

Final Evaluation
Report

“Accessible Services for Women with Disabilities Survivors of Custodial Violence”



Project title: “Accessible Services for Women with Disabilities Survivors of Custodial Violence”
Location: Republic of Serbia, Autonomous Province of Vojvodina
Name and organization of the evaluators: Center for Support of Women, Kikinda, RS
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Name of the organization that commissioned the evaluation: Mental Disability Rights Initiative of Serbia
Project partner: FemPlatz, Pančevo, RS
Project supported by: United Nations Trust Fund to End Violence against Women

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

March 2022.

Abbreviations

CaT	Committee against Torture
CC	Criminal Code
CEDAW	Convention of Elimination of all Forms of Discrimination of Women
CI	Custodial institution
CoE	Council of Europe
CRPD	Committee on the Rights of Persons with Disabilities
CSOs	Civil Society Organizations
DI	Deinstitutionalization institution
DPOs	Disability person organization
GBV	Gender based violence
GREVIO	Group of Experts on Action against Violence against Women and Domestic Violence
IC (Istanbul Convention)	Convention on Preventing and Combating Violence against Women and Domestic Violence
LFLA	Law on Free Legal Aid
LGE	Law on Gender Equality
LPDPD	Law on Prevention of Discrimination against Persons with Disabilities
LPDV	Law on Prevention of Domestic Violence
LPPMD	Law on the Protection of Persons with Mental Disabilities
LRUTASPS	Law on the rights of users of temporary accommodation services in the social protection system
MD	Mental disability
MDRI-S	Mental Disability Rights Initiative of Serbia
MLEVSA	Ministry of Labour, Employment, Veterans, and Social Affairs
MP	Member of Parliament
UN Trust Fund	UN Trust Fund to End Violence against Women
VAW	Violence against women
W/GwMD	Women and Girls with metal disability
WHO	World health organization

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1 EXECUTIVE SUMMARY

The project “Accessible Services for Women with Disabilities Survivors of Custodial Violence” has been implemented by Mental Disability Rights Initiative of Serbia MDRI-S in partnership with women’s rights organization FemPlatz, and it is funded by the United Nations Trust fund to End Violence against Women (UN Trust Fund). The project “Accessible Services for Women with Disabilities Survivors of Custodial Violence” has been built on the results and lessons learned in the project “Deinstitutionalize and end Violence against Women with Disabilities in Custodial Institutions” that MDRI-S implemented from 2016 to 2018 with UN Trust Fund support.

Mental Disability Rights Initiative Serbia (MDRI-S) was founded in 2008 as an advocacy non-profit organization with the aim of protecting the human rights and promoting the full participation of persons with mental disabilities. MDRI-S focuses on the equal recognition of persons with mental disabilities before the law, deinstitutionalization, and community living. The project duration is three years (from September 2019 to November 2021). The project has a national scope, and it is implemented in Serbia. It addresses violence perpetrated or condoned by the State, namely custodial violence, forced sterilization/pregnancy/abortion and generally violence that women with mental disabilities in residential and psychiatric institutions in Serbia survive.

The project goal is to ensure that women and girls with mental disabilities have greater support and feel empowered to live their life free of custodial violence by 2021, while recognizing that custodial violence may occur in residential and psychiatric institutions, community living or supported living arrangements.

The primary beneficiaries are women and girls with disabilities, mostly those with mental disabilities (intellectual, psycho-social, and cognitive) who either live in residential institutions or have an experience of institutionalization.

The project improved knowledge and information about protection mechanisms and prevention measures against custodial violence and empowered women for self- advocacy and self-support. The aimed for strategic result was to improve the confidence and knowledge of women and girls, so that they can speak-up for themselves, contributing to their representation and self- autonomy.

In addition, the professional capacities of social service providers, which support survivors of violence (helplines, shelters, general and specialized services) were strengthened. Capacity building involved intensive training courses for service providers, developing models and standards for general and specialized services for women with disabilities survivors of custodial violence, piloting services, and organizing mentor support. The aimed for strategic outcome was improved service delivery and access, and improved specialist support services for survivors.

Besides empowering women and building the capacities of service providers for changes in practice, the project worked on strengthening institutional responses, namely by improving policies and procedures to recognize custodial violence and meet international prevention and protection standards. This was implemented throughout targeted advocacy actions to two relevant

governmental agencies, as well as government officials, and members of the parliament, and by submitting reports to international human rights treaty bodies.

The project took a strong advocacy approach in all aspects, and it focused on empowering primary beneficiaries in the area of prevention of violence through changing attitudes and improving knowledge.

In order to support a change of attitudes and an improved community and institutional response, the project improved service delivery by building partnerships. In addition, the project supported implementation of multisectoral policies in the areas of prevention of gender - and disability - specific violence and discrimination by monitoring the implementation of policies and conducting research and advocacy activities.

The project applied a human rights-based approach to working with women with disabilities by exploring and reacting to intersectional discrimination and cross-cutting issues. The project explored multiple disparities facing women with disabilities in custodial institutions, namely violence (and risk of violence) on the grounds of gender, age, locality (e.g., difference between community living and institutionalization).

The capacity-building methodology was based on an adult-learning and peer support approach with the use of different instruments, such as discussions, presentations, workshops, individual work, work in pairs, etc.

The report is the mandatory, final evaluation of the project “Accessible Services for Women with Disabilities Survivors of Custodial Violence” required by the UN Trust Fund to End Violence against Women. It is the final evaluation of the MDRI-S program to promote accessible services for women with disabilities survivors of custodial violence in Serbia.

The aim of the evaluation is to present and document the results achieved and knowledge gained during the project implementation. The evaluation should be useful to MDRI_S and FemPlatz, to more successfully plan future activities in improving the protection of women with mental and intellectual disabilities from human rights violations and institutional violence, based on the results and acquired knowledge and experience. The evaluation contains data on the achieved results and the position of women with mental disabilities, i.e., capacities and shortcomings in institutional and non-institutional support that can be a source of information for those engaged, as well as decision makers.

The evaluation results will be used by the UN Trust Fund to End Violence against Women to assess the overall impact of the project. In addition, it will be used by the MDRI-S management team in understanding the achieved outcomes, positive aspects and effects, and negative circumstances or side-effects. It will also be used for planning the continuation of the program to deinstitutionalize and end violence against women with disabilities in custodial institutions in Serbia.

The Evaluation Report sets out recommendations and learnings to support the MDRI-S team in designing further activities and programs based on the perspectives of primary and secondary beneficiaries and other stakeholders.

2 BACKGROUND, CONTEXT, AND DESCRIPTION OF THE PROJECT

2.1 Background

Besides grave violation of reproductive and sexual rights, women with disabilities in custodial institutions survive partner violence that is not adequately addressed by the institution staff, service providers, or relevant stakeholders/mechanisms (police officers, centres for social work, prosecution) for different reasons: lack of understanding of gender-based violence against women with disabilities, lack of prevention measures, explaining violence in the context of the type of disability/mental health problem, lack of procedures, inaccessible or non-existent services for women with mental disabilities, overall prejudice and stigma of women with mental disabilities.

These issues are not high on the political agenda in Serbia although there has been progression mainly due to Serbia's intentions in the EU integration process. EU accession sets clear recommendations and roadmap for reforms in the social policy sector, gender equality, fundamental rights (negotiation Chapter 23 and Chapter 19). The Republic of Serbia received recommendations from the UN and Council of Europe treaty bodies to harmonize legislation, put protection mechanisms in place, and develop practice and services. The CEDAW Committee recommended in its concluding observations that the state survey the prevalence and causes of gender-based violence against women and girls, ensuring that it includes all discriminated groups of women, including women and girls with disabilities. The GREVIO report on the implementation of the Istanbul convention addressed the establishment of specialized support services for women with disabilities and as one of the priority issues singled out informed and free decision-making by women regarding medical procedures such as abortion and sterilization, especially for women with disabilities which are placed in institutions.

The Committee against Torture (CaT) in Concluding observations on the third periodic report of the Republic of Serbia is particularly concerned about the situation of women with disabilities in residential institutions who are exposed to high levels of violence without any prevention or protection measures in place. The Committee recommends that the State Party Investigate effectively, promptly, and impartially all complaints of ill-treatment of persons with mental and psychosocial disabilities, including children, hospitalized in psychiatric institutions, bringing those responsible to justice and providing redress to victims.

The internal complaint mechanisms in residential institutions are not functional because staff and management do not place importance on this issue, while there is no external control or monitoring. A woman with mental disabilities who survive partner violence is at risk or frequently removed from the violent partner by being deprived of her legal capacity (put under guardianship), her children are taken away, and she is placed in residential institutions, where she is exposed to multiple forms of custodial violence.

There are no services for these women in the local communities while shelters for survivors of violence are inaccessible to women with disabilities and although there are clear anti-discrimination provisions and support mechanisms, in practice they are not functional, and these at-risk women are exposed to repeated or multiple forms of custodial violence. Such practice needs to end, but additional measures, tested models of support, and procedures have to be offered to service providers and policy-makers to bring changes in the lives of women with mental disabilities.

The implementation of the project was greatly affected by the COVID 19 pandemic and health and safety measures stemming from it. At the middle of project implementation, the COVID-19 pandemics started, which profoundly affected the implementation and activity plan. The position of women with disabilities in residential institutions in Serbia has changed, they experienced long-term isolation and lockdown, strict control, and violation of their rights with disproportionate measures. Due to the state of emergency declared on March 2020, and all other measures that followed due to the pandemic, the work of all state institutions was blocked. The situation with women with disabilities living in residential institutions is much worse, as they were practically imprisoned in social protection institutions.

By the decision of the Ministry of Labour, Employment, Veterans, and Social Affairs (MLEVSA) during the proclamation of curfew and subsequent lockdowns, women with disabilities in residential institutions could not leave the facilities where they stayed. With the abolition of these measures the situation was a little bit relaxed, and they could go out, but only to the outside spaces of residential institutions. This was contrary to the recommendations of the World Health Organization and the Council of Europe and other international bodies. These international subjects emphasized the need for displacing users from the collective accommodation, but also the importance of staying outdoors space and in the sun, as well as the importance of physical activities to preserve immunity and mental health. In contrast, users in many institutions throughout Serbia were prevented, or not allowed, to leave the facilities in which they reside.

Regulations of the Ministry of Labour, Employment, Veterans and Social Affairs to users of institutions social protection for accommodation, visits were banned effectively for more than 140 days. On several occasions, the MLEVSA bring new instructions related to the rights on the movement of users in residential institutions for the accommodation of users with MD or elderly people. Even though visits were allowed under specific conditions, these measures should have been more relaxed, and in correlation with measures prescribed for the rest of the population. Also, the users who were reallocated from supported housing and returned to institutions, are still in them.

Except for the Strategy for Improving the Position of Persons with Disabilities for the period 2020-2024 that was adopted on March 5th, 2020, and the accompanying Action plan (for period 2021-2022) adopted on April 2021, no important documents related to persons with disabilities was adopted. In mid-December 2021, the Law on the rights of users of temporary accommodation services in the social protection system (LRUTASPS)¹ was adopted, including especially important paragraph imposing independent monitoring of custodial institutions as a control mechanism and

¹ “RS Official Gazette”, No. 126/2021

participation of CSOs in conducting it. The law itself provides a good starting point for the DI process. Also, no new laws for the improvement of the position of persons with disabilities were adopted.

After the parliamentary elections in June, on October 28th, 2020, the Government was formed. Two new ministries have been established - Ministry of Human and Minority Rights and Social Dialogue and Ministry of Family Care and Demography. The proposed changes of the Family Law related to deprivation of legal capacity disappeared from the agenda. Together with the Program on mental health protection in the Republic of Serbia for the period 2019-2026² and its Action plan (2019-2022), the state is declaring once again support to the deinstitutionalization process.

On the other hand, it seems that there is not enough attention devoted to the harmonization of various regulations concerning people with disabilities. The positive aspect is that in May 2021, the National Assembly of the Republic of Serbia adopted the Law on Gender Equality.³

The COVID 19 pandemic related restrictions influenced the adaptation of project activities. This primarily refers to the adjustment of communication by establishing a new activity-communication through WhatsApp and Messenger with a group of women with mental disabilities from institutions or with experience of institutionalization managed to continue to support women from the institution. Also, in this way, MDRI-S continued to empower them to understand their rights, be informed about the protection from violence within the custodial institution and inform them about the situation regarding COVID 19 pandemic. Also, the first policy brief Protection of sexual and reproductive rights of women with mental disabilities and protection from violence was printed. The Project team conducted a very successful online campaign #Different Reality. Also, the project team focused on the current situation caused by COVID 19 pandemic and sent many letters, appeals related to the position of persons with disabilities.

2.2 Context of the project

In Serbia, significant number of people live in social care institutions: 14,512 people in state institutions, and 8,617 in private ones.⁴

In 2018, 33,212 persons with mental disabilities (of which 15,168 women) were hospitalized.⁵ Life in institutions is characterized by a lack of privacy, inability to decide on one's own life, social exclusion, and disrespect for basic human rights and human dignity.⁶ Institutionalization can expose people with disabilities to violence and abuse, especially women with disabilities.⁷

² “RS Official Gazette”, No. 84/2019

³ “RS Official Gazette”, No. 52/2021

⁴ Saopštenje za javnost, Ustanove socijalne zaštite za smeštaj korisnika i organizacije socijalne zaštite za smeštaj korisnika, Ministarstvo za rad, zapošljavanje, boračka i socijalna pitanja, 11.04.2020. (*Press release, Social care institutions for accommodation of users and social protection organizations for accommodation of users, Ministry of Labour, Employment, Veterans and Social Affairs, 11.04.2020*) available on: <https://www.minrzs.gov.rs/sr/aktuelnosti/vesti/ustanove-socijalne-zastite-za-smestaj-korisnika-i-organizacije-socijalnezastite-za-smestaj-korisnika>

⁵ Strategija unapređenja položaja osoba sa invaliditetom u Republici Srbiji za period od 2020. do 2024. godine, „Sl. glasnik RS”, br. 44/2020 (Strategy for improving the position of persons with disabilities in the Republic of Serbia for the period from 2020 to 2024), “Official Gazette of the Republic of Serbia”, no. 44/2020)

⁶ Biljana Janjić and Dragana Ćirić Milovanović, Here the walls have ears too, Mental Disability Rights Initiative MDRI-S, Belgrade, 2017, pg.

⁷ General comment of the Committee for the Rights of Persons with Disabilities from 2016 CRPD/ C/GC/3 para. 55

On the other hand, living in a community is not just about providing housing in better living conditions, but about providing access to all rights, de facto equality before the law, inclusion in programs of protection of women from violence, empowering women, and strengthening self-advocacy initiatives.⁸

In Serbia, the reform of the social care system was initiated in 2011, which was supposed to bring the transition from the model that relied on residential institutions to the model of community services (deinstitutionalization) and to include the development of integrated social care through the development of quality services and professional work.⁹

This process was accompanied by numerous difficulties due to insufficiently and unevenly developed support services and services for independent living of persons with disabilities and their reintegration into the community.¹⁰ The necessity of accelerating the process of deinstitutionalization was also shown during the COVID-19 pandemic.¹¹ There is a high risk of infection in social care institutions, and there is a lack of external supervision, which is further exacerbated by the measures introduced during and after the state of emergency.¹²

The position of persons with disabilities in institutions is extremely difficult. They are segregated, live in poor conditions, are discriminated against, and are at risk of neglect and abuse. However, human rights violations of this minority group are mostly invisible because they most often occur behind closed doors, and certain inhumane acts, such as bonding, isolation, electroshocks, etc., are justified as necessary medical treatment.¹³ Life in the institution results in a loss of control over one's own life.

It is characterized by a rigid daily regime of activities and management, lack of individualization and adjustment to the needs of users – everyone gets up at the same time, eats at the same time, does not have privacy, does not have adequate support or interaction with the community, etc. Such a life is focused on maintaining the needs and organization of the work of the institution itself, and not on the individual needs of persons with disabilities, which is why they are exposed to very poor treatment and inability to exercise their rights.¹⁴

The combination of all these factors, along with the excessive number of persons in institutions and the lack of employees, leads to endangering the safety of persons in institutions and leads to neglect, abuse, and violence. Persons with disabilities in residential institutions are not legally deprived of

⁸ *Here the walls have ears too, Ibid. pg. 66*

⁹ Strategija unapređenja položaja osoba sa invaliditetom u Republici Srbiji za period od 2020. do 2024. godine, op.cit. (Strategy for improving the position of persons with disabilities in the Republic of Serbia for the period from 2020 to 2024, op. cit.).

¹⁰ Nevena Petrušić, Smernice za sprečavanje nasilja prema ženama sa invaliditetom u uslugama/sluzbama podrške, MDRI-S, Beograd, decembar 2017, str. 7 (*Guidelines for the prevention of violence against women with disabilities*), Mental Disability Rights Initiative MDRI-S, Belgrade, December 2017, p. 7)

¹¹ Joint Statement by the President of the United Nations Committee on the Rights of Persons with Disabilities, on behalf of the Committee on the Rights of Persons with Disabilities, and the Special Commissioner of the Secretary-General for Disability and Accessibility of Services, available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25765&LangID=E>

¹² The appeal of Catalina Devandas, a United Nations expert, available at:

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725&LangID=E>

¹³ Biljana Janjić and Kosana Beker, Osobe sa invaliditetom u institucijama kao žrtve diskriminacije i kršenja ljudskih prava, TEMIDA, Beograd, 2016, vol.19, br.1, str 109-134 (*Persons with disabilities in institutions as victims of discrimination and human rights violations*, TEMIDA, Belgrade, 2016, vol. 19, no. 1, p. 109-134)

¹⁴ CEDAW/C/SRB/CO/4 para. 45 and 46

their liberty, but they are because they have limited freedom of movement, free exit from institutions, and organization of time following needs and desires.¹⁵

Although the position of all persons with disabilities living in residential institutions is very difficult, women with disabilities in institutions are in a worse position. If they are deprived of legal capacity, and in most cases, they are,¹⁶ they cannot decide independently on important issues concerning their lives, for example, place of residence, treatment, medical interventions, pregnancy, parenthood, partnerships, and often they do not have the opportunity to be adequately informed.

People with disabilities living in residential institutions have many rights violated daily and are at risk of neglect, abuse, and violence. Women and girls with disabilities are repeatedly discriminated against, based on gender, disability, and the fact that they live in an institution, and are exposed to specific forms of gender-based violence, such as forced abortions, contraception without informed consent, sexual harassment, and sexual violence, forced sterilization.¹⁷

In the residential institutions, women are exposed to all forms of horizontal (by the users) and vertical (by the employees of the institution) violence. Their position and exposure to violence in institutions are not sufficiently visible in Serbian public policies.

Women with disabilities face barriers to access to justice, including violence and abuse, due to widespread stereotypes, discrimination, and a lack of procedural and reasonable adjustments. This may cause doubts about the credibility of their statements, rejection of their reports, which further leads to impunity and invisibility of the problem. Women with disabilities often need support, so they are afraid to report violence because of the possibility of losing the necessary support. The situation is further aggravated for women with disabilities in residential institutions because the perpetrators are aware that there is a low risk of detection and punishment, given that these women have difficulty or are denied access to support services.¹⁸

In addition to the possibility of deprivation of legal capacity, which is not by the provisions of the Convention on the Rights of Persons with Disabilities, and is widespread and particularly affects persons with intellectual and psychosocial disabilities,¹⁹ in Serbia, by the Law on the Protection of Persons with Mental Disabilities, it is possible to deprive a person of liberty based on disability, and/or place him/her in a psychiatric institution or other residential institution without his/her consent.²⁰

¹⁵ Ibid.

