all stages of programme development, from ideation to execution.

7.3.2 Disability inclusive workplace

UNICEF Zimbabwe has taken significant steps to align the UNICEF office culture with the values of the organization regarding disability inclusion. These efforts have led to improvements in the accessibility of UNICEF facilities and enhancing safety for persons with disabilities. The actions in the recommendation below address Conclusion 3 and would likely bring ZCO closer to the goal of actualizing UNICEF values, of being a workplace that is disability inclusive, caring and accountable for the well-being of all employees.

Recommendation 2: With the progress that ZCO has made, there is an opportunity to provide leadership to the entire organization, to move ZCO from just being aware of the import of disability inclusion work, to being a transformative and inclusive environment by:

- Establishing a signature internship programme for university graduates with disabilities to promote diversity and provide career opportunities for young professionals and elevate it to the UNCT.
- Launching a staff survey that will enable the disclosure of non-visible or non-observable disabilities; Conducting a comprehensive accessibility audit of all UNICEF facilities in Zimbabwe in preparation for DIPAS to identify any remaining barriers or areas for improvement and ensuring that the audit includes input from persons with disabilities to address their specific needs;⁴⁰ and estimate the cost of reasonable accommodations that will be required to address the findings of the audit and the staff survey.
- Maintaining the practice of the mandatory disability inclusion orientation courses for all staff and contractors and continually update and expand the training opportunities to encompass evolving best practices and international standards.
- Conducting a partnership audit using a rights-based and inclusion rubric to ensure that partners and subcontractors work towards disability inclusive outcomes. This audit should have a mechanism to bring partners into compliance with rights-based programming.

7.3.3 Leveraging social and behaviour change to combat stigmatization

Stigmatization is a barrier to the enjoyment of a meaningful, rights-informed life because stigma reduces the humanity of the person in the eyes of their community. Although staff identified community stigmatization as a barrier to disability inclusion, such stigma also exist in educational settings, health care facilities, and in UNICEF itself. Children with disabilities are vulnerable to discrimination and other social ills, but if UNICEF constantly portrays them as vulnerable, lacking agency, and at-risk, the organization may be inadvertently reinforcing community stigmatization. An integrated social and behavioural change strategy would seek to tackle stigmatization in communities, in government, and in social services. SBC experts can also support programme colleagues to ensure that reporting and dissemination of programme results aligns with rights-based narratives.

Recommendation 3: In relation to Conclusion 6, UNICEF must confront stigmatization head-on and go beyond social and behaviour change campaigns that merely highlight the rights of children with

⁴⁰ This audit should build on the provisions of the *UNICEF Procedure on Eco-Efficiency and Inclusive Access in UNICEF Premises and Operations* and the *Accessibility Toolkit*,

disabilities, to explore integrated solutions that leverage the opportunities of SBC as a change strategy.

- Explore integrated solutions to combat stigmatization and leverage the opportunities of SBC as a corporate change strategy and evaluate partnerships to ensure exclusion is not reinforced through UNICEF funding or partnerships.
- Conduct and assessment of SBC activities related to children with disabilities and reorient all messaging and outreach to reflect a rights-based approach and re-orient all communications to reflect rights-based messaging while targeting destigmatization of children with disabilities in communities specifically.

7.3.4 Supporting disability inclusive innovation

UNICEF has used its influence to advocate effectively with the Government of Zimbabwe, in collaboration with national and global partners. This influence, however, can also be used to uplift and showcase the work of small-scale innovators at the community level. Assistive technologies, for example, do not need to be high-tech, and aids for supporting mobility or activities of daily living often are developed by individuals in their homes.

For a relatively small investment, ZCO can create fora for disability inclusion innovators to share their ideas and products. These ideas may then be further leveraged through collaboration with innovators in proposals to external donors. Without UNICEF, many local innovators would not have access to external resources. Likewise, without local innovators, UNICEF solutions playbooks may be limited. Development of relationships with local innovators may create a new synergistic set of opportunities for ZCO.

Recommendation 4: To address Conclusion 9, UNICEF should explore opportunities for innovation with community partners to address societal challenges faced by children with disabilities. These partners may, in turn, attract other funding.

- As a follow-up to the research symposium on disability inclusion hosted by UNICEF Zimbabwe in 2022, explore collaboration opportunities between UNICEF Office of Innovations and young innovators in the community of children living with disabilities and persons living with disabilities, and public-private partnerships in Zimbabwe.
- Establish a disability inclusion innovation fund that can be used by UNICEF staff along with community partners to follow passion projects related to disability inclusion that may be overlooked in larger scale proposals or are impossible to address in systems-strengthening and policy work. This fund would build on the existing spirit of innovative engagement in ZCO.

Appendix 1: Illustrative UNICEF-supported programmes and/or interventions

	Interventions, activities, and funding entities or organizations	Year	Purpose and Implementation Strategy	Results/comments
1	Development of a Country Office Disability Strategy	2018	Cross-Sectoral Coordination	ZCO Disability Strategy was developed and adopted
2	Support of the development of Disability Strategy in 2018 (through financial and technical support from Spotlight and Norway)	2018	Legislation/Policy: To develop a policy to facilitate disability inclusion across all government sectors	The Policy was approved and launched by the President of Zimbabwe in June 2021
3	Develop the draft Inclusive Education Policy	2018	Legislation/Policy Framework: UNICEF further supported the Ministry of Primary and Secondary Education to develop the draft Inclusive Education Policy whose focus is on support for children with disabilities to access education and equity of provisions within schools.	Development of draft inclusive education policy
4	Support services for children with disabilities affected by Cyclone Idai	2019	To identify and screen children with disabilities, connect them to services, and provide sensitization training for service-providers.	Over 600 children with disabilities received services.
5	Emergency sexual and gender-based violence services	2019	UNICEF supports the civil society organization JF Kapnek with social work home visitation and referral to emergency sexual and gender-based violence (SGBV) services for girls and young women with disabilities in 12 districts.	Cases for 266 girls and young women were received, for which 141 social work home visits were done.
6	2019 Multiple Indicator Cluster Survey (MICS)	2019	Evidence generation: Collecting internationally comparable data on a wide range of indicators on the situation of children and women.	Publication of 2019 MICS
7	Practical Inclusive Education Handbook for Primary and Secondary Schools	2020	Resource creation: UNICEF Zimbabwe, and the Ministry of Primary and Secondary Education, produced the "Practical Inclusive Education Handbook for Primary and Secondary Schools", as part of a package of measures that enhance the performance of the education sector.	Publication of the Inclusive Education Handbook
8	UNICEF-led -nationwide stakeholder consultations on disability issues, in partnership with the Office of the Advisor to the President, Cabinet and other departments	2020	Legislation/Policy: ensuring the active involvement of persons with disabilities in creating policy in the country.	The Policy was approved and launched by the President of Zimbabwe in June 2021
9	Procurement of assistive devices (with support from Norway)	2021	Direct procurement and delivery of assistive devices (hearing, audiology; braille machines and consumables)	
10	Capacity building of humanitarian IPs on gender and disability inclusive humanitarian response utilizing UNCRPD and CCC guidance (with assistance from Norway)	2021	Mainstreaming: Training on information management to improve national capacity for preparedness planning, which included a checklist of disability mainstreaming in emergency preparedness planning and response.	UNICEF trained 81 (25 females and 56 males) Government officials on disability and gender-sensitive emergency preparedness and another 51 (20 females and 31 males)