¹⁶ *Here the walls have ears too, op. cit, 2017, p. 7*

¹⁷ The act of **forced sterilization** has not yet been incriminated in Serbia. **Forced abortion** is incriminated as a qualified form of the criminal offense of illegal termination of pregnancy, and the law does not mention the informed consent of a woman to have an abortion. **By giving contraceptives to women in residential institutions without their prior informed consent**, several criminal offenses can be committed: abuse and torture, negligent medical care, and abuse of official position.

¹⁸ Biljana Janjić, Kosana Beker and Valentia Ljepojević, Protection of Sexual and reproductive Rights of Women with Mental Disabilities and Protection from Violence, p. 3

¹⁹ *Nasilje nad ženama sa invaliditetom u rezidencijalnim ustanovama, op.cit, 2016, str.111 (Violence against women with disabilities in residential institutions, Ibid., 2016, p. 111)*

²⁰ Concluding Observations on the Initial Report on Serbia, Committee on the Rights of Persons with Disabilities, CRPD/C/SRB/CO/1,maj 2016.

2.3 Strategic and Legal Framework

The Strategy for the Prevention and Combating of Gender-Based Violence Against Women and Domestic Violence for the period 2021-2025²¹ is substantively related to other strategies in key areas defined by the Convention on Preventing and Combating Violence against Women and Domestic Violence (IC),²² which are the backbone of the strategy: justice and protection of rights, prevention of violence against women and domestic violence, security, social and health care.

The substantive connection of this strategy with the strategies listed below stems from the need for multi-sectoral activities against gender-based violence, numerous actors involved in the prevention and protection of women victims of gender-based violence and domestic violence, and sanctioning perpetrators. In addition, bearing in mind that persons belonging to vulnerable groups (persons with disabilities, Roma, children, victims of trafficking, etc.) and suffering from gender-based violence and domestic violence, are in a particularly difficult position, the Strategy for the Prevention and Combating of Gender-Based Violence Against Women and Domestic Violence, is also related in content to strategies pertaining to vulnerable groups.

Related strategic documents: Draft Strategy for the Development of Social Protection in Serbia (2019-2025)²³, National Strategy for the Prevention and Suppression of Violence against Women in the Family and in Partner Relationships (2011-2015)²⁴, National Strategy for Gender Equality (2021-2030)²⁵, Strategy for Prevention and Protection against Discrimination (2014-2018)²⁶, Strategy for Prevention and Protection against Discrimination (2022-2030)²⁷, National Strategy for Exercising the Rights of Victims and Witnesses of Criminal Offences in the Republic of Serbia (2020-2025)²⁸, Strategy for Resolving the issue of Refugees and Internally Displaced Persons (2015-2020)²⁹, the Republic of Serbia Public Health Strategy (2018-2026)³⁰, the Occupational Safety and Health Strategy (2018-2022) and AP (2018-2022)³¹, the National Program for the Preservation and Improvement of Sexual and Reproductive Health³², the Strategy for the Prevention and Control of Chronic Non-Communicable Diseases³³, the Republic of Serbia (RS) Mental Health Protection Program (2019-2026)³⁴, the Strategy for Improving the Position of Persons with Disabilities in RS (2020-2024)³⁵ and AP (2021-2022), the Strategy for Social Inclusion of Roma Men and Women in the RS (2016-2025)³⁶ and Action plan (AP) (2017-2018 expired), the National Strategy for Youth

²¹ “RS Official Gazette”, No. 47 of 10 May 2021

²² “RS Official Gazette – International Agreements”, No. 23/13 and 4/16

²³ Initial version available at: www.zavodsz.gov.rs

²⁴ “RS Official Gazette”, No. 127/11.

²⁵ Available at: <https://www.rodnaravnopravnost.gov.rs/sr-Latn/dokumenti/strategije>

²⁶ “RS Official Gazette”, No.60 of 10 July 2013

²⁷ Available at: <https://www.rodnaravnopravnost.gov.rs/index.php/sr/dokumenti/strategije-i-akcioni-planovi/nacionalna-strategija-prevenicije-i-zastite-od-diskriminacije>

²⁸ Available at: <https://www.srbija.gov.rs/dokument/45678/strategije.php>

²⁹ “RS Official Gazette”, No. 62/2015

³⁰ “RS Official Gazette”, No. 61/18.

³¹ Available at: <https://www.srbija.gov.rs/dokument/45678/strategije-programi-planovi.php>

³² “RS Official Gazette”, No. 120/17.

³³ “RS Official Gazette”, No. 22/09.

³⁴ Available at: <https://www.zdravlje.gov.rs/tekst/343487/programme-o-zastiti-mentalnog-zdravlja-u-republicisrbiji-za-period-2019-2026-godine.php>

³⁵ “RS Official Gazette”, No. 44/20.

³⁶ “RS Official Gazette”, No. 26/16.

(2015–2025)³⁷, Education Development Strategy until 2020³⁸, Free Legal Aid Development Strategy³⁹, Personal Data Protection Strategy⁴⁰, Strategy for the Development of Criminal Sanctions Enforcement System until 2020⁴¹, National Strategy on Aging (2006-2015)⁴², Program for Protection of Women from Domestic Violence and in Partner Relationships in Autonomous province Vojvodina (2015-2020)⁴³, National Program for Health Protection of Women, Children and Youth⁴⁴, National AP for the implementation of the resolution 1325 UNSC - women, peace, security in RS (2017–2020)⁴⁵.

In accordance with the Action Plan for Chapter 19 - Social Policy and Employment, adopted by the Government of the Republic of Serbia in May 2020, a strategic document planned to be adopted before the accession of the Republic of Serbia to the European Union is the Strategy for Deinstitutionalization and Development of Community Social Protection Services 2019 - 2025 and its accompanying Action Plan. During January 2022, a Draft Strategy for Deinstitutionalization and Development of Community Social Protection Services was adopted⁴⁶.

The commitment to combating gender-based violence and domestic violence was also expressed by the ratification of the CoE Convention on Preventing and Combating Violence against Women and Domestic Violence in 2013⁴⁷. In order to harmonize the legislation with the Istanbul Convention, the numerous laws were updated and adopted: 2017, the Law on Prevention of Domestic Violence (LPDV)⁴⁸, 2016, Criminal Code (CC)⁴⁹, where now acts of persecution, gender harassment and forced marriage are recognized as special offenses, in 2018 the Law on Free Legal Aid (LFLA)⁵⁰ and Law on Gender Equality (LGE)⁵¹ was adopted, and numerous legislative interventions were undertaken as well as Law on the Prohibition of discrimination⁵².

The Council for the Suppression of Domestic Violence, which operates within the Ministry of Justice, was established, as well as the Working Group in the Ministry of the Interior for the Suppression of Violence against Women. In accordance with the Law on Prevention of Domestic Violence, groups for coordination and cooperation have been formed at the basic public prosecutor's offices.

³⁷ “RS Official Gazette”, No. 22/15

³⁸ “RS Official Gazette”, No. 107/2012

³⁹ “RS Official Gazette” No. 74/2010

⁴⁰ “RS Official Gazette”, No. 58/2010

⁴¹ “RS Official Gazette”, No.114/2013

⁴² Available at: <https://www.mdpp.gov.rs/latinica/dokumenta.php>

⁴³ Available at: <http://spriv.vojvodina.gov.rs>

⁴⁴ Available at: <https://www.mdpp.gov.rs/latinica/dokumenta.php>

⁴⁵ Available at: <https://www.mod.gov.rs/lat/11050/novi-akcioni-plan-za-primenu-rezolucije-1325-11050>

⁴⁶ Available at: <https://www.minrzs.gov.rs/sr/dokumenti/predlozi-i-nacrti/sektor-za-socijalnu-zastitu/predlog-strategijedeinstitucionalizacije-i-razvoja-usluga-socijalne-zastite-u-zajednici-za-period-od-2021-do-2026-godine>

⁴⁷ “RS Official Gazette - International Agreements”, No.12/13.

⁴⁸ “RS Official Gazette”, No. 94/16.

⁴⁹ “RS Official Gazette”, No. 94/16.

⁵⁰ “RS Official Gazette”, No. 87/18.

⁵¹ “RS Official Gazette” No. 52/2021

⁵² “Rs Official Gazette”, No. 22/2009 and 52/2021

Laws and bylaws relevant to the field of social and health care: Law on Social Protection⁵³, Law on Health Care⁵⁴, Law on Public Health⁵⁵, Law on Health Insurance⁵⁶, Law on Patients' Rights⁵⁷, Law on Abortion in Health Institutions⁵⁸, Law on Health Documentation and Health Records⁵⁹, Law on Prevention of Discrimination against Persons with Disabilities (LPDPD)⁶⁰, Law on Professional Rehabilitation and Employment of Persons with Disabilities⁶¹, Law on Protection of Persons with Mental Disabilities⁶², Law on Movement with the Help of a Guide Dog⁶³, Law on the Use of Sign Language⁶⁴, Law on Out-of-Court Procedure⁶⁵, Law on Planning and Construction⁶⁶, Law on Privileges in Domestic Passenger Traffic of Disabled Persons⁶⁷, Law on Local Self-Government⁶⁸, Law on Financial Support to Families with Children⁶⁹, Law on prevention Rulebook on Detailed Conditions and Standards for Provision of Social Protection Services⁷⁰, General Protocol on Conduct and Cooperation of Institutions, Bodies and Organizations in Situations of Violence against Women in Domestic and Partner Relationships⁷¹, Special Protocol of the Ministry of Health for the Protection and Treatment of Women Exposed to Violence (2010)⁷², Special Protocol on the Conduct of Centres for Social Work - Guardianship Bodies in Cases of Domestic Violence and in Partner Relationships⁷³, General Protocol for the Protection of Children from Abuse and Neglect and special protocols on the operation of various systems⁷⁴; Rulebook on closer criteria for recognizing forms of discrimination by an employee, child, student or third party in an educational institution⁷⁵; Rulebook on the conduct of the institution in case of suspicion or established discriminatory behaviour and insult to reputation, honour or dignity⁷⁶; Rulebook on the protocol of conduct in the institution in response to violence, abuse and neglect⁷⁷; Rulebook on continuous professional development of teachers, educators and professional associates⁷⁸.

⁵³ “RS Official Gazette”, No. 24/11.

⁵⁴ “RS Official Gazette”, No. 25/19.

⁵⁵ “RS Official Gazette”, No. 15/16.

⁵⁶ “RS Official Gazette”, No. 25/19.

⁵⁷ “RS Official Gazette”, No. 45/13 and 25/19 - other law.

⁵⁸ “RS Official Gazette”, No. 16/95 and 101/05 - other law.

⁵⁹ “RS Official Gazette”, No. 123/14, 106/15, 105/17 and 25/19 - other law.

⁶⁰ “RS Official Gazette”, No. 33/2006 and 13/2016

⁶¹ “RS Official gazette”, No. 36/2009, 33/2013 and 14/2022 – other law

⁶² “RS Official Gazette”, No. 45/2013

⁶³ “RS Official Gazette”, No. 29/2015

⁶⁴ “RS Official Gazette”, No.38/2015

⁶⁵ “SRS Official Gazette”, No. 25/82 and 48/88 and “RS Official Gazette” No. 46/95 – other law, 18/2005 – other law, 85/2012, 45/2013 – other law, 55/2014, 6/2015, 106/2015 – other law and 14/2022

⁶⁶ “RS Official Gazette”, No. 72/2009, 81/2009 - cor., 64/2010 – odluka US, 24/2011, 121/2012, 42/2013 - odluka US, 50/2013 - odluka US, 98/2013 - odluka US, 132/2014, 145/2014, 83/2018, 31/2019, 37/2019 – other law, 9/2020 and 52/2021

⁶⁷ “RS Official Gazette”, No. 22/93, 25/93 - cor. and 101/2005 – other law

⁶⁸ “RS Official Gazette”, No. 129/2007, 83/2014 – other law, 101/2016 – other law, 47/2018 and 111/2021 – other law

⁶⁹ “RS Official Gazette”, No. 13/17 and 50/18.

⁷⁰ “RS Official Gazette”, No. 42/2013, 89/2018 and 73/2019

⁷¹ Available at: <https://www.minrzs.gov.rs/sites/default/files/2018-11/Opsti%20protokol%20nasilje%20u%20porodici.pdf>

⁷² Available at: <https://www.minrzs.gov.rs/sites/default/files/2018-11/Posebni%20protokol%20zdravlje.pdf>

⁷³ Available at: <http://www.zavodsz.gov.rs/sr/resurs-centar/propisi-od-zna%C4%8Daja-za-socijalnu-za%C5%A1titu/ostali-propisi/>

⁷⁴ 148 Available at: <https://www.minrzs.gov.rs/sr/dokumenti/predlozi-i-nacrti/sektor-za-brigu-o-porodici-i-socijalnu-zastitu/zastita-dece-od>

⁷⁵ “RS Official Gazette”, No. 22/2016

⁷⁶ “RS Official Gazette”, No. 65/2018

⁷⁷ “RS Official Gazette”, No. 46/2019 and 104/2020

⁷⁸ „RS Official Gazette”, No. 109/2021

Women from vulnerable social groups, such as Roma women, women with disabilities (with MD and women in CI), rural women, single mothers, asylum seekers/migrants, women of different sexual orientation and gender identity, etc. are particularly exposed to the risk of gender-based violence.

2.4 About MDRI-S and FemPlatz

Mental Disability Rights Initiative-Serbia (MDRI-S) is a non-profit, non-political, and non-governmental organization, dedicated to achieving goals in the area of protection and promotion of human rights of children and adults with intellectual and mental disabilities. Emphasis is put on the rights of persons in residential institutions or those deprived of legal capacity because they are at the highest risk of being excluded and discriminated against. The organization's mission is to achieve full social inclusion of persons with mental disabilities with full respect for their rights and dignity. MDRI-S work has been focused on equal recognition of persons with mental disabilities before the law, advocating for the process of deinstitutionalization and development of community living. Since 2012, MDRI-S has analyzed the position of women/girls with disabilities in large residential institutions in Serbia, prepares submissions to international human rights treaty bodies, and participates in the work of the National Preventive Mechanism for Torture (for the oversight of residential institutions in the social welfare system). From 2016 to 2018, MDRI-S conducted a project "Deinstitutionalize and End Violence against Women with Disabilities in Custodial Institutions" with the support of the UN Trust Fund.

FemPlatz is an expert organization working at the national and international level on ensuring protection from discrimination against women and girls, especially those from marginalized groups. FemPlatz works on policy changes, policy impact assessments, research, and capacity building of relevant stakeholders, including women's organizations, local stakeholders (social workers, police officers, local self-governments, judiciary, education institutions), and national stakeholders. The strategic orientation of the organization is to contribute to the understanding of the phenomenon of gender discrimination and violence and activate relevant actors to improve the prevention and protection of women and girls from discrimination and violence, as well as to influence better laws and public policies in the field of gender equality, through the establishment of a support base for advocacy and recognition of the recommendations that FemPlatz and its partners make to international human rights treaty bodies.

2.5. Description of the project

The project “Accessible Services for Women with Disabilities Survivors of Custodial Violence” has been implemented by Mental Disability Rights Initiative of Serbia MDRI-S in partnership with women’s rights organization FemPlatz.

The project was funded by United Nations Trust fund to End Violence against Women and it was implemented within the period of three years, from September 1st 2019 to November 30th, 2021. The estimated total project budget was USD 280,500 while the funding from the UN Trust Fund to End Violence against Women was USD 260,200. Total project expenditures (with evaluation costs) was USD 242,613.41.

The project’s goal was to ensure that women and girls with mental disabilities have greater support and feel empowered to live their life free of custodial violence by 2021, while recognizing that custodial violence may occur in residential and psychiatric institutions, community living or supported living arrangements.

The primary beneficiaries were 100 women and girls with disabilities, mostly those with mental disabilities (intellectual, psycho-social, and cognitive) who either live in residential institutions or have an experience of institutionalization. The project improved knowledge and information about protection mechanisms and prevention measures against custodial violence and empowered women for self-advocacy and self-support. Strategic result area aiming to improve confidence and knowledge of women and girls, so that they can speak for themselves, which also contributes to their representation and self-autonomy. In addition, professional capacities of 160 service providers, which support survivors of violence (helplines, shelters, general and specialized services) were strengthened. Capacity building involved intensive training courses for service providers, developing models and standards for general and specialized services for women with disabilities survivors of custodial violence, piloting services, and organizing mentor support. The strategic outcome of the project was improved service delivery and access, and improved specialist support services for survivors. Besides empowering women and building capacities of service providers for changes in practice, the project worked on strengthening institutional responses, namely improving policies and procedures to recognize custodial violence and meet international prevention and protection standards. This was implemented through targeted advocacy actions to relevant governmental agencies, officials, and members of the parliament, and submitting reports to international human rights treaty bodies.

The primary beneficiaries of the project were women and girls with disabilities (100), especially those with intellectual, cognitive, and psychosocial disabilities of very low socio-economic status who reside in residential and psychiatric institutions (in urban and rural areas) in the Republic of Serbia. The secondary beneficiaries were 220 service providers supporting survivors of violence (Disabled Persons Organizations – DPOs, mainstream human rights organizations, service providers, women’s organizations), social workers, Government officials (decision-makers, policy implementers), and members of the Parliament.

The project has been implemented during the COVID-19 pandemic, which significantly affected the project implementation. Some of the activities have to be adapted to the new conditions, especially those related to women with mental disabilities from custodial institutions, which have been *de facto* closed in institutions since the beginning of the pandemic and practically cut off from the rest of the world, due to the lack of internet or phones.

The project applied a human rights-based approach, social inclusion principles, observations on intersectional discrimination, and analysis of multiple disparities facing women with disabilities in custodial institutions.

The project was implemented in the Republic of Serbia, and it has national coverage throughout involving primary and secondary beneficiaries from various communities in Serbia. It addresses

violence perpetrated or condoned by the State, namely custodial violence, forced sterilization/pregnancy/abortion and generally violence that women with mental disabilities in residential and psychiatric institutions in Serbia survive.

The main implementing partner was the women’s rights organization FemPlatz, which is an advocacy and research organization dedicated to the fulfilment of women’s rights and gender equality, improving safety of women/girls, and their participation in civic and political life, especially women at risk of multiple and intersectional discrimination. Project partners worked together in all project phases – planning, implementation, monitoring, and reporting. Precise division of responsibilities is given in the full-fledged proposal and Memorandum of cooperation between MDRI-S and FemPlatz.

Table 1: Project overview

Project		Project Goal	
Outcome		Outcome 1:	Outcome 2:
Outputs		Output	Output
Project Goal	Women and girls with mental disabilities have greater support and feel empowered to live their life free of custodial violence in Serbia by 2021.		
Outcome 1	Women/girls with mental disabilities are more empowered about protection from GBV and they have improved access to service by the end of 2021.	Output 1.1	Women/girls with mental disabilities in custodial institutions have improved knowledge and information about gender-based violence and skills to report violence and use protection mechanisms.
		Output 1.2	Accessibility and availability of services to support women with disabilities with experience of institutionalization is improved by the project end.
		Output 1.3	Created and piloted models of supporting women with disabilities survivors of custodial violence by establishing pool of services and mentorship.
Outcome 2	Protection mechanisms to end forced treatments, administration of contraceptives without consent and recognition of partner violence against women and girls with disabilities are defined by policy-makers by 2021.	Output 2.1	Evidence used to effectively inform policy-making and bring changes in the policies and procedures to protect women with disabilities from custodial violence.
		Output 2.2	Support base for advocating for ending gender-based violence in custodial institutions is mobilized and widened by the end of project.

2.6 Strategy and theory of change

The project takes strong advocacy approach in all aspects, and it focuses on advocacy and empowering primary beneficiaries in the area of prevention of violence through changing attitudes and improving knowledge. In order to support change of attitudes and improved community and institutional responses, the project includes improvement of service delivery by building

partnerships. In addition, the project supports implementation of multisector policies in the areas of prevention of gender - and disability - specific violence and discrimination by monitoring the implementation, conducting research and advocacy activities.

The project applied a human rights-based approach to working with women with disabilities by exploring and reacting to intersectional discrimination and cross-cutting issues. The project explored multiple disparities facing women with disabilities in custodial institutions, namely violence (and risk of violence) on the grounds of gender, age, locality (e.g., difference between community living and institutionalization).

The capacity-building methodology was based on an adult-learning and peer support approach with the use of different instruments, such as discussions, presentations, workshops, individual work, work in pairs, etc.

Primary beneficiaries – women with disabilities – have been involved throughout the whole project implementation in order to empower them for further actions, but also to ensure participation, legitimacy, and accountability of advocacy objectives. Overall, the advocacy activities are framed throughout 'agenda setting' theory within the theory of change. Current political, social, and economic circumstances in Serbia create opportunities for at least two streams of policy processes.

Project “Accessible Services for Women with Disabilities Survivors of Custodial Violence” has been built on the results and lessons learned in the project “Deinstitutionalize and end Violence against Women with Disabilities in Custodial Institutions” that MDRI-S implemented from 2016 to 2018 with the UN Trust Fund support.

The project builds on the results and lessons learned in the project “Deinstitutionalize and End violence against women with disabilities in custodial institutions” that MDRI-S implemented from 2016 to 2018 with UNTF support. This project provided evidence on physical, sexual, emotional, and economic violence against women with mental disabilities in residential institutions that span from violation of privacy, harmful practices (isolation, seclusion, restraint), violation of sexual and reproductive rights (administration of contraceptives without consent, forced abortions), prohibition or control of movement to physical and sexual harassment and violence against women by other clients, staff, and people outside the institutions.

Majority of women with disabilities, included in project research and activities, stated that they had been administrated contraceptives without consent or prior knowledge, had been forced to have abortions or had been separated from a child. Besides grave violation of reproductive and sexual rights, women with disabilities in custodial institutions survive partner violence that is not adequately addresses by the institution staff, service providers, or relevant stakeholders/mechanisms (police officers, centres for social work, prosecution) for different reasons: lack of understanding of gender-based violence against women with disabilities, lack of prevention measures, explaining violence in the context of type of disability/mental health problem, lack of procedures, inaccessible or non-existent services for women with mental disabilities, overall prejudice and stigma of women with mental disabilities.

Baseline study implemented in 2016 showed that only one of over 40 service providers that participated in the study fulfilled accessibility criteria for supporting women with disabilities with experience of institutionalization, while by the end of 2017, there were 3 service providers that initiated program adjustments to meet the needs of these women.

The project evaluation shows that service providers expressed their understanding of the forms and manifestation of VAW with disabilities, but they need further capacity building and support in planning and implementing support programs. The project generated significant visibility and interest among service providers and other stakeholders and for each training session, MDRI-S had more applications than available spaces. This interest is seen as important opportunity to further capacity building. The project addresses custodial violence for which the State is responsible, more specifically it focuses on violation of sexual and reproductive rights of women with disabilities, physical, sexual, and emotional violence perpetrated by other clients and staff in residential institutions. The project works on prevention by empowering women with disabilities and building capacities of service providers, but it also focuses on responses to custodial violence including development of complaint mechanisms, improving policies and procedures to support women with disabilities survivors of custodial violence. Work on preventing VAW with disabilities requires comprehensive approach that includes work on deinstitutionalization, legal capacity law reforms, gender equality, and improving disability policies. These issues are not high on political agenda in Serbia although there has been a progress mainly due to Serbia's intentions in EU integration process. This is a significant opportunity, because EU accession sets clear recommendations and roadmap for reforms in the social policy sector, gender equality, fundamental rights (negotiation Chapter 23 and Chapter 19). On the other hand, Serbia received recommendations from the UN and Council of Europe treaty bodies to harmonize legislation, put protection mechanisms in place, and develop practice and services (CRPD committee, Human Rights Committee, Human Rights Council, CoE Human Rights Commissioner, etc).

The Government of Serbia formed Council to monitor recommendations of international human rights treaty bodies, and MDRI-S has been invited as observatory party to this council, which provides opportunity to advocate for implementation of relevant recommendations before the high governmental forum. The CEDAW committee review of the Republic of Serbia which was due in 2018/2019 as well as GREVIO report on the implementation of Istanbul convention, is an opportunity to address establishment of specialized support services for women with disabilities. Overall, MPs and several governmental agencies reacted positively to results of the project focusing on preventing VAW with disabilities although they also expressed the need for further written material and more specific recommendations about necessary changes, which also shows lack of information. Another opportunity is that UN Women started implementation of the project "Implementing Norms Changing Minds" aimed at ending gender-based discrimination and violence against women in Western Balkans and Turkey, and there is a component for women with disabilities. There is no overlapping of activities or programs but the synergy between programs across different sectors can be achieved to generate more visibility and results.

The Second Project (implemented from 2019 to 2021) has been implemented by the lead MDRI-S in partnership with women's rights organization FemPlatz to ensure that women and girls with mental disabilities have greater support and feel empowered to live their life free of custodial violence by

2021 while recognizing that custodial violence may occur in residential and psychiatric institutions, community-living or supported living arrangements.

This is achieved through empowering women with mental disabilities for self-advocacy, improving accessibility of services and specialized support by building capacities of service providers, ensuring mentoring support, advocacy for improved institutional responses to GBV in custodial institutions, and outreach activities to mobilize a wider support base.

Primary beneficiaries were 100 women and girls with disabilities, mostly those with mental disabilities (intellectual, psycho-social, and cognitive) who either live in residential institutions or have a history of institutionalization.

The project improves knowledge and information about protection mechanisms and prevention measures against custodial violence and empowers women for self-advocacy and self-support. They go through a series of workshops in an accessible format on sexual and reproductive rights, partner violence, protection from violence, community living, and legal capacity. Issue of legal capacity and right to decide is particularly important to ensure ending practices of administration of contraceptives without consent, forced abortions, and forced sterilization.

Another larger group of women was provided with information, throughout basic workshops on protection from violence and written material in an easy-to-read format. The project aimed improved accessibility of services for survivors and those at risk and improved specialist support services for survivors. The project involved additional 80 service providers in basic training for understanding forms and manifestations of custodial violence against women with disabilities, accessibility standards, and included them in overall awareness-raising for preventing GBV in custodial institutions (outreach and mobilizing support base).

Selected service providers went through an intensive training course on protection from GBV in custodial institutions, approaches and methodologies used in supporting women with mental disabilities, human-rights approach and person-centred approach, types of supports needed, communication and building confidence, legal aid, referral systems, etc. Extensive written material (procedures, guidelines, standards, models, instruments, checklists) was developed to support the development of services and the improvement of specialized services for survivors of violence. The project paid attention to the diversity of service providers by including gradually state-run and private services (also civil society organizations), namely specialized services for survivors of violence. The reason for involving a diverse group of service providers and CSOs in the project training was to ensure that services can be adjusted and modified following the needs, opportunities, and organizational capacities.

The second component is implemented throughout building the capacity of decision-makers by creating precise advocacy strategies and relevant action plans. In this second stage, the project team worked on specific and targeted actions tailored to each relevant decision-making institution or body. Another strategy was engaging the community and widen the support base for advocacy for the prevention of GBV in custodial institutions. By combining empowerment of primary

beneficiaries, capacity building to lead to changes of practice and behaviours, and advocacy activities to improve institutional responses, the project should have a greater impact.

3 EVALUATION PURPOSE, OBJECTIVES, AND SCOPE

3.1 Purpose of the evaluation

The report is the mandatory, final evaluation of the project “Accessible Services for Women with Disabilities Survivors of Custodial Violence” required by the UN Trust Fund to End Violence against Women. It is the final evaluation of the MDRI-S program to promote accessible services for women with disabilities survivors of custodial violence in Serbia.

The aim of the evaluation is to present and document the results achieved and knowledge gained during the project implementation. The evaluation should be useful to MDRI_S and FemPlatz, to more successfully plan future activities in improving the protection of women with mental and intellectual disabilities from human rights violations and institutional violence, based on the results and acquired knowledge and experience. The evaluation contains data on the achieved results and the position of women with mental disabilities, i.e., capacities and shortcomings in institutional and non-institutional support that can be a source of information for those engaged, as well as decision makers.

The evaluation results will be used by the UN Trust Fund to End Violence against Women to assess the overall impact of the project. In addition, it will be used by the MDRI-S management team in understanding the achieved outcomes, positive aspects and effects, and negative circumstances or side-effects. It will also be used for planning the continuation of the program to deinstitutionalize and end violence against women with disabilities in custodial institutions in Serbia.

Evaluation results will set out recommendations and learnings to support the MDRI-S team in designing further activities and programs based on the perspectives of primary and secondary beneficiaries and other stakeholders. The project team will decide on a strategy for advocacy and capacity-building activities, especially designing advocacy activities with the Platform of CSOs Equal in the Community.

3.2 Evaluation objectives and scope

The evaluation should also assess whether good cooperation has been established between the partners who implemented the project.

Monitoring and evaluation of the project are planned during the entire period of project implementation to determine and assess the initial situation, monitor project implementation, and assess the relevance, success, timeliness, efficiency, sustainability, and effects achieved by the project.

The goal of evaluation is to provide an evaluation of project implementation, as well as to determine the effects of individual project activities on the primary and secondary target group of project beneficiaries.

The main goals of evaluation are:

- a) evaluate the entire project in terms of effectiveness, relevance, efficiency, sustainability, and impact, with a strong focus on assessing the results at the outcome and project goals;
- b) generate key lessons and identify promising practices for learning;
- c) identify prospective innovative approaches and strategies to end violence against women with disabilities in custodial institutions in Serbia.

Through the proposed methodology, efforts will be made to determine whether the implementation of the project has contributed to the adoption of existing and creating new examples of good practice, to provide accessible services to women with disability.

Scope of Evaluation:

The scope of the evaluation is defined in terms of timeframe, target groups and territorial coverage.

The project has a national scope, and it is implemented in whole territory of the Republic of Serbia. The evaluation sample included primary and secondary project beneficiaries equally geographically distributed throughout the territory of Serbia.

Geographical scope/ primary beneficiaries

Residential institutions and women with disabilities participating in the project activity:

1. Home for persons with mental disabilities OTTHON, village Stara Moravica, municipality Backa Topola, North Banat district, AP Vojvodina
2. Institution for adults and the elderly Gvozden Jovančičević, settlement Veliki Popovac, municipality Petrovac na Mlavi, Braničevo district
3. Home for children and persons with disabilities Dr Nikola Shumenković, village Stamnica, municipality Petrovac on Mlava, Braničevo district
4. Marina Marinković - community - Veliko Gradište, municipality of Veliko Gradište, Braničevo district
5. Ljubica Cavic - sheltered housing, Novi Sad, AP Vojvodina
6. Eufemija Grgurov - sheltered housing, Pancevo, AP Vojvodina
7. Home for the elderly Karaburma, Belgrade

Geographical scope/ Secondary beneficiaries

The project had included 39 towns and municipalities across Serbia, 105 social care institutions, international organizations, local associations and civil society organizations, faculties, media, individual activist and experts, with total number of 172 participants.

Annex 9 - Overview of secondary beneficiaries by geographical scope, type of actors and total number of participants

It addresses violence perpetrated or condoned by the State, namely custodial violence, forced sterilization/pregnancy/abortion and generally violence that women with mental disabilities in a residential and psychiatric institution in Serbia survive. The project is focused on activities and impact in the region of whole Serbia but considers the effects and success of the international partnership and international advocacy action and their effects on the national program.

The evaluation covers the entire project duration, period from September 2019 to November 2021.

Evaluation will be carried out on samples of primary, direct female beneficiaries and secondary beneficiaries, as well as broader stakeholders, including key partners and selected external consultants/experts that took part in the project.

The primary and secondary beneficiaries

Primary female beneficiaries are:

- Women/girls with disabilities, mostly those with mental disabilities (intellectual, psychosocial, and cognitive) who either live in residential institutions or have a history of institutionalization;

A group of direct, primary beneficiaries includes 100 girls and women with disabilities, especially those with intellectual, cognitive, and psychosocial disabilities of very low socio-economic status who reside in residential and psychiatric institutions (in urban and rural areas), from following categories:

- Young women (20-24);
- Adult women;
- Elderly women (60 and above).

A group of secondary beneficiaries includes 220 people from the following categories:

- 1) 160 representatives of service providers (Disabled Persons Organizations - DPOs, human rights organizations, WCSOs, shelters, helplines, psychological support, legal aid, general health, or social services, run by private, civil, or state sector;
- 2) 20 Social/welfare workers
- 3) 10 Government officials (i.e., decision-makers, policy implementers)
- 4) 30 Parliamentarians
- 5) External experts
- 6) Key external partners

3.3 Evaluation criteria and key questions

The evaluation will be based on the following criteria:

- 1) Relevance
- 2) Effectiveness
- 3) Efficiency
- 4) Impact
- 5) Sustainability
- 6) Knowledge generation
- 7) Human rights and gender equality

Evaluation of the **relevance** has two important aspects. The first concerns the initial project design and determines the extent to which the objectives and activities of the project are relevant to solving the target problems, or how adequately the project activities respond to the needs of the target group. The second relates to the timeliness of the project objectives and activities, i.e., it is evaluated whether the activities remain relevant to solving the problems and needs of the target group, as time passed, possible changes in the context, changes of needs, and so on. Relevance is examined to the project OBJECTIVES.

Relevance	
<p>To what extent do the achieved results (project goal, outcomes, and outputs) continue to be relevant to the needs of women and girls?</p> <p>To what extent is the project in line with national legislation, provincial and strategic documents, as well as by the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence?</p>	Do the project objectives correspond to the identified rights and needs of the target group in a national context?
	In what manner are the project objectives related to the objective of reducing all forms of gender-based violence?
	Do the activities correspond to the identified problems?
	Do the project activities correspond to the COVID 19 situation/national or WHO COVID 19 measures?
	How does the project promote women's rights/ women with disabilities as defined by national legislation and strategic documents, as well as by the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence?
	Is the project consistent?
	Are the project's overall objective, long-term and short-term results, clearly defined?

Effectiveness is a criterion that measures the extent to which the results or the specific objectives were attained during the implementation. This is essentially a qualitative measure of immediate and observable change in the target group as a direct result of the activities implemented. Effectiveness is assessed through verifiable indicators, based on which it can be determined whether the planned

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positive changes were made, whether changes in behaviour and capacities of target groups members were affected, or whether the desired organizational and institutional change was achieved. Effectiveness is assessed at the EXPECTED PROJECT RESULTS level.

Effectiveness	
<p>To what extent were the intended project goal, outcomes, and outputs (project results) achieved and how?</p> <p>Does the project have effective implementation mechanisms to measure progress in terms of results?</p>	What progress was made through achieving the planned short-term results and how did the project contribute to the achievement of long-term results, in particular with regards to its final result?
	What results were achieved?
	To what extent were the objectives achieved and do the planned and unplanned project benefits correspond to the needs of vulnerable groups of women in a proper way?
	What are the most important factors that contributed to the achievement of results?
	To what extent did the COVID 19 pandemic affect the achievement of the project results?
	What changes did the project bring about in terms of national legal and policy framework?
	What were the most important obstacles to the achievement of results, how were the obstacles overcome?
	To what extent are the primary and secondary beneficiaries satisfied with the results?
	Were the strategies that were used to raise the capacities of professionals effective and what are the lessons learned?
	What was the role of state stakeholders and civil society in achieving results?
Does the project have effective monitoring mechanisms to measure progress in terms of results?	

Efficiency is a measure to which the project results are achieved at a reasonable cost. This criterion points to the link between results and activities or inputs that led to the achievement of each result.

Efficiency	
	Is the project cost-effective, i.e., were the long-term objectives and the expected results achieved using the least costly resources possible, through the adoption of different approaches and/or use of alternative implementation mechanisms?

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<p>To what extent was the project efficiently and cost-effectively implemented?</p> <p>Were the resources (human, financial, technical, etc.) allocated properly to enable the achievement of the planned outputs?</p>	Were the resources (human, financial, technical, etc.) allocated appropriately to enable the implementation of planned activities and achievement of objectives?
	What were the measures undertaken during project planning and implementation to ensure that resources are used efficiently?
	What measures have been undertaken concerning COVID 19 situation to ensure that project resources are used efficiently?
	Were the short-term objectives implemented on time?
	Could the activities and short-term objectives have been realized with fewer resources, without affecting their quality and quantity?
	In what manner is the monitoring of resource management carried out?
	Did the organizational structure, managerial support, and coordination mechanisms of the MDRI-S and its partner organization, FemPlatz, effectively support the implementation of the projects?
	Are there any indicators that the Programme enabled right holders to exercise their rights more successfully and duty bearers to fulfil their duties more efficiently?
	To what extent are the long-term results (outcomes) and short-term results (outputs) evenly distributed among women with disability)?
	What are the mechanisms of financial reporting and is the reporting carried out transparently and efficiently (with sufficient relevant information, according to the schedule)?
	Were there any obstacles (political, bureaucratic) that hindered efficient management of resources?

The impact is evaluated at the outcomes level and this criterion indicates the changes that are produced by the project. The identified changes are evaluated in the context of the SET OBJECTIVES.

Impact	
To what extent has the project contributed to ending violence against women, gender equality,	To what extent has the project contributed to reducing gender-based violence, particularly institutional violence against women with an intellectual and mental disabilities?

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<p>and/or women’s empowerment (both intended and unintended impact)?</p> <p>To what extent are beneficiaries of the project satisfied with the results?</p> <p>Has the project contributed to raising awareness of gender-based violence in the community and informing the wider population?</p>	What are the changes achieved for each separate objective?
	Is it possible and where to identify a gap in the achievement of the objectives?
	What are the positive, and possibly negative, changes affected by the project, and are those changes related to the COVID-19 pandemic?
	Are the members of target groups able to exercise their rights more efficiently and to get better protection as a result of the project?
	Can representatives of the institutions or professionals perform their roles better after the project?
	Has the awareness of institutional violence against women with intellectual and mental disabilities been raised in the general population?

Sustainability means the likely continuation of positive effects of the project beyond the stage of external funding support, and the sustainability of the long-term positive effects at the level of the sector or region where the project was implemented. There is a strong link between impact and sustainability. If the impact was not achieved, we cannot speak about sustainability. Sustainability is assessed at the RESULTS level.

Sustainability	
<p>To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?</p> <p>Can the project approach and results be repeated or improved? What is the possibility of that happening? What would support their repetition or improvement?</p>	Is it possible for the project benefits to be sustained in a reasonable period if the project fails to continue?
	Does the project support national/local institutions?
	Do these institutions show political commitment and have the technical capacity to continue to work on the project or to repeat it?
	Were sustainable partnerships and new institutional solutions that will continue to last after the project is established?
	Will the services introduced during the project continue to be available after the project?
	Does the COVID 19 pandemic situation will affect the availability of service after the project?
	Are there any stakeholders sufficiently committed to maintaining the newly established activities upon project completion?

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	Are those stakeholders equipped with resources (institutional, financial, human, etc.) to the extent that is necessary to continue activities upon project completion?
	Are representatives of the institutions, professionals, able to better perform their roles after the project?
	Can the project approach and results be repeated or improved? What is the possibility of that happening? What would support their repetition or improvement?
	Has the awareness of institutional violence against women with intellectual and mental disabilities has been raised in the general population?