11	Training of HIV Primary Care counsellors in sign language	2019, 2020, 2021	Mainstreaming: Training of HIV Primary Care counsellors in sign language	Trainees have gone on to support women to access health services including assisting in the delivery ward
12	Enhancing the safety, dignity and rights of children with disabilities affected by drought (Partnership with JF Kapnek)	2021	Emergency: increasing access to child and disability friendly child protection reporting and response services for children and their caregivers and improve disaster risk reduction and to reduce risk of injury or disability in drought affected areas	Child protection actors received mentorship support, children received necessary support services,
13	Top up grant for households of persons with disabilities (support from the ESCT Programme)	2021	Households of persons with disabilities received top up under the ESCT programme	Top up grant for households of persons with disabilities (support from the ESCT Programme)
14	Review of the Disabled Persons Act (Now Persons with Disabilities Bill) with funding from the Spotlight Initiative	2021	Legislation/Policy Framework: UNICEF provided technical and financial support to the review of the Disabled Persons Act (Now Persons with Disabilities Bill) to ensure alignment with the UNCRPD and the Constitution	The Persons with Disabilities Bill amended the 1992 Disabled Persons Act, informed by other contemporary legislation on disability rights.
15	Social and Behaviour Change Communication (SBCC) (With funding from Norway)	2021	SBCC implemented a pilot project aimed at implementing 3 Social Behaviour Change Communication Campaigns for children with Disabilities through 3 community-based organizations. The pilot also produced a qualitative study on social norms towards children with disabilities and factors affecting VAC, GBV at both community and institutional levels.	The Zimbabwe Evaluation Association (ZEA) was responsible for the consolidation of the pilot through the monitoring and evaluation support to the 3 community-based organizations
16	Collaboration on Monitoring and Evaluation support for Disability Inclusion Social and Behaviour Change Campaigns (Partnership with NORAD)	2022	To execute formative research on social inclusion for children with disabilities and an endline assessment to gather stories of change.	Generation of Lessons Learned and Recommendations for future programming
17	Celebrating World Children's Day	2022	Mainstreaming: High level meeting with policymakers to enact policies and infrastructure that cater for the needs of children with disabilities	Celebrating World Children's Day
18	Forming support groups for people with disabilities	2022	The peer-to-peer model adopted by the support groups aims to enable persons with disabilities to conquer prejudices, reach economic independence and fully immerse themselves in all aspects of life that they used to be excluded from.	Support groups formed in 13 of the country's districts. UNICEF has also produce a tool kit which acts as a training manual for thousands of parents and caregivers in 13 districts spread across the country.
19	Development of a Disability Inclusion Social and Behaviour Change (SBC) Strategy (Partnership with NORAD)	2022	Mainstreaming: Developing a strategy that provides guidance on implementation of tailored interventions driven by the needs and ambitions of children with disabilities, and their caregivers.	3-day workshop resulting in the development and release of the SBC strategy
20	Home visitation and case management programme for persons with disabilities affected by SGBV/HP (Partnership with JF Kapnek Trust)	2022	Humanitarian: Home visitation programme reaching out to over 9000 people	Women and girls with disabilities; survivors of VAWG, including SGBV/HP, and their families received educated and guidance on access to quality essential services, including longer term recovery services and opportunities
	UNPRPD Round 4: Strengthening Disability Rights Accountability,	2022	UNESCO, UNDP, and UNFPA in collaboration with UNICEF, UN WOMEN, and the Resident	Engendering a human rights-based approach to SRH service delivery and

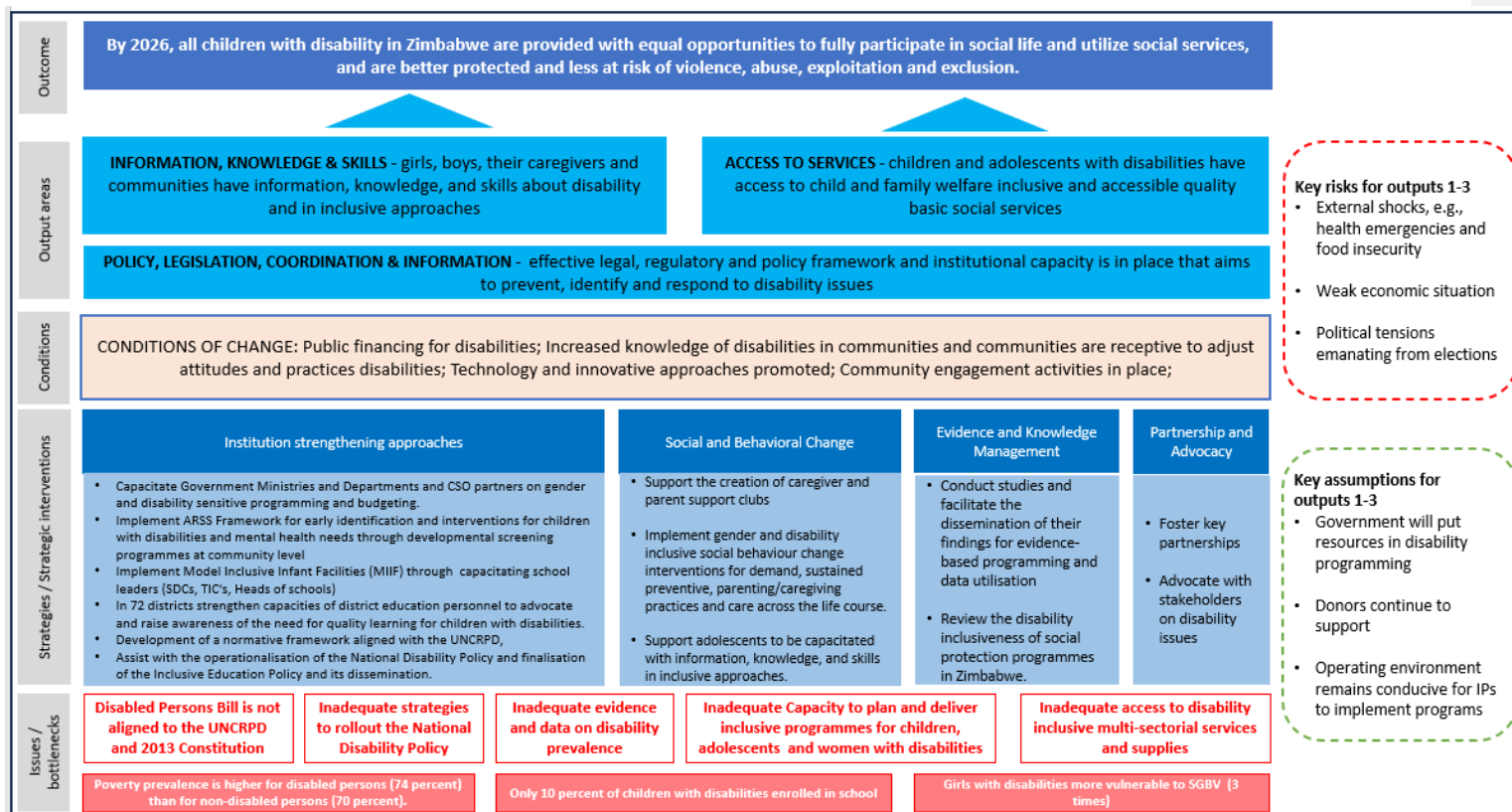
	Governance and Coordination in Zimbabwe 2022-2023		Coordinator's Office aimed to support women and girls with disabilities in Zimbabwe by amplifying their voices based on evidence supported needs, aspirations, and priorities and addressing negative cultural norms, among other objectives.	access to justice, all of which will advance CRPD articles 6, 8,13,23, and 25. While the 3 agencies implemented the proposed project, an advisory group consisting of UNICEF, UN Women, the implementing agencies, government, and Disabled Persons Organizations (DPOs) will be created to oversee its execution.

Appendix 2: Summary of knowledge generation products, year, and implementation status

	Abbreviated title of study/evaluation	Section/Year	Description, purpose or objective	Key messages on disabilities/ Implementation status
1	Evaluation of the ZCO COVID -19 response 2020-2021	2023	The purpose of this evaluation is to assess UNICEF Zimbabwe's humanitarian response to the COVID-19 pandemic to reflect on the results achieved, identify key lessons from the ongoing COVID-19 response work	
2	Landscape analysis of the inclusion of the disability dimension in routine health information system	2022	To access the disability landscape and inform opportunities for improved disability reporting	
3	Landscape analysis of current policies, strategies and practices on disability inclusion efforts in WASH	2022	To access the disability landscape and inform opportunities for improved WASH programming	
4	ESCT Mid Term Impact Evaluation	2022	To provide independent evidence on the impact of the programme to date and look at the pathway to sustainability of the ESCT programme,	
5	Violence against children with disabilities: Understanding Key Drivers of Violence and the Child Protection Response System	Child Protection, 2022	To understanding key drivers of violence and generate evidence and knowledge of practices on social norms that are protective of children	<ul style="list-style-type: none"> • Recommendations integrated into an inclusive parenting programme.
6	Independent assessment study of disability inclusion in services at community level in Zimbabwe	2022		
7	Establishing a common disability assessment and determination framework and social protection referral mechanism for persons with disabilities, and an assessment of disability inclusion in social protection in Zimbabwe	Social Protection, 2022	To contribute to the development of harmonized systems for disability identification, assessment, and to determine eligibility and referral mechanism for social protection and social services	<ul style="list-style-type: none"> • Recommendations accepted by government. UNICEF is supporting the Department of Disability Affairs to establish a common disability assessment and determination framework.
8	Baseline Study and Analysis of Barriers/Opportunities Related to Children and Adolescents with Disabilities in Zimbabwe			
8	Landscape analysis of the inclusion of the disability dimension in routine health information systems		To identify gaps in the collection and reporting of disability data within the routine health information system in Zimbabwe, hindering the inclusion of disability-related information.	
9	Summative Evaluation of GPE Support to Zimbabwe	2022	To evaluate the extent to which the GPE support for education in Zimbabwe contributed to meeting education sector goals, document lessons learned from programme implementation, and	Recommendations accepted by the Ministry of Primary and Secondary Education and is to be presented both at the GPE-TEACH Steering committee

			propose recommendations for future policy and programmatic interventions	meeting, which is a meeting that deliberates on the GPE processes and activities and at the Education Coordination Meeting for those policy level recommendations for the sector
10	Formative Assessment of the knowledge, attitudes, perceptions, social norms and practices that affect participation and inclusion of children with disability at community level in Zimbabwe		To assess and inform strengthening of disability inclusion in key services for children at community level in Zimbabwe.	
11	Zimbabwe's Harmonized Social Cash Transfer Programme: Endline Impact Evaluation Report			
12	Market Survey	2023	To develop a new supplier database that incorporates sustainability readiness by suppliers and categories	The new supplier database was created, and is already being used to enhance competition, as well as assess market readiness to implement Sustainable Procurement from 2024 onwards