Knowledge generation is a criterion that refers to assessing if the knowledge generated during the project implementation is new, innovative, built on evidence from other projects, or has potential for replication or scale-up in other projects or contexts.

Knowledge generation	
To what extent has the project generated knowledge, promising or emerging practices in the field of Ending Violence against Women and Girls that should be documented and shared with other practitioners?	What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?
	What is the most promising practice identified during the project that should be documented and shared with other interested practitioners?
	What is the significant knowledge product drafted during the grant period?
	What is the special value of this document concerning the same or similar publications in this field?
	What were the specific obstacles or difficulties recognized in developing this document?

Gender Equality and Human Rights is the cross-cutting criteria focused on the incorporation of a gender-responsive approach and human rights-based approach in the project.

Gender Equality and Human Rights



<p>Has the human rights-based and gender-responsive approaches been incorporated throughout the project and to what extent?</p>	<p>To what extent has the project incorporated the human rights and gender-responsive approach?</p>
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3.4 Evaluation Team

The evaluation is carried out by a CWS expert team in close collaboration with the project team. The evaluators are independent of any organization involved in designing, implementing, managing, or advising on any aspect of the project which is the subject of evaluation. The CSW expert team of evaluators included the lead evaluator and one more evaluator for conducting the evaluation.

Project partners, responsible for carrying out individual project activities share their reports on activities and achievements with evaluators, in particular with those in charge of evaluation, within the set deadlines. The evaluation team is available to all implementers for the finalization of individual tools for evaluation activities.

The Ordering Party (MDRI-s) are:

- 1) Provide advisory support to the evaluators;
- 2) Supported and shared results/reports on individual interviews with primary beneficiaries;
- 3) Shared reports and submissions sent to international human rights treaty bodies;
- 4) Shared produced knowledge and information material;
- 5) Respond to the evaluation by preparing a feedback document and using the results adequately;
- 6) Monitor the flow and quality of the evaluation process;
- 7) Recommend the project team/internal monitoring/reference group to accept the final report.

Evaluation manager: The project management team of the MDRI-S is responsible for the following tasks:

- 1) Managing contractual obligations, budget, and staff involved in the evaluation;
- 2) Providing coordinative support to the internal monitoring/reference group, the Ordering Party of the evaluation the advisory group, and the evaluation team;
- 3) Providing administrative support and requested information to the evaluation team;
- 4) Review the baseline report and the evaluation reports to ensure that the final draft meets quality standards.

The formal Reference group is not formally established. Within the project, the project team with long-term associates acted and had a function that contributes and monitors the implementation of

activities/internal monitoring group. Accordingly, the project team with main associates had the role of reference group in the evaluation process.

Participation of beneficiaries is achieved through personal interviews, their participation in focus groups and filling the online questionnaires. Beneficiaries are also involved in the distribution of the final evaluation report.

4 EVALUATION METHODOLOGY

4.1 Description of overall evaluation design

The overall evaluation design relies on the guidelines and standards of the UN Trust Fund to End Violence against Women and considers fair relations of power, empowerment, participation, inclusion, independence, integrity, transparency, quality, credibility, ethics and gender equality principles, and women and man human rights.

In addition to this, the methodological approach to project evaluation combined principles of several influential evaluation methodologies:

- Collaborative Outcomes Reporting – is an approach to impact evaluation based around a performance story that presents evidence of how a program has contributed to outcomes and impacts. Rather than focusing on general and abstract users, the professional team of evaluators will be able to provide recommendations based on the participatory contribution of relevant stakeholders and thus facilitate decision-making and implementation of activities among those who will use the evaluation findings.
- In terms of lessons learned and best practices, the evaluation team will apply an approach that focuses on the existing strengths, but which also identifies the main weaknesses and challenges facing the implementation of the project to achieve the desired results and effects. (Appreciative Inquiry and Positive Deviances).
- To ensure the utilization-focused evaluation (Utilization-focused Evaluation - UFE), it will be planned and conducted in a manner their results are easily utilized in the coming period to improve the program and activities.
- The methodology will rely on guidelines and standards of the UN Women, which are guided by the principles of the CEDAW and the Beijing Platform. This means that the evaluation will be gender-responsive and will consider local ownership, innovation, fair relations of power, empowerment, participation, inclusion, independence, integrity, transparency, quality and credibility, and ethics.

4.2 Data sources

For the evaluation process purposes, multiple data sources were used:

- available publications, articles, reports, databases, relevant legal and strategic documents

regarding gender-based and sexual violence against women and girls with disabilities, as well as multi-sector cooperation in the area of prevention and protection against all forms of violence against women and girls with disabilities;

- project documents, agreement, monitoring matrix and other relevant documents;
- annual reports, as well as progress reports which the project implementers submitted to the UN Trust Fund;
- all relevant raw data collected during the project (databases, material collected for the project monitoring, meeting minutes, etc.);
- data collected directly by the evaluation team during the period of the technical mission for data collection, conducting interviews, focus group discussions, collecting information using questionnaires, etc.

4.3 Data collection methods and analysis

The key stakeholders were consulted during evaluation planning and implementation. Participation of beneficiaries was also achieved through their participation in deep interviews, focus group discussions, and other methods of data collection. Their participation will carefully take into consideration their physical and psychological capacities

The evaluation was conducted using various methods in collecting quantity and qualitative data, including:

- **Content analysis of collected data, documents, and literature project-related (quantities data);**

Annex 10 - List of project related documents analyzing:

- **Focus group discussions and interviews with different beneficiaries (qualitative data):**
 - women, women with disabilities;
 - the professional's/service providers who deal with cases of GBV, especially with women and girls with disabilities victims of GBV;
 - CSOs, DPOs, women's CSOs working with women and girls with disabilities;
 - interviews with representatives of each project component;
 - case studies which should illustrate examples of good practice - two types of good practices should be identified and illustrated: the first one is related to different methods and practices that were introduced during the project implementation in institutions, while the second type should be the example of good practice in the development of coordinated multi-sector action against GBV against women and girls with disabilities (including improved models of cooperation, training, etc.).

4.4 Sample and sampling design

Due to the situation caused by the COVID-19 pandemic, it was decided that the entire process of external evaluation of the project takes place online, with all the potential limitations that this way of working brings with it.

Accordingly, evaluation instruments were prepared for both interviews for each of the target groups and for FY discussions, which were distributed to the evaluation participants via email. Technical conditions, Zoom communication platform are provided for this way of working. This way of working was harmonized with all participants in the evaluation, and they gave their consent before the beginning of the evaluation. Each interview and FGD was recorded and transcripts from the recordings were included in the evaluation report.

All interviews and FGD were conducted by engaged evaluators in pairs, to better monitor the answers of the respondents and to achieve synergy during the FG discussions.

The part of the evaluation that was conducted through Viber application were interviews and focus groups with women with mental disabilities who were placed in custodial institutions.

Support in conducting interviews and organizing a focus group with women with disabilities was provided by associates from MDRI-S, who during the project were their direct support in the independence and strengthening of their capacities and had information on how to communicate with them because of COVID-19 pandemic, residential institutions were closed to visitors. Women with mental disabilities from custodial institutions have deep trust in these associates, which ensured the high quality of information collected during the evaluation.

In total, 75 persons participated in the external evaluation of the project:

1. 20 out of 100 (20%) from the primary beneficiary group/W/GwMD:
 - a. 5 in interviews;
 - b. 5 in focus group discussions;
 - c. 10 respondents of the questionnaire.
2. 41 out of 160 (~26%) service providers/training participants:
 - a. 9 in interviews;
 - b. 16 in focus group discussions;
 - c. 16 respondents of the questionnaire.
3. 14 out of 60 (~23%) decision makers:
 - a. 4 in interviews;
 - b. 6 in focus group discussions;
 - c. 4 respondents of the questionnaire.

The evaluation process included 2 persons from MDRI and 2 from FemPlatz and 1 from the UN Trust Fund, portfolio manager.

All components of the evaluation process (interviews, focus groups, discussions, and questionnaires) included participants from the whole territory of the Republic of Serbia. The distribution was equal between the Autonomous Province of Vojvodina and Central and Southern Serbia. Representatives of social service providers that were involved in the evaluation process were chosen from smaller Centers for Social Work as well as the larger ones (Belgrade). The women from the primary beneficiary group participating in the evaluation process were chosen based on their previous participation in the project activities and also based on geographical scope of the custodial institution in which they reside. Decision makers and government institution representatives were chosen among independent human rights institutions and government bodies/ministries. In total, 34 persons responded to the questionnaire.

The sample of the project evaluation was designed to the overall project design, considering different stakeholders included in the project and data collected during the project implementation. The following tables represent planned and realized samples of participants of interviews, focus group discussions, as well as samples based on the defined targets in the project matrix.

Annex 11 - Table 2: Sample of interview participants

Annex 12 - Table 2.1. List of interviewed participants

Annex 13 - Table 3: Planned and realized focused group discussions to be realized during the project evaluation:

Annex 14 - Table 3.1. Focus group participants

Annex 15 - Table 4: Sample-based on the evaluation matrix – questionnaires delivered by representatives of specific groups of respondents during the project implementation:

4.5 Limitations of the methodology

When evaluating the project, it is of great significance to be aware of certain limitations of the methodology, which may compromise the possibility of adequate perception of all-important aspects of the project, as well as the possibility to draw sound conclusions. To overcome present limitations (to the extent possible), it is necessary to have alternative strategies.

Limitations of the methodology identified by the team evaluating this project, as well as the strategies by which such limitations are to be overcome, are as follows:

- Certain indicators defined by the project matrix might be possible to compare in the stipulated points of time only to some extent since the context in which they were defined (primarily the legislative framework) had significantly changed during time. The evaluation process shall strive to shed light on the manner used for the revision of the project matrix. Although it might not be able to directly compare values of some indicators from the initial project matrix with values of the changed indicators, the evaluation team shall endeavour to describe the processes accompanied by these changes.
- There is a risk of difficulties emerging while reaching certain groups of respondents:

- On one hand, it may be difficult to reach women with disabilities victims of custodial violence, who would be willing to share their experience with the existing support system. There are several limitations when it comes to their participation in the evaluation process. First, their mental condition, then their proper understanding of their role in the process and finally their lack of experience in this kind of activities. Some of them were included for the very first time and the participation in project activities in general helped them to feel more comfortable and safer in these surroundings, but despite these encouragements the number of these women is still low.
- That is why the evaluation team shall endeavour to establish contact with women with disabilities victims of violence into the custodial institutions, through counsellors from MDRI-S and interviews shall be done exclusively with those women who would completely agree to be interlocutors in such interviews. In addition, to avoid secondary victimization of women who have agreed to participate in interviews, the team conducting these interviews shall consist of persons who are completely qualified for work with this specific vulnerable group of women.
- On the other hand, based on previous experience in organizing and realizing research/evaluation that involves work with professionals from various sectors, the evaluation team has identified another risk of possible lower response rate of the decision-makers and representatives of some institutions, due to procedures existing in those institutions. To mitigate this risk, the evaluation team shall endeavour to reach the institution representatives by sending official letters for participation in the project evaluation.
- The risk of the COVID-19 pandemic has still prevailed. In the middle of project implementation, the COVID-19 pandemic started, which profoundly affected the project implementation and activity plan. That was affected the position of women with disability in residential institutions in Serbia, they experienced long-term isolation and lock-down, strict control, and violation of their rights with disproportionate measures. To prevent all potential COVID-19 risks, the evaluation team will consider changing methodological methods and instruments to rich the primary and secondary beneficiaries' groups.

5 SAFETY AND ETHICAL CONSIDERATIONS

Observance of ethical considerations presents one of the key norms defined in the document Norms and Standards for Evaluation (UNEG, 2017), necessary to abide by during evaluation implementation.

The team conducting evaluation placed in the center of attention the request for observing ethical considerations and ensuring the safety of all who are directly or indirectly involved in the process. Concerning the project dealing with gender-based violence, which is a highly sensitive topic, the requests for observing ethical considerations were of special significance.

Because of observing ethical considerations and ensuring the safety of all participants in the process, the role of the team conducting evaluation was twofold.

On one hand, the evaluation team was evaluating whether and to what extent the ethical norms and standards have been observed during the project implementation by implementers of all project components. It is necessary to evaluate whether all individuals involved in the project have been completely protected, whether data collection has been realized so that the rights of respondents were not violated, including privacy and confidentiality, whether the informed consent was requested from participants, whether the procedures regarding the participation of minors were defined, in what manner the various data were stored, analyzed, and interpreted, etc.

On the other hand, the team conducting evaluation made sure that the highest ethical norms and standards are observed during the evaluation process. This primarily means that the evaluation shall be conducted in compliance with the “no harm” principle, i.e., the rights of the individuals involved in the process were completely protected and that the evaluation does not result in further violation of their rights.

Firstly, absolute anonymity (privacy) of all participants in the process and confidentiality of all information shared with the evaluation team were guaranteed. At the beginning of an interview, an FGD, or a questionnaire, the participants were informed to what purpose data are collected (they receive relevant information about the project and the evaluation in advance), the reference was made to data being used only for the evaluation process, that they were stored and analyzed appropriately and that they will not be misused in any way.

Also, it was emphasized that participation of every individual is voluntary, they are not obliged to answer the questions they do not want to, and they can stop the interview/filling out the questionnaire at any moment if they feel unpleasant for any reason to continue with answering questions. This means that, at the beginning of every interview or focus group discussion, informed consent of each respondent was necessary to obtain.

During the process and besides the aforementioned, participants are guaranteed that their names will not be disclosed in any document, nor any other data which could reveal the identity of the respondent. Although all stated information was presented orally to participants of the interviews and FGDs, it was necessary that every participant provide the informed consent in written form (the example of informed consent for participation in interviews and FGDs is attached in Annex 4 of this report).

During realization of the focus group discussions, to additionally ensure privacy and confidentiality of respondents, it was emphasized to all participants that it is of great importance that information heard from other participants during the discussion is not to be shared with any other person who has not taken part in the discussion, especially bearing in mind sensitiveness of the research topic. In case of the questionnaires which were to be filled out in written form, all relevant information regarding observance and protection of the rights of respondents shall be found at the beginning of each questionnaire. If a respondent fills out and submits the questionnaire after reading the introductory text, the evaluation team was deemed that this respondent has provided the informed consent for participation in the evaluation process.

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The team conducting evaluation consists of experts with long-term experience in working on projects dealing with sensitive topics, including violence against women. Our researchers applied a very strict methodology and, observing the highest ethical norms and standards, obtained data on the prevalence and characteristics of violence against women in Serbia.

The evaluation team also applies all skills, knowledge, and experience, gained during its longstanding work in projects dealing with sensitive topics and especially with vulnerable groups, during all stages of the process of evaluating this project. It was ensured that each member of the evaluation team is completely trained to realize specific tasks for which he/she is in charge during the evaluation process.

Although the evaluation team possesses internal capacities, the external experts with special experience and knowledge in working with women with mental disabilities are engaged to provide support to the team during the evaluation process.

This primarily refers to the realization of interviews with women with disability victims of violence who are beneficiaries of the residential institutions. In order not to risk jeopardizing the safety and rights of these women in any way, the evaluation team estimated that it would be best that the interviews with these women are done by counselors hired by MDRI-S, previously engaged in the project activities, i.e., persons who have a great experience in work with this particularly vulnerable group of women.

Members of the evaluation team used prepared guides for interviews and provided instruction to counselors realizing the interview, to ensure that the course of the interview is directed in such a way that it provides information relevant for the project evaluation.

All tools used for data collection during the evaluation process were adapted to groups of respondents to whom they are intended. The evaluation team paid special attention that the language is comprehensible, the questions are clearly defined, to use expressions of which meaning is not ambiguous or to state definitions of those terms which should be additionally clarified. Also, special attention is paid to the fact that questions are designed in a way that they are culturally appropriate, so that their formulation does not create any distress with respondents nor that a question is understood as offensive.

In addition, the evaluation team was ensuring that data collection is organized at the appropriate place where respondents feel completely safe from COVID-19 pandemic (Zoom platform for communication) and that meeting time is adequate (realization of interviews and focus group discussions was not organized in evening hours, but exclusively during the daytime, in appointments most suitable for respondents). Also, in the situation evaluation team concluded that the pandemic circumstances were of higher risk, they proposed alternative measures and techniques, the alternative channel of communication with evaluation participants and responders.

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The evaluation team also ensured evaluators and participants transportation to the places where the interview/focus group discussions are organized, as well as return transportation after the activities (for interviews and focus groups with women with mental disabilities).

All members of the evaluation team were ready to provide respondents with information about existing support mechanisms (provide contacts of relevant institutions and organizations, the SOS telephone number for support for victims of violence, about specific service support to the women with disabilities).

In addition, although it is guaranteed that all obtained data are completely confidential, members of the evaluation team were obliged to report if they suspect that a respondent is exposed to violence. This obligation on the part of researchers/evaluators was explained to respondents during the process of obtaining informed consent for participation in the evaluation.

Finally, the ethical obligation of the team conducting evaluation includes also that it is necessary to ensure that evaluation findings are interpreted adequately in the dissemination stage, that participants in the evaluation process are not stigmatized in any way, that their rights and safety are not violated, but used in a way that improves existing policies and interventions in the area of prevention and protection of women and girls against gender and sexual violence (WHO, 2016).