Appendix 3: Common theory of change for disabilities work in Zimbabwe (2022-2026)



Appendix 4: Selected disability inclusions courses on available in Agora (non-exhaustive)

	UNICEF commissioned courses	UN System courses	Other providers (MOOC) and TED Talks
1	Disability inclusion in humanitarian coordination: Learn how to integrate disability inclusion across the HPC in all sectors to ensure that humanitarian assistance reaches everyone	Disability Inclusion - All UNICEF Staff Orientation Course: Develop a disability-inclusive mindset and take action to promote disability inclusion in all work activities.	Integrated Healthcare for Children with Developmental Disabilities: Discover how to improve the health and wellbeing of children with developmental disabilities.
2	Accountability to Affected Populations (AAP) and inclusive decision-making: Explores AAP and discover the tools available for the implementation of the AAP in disability inclusion work	Working with Persons with Disabilities in Forced Displacement: E-Learning by UNHCR This course describes the principles and strategies of working with disabilities in forced displacement.	Education for All: Disability, Diversity and Inclusion: Discover ways to make education more inclusive, especially in areas where resources are limited.
3	Taking action to achieve inclusive WASH		Education for All: disability, diversity and inclusion: An introduction to managing risk and providing leadership during emergency incidents.
4	Demonstrating accountability and promoting inclusion: Learn about how to demonstrate accountability and promote inclusion.		Disability and a good life: working with disability: Learn how disability intersects with human rights, and how a good life can be made possible for everyone.
5	Accessibility and inclusion in online learning: a curriculum for learning designers: This curriculum equips learning professionals with the knowledge and tools to build effective and accessible online learning programmes.		Basic principles of disability inclusion in humanitarian response: Increase your understanding of disability and the needs of people with disabilities in humanitarian contexts.
6	Inclusive communication module: This course provides communication or programme materials that include children with disabilities and are able to ...		Disability and Digital Media: accessibility, representation and inclusion: In this course, you will explore the relationship between digital technologies and disability in the Internet age
7			Comprehensive accessible humanitarian assistance for older people and people with disabilities: This course supports humanitarian actors to deliver gender-sensitive, age and disability inclusive emergency response.
8			TED Talk: how to get serious about diversity and inclusion in the workplace: In this candid talk, Janet Stovall shares a three-part action plan for creating workplaces where people feel safe and can be themselves
9			IS-368 - Including People with disabilities and others with access and functional needs in disaster operations: The course provides an overview of disabilities and access and functional needs.

Appendix 5: Evaluation questions/evaluation matrix

Objective 1: Assess the extent to which UNICEF conceptualization of disability inclusion prioritised the rights of children reflect the values of the organization and adhere to normative frameworks and standards for children and persons with disabilities and influenced disability-inclusive policies, processes and practice.				
Evaluation Question 1.1: What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts (development/fragile/humanitarian)? (Descriptive question)				
Sub-questions	Data collection methods/Activities	Sources of data/information	Data analysis methods/triangulation	Possible Limitations
<p>1.1.1 How does UNICEF define disability inclusion and/or disability-inclusive approaches across sectors and in various programming contexts?</p> <p>1.1.2 : What policies, processes and practice does UNICEF use to advocate for and promote inclusion for children with disabilities</p> <p>1.1.3 What are the key lessons that UNICEF can leverage for future development of disability inclusive policies, processes, and practice.</p>	<ul style="list-style-type: none"> • Desk review • Key informant interviews 	<ul style="list-style-type: none"> • Strategic plans, policies, and reports are available on SharePoint or available through outreach efforts. • Transcripts from key-informant interviews 	<ul style="list-style-type: none"> • Document analysis • Thematic analysis • Descriptive statistics (tallies) of thematic findings • CPDs and COAR data for sample countries 	Information gathered from exploratory and in- depth case studies may not apply to all countries
Evaluation Question 1.2: To what extent does UNICEF notion of disability inclusion or disability inclusive approaches align with international standards for disability inclusiveness? (Normative: relevance and coherence)				
Sub-questions	Data collection methods/Activities	Sources of data/information	Data analysis methods/triangulation	Possible Limitations
<p>1.2.1: To what extent is there a shared understanding of disability inclusion among (i) UNICEF sectors/programme areas; (ii) programming contexts; and, (iii) UNICEF and host country?</p> <p>1.2.2: To what extent do UNICEF policies/approaches for disability inclusion relevant to the needs of children with disabilities?</p> <p>1.2.4: To what extent do UNICEF policies/approaches for disability inclusion align with the CRC, CRPD, CEDAW, and organizations commitment for LNOB?</p> <p>1..2.4: To what extent has UNICEF advocacy influenced disability-inclusive policies, processes and practice in countries where UNICEF works?</p>	<ul style="list-style-type: none"> • Desk review • Key informant interviews • Global survey 	<ul style="list-style-type: none"> • Strategic plans, policies, and reports are available on SharePoint or available through outreach efforts. • Transcripts from key-informant interviews • Results from global survey of UNICEF staff 	<ul style="list-style-type: none"> • Document analysis • Thematic analysis • Descriptive statistics (tallies) of thematic findings • CPDs and COAR data for sample countries 	Information gathered from exploratory and in- depth case studies may not apply to all countries.
Objective 2: Evaluate whether UNICEF approaches and strategies were effective in achieving access and inclusion for children with disabilities and in supporting the progressive realisation of their rights				
Evaluation Question 2.1: What are the key approaches, interventions and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts? (Descriptive question)				
Sub-questions	Data collection methods/activities	Sources of data/information	Data analysis methods/triangulation	Possible Limitations
<p>2.1.1 : What are the key approaches, interventions and strategies that were implemented by UNICEF offices to achieve disability inclusion across sectors and in various programming contexts?</p> <p>2.1.2 : What are the key barriers that were encountered by UNICEF offices to achieve disability inclusion across sectors and in various programming contexts?</p> <p>2.1.3 : What lessons can be learned about strategies/interventions that were most effective in improving outcomes for children with disabilities across sectors and in various programming contexts?</p> <p>2.1.4 : What, if any, are the unintended effects (positive and negative) of UNICEF programming strategies on children with disabilities?</p>	<ul style="list-style-type: none"> • Desk review • Key informant interviews • Global survey 	<ul style="list-style-type: none"> • Strategic plans, policies, and reports are available on SharePoint or available through outreach efforts. • Transcripts from key-informant interviews • Results from global survey of UNICEF staff 	<ul style="list-style-type: none"> • Document analysis • Thematic analysis • Descriptive statistics (tallies) of thematic finding • CPDs and COAR data for sample countries 	Information gathered from exploratory and in- depth case studies may not apply to all countries.