6 FINDINGS WITH ANALYSIS PER EVALUATION QUESTION

Evaluation Criteria	Relevance
Evaluation Question 1	<i>To what extent do the achieved results (project goal, outcomes, and outputs) continue to be relevant to the needs of women and girls?</i>
Response to the evaluation question with an analysis of key findings by the evaluation team	<p>All project objectives are relevant as GBV against women in custodial institutions is still present. The project has improved the quality of services provided, but there is a need for further improvement to fully meet the needs of women with mental disability (W/GwMD). The services to the W/GwMD victims of any form of gender-based violence, which were piloted under the project, should be expanded to all custodial institution in the Republic in Serbia.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	<p>A baseline study implemented in 2016 showed that only one of over 40 service providers that participated in the study fulfilled accessibility criteria for supporting W/GwMD in custodial institutions while by the end of 2017, 3 service providers-initiated program adjustments to meet the needs of these women.</p> <p>This is the result of the first phase of the previous project, after which there was no significant progress in adapting the program to meet the needs of women with disabilities, except in individual cases. There is only progress in the perception and understanding of the problem of violence against women with disabilities among service providers, but there are no clear indications that some new service providers in second project cycle-initiated program adjustment in order to meet the needs of W/GwMD.</p> <p>The evaluation of the first project shows that service providers expressed their understanding of the forms and manifestation of VAW with disabilities, but they need further capacity building and support in planning and implementing support programs. The project generated significant visibility and interest among service providers and other stakeholders and for each training session, MDRI-S had more applications than available spaces. This interest is seen as an important opportunity to further capacity building initiated in this second project circle.</p> <p>This project addresses custodial violence for which the State is responsible, with focused on violation of sexual and reproductive rights of women with disabilities, physical, sexual, and emotional violence perpetrated by other clients and staff in custodial institutions. The project worked on prevention by empowering W/GwMD and building capacities of service providers, but it addressed custodial violence by including the development of</p>

	<p>reporting mechanisms, improving policies and procedures to support W/GwMD survivors of custodial violence.</p> <p>Preventing VAW with disabilities requires comprehensive approach which includes introducing deinstitutionalization, legal capacity law reforms, gender equality, and improving disability policy. These issues are not high on the political agenda in the Republic of Serbia although there has been some progress, mainly due to the EU integration process. This is a significant opportunity because EU accession sets clear recommendations and roadmap for reforms in the social policy sector, gender equality, fundamental rights (negotiation Chapter 23 and Chapter 19). On the other hand, Republic of Serbia received recommendations from the UN and Council of Europe treaty bodies to harmonize legislation, put protection mechanisms in place, and develop practice and services (CRPD committee, Human Rights Committee, Human Rights Council, CoE Human Rights Commissioner, etc.).</p> <p>The Government of Serbia formed Council to monitor recommendations of international human rights treaty bodies, and MDRI-S was as an observatory party to this council. This provides an opportunity to advocate for the implementation of relevant recommendations before the high governmental forum. The CEDAW committee review convention, which is an opportunity to address the establishment of specialized support services for women with disabilities.</p> <p>Overall, MPs and several governmental agencies reacted positively to the results of the project focusing on preventing VAW with disabilities, although they also expressed the need for further written material, expert analysis, and more specific recommendations for necessary changes in policies and legal framework.</p> <p><i>Findings of the final project evaluation, in terms of relevance, state that the project is highly relevant because:</i></p> <p><i>a) process of deinstitutionalization has not been implemented yet; the Strategy of Deinstitutionalization was adopted on the very end of project implementation and there is no clear information on implementation process.</i></p> <p><i>b) the policy changes concerning GBV and violence against women in custodial institutions are not completely in compliance with international treaties and not are not being implemented;</i></p>
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	<p><i>c) there is a need for continual and intensive direct work with W/GwMD – in terms of education, psychological empowerment; d) there is a need to support service providers in developing more available and accessible services to women with disabilities victims of violence.</i></p> <p>Ending custodial institution violence is closely connected to the process of deinstitutionalization, because the very existence of these institutions is discrimination and violence itself.</p> <p>Although in Serbia, the reform of the social care system was initiated in 2011, which was supposed to bring the transition from the model that relied on residential institutions to the model of community services (deinstitutionalization) support for deinstitutionalization is formal and adjustment of regulations to enable change has been slow. During the evaluation, focus group participants from the social protection sector also pointed out the resistance that exists among service providers who fear losing their jobs if the number of existing residential facilities is reduced or closed.</p> <p><i>MDRI-S and its partners strongly advocate for complete deinstitutionalization, while at the same time working on creating enabling environment for community living, respect of rights, and accessible and available services for women with disabilities. This is important because the custodial institutions are not only characterized by its conditions, but also by culture and treatment of clients.</i></p> <p>Smaller community-based supported living arrangements and even homes could also replicate institutionalized culture. Thus, deinstitutionalization is a long process and much more needs to be done in this respect, especially because it is interconnected with other important aspects that are lacking in the Republic of Serbia, such as equal recognition before the law, prohibition of forced treatments, prohibition of institutionalization without consent, care for reproductive rights of women with disabilities, but also an overall change in public and professional opinion.</p>
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Evaluation Criteria	Relevance
Evaluation Question 2	<i>To what extent is the project in line with national legislation, provincial and strategic documents, as well as by the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence?</i>

<p>Response to the evaluation question with analysis of key findings by the evaluation team</p>	<p>The project is fully in line with key international and national laws and policies.</p> <p>It is also in line with the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence which stipulates the establishment of specialist protection services to victims subjected to any of the acts of violence covered by the scope of the Convention and in line with the Convention on the Rights of persons with mental disabilities.</p> <p>It is also aligned with the Strategy for improving the position of Persons with disabilities (2020-2024), Law on the Rights of users of temporary accommodation services in social protection system (LRUTASPS), Law on the protection of Persons with mental disabilities and Program on mental health protection in RS (LPPMD) (2019-2026) with AP for 2019-2022.</p> <p>Activities of the project directed to sensitization of the general public, especially professionals who are in charge of providing support to W/GwMD in cases of violence, were aligned with the Convention on Elimination of all Forms of Discrimination of Women and the Law on Prohibition of Discrimination (CEDAW).</p>
<p>Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</p>	<p>By ratifying the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), states have committed themselves to take the necessary legislative or other measures and ensure that abortion without prior and informed consent of a woman is incriminated, as well as surgery with the aim or consequence of preventing the natural reproduction of a woman without her informed consent or understanding of the procedure. Activities on this project included raising awareness and protection of reproductive rights of W/GwMD.</p> <p>The Convention on the Rights of Persons with Disabilities stipulates that person with disabilities have the right to equal recognition before the law, and states have committed themselves to recognizing the right of persons with disabilities to legal capacity, on an equal basis with others in all aspects of life. In addition to the possibility of deprivation of legal capacity, which is not in accordance with the provisions of the Convention on the Rights of Persons with Disabilities, and is widespread and particularly affects persons with intellectual and psychosocial disabilities in Serbia, in accordance with the Law on the Protection of Persons with Mental Disabilities, it is possible to deprive a person of liberty on</p>

	<p>the basis of disability, and/or to place him/her in a psychiatric institution or other custodial institution without his/her consent.</p> <p>The Strategy for Improving the Position of Persons with Disabilities in the Republic of Serbia for the period from 2020 to 2024 states that it is necessary to take efforts towards the implementation of the process of deinstitutionalization and social inclusion of persons with disabilities should be continued.</p> <p>The Convention of Elimination of all Forms of Discrimination of Women was ratified by the Republic of Serbia in 1981. Since the ratification of the Convention, Serbia has regularly submitted reports on its implementation. In the latest reports the CEDAW Committee expresses concerns about the increase in all forms of gender-based violence against women with disabilities in custodial institutions and recommends that Serbia should conduct an analysis on the prevalence and causes of gender-based violence against women and girls ensuring that it includes women with disabilities, including those in custodial institutions. (CEDAW/C/SRB/CO/4, para. 23a i 24a) (CEDAW/C/SRB/CO/4, para. 23a i 24a).</p> <p>The Law on the rights of users of temporary accommodation services in the social protection system, is imposing independent monitoring of custodial institutions as a control mechanism and participation of CSOs in conducting it. The Law itself provides a good starting point for the DI process. Also, new laws on the improvement of the position of persons with disabilities were not adopted.</p>
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Evaluation Criteria	Effectiveness
Evaluation Question 1	<i>To what extent were the intended project goal, outcomes, and outputs (project results) achieved and how?</i>
Response to the evaluation question with an analysis of key findings by the evaluation team	<p>The overall goal of the project: W/GwMD have greater support and feel empowered to live their life free of custodial violence in Serbia by 2021, has been partially achieved, since it requires a lot more time and continuous advocacy work to be fully achieved.</p> <p>As a significant result, we can point out that the project managed to reach 1911 women and girls with disabilities and up to 2521 secondary beneficiaries, which is many times more than expected.</p> <p>In order to make significant progress, it is necessary that decision-makers become aware of the necessity for closing custodial institutions and move from declarative support to the DI process to concrete work and results.</p>

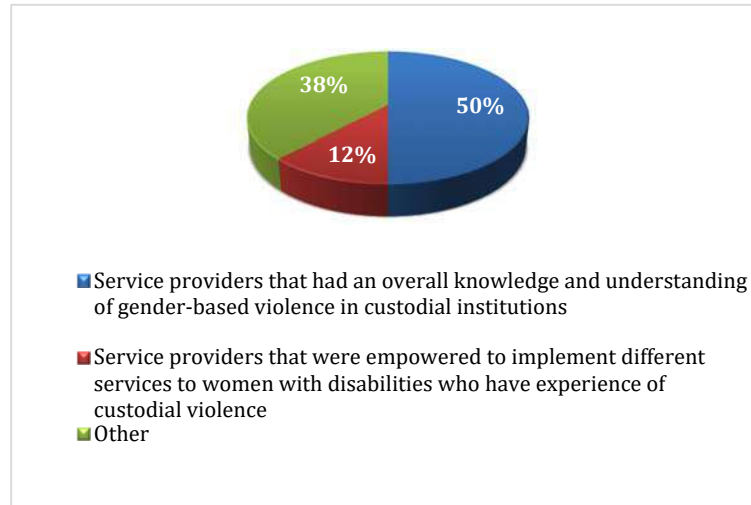
	<p>Based on estimates, various components, and participants in the project, it can be concluded that in the effectiveness and quality of the results achieved within specific project components:</p> <p>Outcome 1: Women/girls with mental disabilities are more empowered about protection from GBV and they have improved access to service by the end of 2021.</p> <p>1. Primary beneficiaries have significantly improved their knowledge and information about specific forms and manifestations of custodial violence. Throughout connecting them, creating safe spaces, and building their capacities, they are empowered to take self-advocacy and self-support actions for prevention and protection from custodial violence. Women are given voices by supporting them for self-advocacy actions (reporting, speaking for themselves), while also ensuring that they are supported. They understand that administration of contraceptives without informed consent is violation of their rights. Women are informed and empowered to report cases of violence to staff, and they have external support on which they can rely on. The reporting mechanism is initiated through mentoring support and permanent external support from MDRI-S consultants (talks, meetings, consultations, psychological support. It is not clearly visible if there are any reporting cases addressed to the professionals in the residential institutions.</p> <p>2. Secondary beneficiaries, service providers have improved overall knowledge and understanding of gender-based violence in custodial institutions, are empowered to implement different services to women with disabilities who have experience of custodial violence (health, social, legal services). They were more open to support women with disabilities and equipped with information and knowledge on available services so that they refer women who contact them to relevant support service. They are also more involved in supporting advocacy actions to prevent GBV in custodial institutions.</p> <p>Participation of Provincial and Republic Institute for Social Policy also ensured higher standards and institutionalization of support, while sharing learning materials ensured widening support base among social workers and staff within custodial institutions. DPOs, women's organizations, providers of specialized services for women with disabilities improved knowledge and improved accessibility procedures.</p> <p>Output 1.2: Accessibility and availability of services to support women with disabilities with experience of institutionalization is improved by the project end.</p> <p>1. Advocacy activities were more focused on the most relevant and interested governmental officials in order to generate more results and widen the support base. Each governmental institution, above</p>
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	<p>all, officials from the Ministry of Labor, Employment, Veterans and Social Affairs, the Ministry of Human and Minority Issues and Social Dialogue, Gender Equality Coordination Body and Government Poverty Reduction and Social Inclusion Team was approached in line with its mandate and scope of work. Interest expressed so far, more precise recommendations and suggestion together with models of service and procedures were influence strengthening of relevant institutions in this domain, which contributes to bringing tangible policy changes.</p> <p>2. The effectiveness in sharing information and raising awareness through project activities was also satisfactory. It was achieved by relying on networks of institutions and organizations included in the project activities. Even though, there is much to be done on raising awareness on rights and positions of women with disabilities in custodial institutions across all custodial institutions in the Republic of Serbia.</p>
<p>Quantitative and qualitative evidence gathered by the evaluation team to support the response and analysis above</p>	<p>Project outcome 1: Women and girls with mental disabilities are more empowered about protection mechanisms from GBV and they have improved access to services by the end of 2021.</p> <p>Output 1.1: Women/girls with mental disabilities in custodial institutions have improved knowledge and information about gender-based violence, skills to report violence and use protection mechanisms.</p> <p>This project output was achieved by implementing 6 workshops on GBV for women with disabilities, holding 4 advanced self-advocacy workshops for women with mental disabilities (sexual and reproductive rights, partner violence, protection from violence, community living, legal capacity, and right to decide), and producing a set of written informational material in an easy-to-read format and producing self-advocacy reports.</p> <p>In total 15 women out of 100 (15%) with disabilities took self-advocacy actions for protection from different forms and manifestations of custodial violence.</p> <p>Due to the COVID-19 pandemic, and the fact that restrictive measures are still in force in residential institutions, instead of the planned workshops MDRI held 3 webinars for W/GwMD with 3 different service providers.</p> <p>Residential facilities remained closed during the COVID-19 pandemic, even during mild waves. Due to that, it was not possible to hold workshops with W/GwMD. The adjustment was necessary so that 3 webinars were held by CSO Patria, YUCOM and Iz Kruga Vojvodina.</p>

	<p>The 3-woman self-advocates actively participated in preparation of these webinars and worked together with the webinar facilitators/service providers and MDRI-S facilitators on adjusting the presentations to be understandable for disability/GwMD in custodial institutions. Work with W/GwMD from custodial institutions based on produced visual materials continued until the end of April 2021.</p> <p>Even after the project activities ended, MDRI-S remain in contact with 3-women involved in this process. Reports on these online meetings were written, as well as the conference publication about the communication with W/GwMD from custodial institutions during COVID-19 pandemic “Isolated in isolation” (2021).</p> <p>List of other publications:</p> <ol style="list-style-type: none">1. Deinstitutionalization of Women with Mental Disabilities, Kosana Beker and Valentina Lepojevic, 20212. Violation against Women, Easy to Read3. Policy Brief “Protection of sexual and women's reproductive rights with mental disability and protection from violence”, 20214. Policy Brief “Deinstitutionalization of Women with Mental Disabilities”, 20215. Policy Brief “System reform guardianship over adult (business capacity)”, 20216. Safe houses (Shelters) Capacities to provide accessible services to women with disabilities, Situation in Serbia - initial analysis, 20207. Guidelines for service providers, accessible services for women with disabilities with a history of institutionalization, Kosana Beker and Biljana Janic, 20218. Memorandum of Cooperation of the Platform “Equal in the community”9. Report from the Conference on Equality in the Community within the project "Accessibility of services to women with disabilities who have survived violence in residential institutions", November 2021 <p>Some of this knowledge material was also translated into English language (3 policy briefs – “Protection of sexual and reproductive rights of women with mental disabilities and protection from violence”, “Deinstitutionalization of women with mental disability”, “Reform of the adult guardianship system”; easy to Read- “What you need to know about violence against women”; “Guidelines for services providers”). All publications and documents were published on MDRI-S website.</p>
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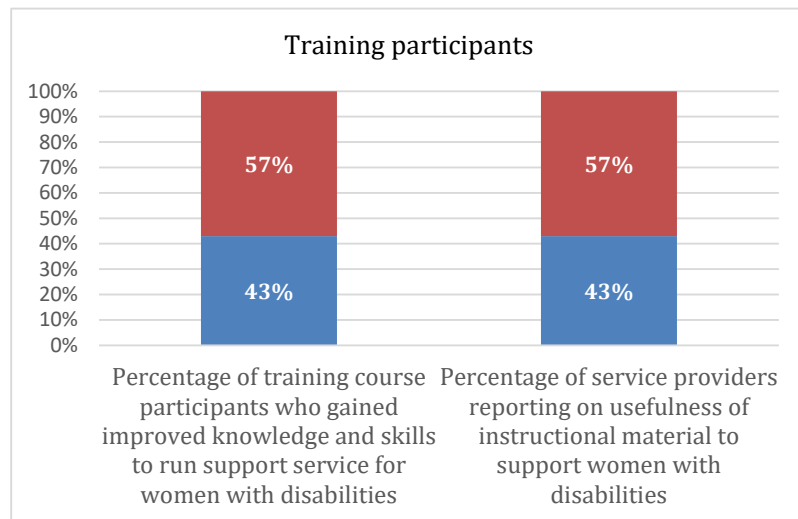
	<p>Two video interviews, and one informational video in accessible format about the violence with the self-advocates as narrators were recorded.</p> <p>12 out of 15 (80%) women with MD participating at capacity building workshops gained knowledge on accessible services. They are now well informed about the support available and with the work of 3 service providers. Inability to communicate with them is still challenging. They recognized MDRI-S as a connection with potential service providers.</p> <p>7 out of 15 (~50%) women with disabilities gained knowledge on at least one prevention and protection mechanism. 50% of them recognize police, and some of them CSW. Also, all of them stated that they will first address to MDRI-S. That is challenging since MDRI-S can only provide emotional support or refer them to a service provider.</p> <p>15 out of 15 (100%) women with mental disabilities (11 of them living in custodial institutions, 2 living independently, 2 living in supported living arrangements) who participated in project activities assessed that that meetings via Viber were very useful for them. Their knowledge and confidence are improved.</p> <p>10 out of 15 (~66%) individual plans of support for women with disability were made. All workshops and materials (e.g., presentations) were implemented in accessible formats. Easy to read material on forms of violence against, protection mechanisms in institutions, decision-making, business abilities and ways of support has been prepared. In addition to the text, the material also contains drawings that explain what is easier for women to understand.</p> <p>MDRI-S and FemPlatz provided visual aids for answers, such as cards/colorful sticker notes.</p> <p>Besides, MDRI-S has specialized software for translating words in symbols and pictures, which was used for producing easy-to-read accessible material, and trained staff to use the software and produce picture-based material. Besides two assistants - a psychologist and a sociologist who were involved in preparations of materials for workshops are highly skilled, have long experience and understanding of the position of women with disabilities in custodial institutions</p> <p>Because of the measures due to COVID-19 pandemic and restricted access to custodial institutions, new channels of communication with W/GwMD were provided. 10 mobile phones were provided to W/GwMD in the custodial institutions, to maintain communication.</p>
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	<p>They were also given the opportunity to raise their voice in front of the public through special newspaper feature published in cooperation with Danas. Three women self-advocated participated in the production of the final video, recorded two interviews and one video on violence prevention in an accessible format.</p> <p>No data and information are available on the number of women with disabilities in foster care who reported/suffered from any form of GBV during the project implementation period (neither during the first nor during the second phase of the project these data were collected and analyzed).</p> <p>Even though the project activities ended, MDRI-S and FemPlatz remain in contact with W/GwMD in custodial institutions and continue to support them by occasionally inviting women who are encouraged to contact them in the future during the training and implementation of the project, and after the end of the project.</p> <p>Output 1.2: Accessibility and availability of services to support women with disabilities with experience of institutionalization is improved by the project end.</p> <p>This was achieved by capacity assessment of accessibility of shelters for survivors of violence to women with mental disabilities, producing report with recommendations, holding 6 two-day trainings for service providers on forms and manifestations of GBV in custodial institutions (4 trainings for diverse service providers, one for shelters for survivors of violence, one for helplines), and holding informational sessions with relevant local actors.</p> <p>The results show that none of the nine safe houses that participated in the assessment does not fully meet accessibility standards.</p> <p>Also, most employees in safe houses have little or no experience in supporting women with disabilities, especially women with mental disabilities, but they interested in participating in trainings related to protection of violence.</p> <p>In addition, and there are criteria for admission to a shelter not prescribed by general acts, which makes it difficult or impossible for women with mental disabilities to be admitted to a safe house.</p> <p>The training program is registered within the Chamber of Social Care Employees and each of the professionals will receive 10 passive points for participating in the training. Accreditation means that the training course is counted in licensing for social workers.</p>
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Graphic 1: Gaining knowledge among service providers

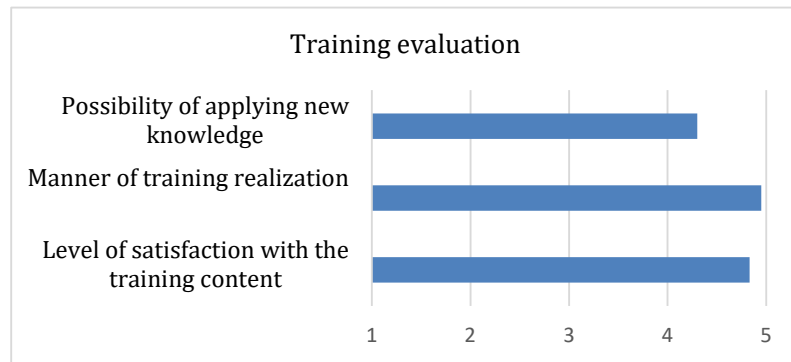
80 out of 160 (50%) service providers had an overall knowledge and understanding of gender-based violence in custodial institutions, while 20 out of 160 (~12%) were empowered to implement different services to women with disabilities who have experience of custodial violence (health, social, legal services).



Graphic 2: Percentage of training participants gaining knowledge and service providers on usefulness of materials

70 out of 160 (~43%) of training course participants gained improved knowledge and skills to run support service for women with disabilities and 70 out of 160 (~43%) service providers reporting on usefulness of instructional material to support women with disabilities.

	<p>They became more open to support women with disabilities and equipped with information and knowledge on available services so that they can refer women who contact them to relevant support. They were also more involved in supporting advocacy actions to prevent GBV in custodial institutions.</p> <p>Within project activities, a specific attention was given to diversity of service providers, by including gradually state-run and private sector services providers, as well as also civil society organizations, namely specialized services for survivors of violence, Disabled Persons organizations (DPOs), mainstream human rights organizations, and women organizations in order to have comprehensive approach and greater outreach. The reason for involving diverse group of service providers and CSOs in the project training was to ensure that the quality standard of provided services as well as for services to be adjusted and modified in accordance with the needs, opportunities, and organizational capacities.</p> <p>On the other hand, decision makers and representatives of institutions recognized the importance and relevance of this problem, but do not have proactive approach in changing policies and still are in need for additional recommendations, inputs, and models to define policies.</p> <p>Output 1.3: Created and piloted models of supporting women with disabilities survivors of custodial violence by establishing pool of services and mentorship.</p> <p>Created and piloted models of supporting W/GwMD survivors of custodial violence by establishing pool of services and mentorship, we evaluate as partially achieved.</p> <p>Due to the COVID-19 pandemic, activities aimed at creating a new service and preparing a pilot plan had to be adapted somewhat because it was not possible to enter institutions and work directly with women in custodial institutions.</p> <p>The intensive training course and material for specialized services are prepared, 3 advanced training courses (6 days) for development of specialized services were held, two-day capacity building course for mentors are organized, and guidelines, procedures, instruments for general and specialized services are drafted.</p> <p>The two-day capacity building training for 20 mentors to service providers for women with disabilities survivors of custodial violence are organized. This group of social workers is empowered to become mentors to service providers.</p> <p>80 out of 100 (80%) of participants agree that the training goals have decision-makers must become, and 20 out of 100 (20%) partially agree.</p>
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Graphic 3: Content of participants on scale from 1 to 5 in achieving training goals

On a scale of 1 to 5, the content of the training was rated: 4.83, the manner of realization of the training was assessed with a grade of: 4.95, possibilities of applying knowledge were evaluated by: 4.3

They became more open to support women with disabilities and equipped with information and knowledge on available services so that they can refer women who contact them to relevant support service. They were also more involved in supporting advocacy actions to prevent GBV in custodial institutions.

The Guidelines for service providers was translated into English language and published on the website. The training participants received guidelines for further work with women with mental disabilities, but there is no data available on the direct mentoring support provided. It is not known whether a mentoring plan has been prepared within this activity, with objectives and expected results.

Project Outcome 2: Mechanisms and measures for prevention of gender-based violence against women with disabilities with experience of custodial violence are defined by policy-makers by 2021.

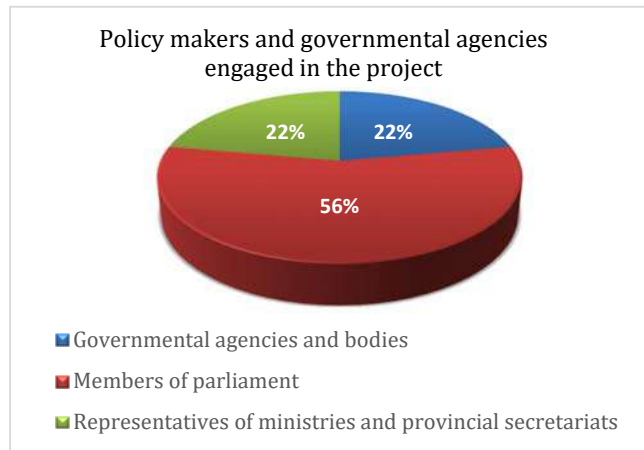
Output 2.1: Evidence used to effectively inform policy-making and bring changes in policies and procedures to protect women with disabilities from custodial violence.

This was achieved by advocating for strategy, by preparing submissions to international and national bodies and agencies, holding targeted meetings with MPs, with governmental officials, producing, and distributing policy briefs.

These activities resulted in decision-makers having better understanding of gender aspect in disability policies and started

working on introducing disability perspective in gender equality policy.

Even in conditions of the COVID-19 pandemic and holding of early elections in June 2020 which influenced on the dynamic of working with decision makers, three policy briefs were produced during the project implementation: Deinstitutionalization of women with mental Disabilities, Protection of sexual and reproductive rights of women with mental disabilities and protection from Violence and Reform of the adult guardianship System. The policy briefs were distributed on trainings, meetings, on final conference, to stakeholders, key actors, and decision makers.



Graphic 4: Policy makers and governmental agencies engaged in the project

Project engaged in total 60 policy-makers and governmental agencies representatives, and 18 out of 60 (30%) showed high commitment committed and were actively involved in establishing measures to prevent GBV in custodial institutions:

- 4 out of 18 (~22%) Governmental agencies and bodies (e.g., a Coordinating body for gender equality, Social Inclusion the and Poverty Reduction Unit: including Governmental office for human and minority rights, Unit of the Prime-minister, Commissioner for protection of equality, Protector of citizen);
- 10 (~56%) MPs from different parliamentary groups and councils;
- 4 (~22%) representatives from Ministry of Labor, employment, veteran and social affairs and Ministry of justice, Provincial secretariats).
- 10 (~55%) governmental officials committed to end GBV in custodial institutions (3 Governmental Agencies, 5 MPs, and 2 Line ministries) as a result of advocacy activity.

	<p>A wider group of MPs (50) were reached by providing relevant and precise information on forced treatments against women with disabilities in custodial institutions.</p> <p>Such approach was advised by MPs involved in previous project implemented by MDRI-S and supported by the UNTF. Project team organized informational meetings with Women parliamentary network, parliamentary committee for human and minority rights and gender equality, parliamentary committee for social policy, poverty reduction, and social inclusion, sub-committee for rights of persons with disabilities.</p> <p>During project implementation, Law on the Rights of users of temporary accommodation services in social protection system was adopted containing Chapter on Protection against GBV and protection of the reproductive health of girls and women, meaning that any form of violence against girls and women in custodial institution is prohibited, especially examinations and treatment without consent, forced contraception and termination of pregnancy. Professional workers, associates, health workers engaged in the institution are obliged to report any kind of violence against girls and women to the competent police administration or the public prosecutor's office.</p> <p>Also, in October 2021-MDRI-S and FemPlatz submitted a report to the UN CAT about the situation in custodial institutions and participated at NGO briefing. In concluding remarks, the Committee was particularly concerned about the women with disability in custodial institutions exposed to high levels of violence without any preventive or protective measures. Committee is also concerned about poor living conditions, inadequate access to health care, education, and rehabilitation of children with disabilities in custodial institutions that are exposed to cruel, inhumane and degrading treatment.</p> <p>Equally important, Deinstitutionalization strategy was adopted during project implementation, in December 2021.</p> <p>MDRI-S and FemPlatz, have been participating in drafting and advocating for the Law as well as the Deinstitutionalization strategy.</p> <p>Output 2.2: Support base for advocating for ending GBV in custodial institutions is mobilized and widened by the end of the project.</p> <p>This was achieved in line with communication strategy by online campaign (during the event of 16 days of activism against gender-based violence), producing promotional video, holding final conference on safety of women with mental disabilities, self-advocacy, and prevention of GBV in custodial institutions.</p>
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Graphic 5: Members of platform "Equal in the Community"

The project included signing Memorandum of Cooperation and creating a platform “Equal in the community”. Members of the platform “Equal in the community” include 9 NGO’s and 1 activist, 3 journalists-participants of the group Journalists against violence against women. Also, 4 international organizations, 4 organizations Members of the Platform of organizations for cooperation with UN human rights treaty bodies, 7 NGO’s committed to promote and support campaign to end GBV in custodial institutions). The cooperation with the group Journalists against violence against women is very important for future work in raising awareness about GBV and position of W/GwMD in custodial institutions.

MDR-S and FemPlatz conducted powerful communication campaign on Facebook and web site.

On the website MDRI-S posted 18 posts, a final project video and 10 additional videos.

Campaign #Different Reality during 2021 has 25 posts that reach more than 155.000 users, with over 3.500 reactions.

Among the most notable posts are those related to the publication of 2 texts and supplements in the daily newspaper “Danas”. MDRI-S and FemPlaz established good cooperation with the group Journalists Against Violence Against Women and some of them participated on Final conference. Thanks to that cooperation they had 1 Radio guest appearance on Radio 021 regarding deinstitutionalization, violence against women with disabilities in

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	<p>residential institutions, report Forgotten Children of Serbia, 3 Articles on web portal 021 regarding the position of persons, and children with disabilities in residential institutions.</p> <p>In the first project year Program director and Executive director of FemPlatz speak at two events - one lecturers and participation on the conference. Also, in January 2021, the MDRI-S Project manager speak on a multisector dialogue on the analysis of the state of gender equality, organized by the MHMRSD with the Coordination Body for Gender Equality for 90 participants.</p> <p>In September 2021, FemPlatz Program assistant participated on the online meeting Exercising the rights of young people with disabilities where she speaks about the position of W/GwMD in residential institutions and shared publications.</p> <p>The Final conference was held in Hotel Zira for 35 participants. Conference was divided in 4 blocks-introductory part, and 3 panel sessions.</p> <p>Video interviews and project video about GVB in created in an accessible format. Also, the publications and knowledge materials were translated in English in order to become accessible to all stakeholders, especially in crisis situations.</p>
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Evaluation Criteria	Effectiveness
Evaluation Question 2	<i>Does the project have effective implementation mechanisms to measure progress in terms of results?</i>
Response to the evaluation question with analysis of key findings by the evaluation team	<p>The overall coordination of the whole project was good. There were no problems with communication and reporting. Experience in the realization of the previous project significantly contributed to this.</p> <p>Mechanisms for planning, coordination, monitoring, and reporting are well established, monitoring was conducted regularly, and the results of monitoring enabled the improvement of planning and implementation in each subsequent phase of the project. This was especially important for adjusting the work and implementation of activities in the crisis situation caused by the COVID-19 pandemic.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	<p>During the process of preparing the project proposal and at the beginning of its implementation, the project partner was the Women’s Rights Organization FemPlatz.</p> <p>At the beginning of the project implementation, partners made detailed monitoring plan in line with FFP and against set indicators for project goal, outcomes, and outputs.</p> <p>Experts from FemPlatz created monitoring instruments and develop detailed plan for data collection methodology against each indicator.</p>

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	<p>Monitoring of resource management was determined during the project planning, when the method of reporting and time frame were determined as well - through periodic and annual reports on the progress and implementation of activities.</p> <p>Data is collected and analyzed at the beginning, throughout project implementation for each year, and at the end of project implementation.</p> <p>Data collection methods and instruments included: in-depth individual interviews with women with disabilities (guide for interviews was produced, ethical consideration, and consent form), questionnaire for service providers (online and phone questionnaires), key interviews (guide for interviews, selection of key informants), semi-structured interviews and informal discussion groups with women with disabilities (guides for interviews and discussions, consent form, ethical issues), pre-training and post-training questionnaires for each beneficiary groups, focus groups with key stakeholders' groups (guide for focus groups), content analysis of policy documents, measuring feedback of decision-makers (endorsement, commitment).</p> <p>Each indicator was monitored by appropriate instrument and analyzed to assess the level of achievement of outputs and outcomes and contribution to achieving project goal.</p> <p>The annual review findings were used for revision of annual advocacy plans and communication plans in line with advocacy and communication strategy.</p> <p>The project team organized collection of end line data, but the end line report is not prepared. Due to the COVID-19 pandemic the approach was modified in order to preserve health and wellbeing of the participants but also the interviewers, including focus group for the CSOs/service providers, online survey for representatives of MPs and governmental bodies and in-depth interviews and group conversation for W/GwMD from custodial institutions or with experience of institutionalization.</p> <p>Data and information collected during internal monitoring in November 2021- were collected through surveys, group, and individual interviews with representatives of CSOs and DPOs and with women with MD. 7 government officials participated in the survey, 6 of them participated in interviews, 4 CSOs / DPOS participated in the focus group - 7 people, 4 women with MD participated in the focus group and 6 of them had an individual interview.</p> <p>Data was also used for further advocacy efforts towards decision-makers, while data received from service providers was used for</p>
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	<p>improving training delivery, assessment of capacities of service providers, making precise plans about selection of service providers for piloting models of support to women with disabilities survivors of custodial violence.</p> <p>Such data can also serve as arguments for advocacy to incorporate innovative models of specialized services in legislation and policies on prevention and protection from GBV. Evaluation data was also used for further outreach and building stronger support base. Final evaluation report can also be used as a model for replicating practices in countries/regions with similar political, social, economic, legal background as the Republic of Serbia. Given the fact that project is innovative in its nature and based on project partners experience, project has potential to be replicated.</p>
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Evaluation Criteria	Efficiency
Evaluation Question 1	<i>To what extent was the project efficiently and cost-effectively implemented?</i>
Response to the evaluation question with analysis of key findings by the evaluation team	<p>The long-term objectives and the expected results were achieved by using the least costly resources possible, through the adoption of different approaches and use of alternative implementation mechanisms, given the adjustments required by the crisis caused by COVID-19.</p> <p>It was necessary to adjust the ways of communication. New means of communication were needed, which in a large part of the project took place online.</p> <p>The resources were allocated in an appropriate manner to enable the implementation of planned activities and achievements of objectives.</p> <p>Although 2/3 outputs were achieved partially, the project outcome is fully achieved because all activities were conducted in flexible and adjustable way to the circumstances caused by COVID-19 pandemic.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	<p>During the planning and implementation of the project, the project and financial manager regularly monitored the implementation of planned activities and funds spent, strictly considering that they are limited. This was especially important during the adjustment of activities during the pandemic.</p> <p>Adaptation of activities at the beginning of the pandemic was necessary to provide technical conditions for online communication with primary users. Without that, the activities would not have been carried out because the beneficiaries could not leave the institutions. Within this project, 6 laptops, 1 Dictaphone, 5 operating Systems-Windows and 5 Microsoft Office packages with accompanying</p>

	<p>equipment (2 mouse, 2 headphones and 2 external memories) were procured, which helped both MDRI-S and FemPlatz to make their work more efficient, considering that our equipment was very old. This was especially important because the pandemic started and all the work was transferred to online mode, so functional computers were essential.</p> <p>In the first months of the pandemic, practically all activities were organized online. MDRI-S and FemPlatz organized and attended many meetings, conferences, workshops, and trainings on national and international level. For this purpose, the Zoom application was bought to be used by FemPlatz. Also, 10 mobile phones with appropriate internet packages were purchased for women with mental disabilities from custodial institutions or with experience of institutionalization.</p> <p>Despite the limitations, all short-term goals were achieved on time, but in partially due to pandemic restrictions which limited contact with women in institutions, and due to the lack of adequate support from decision-making institutions. Activities and short-term goals could not be realized with fewer resources because it would affect the quality and quantity, bearing in mind that the project activities were adjusted due to the COVID-19 pandemic, so it was necessary to create technical conditions for communication with beneficiaries and project participants.</p> <p>The organizational structure, management and coordination mechanisms effectively supported the implementation of the project.</p> <p>All project activities were planned in partnership. At the beginning of project implementation, MDRI-S and FemPlatz signed a Memorandum of cooperation including precise responsibilities, duties, and obligations of each partner. The changed circumstances due to the pandemic required more frequent joint meetings to discuss alternative options in the implementation of planned activities. This occasionally caused a feeling of overload among the team members.</p> <p>The long-term results (outcomes) and short-term results (outputs) evenly distributed among women with disability:</p> <p>Outcome 1: W/GwMD are more empowered about protection from GBV, and they have improved access to service by the end of 2021, as fully achieved.</p> <p>The full achievement of this outcome comes from the full achievement of the Output 1.1: W/GwMD in custodial institutions has improved knowledge and information about GBV and skills to report violence and use protection mechanisms.</p>
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	<p>Two other outputs:</p> <p>Output 1.2: Accessibility and availability of services to support W/GwMD with experience of institutionalization is improved by the project end; Output 1.3: Created and piloted models of supporting W/GwMD survivors of custodial violence by establishing pool of services and mentorship, are partially achieved. The service providers received knowledge and materials useful in further work with women. However, due to pandemic restrictions which limited contact with women in institutions, only several service providers managed to present their services to W/GwMD. Even with those who have succeeded, it was difficult for W/GwMD to make contact because women did not have mobile phones nor privacy and could not leave institutions to make direct contact with service providers. Without proper support and dedication from the relevant state bodies, such goals will never be fully achieved.</p> <p>The same reason applied to partial achievement of Outcome 2: Protection mechanisms to end forced treatments, administration of contraceptives without consent and recognition of partner violence against W/GwMD are defined by policymakers by 2021.</p> <p>Output 2.1: Evidence used to effectively inform policymaking and bring changes in the policies and procedures to protect W/GwMD from custodial violence is partially achieved. During the project implementation we conducted intense advocacy actions towards the decision-makers. In some of the laws and regulations, certain concrete measures are provided in order to recognize and improve the position of W/GwMD in custodial institutions.</p> <p>Output 2.2: Support base for advocating for ending GBV in custodial institutions is mobilized and widened by the end of project, is fully achieved. A network of associates has been established, which will serve as basis for future advocacy endeavors.</p>
Evaluation Criteria	Efficiency
Evaluation Question 2	<i>Were the resources (human, financial, technical, etc.) allocated in an appropriate manner to enable achievement of the planned outputs?</i>
Response to the evaluation question with analysis of key findings by the evaluation team	<p>Due to various objective circumstances and crisis caused by the COVID-19 pandemic, partial changes in project activities were made. Financial resources were mostly adequate, with few exceptions. In planning of some activities, especially trainings, certain savings were made in the budget because they were not all implemented live, but in online format. Also, some of the anticipated costs (e.g., translation of documents) were not realized and on the other hand, other costs (online communications) appeared which were used for new activities. The costs of the final evaluation were not included in the Final financial report.</p>

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	<p>The unanimous assessment of the representatives of all components of the project and donors is that the human component was crucial for the successful implementation of the project, because thanks to good coordination during the project, the obstacles encountered during the project were successfully overcome.</p>
<p>Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</p>	<p>All representatives of project components emphasized the importance of high-quality project management, establishment of excellent cooperation and constant communication among representatives of the project team as a key factor that contributed to overcoming all dilemmas and difficulties and successfully completing all project activities.</p> <p>The donor also pointed out that human component was crucial for implementing such a project, that the management showed maturity and flexibility and that it was very important to have on the managerial position a person who understands the complexity of the process, who develops the culture of communication among all project team members, and in critical situations tries to find a compromise solution, to link different actors and encourage them to mutual cooperation.</p> <p>Good cooperation was established between the project leader, MDRI-S and FemPlatz as a partner organization on the project, as well as good cooperation and understanding with other associated/partners CSOs, which were extremely important for achieving good results.</p> <p>Also, the communication and cooperation with state institutions, decision-makers and MPs was satisfactory.</p> <p>Financial resource management was also satisfactory. As already mentioned, due to the crisis caused by COVID-19, and restrictions in the implementation of certain activities on the planned budget (such as training and meetings in-person), some funds were not used, so with the change and introduction of new activities they were deployed for new needs.</p> <p>Adaptation of activities at the beginning of the pandemic was necessary to provide technical conditions for online communication with primary users. Without that, the activities would not have been carried out because the beneficiaries could not leave the institutions. With technical equipment, which was procured, both MDRI-S and FemPlatz were able to make their work more efficient, considering that our equipment was very old.</p> <p>Also, the original project budget provided funds for the translation of various materials, publications, and reports (e.g., external evaluation report), which were abandoned in the meantime, so that part of the funds remained unspent. Considering the fact that the</p>