Evaluation Question 2.2: To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts? (development/humanitarian)? (Normative: effectiveness)				
Sub-questions	Data collection methods/Activities	Sources of data/information	Data analysis methods/triangulation	Possible Limitations
<p>2.2.1 : To what extent were UNICEF offices effective in working across sectors in designing disability-inclusive interventions, and in promoting their implementation across different sectors in the countries?</p> <p>2.2.2 : To what extent were UNICEF offices effective in including children with diverse disability experiences in their work?</p> <p>2.2.3 : To what extent was the identified set UNICEF programme strategies sufficient? Were they effective?</p> <p>2.2.4 : To what extent were UNICEF offices effective in including children with disabilities and OPDs to champion their courses, in the design of programmes, or as implementing partners?</p> <p>2.2.5 : How successful were UNICEF offices in designing programmes for children with diverse disability experiences?</p>	<ul style="list-style-type: none"> • Desk review • Key informant interviews • Global survey 	<ul style="list-style-type: none"> • Strategic plans, policies, and reports are available on SharePoint or available through outreach efforts. • Transcripts from key-informant interviews • Results from global survey 	<ul style="list-style-type: none"> • Document analysis • Thematic analysis • Descriptive statistics (tallies) of thematic findings • CPDs and COAR data for sample countries 	Information gathered from exploratory and in- depth case studies may not apply to all countries.
Objective 3: Evaluate whether the progress made in disability inclusion and advancing disability rights can be scaled-up to reach the majority of children with disabilities, and whether it is sustainable				
Evaluation Question 3.1: What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts (development/humanitarian)? (Descriptive question)				
Sub-questions	Data collection methods/Activities	Sources of data/information	Data analysis methods/triangulation	Possible Limitations
<p>3.1.1 : What is the coverage of disability inclusion programmes and interventions for children with disabilities, across sectors, in various programming contexts?</p> <p>3.1.2 : What is the proportion of UNICEF disability-focused programmes and interventions that take place in inclusive settings in comparison to segregated/integrated settings?</p> <p>3.1.3 : What adjustments are planned through CPD processes to engender sustainability of cross-sectoral disability-inclusive programming?</p> <p>3.1.4 : What lessons can be learned about strategies/interventions that were most scalable and sustainable across sectors and in various programming contexts?</p>	<ul style="list-style-type: none"> • Desk review • Key informant interviews • Global survey • Country Field visits 	<ul style="list-style-type: none"> • Strategic plans, policies, and reports are available on SharePoint or available through outreach efforts. • Transcripts from key- informant interviews • Notes and memos from field visits • Results from global survey 	<ul style="list-style-type: none"> • Document analysis • Thematic analysis • Observation summaries from field visits • Utilisation of rubrics and identification tools for stigmatisation, invisibilization, and access. 	Information gathered from exploratory and in- depth case studies may not apply to all countries.

Evaluation Question 3.2: To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches and strategies in various programming contexts? (development/humanitarian)? Normative: sustainability				
Sub-questions	Data collection methods/Activities	Sources of data/information	Data analysis methods/ triangulation	Possible Limitations
<p>3.2.1: To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches and strategies in various programming contexts?</p> <p>3.2.2.: To what extent were UNICEF offices successful in advancing interventions, approaches and strategies to take place in inclusive settings rather than segregated/integrated ones?</p> <p>3.2.3: To what extent were UNICEF offices successful in mobilising public and private resources for scaling-up of UNICEF-supported interventions, approaches and strategies in various programming contexts, in inclusive settings?</p> <p>3.2.4 To what extent do lived experiences of children with disabilities align with how UNICEF reports its successes or challenges in relation to disability inclusion?</p>	<ul style="list-style-type: none"> • Desk review • Key informant interviews • Country Field visits 	<ul style="list-style-type: none"> • Strategic plans, policies, and reports are available on SharePoint or available through outreach efforts. • Transcripts from key-informant interviews with children with disabilities • Notes and memos from field visits 	<ul style="list-style-type: none"> • Document analysis • Thematic analysis • Observation summaries • Utilisation of rubrics and identification tools for stigmatisation, invisibilization, and access. 	It may not be possible to interview children with disabilities, hence leaving out a key stakeholder of UNICEF disability- inclusive programming.
Objective 4: Assess the extent to which UNICEF offices are positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives and improve outcomes for children with disabilities.				
Evaluation Question 4.1: What evidence that the key enablers for successful implementation of disability-inclusive programming are in place in each UNICEF office? (i.e., (i) partnerships, (ii) financing and resource mobilisation, (iii) leadership accountability, (iv) coordination (v) cross-sectorality) (Descriptive question)				
Sub-questions	Data collection methods/Activities	Sources of data/information	Data analysis methods/ triangulation	Possible Limitations
<p>4.1.1 : Is the identified set of enablers sufficient to engender success in disability-inclusive programming and innovation within the operating context of UNICEF offices?</p> <p>4.1.2 : Which enablers are fully in place, partially in place, or not in place in offices?</p> <p>4.1.3 : What are the key barriers encountered by UNICEF country offices and the organization in general to achieve successful implementation of disability-inclusive programming, as described in UNICEF policies and strategies (e.g., DIPAS)?</p>	<ul style="list-style-type: none"> • Desk review • Key informant interviews • Global survey • Country Field visits 	<ul style="list-style-type: none"> • Strategic plans, policies, and reports are available on SharePoint or through outreach efforts. • Transcripts from key-informant interviews • Notes and memos from field visits • Results from global survey 	<ul style="list-style-type: none"> • Document analysis • Thematic analysis • Observation summaries from field visits • Descriptive statistics • Inferential statistics, if possible 	Due to time and budgetary constraints, there will only be four field visits. We will triangulate our data to ensure we have a rich data set.
Evaluation Question 4.2: To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives (Normative: relevance and coherence)				
Sub-questions	Data collection methods/Activities	Sources of data/information	Data analysis methods/ triangulation	Possible Limitations
<p>4.2.1 : To what extent has the office taken corrective steps to ensure that the operating environment is conducive to innovation in support of the goals of disability inclusion?</p> <p>4.2.2 : To what extent has innovation been leveraged to ensure adaptability to humanitarian contexts?</p> <p>4.2.3 : To what extent are the perspectives or guidance of persons with disabilities reflected in UNICEF decision-making/decisions?</p>	<ul style="list-style-type: none"> • Desk review • Key informant interviews • Global survey • Country Field visits 	<ul style="list-style-type: none"> • Strategic plans, policies, and reports are available on SharePoint or through outreach efforts. • Transcripts from key-informant interviews with persons with disabilities • Results from global survey • Notes and memos from field visits 	<ul style="list-style-type: none"> • Document analysis • Thematic analysis • Observation summaries from field visits • Descriptive statistics • Inferential statistics, if possible 	Due to time and budgetary constraints, there will only be four field visits. We will triangulate our data to ensure we have a rich data set.

Appendix 6: List of interviewees/informants

Activities	Persons met
Courtesy call and exit briefing with ZCO leadership	Representative, Tajudeen Oyewale Deputy Representative (Operations), Daouda Diop Deputy Representative, (Programmes), Zeinab Adam Deputy Representative, IOC (Programmes), Alex Adjagba
Key informative interviews with UNICEF staff	Child Protection Team (Pierre Ferry, Nyasha Mayanga, Allet Sibanda, Yongshan He) Chief, Health and Nutrition (Alex Adjagba) Social Protection Team (Pepukai Chivore and Andrew Kardan) Programme Planning & Monitoring Team (Daisy Duru-Iheoma, Moreblessing Munyaka, and Leona Mavhudzi) Social Behaviour Change Specialist, (Titus Moetsabi) Education Specialist (Maxwell Rafomoyo) Operations Managers (Kenae Ramodimoosi, Simbarashe Mambende, and Luta Arifonzo, Alfred Magudhu, Josphen Moetsabi, Alice Bobo, Farai Chirenje, Tirirayi Vega) Resource mobilization Team (Alexandra Makaroff and Fortune Muparadzi) WASH Team (Cindy Kushner-Mancebo, Muchanyara Jarawaza, Terence Chanakira and Boniface Nzara) Nutrition Specialist (Kudzai Mukudoka) Gender and Child Rights Specialist (Precious Babbage) HADAP Team (Jacqueline Kabambe and Masimba Nyamucheta)
Key informative interviews with Government officials	Deputy Director/Commissioner of Refugees (Mr Tirivavi) Director of Disability Affairs (Dr Christine Peta) Ministry of Education Team
Key informative interviews with Civil Society Organizations, Implementing Partners and Donors	Youth Advocates (Rufaro Magadza and Lister Gutsire) Apostolic Women Empowerment Trust (Hope Lunira) JF Kapnek Trust (Adam Mukushi) Save the Children (Peter Chinamora) Zimbabwe Parents of Handicapped Children Association (Theresa Makwara and Regis Manjoro) Insiza (Berlinda Nyanga and Washington Madzinga) WHH (Odrie Ziro) Mpilo Hospital (Bridget Dhaura) UNPRPD (Memory, UNESCO) FCDO (Tanya Zebroff)
Key informative interviews with Organizations of Persons with Disabilities (OPDs)	ZIMNAMH (Ignatius Murambidzi) NASCOH (Joyce Matara and Masimba Kuchera) FODPZ (Leonard Marange)
Focus Group Discussions (FGDs) with beneficiaries	Parents of children with disabilities, ZPHCA, Harare (12 participants) Children with disabilities, ZPHCA, Harare (10 participants) Disability Ambassadors, J F Kapnek Trust (7 participants) Teachers with disabilities at King George Special School (8 participants) Children/adolescents with disabilities at King George Special School (15 participants) Parents of children with disabilities, ZPHCA, Bulawayo (14 participants) Children with disabilities, ZPHCA, Bulawayo (7 participants)

Appendix 7: Abridged terms of reference

Evaluation of UNICEF work in disability inclusion⁴¹

A. Introduction

1. The Evaluation Office (EO), at UNICEF HQ in New York provides global leadership and oversight for the evaluation function. The office is responsible for developing an agenda and work plan to evaluate UNICEF's programmes and processes. We conduct and/or manage independent corporate evaluations and evaluation syntheses, provide technical assistance and quality assurance for evaluations commissioned at the decentralized level (country and regional offices, as well as other divisions in HQ offices), and develop evaluation methods. EO is also responsible for publishing a global plan of evaluations that accompanies respective corporate strategies.
2. The Evaluation Office (EO) has committed to undertake a cross- sectoral evaluation of UNICEF work on Disability Inclusion, one of the evaluations stipulated in the [Plan for Global Evaluations \(PGE 2022-2025\)](#). EO has begun a process to recruit individual consultants to support and execute the Evaluation for the second phase following the scoping phase that was undertaken during the first half of 2022.