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	<p>Final external evaluation, as well as Inception report and Draft evaluation will be written in English language, and the fact that it was impossible to predict number of pages to ask for offers, the MDRI-S and FemPlatz project teams decided that there is no need for translation of the Final Evaluation report.</p> <p>Execution of the project budget is 87.01% of the total planned funds (excluding external evaluation costs amounting to 6.98% of the total budget). With these costs, the total realization of the expenditure of funds is 93.99%. Per Outcome 1: 98,68% and Outcome 2: 89,34%</p> <p>Also, for the M&E/Audit/management costs execution of the budget is 72,41%. Conduct a final project audit was canceled by the UN Women.</p>
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Evaluation Criteria	Impact
Evaluation Question 1	<i>To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?</i>
Response to the evaluation question with analysis of key findings by the evaluation team	The project has raised awareness on the issues of custodial violence among women with intellectual and mental disabilities as well as employees and professional within the institutions. It also empowered W/GwMD to recognize violence and used available mechanisms for reporting violence, and improved knowledge and skills among employees at the institutions in prevention of GB violence and GB discrimination.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	<p>The project contributed to raising awareness that women within the institutions are not isolated, that custodial violence can be recognized, and that there are available mechanisms of preventing and reacting to cases of violence.</p> <p>Project has contributed to institutional violence becoming more visible and recognizable among women with intellectual and mental disability, as well as among employees, management, and responsible persons within the institutions.</p> <p>The trainings on self-advocacy had empowered women who became aware on their rights. They also became more informed on the available mechanisms for reporting and preventing violence. Additionally, within the COVID-19 pandemic circumstances, and health restrictions, it was of utmost importance that the women within these institutions not to feel isolated. Through the project activities they were able to receive information on available mechanisms of support in cases of violence, they become more empowered to report cases, to call or send a message to the MDRI-S SOS helpline, by using the mobile phones which they receive through the project. They became more aware of their rights and received practical advice and guidance how to react on cases of violence.</p>

	<p>Employees within the custodial institutions also became more aware on the violence, by participating in trainings and meetings, through the internal protocol, as well as by created platform” Equal in the community”. They have become more sensitized and beside changes of attitudes and perceptions, there are also changes within their behavior and reaction to the VAW with disabilities in custodial institutions. They are able not only to recognize, but also take concrete actions to preventing violence. There has been a change in the work of employees within the institutions and their professional growth, knowledge, and skills, which contributed to different and improved treatment of the W/GwMD in custodial institutions.</p> <p>Significant progress was made in area of raising awareness on problem of custodial violence against women with intellectual and mental disabilities. Women themselves become more empowered to recognize various forms of violence, they are informed on mechanisms of reporting perpetrators, and they became more aware on their rights. They build stronger relations among themselves and started communicated outside the institutions. Some became able for self-advocacy and to mentor others. Solidarity among women had strengthened.</p> <p>Training and learning opportunities contributed to professional growth of the employees within the institutions, who became more sensitized in their work which also led to improving quality of support services they provide.</p> <p>Intensive advocacy activities have been conducted during the project implementation. Main result of the advocacy activities is that the Law on rights of beneficiaries of temporary accommodation in the institutions of social welfare was adopted during the implementation of the project. In drafting this Law MDRI-S and FemPlatz had participated. They also participated in adoption of Deinstitutionalization strategy, by providing feedback and comments to the draft of strategy, as well as the law. This all resulted further in inviting both MDRI-S and FemPlatz to participate in team for developing action plan to the strategy of deinstitutionalization.</p> <p>All objectives have been achieved, even though the COVID-19 pandemic had disrupted some activities, so they needed to be adapted quickly to the circumstances in order to be implemented. Partner organizations have accepted and implemented adapted activities, but the lack of strategic planning and harmonizing the approach in adapting activities in had affected the project.</p> <p>Some of the participants stated it was of great importance that W/GwMD /victims of custodial violence were placed in the center of attention for the first time and there was an attempt to adapt services to their needs.</p>
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	<p>Although non-governmental organizations have been providing services to women with disabilities, especially with mental disability, for many years by placing them in the center of attention, the project activities are very important since they present synergy of institutional mechanisms and organizations of civil society, which is an important step towards efficient and comprehensive response to violence against women in custodial institutions.</p> <p>The project implementation, especially realization of trainings for social protection professionals, had a significant impact on strengthening institutional social systems for protection by improving use of protocols and developing new practice in problem approach.</p> <p>Since professionals from various social institutions that delivered information also attended the trainings organized within the project and bearing in mind that there may be some other factors, it is reasonable to conclude that the project had at least a certain impact on better recognition of gender-based violence against women in custodial institutions by social system workers.</p> <p>According to interviews realized at the end of the project, and during the process of data collection for the evaluation purposes, it is clear that at the beginning of the project there was a certain resistance to cooperation between the social system and civil sector, on which the project activities have been based. The new develop services support are not an integral part of social institutions/custodial institution and it was necessary to find ways to integrate them into social system/custodial institutions, to be recognized by others in those institutions and to acknowledge the importance of their role in piloting model for support to W/GwMD victims of GB violence.</p> <p>This cooperation, i.e., partnership, improved considerably during the project. Social care staff that was in direct contact with MDRI-S staff and experts recognized civil sector as a partner. Social care staff could rely on them and thus they developed significant trust in the CSO sector. Professionals who participated in trainings think that cooperation with the CSO sector improved. On basis of answers of respondents who wished to assess cooperation with implementers outside the institutional system (the non-government sector), it is noticed that cooperation was increased.</p> <p>Perception of the non-government sector by professionals from social sectors is still unsatisfactory and some representatives of non-governmental organizations pointed out that capacities of the women`s non-governmental organizations were not recognized enough by other implementers as a resource that would contribute to improvement of position of women with disabilities, including prevention and protection of W/GwMD of violence.</p>
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Evaluation Criteria	Impact
Evaluation Question 2	<i>To what extent are beneficiaries of the project satisfied with the results?</i>
Response to the evaluation question with analysis of key findings by the evaluation team	<p>Primary and secondary beneficiaries, whose perspective could be included in the process of evaluation, are satisfied with the project results.</p> <p>Based on interview and focus group with women with MD in custodial institution, it is noticeable that project has contributed to women with intellectual and mental disabilities in many ways.</p> <p>Also, this project contributed to building trust and developing support among women, it contributed to creating women solidarity among women within institutions, which is also of significant importance, especially when experiencing violence, for them to be able to communicate and ask for support. Thus, the continuous support on this path would be important.</p> <p>The project had also emphasized the importance of multisector approach, and once again showed that this approach brings more positive and systematic change. The project had improved understanding of roles of institutions, as well as civil society and women organization, and that sharing knowledge and resources contributes to improving quality of programs of support.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	<p>Even before the COVID-19 pandemic W/GwMD in the custodial institutions were isolated, with little or no contact outside the institutions. COVID-19 pandemic and health restrictions had additionally intensified those conditions.</p> <p>The workshops and support they received through the project had empowered them. Now they know that they are not alone, excluded or left out. They became more self-aware and confident to advocate for their rights and became more informed on their rights and how to exercise them. They are more prepared, empowered and informed on the mechanisms of protecting their rights, and advocating for support which addresses their needs. They returned hope and recognized what their rights are. This was important, since they usually tend to rely on the caretakers, employees within institutions. This is a significant change, as it changes the existing paradigm. It was not expected from women with intellectual and mental disability to advocate for their rights.</p> <p>The participants from FGD think that project has contributed in that way that groups of professionals and employees within the institutions became more aware, they gained skills and knowledge, and became more sensitized in performing their roles.</p> <p>For, example few years ago, the problem of custodial violence was not recognized or visible. Now, among the group of professionals</p>

	<p>within institutions, awareness is raised that this problem exists, and they gained knowledge on mechanisms of its prevention. They become more sensitized in providing information to women how to exercise their rights, how to recognize and report violence, who to contact, and what is appropriate relation between professionals and beneficiaries. They became more aware on negative consequences of ignoring or normalizing violence. The project had reached to a significant group of professionals, yet for the systematic change a more continuous work on improving knowledge and professional development, and support is needed.</p> <p>Equally important was the applying inclusive approach within the project. Within the project activities, three of the women with intellectual or mental disability participated together with the partner organizations on the project in the communication and consultations and provided useful information on how to adapt information and support programs to be available to women beneficiaries and to address their needs. These insights coming from the women beneficiaries were useful for professionals and employees to better understand and connect with women and thus be able to perform their roles more successfully.</p> <p>W/GwMD in custodial institutions expressed the greatest satisfaction with services provided by women’s non- governmental organizations, and this satisfaction was the only one that remained almost unchanged in the baseline and end line reports (96% at the beginning of the project in 2019, and 100% at the end of project in 2021).</p> <p>It should be remarked that such finding was somewhat expected since women’s non-governmental organizations presented the key channel through which women in custodial institutions communicate.</p> <p>FGDs with the professional’s/service providers who deal with cases of GBV, especially with women and girls with disabilities victims of GBV, CSOs and DPOs representatives, indicate that, in comparison to the period of three years ago, the system of support for women in custodial institutions victims of gender-based violence improved. Some of the participants of discussions are familiar with new supporting services and think it is a very good mechanism which contributes to improvement of the existing situation in view of protection of women with disabilities victims of violence. According to opinions of the FGD participants, the most important factors necessary for greater empowerment of women in custodial institutions are: non-judgmental environment, professional and responsible actions by staff and professionals within custodial institutions, empowerment of the non-government sector, greater efficiency in processing of this kind of violence, stricter punitive measures for perpetrators of violence, more frequent education of</p>
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	<p>W/GwMD with the aim to empower them and raise awareness of their status and situation.</p> <p>What is missing, according to opinion of the FGD participants, is the long-lasting mechanism of social and economic empowerment of W/GwMD in custodial institutions, thus allowing them existence and safety.</p> <p>It is necessary to devise additional mechanisms of support that would be adequate for this specific and vulnerable category of women with MD.</p> <p>Satisfaction of professionals from the social care system with the project results is reflected in readiness of majority of respondents (80%), interviewed in the final phase of the project, to participate in activities of a similar project in future. Those 20% of employees in social care institutions, who think that something should be done differently, say that trainings and seminars should be more interactive, include a greater number of employees from several different institutions than it was the case in realized trainings.</p> <p>This project communicated with different groups of stakeholders. Institutions, organizations, decision makers were able to be informed and learn about the status of women with intellectual and mental disability and custodial violence. Within the platform „Equal in the community“ different civil society organizations which do not primarily work with persons with disabilities but are focused on issues of human rights, were engaged, and expressed interest to work on issues of women with disabilities.</p> <p>Within this project, the awareness is raised mostly within the institutions, among professionals and beneficiaries, among decision-makers, but also had attracted media attention and through distributing information had communicated with general public.</p> <p>Participants in Focus group discussions in general are also very satisfied with the project results, especially with the new supporting services piloting (mentoring program) where they were directly involved. They think they succeeded not only in improving treatment of women with MD victims of violence, but they also improved mutual cooperation, i.e., cooperation between employees in social care institutions and CSOs.</p> <p>Some participants stated that public events were of special importance to them, contributing to exchange of practice, knowledge, and experiences between decision-makers and DPOs and CSOs professionals from various sectors, especially in connection with implementation of the strategic and legal regulation.</p>
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Evaluation Criteria	Sustainability
Evaluation Question 1	<i>To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?</i>
Response to the evaluation question with analysis of key findings by the evaluation team	<p>The project had significant advocacy results and initiated further advocacy on deinstitutionalization, alternative housing and living in the community, on which MDRI-s and FemPlatz will continue working.</p> <p>The sustainability of such project depends on a series of factors, including available financial resources, political willingness, human resources, organizational capacities, knowledge, and skills, as well as motivation of the professionals.</p> <p>For a short period of time, it is possible to find modalities through which the support service to women with MD could be sustained, but its sustainability in the long run requires changes at the system level.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	<p>Project “Accessible Services for Women with Disabilities Survivors of Custodial Violence” showed that functioning of new supporting services to W/GwMD is in line with their needs, and such type of support is necessary for women victims of custodial violence.</p> <p>However, the question of sustainability of the project is conditioned with numerous factors, such as political will, financial resources, human resources, knowledge, and competencies of professionals who provide support, motivation of professionals, organizational capacities, etc.</p> <p>In the short term, sustainability of project results is possible if the supporting services provided by the MDRI-S are integrated into the existing organizations of social services (institutions).</p> <p>In the long run, it is necessary to define places and content of the supported services by law, in terms of the system of social protection and also with changes in particular bylaws.</p> <p>Project must further include institutions from national and local level, in continues advocating for applying Deinstitutionalization strategy and Action plan. One of important advocacy goals had been achieved by adopting the Law on rights of beneficiaries of temporary accommodation in the institutions of social welfare. Relevant analysis and research have been conducted as a baseline for further advocacy. Direct work with women in institutions had opened possibilities for further development of programs of support for beneficiaries.</p>

Financial sustainability

The application of new adopted Deinstitutionalization strategy with accompanying Action plan, and new Law on rights of beneficiaries of temporary accommodation in the institutions of social welfare, had opened the possibilities for allocation of financial resources for financing supporting services and other activities related to this project.

Local self-governments could contribute to securing permanent financial support for additional supporting services in such a way that in local budgets funds are appropriated for local organizations of civil society which provide services for W/GwMD victims of custodial violence.

At the provincial level, the Provincial Secretariat for Social Policy, Demography and Gender Equality could finance project activities of the organizations of civil society, DPOs which provide support for W/GwMD victims of gender-based violence. On the other hand, this Secretariat could finance in line with its competencies, technical or other equipment in social welfare institutions intended for providing better and upgraded social care to W/GwMD victims of violence, promotional and education activities in this institution, as well as the professional work of social care workers who take care of standards in providing services to women with disabilities victims of custodial violence.

For long-lasting sustainability of new supporting services provided by MDRI-S and other DPOs and expansion to a greater number of social care institutions in the territory of the entire country, it is necessary that the Ministry of labor, employment, veterans, and social policy undertakes appropriate steps.

On one side, it is important to define legal framework for financing support services for W/GwMD victims of custodial violence, which includes various expenses such as: expenses for the staff – addition to salary for engagement of social and non-social staff; expenses for keeping records and data processing, as well as purchasing of electronic and technical devices (mobile phones, tablets); expenses for transport of women with MD and procurement of medicines, such as emergency contraception, etc. On the other side, it is necessary to define legal framework for continuous financing of accredited training program for social care workers and mentoring programs.

Political will is very important for establishing piloted supporting service, and it should be considered that establishment of such service is significant from the aspect of implementation of the Istanbul Convention and other international treaties, that was signed by the Republic of Serbia.

Furthermore, for sustainability of the project results, including sustainability of their financing, cooperation between sectors at all levels is necessary, in order to clearly define frameworks according to which the sectors would finance a part of services arising from their competency. Although it can be very often heard from state institutions that there are not enough budget sources, for such important service it is necessary to find a modality that would allow its financing and that can be part of further advocacy activity by MDRI-S and FemPlatz. Also, there is open possibilities for financing from international donors and participating in other similar project initiatives in the country or regionally.

Sustainability in terms of human resources and organizational capacities

The service providers’ capacities are increased in order to adjust their services and provide support to W/GwMD living in custodial institutions. Numerous knowledge materials and useful publications were made available to them in the future work, but also to other interested service providers, organizations and individuals who work with W/GwMD in general, and especially with those living in any type of custodial institutions.

In order to ensure better impact and stronger influence on decision-makers, an unofficial platform “Equal in the community” was established. The platform is serving as a space where relevant CSOs/DPOs and individuals can work together in order to protect rights of women and girls with mental disability. This platform can significantly contribute to the sustainability of project results by making its human and organizational capacities available for further joint activities.

Different stakeholders have different resources available, while institutions have administrative and organizational capacities, but lack in human and financial resources, civil society organizations have expertise and developed approaches on services based on the needs on beneficiaries, but do not have financial or human capacities to approach to all institutions.

Thus, sharing practices, improving knowledge among professionals, developing improved policies and protocols for services, engaging expert knowledge and resources which comes from the organizations, and sharing resources could lead to continuity of implemented project activities.

In general institutions lack with capacities and resources, with substantial number of beneficiaries they are often faced with lack of human resources. Most of the institutions included in the project appreciated trainings and opportunities to share experience and knowledge with other colleagues and professionals. Also, within

most institutions there is a group of professionals motivated for introducing changes in their work and innovative approaches. There are positive examples of interest of institutions, from this project as well. One of the residential institutions from the South of Serbia on its own initiative contacted one of the partner organizations on the project and asked for support in developing a Rulebook on protection of women in the institutions. In other institution from Vojvodina, a team of young professionals was highly motivated in working with beneficiaries and providing psychological support, nevertheless the support from the management lacked in order to have continuous program of support.

It is certain that within the institutions there are groups of professionals motivated and interested to learn more and upgrade the existing practice, but for the systematic change and long term and sustainable changes, building cooperation with the management of these institutions and further developing of relations is necessary.

Sustainability in terms of necessary knowledge and skills, sensitization, and motivation of professionals

COVID-19 pandemic had brought to light the existing problems and open space for adapting the approaches in support and providing services to women with intellectual and mental disabilities in custodial institutions. These new approaches contributed to developing resilience in providing support and services in crisis, as well as in regular situation. Online work, mobile phones and opening channels of communication, support in empowering women for self-advocacy and employees for professional growth, are practices that contribute to availability of the services long term. Creating a network of professionals who would share knowledge and practice on new approaches to providing support would also contribute to continuity and availability of services.

This project has motivated professionals within institutions to apply innovative approaches, but there is a need for continuous opportunities for learning and empowerment, sharing knowledge and practices, as well as counseling and supervision. Coordination of all actors would also contribute to more successful delivery of services and support.

Additionally, project had contributed to building trust between professionals and women with intellectual and mental disabilities, which is important for support services, especially in cases of violence against women in custodial institutions.

In addition, it is important that professionals are motivated to provide services for women with MD victims of violence in quality manner. For motivating the staff, it is very important that they recognize significance of the work they do, as well as the possibility

of perceiving work results through presentation of statistical data about provided services, and through feedback about the beneficiaries` satisfaction, as well. One of the members of the expert group which participated in supporting service developing, particularly emphasized that motivation of professionals not only in the social care sector, but also in other sectors, is very important for providing efficient response to violence, and that there is no mechanism in the system which would be used to reward dedication and commitment of individuals. If the system is established based on rewarding, and not only on sanctioning, but it would also definitely have an impact on increase of motivation of professionals, and consequently more quality provision of support for women with disabilities victims of violence.

Sustainability in terms of multisector cooperation

It is recognized there is motivation and interest among other institutions which were not included in this project, to be additionally informed and included, since there are evident successful practices which this project had produced.

Decision makers are showing willingness to work on improving of conditions of living of women with intellectual and mental disabilities, together with the expertise of organizations on this project, MDRI-S and FemPlatz. Also, the competent Ministry expressed interest to include this subject in one of their thematic sessions.

Other women organizations who support women with disabilities are motivated to contribute to developing solutions for deinstitutionalization concept.

Cooperation with social welfare sectors and CSOs, DPOs still depends on the initiative of individuals or personal contacts with other institutions. Nevertheless, it is expected that in future there will be improvement in cooperation between all institutions and it may be presumed that its full effects are yet to be seen.