Background

3. Changing attitudes towards children with disabilities is a core UNICEF obligation. Protecting the rights of children with disabilities has been an integral part of UNICEF programming since the Convention on the Rights of the Child (CRC) – the first international treaty to explicitly recognize the rights of children with disabilities. The Convention on the Rights of Persons with Disabilities (CRPD)⁴² is the foundational guiding instrument behind UNICEF work in this area with its roots in human rights, non-discrimination, and equity. While the CRC provides a good basis for the rights of children with disabilities, it is the CRPD that comprehensively and explicitly considers every aspect of the lives of children with all types of disabilities, beyond social participation and formulated on the basis of the current model of disability – the social model.⁴³
4. Children with disabilities experience stigma and discrimination in every aspect of life, which have been exacerbated by the COVID-19 pandemic. Other challenges they face include limited access to health care, nutrition, safe water, sanitation, and hygiene (WASH) facilities and support for their well-being which leads to poor physical and mental health outcomes. They also face persistent barriers to education stemming from discrimination, stigma, and the routine failure of decision-makers to address exclusion in school which makes them most likely to be out of school and thus miss the opportunity to develop the skills needed for employment and thus, they are disproportionately likely to live in poverty. Other challenges that children with disabilities face include the heightened risks of violence, abuse, neglect, and exploitation compared to their peers. Box 1 highlights some of those disadvantages.

⁴¹ The term 'disability inclusion' refers to meaningful participation of persons with disabilities in all their diversity, promotion and mainstreaming of their rights across the work of the Organization, development of disability-specific programmes, and consideration of disability-related perspectives in compliance with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). This requires the development and implementation of a consistent and systematic approach to disability inclusion in all areas of operations and programming, both internally and externally.

⁴² Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others [Convention on the Rights of Persons with Disabilities | OHCHR](#) (Article 1)

⁴³ Other guiding international treaties include the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which has two important recommendations on the status of women with disabilities. The Charter on Inclusion of Persons with Disabilities in Humanitarian Action also provides vital commitments on the inclusion of people with disabilities in humanitarian action. Additionally, the 2030 Agenda for Sustainable Development centers the full and equal participation of persons with disabilities, including children with disabilities, as both a means to and goal of sustainable international development.

Box 1: Summary data on the comparative wellbeing of children with disabilities

<p>Compared with children without disabilities or impairments, children with disabilities are:</p> <ul style="list-style-type: none"> ➤ 16 per cent less likely to read or be read to at home ➤ 20 per cent less likely to have expectations of a better life ➤ 21 per cent less likely to have water and soap for handwashing in their households ➤ 22 per cent less likely to have improved sanitation facilities in their households ➤ 24 per cent less likely to receive early stimulation and responsive care ➤ 25 per cent more likely to be wasted ➤ 25 per cent less likely to attend early childhood education 26 per cent less likely to have improved water sources in their households 	<ul style="list-style-type: none"> ➤ 27 per cent more likely to be out of upper-secondary school ➤ 32 per cent more likely to experience severe corporal punishment ➤ 33 per cent more likely to be out of lower-secondary school ➤ 34 per cent more likely to be stunted ➤ 41 per cent more likely to feel discriminated against ➤ 42 per cent less likely to have foundational reading and numeracy skills ➤ 47 per cent more likely to be out of primary school ➤ 49 per cent more likely to have never attended school ➤ 51 per cent more likely to feel unhappy ➤ 53 per cent more likely to have symptoms of acute respiratory infection
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Source: UNICEF (2022) [Seen, Counted, Included: using data to shed light on the well-being of children with disabilities](#)

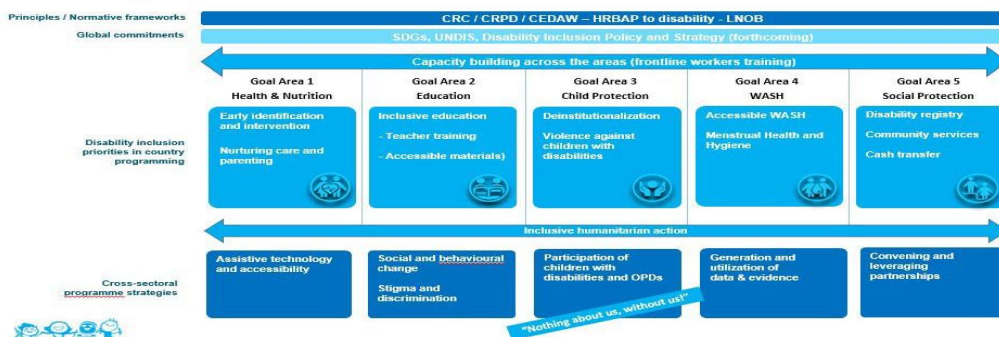
5. Over the past two decades, UNICEF has been focusing programming efforts and resources to support the inclusion of children with disabilities in health, nutrition, WASH, education social protection and emergency programming. Such resourcing and programming have occurred at the sectoral level, often with further disaggregation by country offices. UNICEF works to transform attitudes, practices, and social norms around disability to make families, communities, schools, health care, and social services inclusive and accessible, and to support the full participation of children with all types of disabilities in society.

6. The UNICEF portfolio on children with disabilities follows these main goals: (i) Empower and recognize children with disability as their best advocates, essential to the expansion and sustainability of inclusion; (ii) ensure that they receive the required support across their life courses to live independently and be included in their communities; (iii) ensure that they grow up in enabling environments with access to resources and opportunities to realize their full potential; (iv) ensure that children and persons with disabilities benefit from a full range of UNICEF programmes and organizational investments that embrace inclusivity and diversity.

7. To advance those goals, the organization recognizes as cross-sectoral strategic priorities (i) the prevention of stigma, discrimination, neglect and violence against children with disabilities and promotion of diversity and inclusion; (ii) the improvement of disability-inclusive infrastructure, services, programmes and coordination platforms; (iii) access to comprehensive community care and support services; (iv) access to assistive technology and relevant services; (v) disability-inclusive action in humanitarian, emergency and fragile contexts, including in programming and in UNICEF's role as a cluster lead agency; and (vi) full and meaningful participation of persons with disabilities.

8. Across the goal areas of the Strategic Plan 2022-2025, UNICEF supports countries to strengthen disability-inclusive primary health care and health and nutrition systems and supports inclusive education as the most effective way for all children to go to school, learn and develop the skills they need to thrive. UNICEF supports its partners in ensuring that all children with disabilities realize their fundamental human right to access drinking water and sanitation, as required for their safety, dignity and participation in society. It also supports its partners in making social protection systems and social spending responsive to a disability, so that children and their families receive services and support in order to break the link between disability and poverty. The chart below illustrates how UNICEF works on disability inclusion across the five goal areas of its Strategic Plan.

Chart 1. Disability inclusion across UNICEF Goal Areas



Source: Disability in UNICEF Strategic Plan 2022-2025

9. Showing important advances on disability inclusive work, the number of children with disabilities that UNICEF reached with disability inclusive programming, increased from 2.2 million in 2020 to 4.8 million in 2021, covering 148 countries.⁴⁴ Additionally, UNICEF supports governments to further the rights of children with disabilities, through policy, cross-sectoral programming, strengthening data, and advocacy and awareness campaigns. UNICEF upholds the rights of children with disabilities, from promoting their best possible care to supporting their education and participation.

10. UNICEF works in partnership with governments, national statistical offices, academic institutions, and organizations of persons with disabilities (OPDs) to develop disability measurement, support the collection and dissemination of disaggregated data, advance knowledge management, and invest in global research to inform all relevant stakeholders, including children with disabilities. In recent years, UNICEF has been providing technical assistance to countries through the Child Functioning Module (CFM) launched in 2016 with the Washington Group on Disability Statistics. The use of the module in national surveys is a key milestone and an essential part of the contribution UNICEF has made to countries in the monitoring of the SDGs for children with disabilities. By 2021, 37 survey reports had been released with data on children collected through the CFM.

11. UNICEF works with partners to support policy development and procurement strategies to scale up the provision of assistive devices worldwide. Integrating supplies into regular programmes through market-shaping and procurement mechanisms, UNICEF has rapidly scaled up the provision of assistive devices and accessible products in emergency kits, reaching over 152,000 children with disabilities globally in 2020.

12. In humanitarian contexts, UNICEF works to ensure that children and adolescents with disabilities are represented in humanitarian decision-making and that all crisis-affected children with disabilities have safe access to humanitarian assistance, along with opportunities to participate in emergency response, recovery and rebuilding efforts. The 2021 Global Annual Results Report, Goal Area 5, estimates that, in emergency response contexts, 55 per cent of the UNICEF country offices, systematically included children with disabilities in their programming work, an increase from 44 per cent in 2020.⁴⁵

13. Recently, UNICEF gave recognition to disability inclusion as a core strategic area of focus over the next decade. Disability is now a cross-cutting programme in the 2022-2025 UNICEF Strategic Plan, yet despite this institutional commitment, children with disabilities too often remain on the margins of programming across all five of the Plan's Goal Areas. While the factors that contribute to this exclusion are many, stigmatizing attitudes, practices, and policies persist in creating barriers to realizing the full rights and dignity of children with disabilities. UNICEF uses C4D strategies to challenge and change the harmful assumptions that lead to disability stigmatization at various

⁴⁴ Annual Results Report 2021, Goal Area 5 <https://www.unicef.org/media/122786/file/Global-annual-results-report-2021-goal-area-5.pdf>

⁴⁵ Ibid.

levels. However, the thematic scope of disability inclusion should not be limited to C4D strategies alone.

14. Further, the United Nations Disability Inclusion Strategy (UNDIS) lays out a clear System wide framework and accountability mechanisms for UNICEF to ensure disability inclusion. The UNDIS has both a policy and an accountability framework. The policy establishes the highest levels of commitment and a vision for the UN system on disability inclusion for the next decade. The accountability framework establishes clear and achievable objectives against which UN organizations will be held accountable at individual entity and country team levels. The accountability framework consists of four focus areas and 15 indicators.⁴⁶ The four core areas are: (i). Leadership, strategic planning, and management, (ii). Inclusiveness, (iii). *Programming* and (iv). Organizational culture.

15. To guide the organization's approach to the work on disability in both (i) programmatic sectors/areas and (ii) institutional systems and processes, the UNICEF Disability Section is developing a disability strategy and action plan, prepared to guide the 2022-2030 period (DIPAS). This document aims at describing an action plan outlining a disability inclusion priority agenda and a strategic framework for accelerating programming results based on evidence, lessons learned and good practices. The Strategy distinguishes both programmatic approaches and organizational approaches. The Subject of this Evaluation will focus mainly on the programmatic approaches.

B. Evaluation Purpose, Scope, Questions, and Intended Use and Users

Evaluation Purpose

There are two purposes for the Evaluation. The first is formative and seeks to better position UNICEF in delivering results for children with disabilities, by identifying and filling knowledge gaps by: (1) Identifying the existing barriers and enablers that hinder or enable UNICEF disability inclusive programming to address the needs of children with disabilities; (2) Identifying existing UNICEF disability inclusive programming approaches and models to reach out (with information and services), to create enabling environments, and to empower children with all types of disabilities. More specifically, identifying what lessons can be learned, what are the innovative approaches that can be scaled up or transferred to other contexts, including humanitarian and peacebuilding contexts? A secondary purpose from the accountability side, is to identify what results have been achieved so far, what are the key barriers and enablers UNICEF is facing to deliver and reach out to children with disabilities, and what more can be done to mainstream disability- inclusive approaches to programming?

Objectives

16. The Evaluation will pursue the following objectives:
- i. To identify how effectively disability inclusion has been implemented, over the 2018-2022 period.
 - ii. To identify barriers and enabling factors affecting UNICEF disability-inclusive programming, ensuring the inclusion of children with disabilities in all of UNICEF programmatic work.
 - iii. To assess what results were achieved, so far, for children with disabilities.
 - iv. To identify effective, innovative, and promising UNICEF disability-inclusive programming approaches ensuring the inclusion of children with disabilities in all its work and addressing the specific needs of children with all types of disabilities. To identify best practices that can be adjusted or transferred across development, humanitarian, or peacebuilding contexts.
 - v. To identify lessons that can be learned from global, regional, and country level initiatives, as well as from various development and humanitarian contexts.

Evaluated

17. The Evaluation will focus on UNICEF-supported work on disability inclusion in the context of the CRPD, UNDIS

⁴⁶ Indicators include 1. Leadership; 2. Strategic planning; 3. Disability-specific policy/strategy; 4. Institutional setup; 5. Consultation with persons with disabilities; 6. Accessibility; 6.1 Accessibility of conference and events; 7. Reasonable accommodation; 8. Procurement; 9. Programmes and projects; 10. Evaluation; 11. Country programme documents; 12. Joint initiatives; 13. Employment; 14. Capacity development for staff; 15. Communication.

and the (forthcoming) DIPAS. The Evaluation will examine the programmatic approaches and further refine them as necessary during the inception phase.

Scope

18. The Evaluation will be global, focusing broadly on disability inclusive programming, across UNICEF result areas. Within this framework, the geographic, chronological, and thematic scope will be further refined under the inception phase, but are proposed as follows:

- i. **Geographic Scope:** Beginning with a global scope, the Evaluation will select two to four countries as the subject of a comparative case study. Some selected countries will demonstrate promising practices toward disability inclusion of Children with disabilities and other selected countries will demonstrate bottlenecks or challenges. The Evaluation will also select up to 10 countries as a desk-based case study to further support the evidence base of the comparative case study approach.
- ii. **Chronological Scope:** The chronological scope is 2018-2022, with primary focus on the strategic period of the 2022-2025 Strategic Plan, recognizing that this period has just begun (even those from the secondary chronological scope of the 2018-2021 Strategic Plan). Information from before 2018 is acceptable to use if needed.
- iii. **Thematic Scope:** The Evaluation will consider disability, as a Goal Area 5 programme result within the 2018- 2021 Strategic Plan period, and, mindful of the recent changes, a cross-cutting priority, within the 2022-2025 Strategic Plan period. The forward-looking approach to this Evaluation aims at assessing UNICEF disability-inclusive work across all programmatic sectors of the organization, both in development and humanitarian contexts. The overarching theme of the Evaluation aims at identifying the vertical and horizontal factors that eliminate (or contribute to) stigma, and invisibility and create enabling environments to support children with disability to reach their full potential and maximize well-being.

C. Evaluation Questions

19. The main objective of this Evaluation is to understand how UNICEF is addressing disability inclusion in programming, both in developmental and humanitarian contexts. Additionally, the evaluation aims at assessing barriers and enabling factors (strategic, technical, and operational), affecting the organization's ability to deliver disability-inclusive programming and the organization's contribution to results for children with all types of disabilities. This exercise aims at identifying lessons learned and best practices on disability- inclusive approaches used at all levels of the organization. To this end, the proposed key questions for the Evaluation to meet this objective are listed in Table 1 below.

Table 1: Proposed evaluation questions

CORE ARE /OBJECTIVE	KEY EVALUATION QUESTIONS	POTENTIAL SUB-EVALUATION QUESTION*
Research phase: To identify the barriers and enabling factors affecting UNICEF inclusive programming.	What are the factors contributing to or hindering the success of disability- inclusive programming and implementation of such plans?	<ul style="list-style-type: none"> ▪ What are the comparative advantages and possible bottlenecks faced by UNICEF in promoting and integrating disability- inclusive approaches to programming? ▪ What are the most prominent strategic, technical, and operational factors contributing to and those hindering UNICEF's ability to fully realize disability-inclusive programming at all levels of the organization? ▪ What are the determinants of inclusive programming addressing stigmatization, invisibility and accessibility?
Relevance/Coherence: To map UNICEF disability-inclusive programming approaches to ensure the inclusion of children with disabilities in all its work and to address the needs of children with disabilities.	Which UNICEF disability-inclusive programming approaches are the most effective and promising to ensure the inclusion of children with disabilities in all its work and to specifically address the needs of children with all types of disabilities?	<ul style="list-style-type: none"> • To what extent is UNICEF promoting and integrating disability- inclusive approaches to all relevant programming areas, including cross-sectoral programmatic areas? • Have the disability cross-sectoral strategic priorities been well defined and operationalized, with an evidence-based approach? • To what extent are UNICEF existing strategies and tools supporting or have contributed to advance and mainstream disability inclusion in the organization's

		<p>programmatic work?</p> <ul style="list-style-type: none"> • Has the disability-inclusive programmatic work been operationalized and planned to ensure the inclusion of children with disabilities in all its work and to achieve targeted results and outcomes for children with all types of disabilities? • To what extent are the organization's disability inclusive strategy and operational plan conducive to greater synergies across all sectoral areas? • To what extent is the support provided for children with disabilities coherent with national, and subnational context and priorities? • Have contradictions with other interventions and policies prevented the implementation and achievement of the development objectives, or are policies mutually reinforcing?
<p>Effectiveness/ result achievement: To assess the organization's contribution to results for children with all types of disabilities</p>	<p>To what extent has UNICEF-supported disability-inclusive interventions and programmatic work contributed to the achievement of targeted results and outcomes for children with all types of disabilities?</p>	<ul style="list-style-type: none"> • To what extent UNICEF was disability-inclusive programming able to effectively address the issues of stigmatization, invisibility, and access? • To what extent is the organization's disability inclusive strategy leading to greater multi-sectoral contributions to support the needs of children with all types of disabilities?
<p>Lessons learned: To identify lessons learned as well as the effective, promising, and innovative implementations used to ensure the inclusion of children with disabilities in all its work and to address the needs of children with disabilities.</p>	<p>What lessons can be learned from UNICEF's work in supporting effective, innovative disability-inclusive programming?</p>	<ul style="list-style-type: none"> • Which disability-inclusive programming approaches are the most effective, innovative, or best practices to ensure the inclusion of children with disabilities in all its work and to specifically address the needs of children with all types of disabilities? Are these approaches sustainable, and might they have the potential to be up scaled?

Evaluative criteria

20. Because of its specific aims, the Evaluation will assess UNICEF disability inclusion interventions against the following OECD and other evaluative criteria: relevance, coherence, effectiveness, and lessons learned.

- i. **Relevance:** Is the intervention doing the right things? The extent to which the intervention's objectives and design respond to beneficiaries' global, country and partner/institution needs, policies and priorities, and continue to do so if circumstances change.
- ii. **Coherence:** How well does the intervention fit? The extent to which other interventions (particularly policies) support or undermine the intervention and vice versa. This includes internal coherence and external coherence.
- iii. **Effectiveness:** Is the intervention achieving its objectives? The extent to which the intervention achieved, or is expected to achieve, its objectives and its results, including any differential results across groups.
- iv. **Lessons learned:** Translate past experience into relevant information/knowledge for better decision-making and thus contribute to improved program or project performance, outcome, or impact. See, for further reference ILO: Lessons Learned: Utilizing lessons learned from ILO project evaluations in policy decision-making: International Labour Office Evaluation Unit International Labour Office Evaluation Unit March 2012.

Intended use and users

21. The intended use of this Evaluation is to identify and adopt policies, processes, and programming that promote disability inclusion, and therefore enable a rights-based approach at the country, region, and headquarters levels of UNICEF. While the primary and secondary users of this Evaluation include UNICEF personnel, donors, and national governments, its primary stakeholders are children and adolescents with disabilities, their families, and Organizations of Persons with Disabilities (OPDs). The evaluation team and UNICEF personnel are ultimately accountable to these primary stakeholders.

22. The evaluation team bears a duty to uphold the rights of these stakeholders and involve them as partners, rather than subjects, in the evaluation activities. Further, the evaluation team must demonstrate awareness of how the intersection of multiple characteristics, such as gender, socioeconomic status, rural vs. urban population, and racial, ethnic and/or national identities, may impact rights-based approaches to disability inclusion. The evaluation team should clearly define how they will engage children and adolescents with disabilities, their families, and OPDs, including those with the characteristics named, in all stages of the Evaluation.

- i. Primary Users: UNICEF personnel in the Evaluation Office, the Disability Team, programmatic sectors, Human Resources Management, and leadership at headquarters, regional, and country office levels are the primary users of this Evaluation.
- ii. Secondary Users: Donors, national governments, other UN agencies, and external partners (including OPDs) are the secondary users of this Evaluation.

D. Evaluation Approach and Methodology

Approach

23. The Evaluation will adopt a phased approach, for which the first phase, a research phase, will be to further identify and understand the UNICEF approach to working with children with disabilities. This phase will not only examine the different models of intervention but also explore the determinant factors affecting UNICEF performance. This will not be limited to but will include, at minimum, the factors identified in the scoping phase, such as the role and impact of *Stigmatization*, *invisibility* and *accessibility* that affects children with disabilities.

24. Indeed, stigmatization, which is a social act of degrading a population within a society because of features, was commonly identified as a reason why children with disabilities face exclusion in the scoping exercise for this Evaluation. Stigmatization may lead to either discriminatory practice (i.e., exclusion based on a particular characteristic) or differential treatment in relation to human rights (i.e., human rights are not upheld for individuals with disabilities in the same way they are for others identified as non-disabled).

25. Furthermore, Invisibilization is also an important factor affecting children with disabilities. Indeed, children and adolescents with disabilities may not be considered at all in national policies and thus, UNICEF programmes, which exacerbates exclusion and vulnerability. Invisibilization, for example, might occur in humanitarian crises when the needs of children with disabilities are overlooked. Invisibilization may also occur in UNICEF programming, at times when children with disabilities are not considered in national programming decisions, or data on outcomes of programmes do not identify outcomes of programmes for children with disabilities.

26. Another factor affecting children with disabilities, is accessibility. Children and adolescents experience disproportionate barriers to employment, education, healthcare, social services, and social protection. Because of a lack of access to valuable services, and often a lack of professionals with disability-specific training or orientation, children and adolescents may face additional risks from climate degradation, urbanization, conflict, forced migration, and access to nutritional diets and WASH services. Accessibility barriers were also exacerbated during the COVID-19 pandemic.

27. In sum, the three main barriers and challenges related to disability inclusion mentioned above will be at the centre of the research phase and explore how they affect both UNICEF and development partners' programs and strategies.

28. A second phase, informed by the first phase, will be the evaluation phase, in which the Evaluation will focus on UNICEF and government partner performance in addressing the challenges faced by children with disabilities. A comparative case study approach is envisioned, where up to 4 in-depth cases will be selected (country and/or thematic), and up to 10 desk-based case study countries will also be selected but feeding directly into the comparative analysis for the synthesis study.

Methodology

29. The Evaluation should use a mixed-methods approach to answer the evaluation questions. The qualitative methodology should include desk review and key informant interviews, while quantitative methodology should include analysis of survey data and administrative data, as necessary. Each of these methods is summarized below, and will be subject to an inception phase in which the final agreed approach will be described in the inception report:

- i. Desk review: The evaluation team will conduct a desk review of UNICEF documents, such as strategic plans, policies, and reports, with a lens of disability inclusion, and drawing especially evidence and gap map (EGM) that was developed by UNICEF Innocenti. In conjunction with the key informant interviews, the desk review will contribute to addressing the issues identified in the research phase and answering the questions. After this preliminary desk review is completed, the evaluation team could conduct another review of UNICEF reports, communications products used for the public, and programme guidelines, policies, and interventions using the indicators developed.
- ii. Key informant interviews: The evaluation team will interview UNICEF staff from the Disability Team and development partners, including Children with Disabilities as needed and to be decided at the inception phase. KII questions should be developed by the evaluation team and grounded in the normative framework of the Convention of the Rights of Persons with Disabilities (CRPD), the Convention on the Rights of the Child (CRC), and other relevant UN instruments.
- iii. Data analysis, summarizing and display: The bulk of the data collected will be qualitative, generated from the document review and key informant interviews. As such, the main data analysis approach will be document analysis, also known as extant data analysis, often used in organisational performance assessments. Standard qualitative data analysis techniques of thematizing, clustering and in some cases, comparing and contrasting responses to the same questions⁴⁷ will be employed. For secondary data analysis on *indicators of disability inclusion* and normative questions, descriptive statistics will be generated from ratings. Comparisons between groups of stakeholders, as well as significance testing where feasible should be undertaken. The type of analysis will depend on the type of data that is and will be made available for the evaluation.

Evaluation Deliverables

30. The evaluation team is responsible for submitting the following deliverables:
- i. *Inception report*: The inception report should include a comprehensive background on the selected inclusive approaches; a finalized purpose, objective and scope; draft theory of change for each inclusive intervention with UNICEF inputs; finalized evaluation questions; an evaluation matrix (including indicators through which the criteria will be assessed); a final list of data sources to be used; the methodology; finalized sampling strategy, data analysis plan and final data collection instruments and timelines for deliverables. A draft inception report should be shared with the reference group, after which the evaluation team should incorporate the received feedback and finalize the inception report. Following its finalization, the evaluation team should field-test the data collection instruments in the first country and incorporate feedback in the final instruments; after which roll-out in the other countries should start. Excluding annexes, the report should be concise and not be longer than 40 pages.
 - ii. *Main Synthesis evaluation report*: The synthesis evaluation report is the main deliverable of the evaluation, and should synthesize findings, conclusions against each of the evaluation question and recommendations across evaluated inclusive intervention and approaches and countries. The report should be in line with UNICEF-adapted UNEG Evaluation Report Standards. The report should contain an executive summary of maximum five pages, a description of the programmes evaluated, the evaluation's objectives, the methodology used and the evaluation's main findings, conclusions and recommendations. Excluding annexes and the executive summary, the report should not be longer than 60 pages, excluding annexes and will be submitted to reference group for comments which are expected to be fully addressed.
 - iii. *Country Evaluation Reports (4)*: Country Evaluation reports should complement the synthesis evaluation report. The reports should provide a high-level overview of the inclusive intervention/approach evaluated in the country and the scope of fieldwork and then focus on the findings, conclusions and recommendations based on the analysis of this particular inclusive approach. Excluding annexes, each country evaluation report should not be

⁴⁷ Patton, Michael. *Qualitative Research and Evaluation*, 3rd Edition. SAGE Press. 2001

longer than 30 pages.

- iv. *Validation workshop*: Prior to finalization of the summary report, the evaluation team needs to conduct a validation workshop to collect views on the findings from the Evaluation Office and the Reference Group. Given the recommendations are from the Evaluation Office, the validation workshop will also discuss the draft recommendations, following a co-generation process, while maintaining the independence of the Evaluation team, and under the leadership and ownership of the Evaluation Office. In addition, staff from UNICEF offices not visited during the assignment may be invited to participate in some sessions of the workshop, serving to corroborate the findings with experiences from other countries, further triangulating the conclusions and recommendations. The workshop is to be organized after submission of the first draft summary report.
- v. *Datasets* The evaluation team should make available all data that has been collected, not limited to but including from survey, focus group and KII.

31. All minutes and reports will be in Microsoft Office Word format, while all presentations will be in Microsoft Office PowerPoint. No PDF or hard copy will be submitted by the evaluation team. The use of reader-friendly techniques such as bullet points, tables, graphs, photos, videos embedded in presentations and reports, and other visualization methods is encouraged. All data collected, documentation gathered, and photos/videos taken, and analyses produced for the purpose of the Evaluation are to be made available to UNICEF in the appropriate format. Graphs and maps must be in editable format for layout purposes. The use of annexes is required for the evaluation tools, for all secondary information that is not directly related to the evaluation findings, as well as for any long technical documentation intended to a specific audience. PowerPoint presentations must include notes below each slide to make them easy to understand for people who could not attend the meeting.

32. All documentation must be in professional level standard English and in compliance with UNICEF Style Book 2015 and UNICEF Brand Toolkit 2012. All key deliverables (including draft versions submitted to UNICEF) must be language-edited by a native speaker and good writer. All key deliverables will be made available on the UNICEF public website and widely disseminated to all target audiences. The final evaluation report will be copy-edited by a professional service provider contracted by the Evaluation Office. See further below for more information on quality assurance requirements and processes for Evaluation in UNICEF.

E. Risk management and ethical issues

33. Availability of information: While there is systematic information on global initiatives and UNICEF priorities and programs focused on children with disabilities, the most critical risk is that programming elements may still be incomplete and not available in the Annual Reports (COARs), UNDIS reports, or that implementation of activities associated with the 2022-2025 Strategic Plan may not have generated enough information to undertake a meaningful assessment and/or critique at the country level. An effort should be made by UNICEF (Evaluation Office and Reference Group) to ensure that the Evaluation team gets as complete a picture as possible about the implementation status of current activities that contribute to disability inclusion at UNICEF.

34. The Evaluation team should seek information from different sources than children as much as necessary and use proxy data as much as possible. If no possible, or desirable children might be consulted, and protocol duly submitted for ethical review and approval. This should be clarified during the inception phase. Also, ethical clearance will be sought as deemed necessary. However, consultants are invited to identify anticipated ethical issues throughout the evaluation project as well as the measures and methods adopted to mitigate them.

35. The Evaluation will be conducted in accordance with UNICEF and UNEG ethics guidelines. It will not require an independent ethical review. Relevant guidance from the United Nations Evaluation Group (UNEG) and UNICEF are available online: [UNEG Ethical guidelines for evaluations](#), [UNEG Code of conduct for Evaluation in the UN System](#), and the [UNICEF Procedure for Ethical Standards in Research](#). Consultants will also be asked to sign a number of individual statements/commitments on ethical standards for evaluations and on child protection and prevention of sexual exploitation and abuse.

F. Evaluation UNICEF quality assurance standards and processes

36. The Evaluation Office will provide quality assurance on all assessment tools and documents based on the UNEG's and UNICEF's norms, standards, processes and tools. The consultant will be familiarized with these and is expected to observe them during the entire evaluation process.

37. Once approved, the final evaluation report will be submitted to the UNICEF's global evaluation reports oversight system (GEROS) for an independent quality review. The report and the review will be made available on the UNICEF Internet website, in compliance with the commitment for transparency of evaluation findings.

G. Management and Governance Arrangements

Roles and qualifications for evaluation team

38. **Evaluation Team:** The Evaluation will be conducted by a team of three experienced evaluators (Team Leader and Two Team Members) with one of them possessing content expertise in disability inclusion programming in areas relevant to UNICEF, knowledge of UNICEF and its Strategic Plan. They should be able to work within the given timeline. Preference will be given to teams whose membership is comprised of persons with disabilities who have standpoint expertise and interpretive experience related to stigma and barrier reduction.

39. **Evaluation Governance:** The Evaluation will be managed from the UNICEF's Evaluation Office, by an Evaluation Specialist. The Evaluation Specialist will manage the team and ensure smooth implementation of the evaluation. S/he will also have a responsibility to:

- i. Co-ordinate, direct and supervise all activities of the Evaluation and its execution.
- ii. Be the liaison between the evaluation team and the reference group and provide periodical updates on the execution of the Evaluation, as well as internal review processes.
- iii. Prepare and finalize publishing-ready versions of the reports for issuing by the Director, Evaluation Office.
- iv. Provide oversight and guidance to the evaluation team on UNICEF requirements and standards for evaluative work.
- v. Approve all deliverables.

40. All current UNICEF staff may be involved only as key informants or in other specific roles (e.g., member of the reference group). They may not be evaluation team members. Former UNICEF staff or consultants that have worked in education or disability programming may be members of the evaluation team if they meet the technical qualifications. However, any prior involvement with UNICEF should be declared during the bidding/contracting stages so that the prospective team can be cleared of possible conflicts of interest.

H. Timeframe and deliverables

41. The Evaluation timeframe will be 10-months, beginning in February 2023 and ending in December 2023.⁴⁸ The work plan phases are summarized in the table below.

Table 2. Evaluation tasks and timeframe

Phases	Deliverables	Time Frame/ division of labor
0.0 Recruitment of evaluation team Senior Evaluators (Evaluators 1 and 3) Junior Evaluators (Evaluators 2a and 2b)	Contract to execute the formative Evaluation issued to every; team member onboarded	December 2022
1.0 Inception phase 1.1 Search and compilation of documents 1.2 Preliminary review of UNICEF planning documents 1.3 Refining/confirming the formative evaluation approach and methodology, including stakeholder analysis 1.4 Developing instruments for the Evaluation 1.5 Compilation of the inception report 1.6 Briefing and planning meetings with Evaluation Office, Disability Team 1.7 Presentation to reference group meeting	Deliverable 1: Final draft of inception report	February 2023
2.0 Desk review and analysis phase 2.1 Compilation of documents (continued) 2.2 In depth review of literature and UNICEF planning documents 2.3 Stakeholder analysis executed and finalized 2.4 Interviews with UNICEF leadership, disabilities technical teams at all levels 2.5 Compilation of desk review report	Deliverable 2: Desk review and analysis report (also zero draft of the evaluation report) <ul style="list-style-type: none"> • Literature review chapter • Data files from Desk analysis • Preliminary findings for descriptive questions • Evaluation instruments piloted and validated 	March – June 2023
3.0 Field-based data collection phase 3.1 Interviews with UNICEF and non-UNICEF key informants in the field 3.2 Country office debrief 3.3 Compilation of findings and conclusions	Data collection reports	July – October 2023
4.0 Reporting and validation of findings phase 4.1 Stakeholder workshop to validate evaluation findings 4.2 Prepare inputs into the final draft report 4.3 Compilation of the final draft report and recommendations 4.4 Presentation to reference group meeting	Deliverable 3: first draft of the final report	November 2023
5.0 Presentation and dissemination of final report phase 5.1 Revision of the report to incorporate reference group comments 5.2 Facilitation of dissemination webinar	Deliverable 4: Final evaluation report and PowerPoint presentation,	December 2023

⁴⁸ Subject to change given the launch date of the actual work