The recognize problem is resistance of representatives of all state institutions to cooperate with organizations of civil society which have great knowledge in this field. Although connection between the state sector and organizations of civil society was established by the project, deeper connection of these two sectors was not achieved within the project. Only mutual work of the state and civil sectors may lead to sustainability of the project results, which were achieved, inter alia, owing to knowledge and skills of specialized organizations of civil society.

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Evaluation Criteria	Sustainability
Evaluation Question 2	<i>Can the project approach and results be repeated or improved? What is the possibility of that happening? What would support their repetition or improvement?</i>
Response to the evaluation question with analysis of key findings by the evaluation team	<p>Results and approach may be applied in all residential/custodial institution in the Republic of Serbia with small adjustments.</p> <p>It is difficult to assess whether this will happen or not, given that the support services are not piloted and considering the difficulties in establishing other services that the state was obliged to implement for people with disabilities.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	<p>Project was quite successfully implemented, although it faced an array of obstacles caused by COVID-19 pandemic. Project results have high potential to be repeated and best practices to be shared within other institutions, primarily in the Republic of Serbia, but in the region of Western Balkans as well.</p> <p>The project is unique by the subject that is addressing. Opportunities for learning, sharing practices, knowledge and experience, experts support, meetings and networking would be useful for continuing and spreading widely this approach.</p> <p>The educational programs for improvement of knowledge of social care staff were prepared within the project. Accreditation of this programs would lead to better action of the custodial staff in cases of gender-based violence and it would help sustainability, as well as further achievement of general objective of the project that women and girls with disabilities/MD in custodial institutions are better protected from gender-based violence and that improved system of social care and protection is available to victims. Also, accreditation would enable social care institutions staff from the entire territory of the Republic of Serbia to attend the programs and the system for protection of women with MD who suffered violence would improve in the territory of the entire country.</p> <p>Opinion of some respondents included by the process of evaluation is that more should be done in future in terms of informing women with MD, who are marginalized on many levels, about services that are available to them and to additionally empower them to report violence.</p> <p>Almost all persons with whom interviews were conducted during the process of evaluation, and who were engaged in the project, said that in future they would be interested in participating in the same or similar project. Their experience and gained knowledge are of great importance for establishing new practice in service delivering to W/GwMD, if they are to be expanded to other parts or entire territory of the Republic of Serbia.</p>

Evaluation Criteria	Knowledge generation
Evaluation Question 1	<i>To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?</i>
Response to the evaluation question with analysis of key findings by the evaluation team	Project enabled the new knowledge to be gained and generated about needs of W/GwMD in custodial institutions victim’s violence and to provide them with more comprehensive and quality support.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	<p>Partnerships between governmental institutions and civil sector, especially related to this subject, women organizations and those who support persons with disabilities, in sharing resources and expertise and developing and improving practices in delivering services leads to satisfactory results and can be applied elsewhere.</p> <p>Raising awareness on the issue of violence against women with intellectual and mental disabilities, custodial violence, while working both with beneficiaries and professionals employed in the institutions, brings changes in their approach and practices, and empowers women in institutions, and opens space for prevention and addressing violence.</p> <p>Introducing innovative approaches, and deinstitutionalization, piloting models of living in the community empowers women with disabilities and provides possibilities for more quality living and fully exercising of their rights.</p> <p>Opening channels for communication outside the institutions for women with intellectual and mental disability, was one of the most significant new practices. It enabled them to get in contact also between themselves, and to support each other, share experience on support services in other institutions.</p> <p>Raising awareness on this subject, custodial violence against women, head help them not to feel excluded and isolated. It instigated other actors to discuss and reconsider existing practices, and influence on decision makers in improving legislation which would lead to more successful exercise of their rights.</p> <p>Breaking stereotypes on women with intellectual and mental disability, as well as those on their reproductive rights contributes to their empowerment. Psychological support and motivating their mutual communication, workshops in which some were mentors to others had built trust and self-confidence and had helped them to become more aware on their rights and even some of them to be able to self-advocate for their rights.</p>

	<p>Within project several publications and brochures were produced, such as “Here the walls have ears too”, “Violence is...”, “What is important to know about violence against women”, “Protection of sexual and reproductive rights of women with intellectual and mental disability”. Important are video materials with testimonies of women, in which women speak about their experience. Most of the materials are created to be accommodated for understanding and with practical information what to do in cases of violence. They are useful for women to become more informed and recognize violence, also to empower them. Publication on reproductive rights is a useful learning resource which could be distributed among other civil society organizations, which do not primarily work with women with disabilities but are focused on human rights.</p> <p>Also, a publication “Guidelines for service providers” provides a comprehensive approach to this subject, information about the project activities and useful practices on how to communicate on subject of custodial violence with women, with representatives of institutions, decision makers, etc. It also provides examples and practices from other countries, guidelines in service delivery. Also, publication „Isolated in the isolation“ is useful as a guideline for communicating with women during crisis situations, like COVID-19 pandemic.</p> <p>Most of the produced materials are useful for improving service delivery, programs of support to women, but also as learning resources for other organizations, and powerful tool in the advocacy initiatives.</p> <p>Publications on providing support to women in institutions during COVID-19 pandemic can serve as an example of how to provide programs of support and deliver services in times of crisis, and how to make them more resilient.</p> <p>Video materials are rare examples which communicate the message on how to recognize violence but also are empowering, as they show cases of survivors.</p> <p>Publication “Guidelines for service providers” provides an overview of the legislative framework, status of rights of women with intellectual and mental disabilities in institutions, as well as examples of providing support services from other countries, and thus present learning for lawyers, social workers and other professional in the institutions and advocacy tool for decision makers.</p> <p>The new gained knowledge will be used in implementation of future projects. Also, the new gained knowledge should be share with various human rights organizations and DPOs, which are not fully informed on every component of this project and could be used in their work with this specific group of women. There is also</p>
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	possibility for sharing knowledge, experience, and example of practice regionally to create potential synergy for common advocacy actions.
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Evaluation Criteria	Gender Equality and Human Rights
Evaluation Question 1	<i>Have the human rights based and gender responsive approaches been incorporated through-out the project and to what extent?</i>
Response to the evaluation question with analysis of key findings by the evaluation team	<p>Human rights approach was included in the developing Deinstitutionalization strategy, pointing to the arguments for improving not only quality of life but creating conditions for full exercise of human rights of women with intellectual and mental disabilities. In this activities expertise and knowledge coming not only from MDRI-S and FemPlatz, but also other human rights organizations such as Yucom, who participate in the joint platform „Equal in the community “, were highly appreciated in drafting strategy documents and developing new approaches to services delivery.</p> <p>The project also included cooperation of organizations supporting persons with disabilities and women organizations, which in many ways contributed to more comprehensive approach and combining feminist principles and human rights in improving service delivery. Project also emphasized the importance of implementing international standards and ratified international conventions on human rights, primarily rights of persons with disabilities, and those related to prevention of violence and discrimination against women.</p> <p>Human rights based and gender responsive approach presented an integral part of the project, both in preparation and implementation phase. The support service provided by MDRI-S and FemPlatz is modeled in accordance with standards regarding the sexual and reproductive health and rights (SRHR) of women as defined by the Program of Action of the International Conference on Population and Development (ICPD). During the process of collecting, keeping, and presenting data for the purposes of monitoring and evaluation of the project, human rights of respondents were completely observed.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	<p>The project is based on principles of gender equality, so gender responsive approach was completely integrated into the project document and project implementation, as well. The project strived to contribute to improvement of the position of specific category of women – women with MD victims of violence, through strengthening institutional response and through empowering that group of women to recognize and report violence. Contribution of the project to decrease in gender-based violence against women and girls with MD is important not only for improvement of situation in terms of gender equality, but also for development of the entire</p>

	<p>society which should be based on respect of fundamental human rights of this vulnerable groups of women.</p> <p>New proposed supporting services for W/GwMD victims of violence, which presented one of the key components of the project, was completely in accordance with one of the key international documents based on principles of gender equality and non-discrimination, <i>The European Council Convention on Preventing and Combating Violence against Women and Domestic Violence</i> (the so-called <i>Istanbul Convention</i>), which was ratified by the Republic of Serbia in October 2013 and which came into effect on 1 August 2014⁷⁹.</p> <p>Documents generated during the project implementation (reports, manuals, etc.) were prepared bearing in mind the principles of gender equality.</p> <p>The project implementation was especially directed to access to social security through human rights approach. The service for women with MD victims of violence, was developed by observing basic human rights of potential beneficiaries, placing the needs of women with MD up front. The process of providing supporting services and other activities implemented during the project, such as trainings for professionals from the social care system, expert conferences, and other public events, aimed to, inter alia, destigmatize women with MD as victims of institutional violence, especially sex violence, and that violence is not observed as taboo issue.</p> <p>However, it should be taken into account that social context in Serbia is still like that, and patriarchal value patterns are dominant, including unequal relationships between women and men. Although it cannot be expected that transformations of social values and relations in a society may happen in only several years under the impact of one project, the project did bring forth a certain contribution to improvement of the current situation.</p> <p>Support service is modeled in line with standards of the ICPD regarding reproductive health and rights of women. ICPD defines reproductive health as ‘state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.’ Reproductive rights embrace certain human rights, including right to attain the highest standard of sexual and reproductive health, right to sexual and reproductive security free from coercion and violence (ICPD). Basic prerequisites to provide support in line with SRHR standards, according to the UNFPA include ensuring the woman’s safety, protecting women’s privacy</p>
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⁷⁹ <http://www.ljudskaprava.gov.rs/sh/press/vesti/konvencija-saveta-evrope-o-sprecavanju-i-borbi-protiv-nasilja-nad-zenama-i-nasilja-u>

	<p>and confidentiality, ensuring that social care providers have adequate knowledge, attitudes, and skills to offer a compassionate, non-judgmental response, appropriate social and medical care, and information about legal right and any legal or social service resources in the community.⁸⁰</p> <p>With respect to sensitivity of this topic, which the project deals with, it was very important to observe the highest ethical standards and not to jeopardize rights and safety of respondents in any way, during collecting, processing, keeping, and presenting information for the purposes of monitoring and evaluation of the project results.</p> <p>Participating in interviews, focus group discussions and completing questionnaires was completely on voluntary basis. Besides voluntary consent by a participant, the principle of anonymity of participants was observed, as well as confidentiality of obtained data. Access to collected data was allowed only to members of the M&E team, who analyzed and stored data, and they were never presented in a way that identity of a respondent could have been revealed, i.e., their personal data were never publicly presented. During each interview or focus group discussion, written or oral informed consent of the participant was first obtained.</p> <p>In order to reduce the risk of secondary victimization of women with MD in custodial institutions, with whom the interviews were conducted, members of the M&E team engaged external associates, counselors in the MDRI-S, who were specially trained and engaged for the work with women with MD during the project implementation, for the purpose of these interviews at the very end of the project.</p> <p>The project evaluation was completely prepared and implemented in accordance with the key principles defined in the document <i>Norms and Standards for Evaluation</i> (UNEG, 2017).</p>
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7 CONCLUSIONS PER EVALUATION CRITERIA

Evaluation Criteria	Conclusions
1.Relevance	The evaluation of the first project shows that service providers expressed their understanding of the forms and manifestation of VAW with disabilities, but they need further capacity building and support in planning and implementing support programs. This knowledge is very important for future work and argumentation of

⁸⁰ UNFPA, *Addressing Violence against Women and Girls in Sexual and Reproductive Health Services: A Review of Knowledge Assets*, accessed on 14 March 2019 at <https://www.unfpa.org/publications/addressing-violence-against-women-and-girls-sexual-and-reproductive-health-services>

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	<p>the need for continuous training of all service providers, not just those who express interest, because practice shows that the same people always participate in training. The project generated significant visibility and interest among service providers and other stakeholders and for each training session, MDRI-S had more applications than available spaces. This interest is seen as an important opportunity to further capacity building initiated in this second project circle.</p> <p>The project has partly improved the quality of supporting services provided to W/GwMD. The improvement is achieved through establishment two pillar of support and help in cases of GBV: one is professional service and the second is CSOs support. Also, the improvements of quality of service are reflected in a greater understanding of the needs and empathy of professionals towards women, but it is the case only in some custodial institutions. There is a still great need for further improvement of services in order to fully meet the needs of women with disability in custodial institutions. The concrete instructions how to prevent on GBV in custodial institutions, with improvement of skills both social professionals and CSOs in recognizing GBV towards women with mental disability is still missing.</p> <p>Improving the services and relations of employed professionals currently depends on the will of individual managers in institutions, but it must be a process carried out by the state with the help of CSOs that provide services, as well as the Social Welfare Institute that monitors and the protective preventive mechanism. These new supporting services need to be further piloted, should be expanded to cover the entire territory of Serbia.</p> <p>The project worked on prevention by empowering W/GwMD and building capacities of service providers, but it addressed custodial violence by including the development of reporting mechanisms, improving policies and procedures to support W/GwMD survivors of custodial violence.</p> <p>MDRI-S and its partners strongly advocate for complete deinstitutionalization, while at the same time working on creating enabling environment for community living, respect of rights, and accessible and available services for women with disabilities. This is important because the custodial institutions are not only characterized by its conditions, but also by culture and treatment of clients.</p> <p>The project is fully in line with key international and national laws and policies.</p>
<p>2.Effectiveness</p>	<p><u>Outcome 1</u> <u>Output 1.1.</u></p>

	<p>Women/girls with mental disabilities in custodial institutions have improved knowledge and information about gender-based violence and skills to report violence and use protection mechanisms. This is an important achievement because they influence other women in their environment and can support each other.</p> <p>They took self-advocacy actions for protection from different forms and manifestations of custodial violence and gained knowledge on at least one prevention and protection mechanism. Also, all included women stated that they will first address to MDRI-S. Based on this knowledge, MDRI-S can more specifically plan its future activities to raise the knowledge and self-confidence of women housed in institutions.</p> <p>Women with mental disabilities who participated in project activities assessed that that meetings via Viber were very useful for them. Their knowledge and confidence are improved.</p> <p>The individual plans of support to women with disability in custodial institution were made, but not for all of women. For those they are made, that plans make an effect on their everyday life.</p> <p>All workshops and materials (e.g., presentations) were implemented in accessible formats. Two video interviews, and one informational video in accessible format about the violence with the self-advocates as narrators were recorded and published.</p> <p>The relevant knowledge material was also translated into English language.</p> <p><u>Output 1.2.</u></p> <p>The training program for social workers is registered within the Chamber of Social Care Employees and each of the professionals will receive 10 passive points for participating in the training. Accreditation means that the training course is counted in licensing for social workers. The accredited program is much more interesting for employees in institutions because it contributes to maintaining their licenses. In addition, participants in these trainings can successfully promote the training among their colleagues.</p> <p>All service providers had an overall knowledge and understanding of gender-based violence in custodial institutions and were empowered to implement different services to women with disabilities who have experience of custodial violence (health, social, legal services).</p> <p>The training course participants reporting on improved knowledge and skills to run support service for women with disabilities and reporting on usefulness of instructional material to support women with disabilities. They became more open to support women with</p>
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	<p>disabilities and equipped with information and knowledge on available services so that they can refer women who contact them to relevant support. They were also more involved in supporting advocacy actions to prevent GBV in custodial institutions.</p> <p><u>Output 1.3.</u></p> <p>Due to the COVID-19 pandemic, activities aimed at creating a new service and preparing a pilot plan had to be adapted somewhat because it was not possible to enter institutions and work directly with women in custodial institutions. A pilot plan has been prepared and in the future MDRI-S could easily implement it when conditions allow entry into institutions.</p> <p>The intensive training course and material for specialized services are prepared, 3 advanced training courses (6 days) for development of specialized services were held, two-day capacity building course for mentors are organized, and guidelines, procedures, instruments for general and specialized services are drafted. Although the project is completed, the MDRI-S with partners continues to share all the materials that were created during the project.</p> <p>This group of social workers was empowered to become mentors to service providers. This is a very important resource for future work with women and it would be good for MDRI-S to maintain communication with mentors so that they can support their mentees.</p> <p><u>Outcome 2</u></p> <p><u>Output 2.1.</u></p> <ul style="list-style-type: none">• The decision- makers having better understanding of gender aspect in disability policies and started working on introducing disability perspective in gender equality policy.• Project engaged policymakers and governmental agencies representatives showed high commitment and were actively involved in establishing measures to prevent GBV in custodial institutions (4 Governmental agencies and bodies (e.g. a Coordinating body for gender equality, Social Inclusion the and Poverty Reduction Unit: including Governmental office for human and minority rights, Unit of the Prime-minister, Commissioner for protection of equality, Protector of citizen); 10 MPs from different parliamentary groups and councils; and 4 representatives from Ministry of Labor, employment, veteran and social affairs and Ministry of justice, Provincial secretariats).• The governmental officials committed to end GBV in custodial institutions (3 Governmental Agencies, 5 MPs, and 2 Line ministries).• A wider group of MPs (50) were reached by providing relevant and precise information on forced treatments against women with disabilities in custodial institutions.
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	<ul style="list-style-type: none"> • MDRI-S and FemPlatz submitted report to the UN CAT about the situation in custodial institutions and participated at NGO briefing. Deinstitutionalization strategy was adopted during project implementation, in December 2021. MDRI-S and FemPlatz, have been participating in drafting and advocating for the Law as well as the Deinstitutionalization strategy. <p>Output 2.2.</p> <ul style="list-style-type: none"> • The project included signing Memorandum of Cooperation and creating a platform “Equal in the community”. By signing the memorandum and joining the platform, all these organizations and individuals have taken responsibility for continuing to work on improving the position of women with disabilities. This shows the understanding that unity is needed, solidarity and pooling of capacities to improve the position of women with disabilities and accelerate the process of deinstitutionalization. • Also, 4 international organizations, 4 organizations Members of the Platform of organizations for cooperation with UN human rights treaty bodies, 7 NGO’s committed to promote and support campaign to end GBV in custodial institutions). The cooperation with the group Journalists against violence against women is very important for future work in raising awareness about GBV and position of W/GwMD in custodial institutions. • MDR-S and FemPlatz conducted powerful communication campaign on Facebook and web site. Campaign “#Druga Realnost” during 2021 has 25 posts that reach more than 155.000 users, with over 3.500 reactions. • Professional public considerably improved their knowledge about the phenomenon of gender-based violence in the course of project implementation. Data obtained on basis of instruments through which subjective feeling of respondents about gained knowledge was measured, and how much they were informed about activities implemented during the project, indicate to a very positive changes generated under the project impact. • Monitoring of resource management was determined during the project planning, when the method of reporting and time frame were determined as well - through periodic and annual reports on the progress and implementation of activities.
<p>3. Efficiency</p>	<ul style="list-style-type: none"> • The long-term objectives and the expected results were achieved by using the least costly resources possible, through the adoption of different approaches and use of alternative implementation mechanisms, given the adjustments required by the crisis caused by COVID-19

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	<p>pandemic. It was necessary to adjust the ways of communication. New means of communication were needed, which in a large part of the project took place online.</p> <ul style="list-style-type: none"> • The resources were allocated in an appropriate manner to enable the implementation of planned activities and achievements of objectives. • Although 2/3 outputs were achieved partially, the project outcome is fully achieved because all activities were conducted in flexible and adjustable way to the circumstances caused by COVID-19. • Despite the limitations caused by COVID-19 pandemic, all short-term goals were achieved on time, but in partially due to anti-pandemic measures which limited contact with women in institutions, and due to the lack of adequate support from decision-making institutions. Activities and short-term goals could not be realized with fewer resources because it would affect the quality and quantity, bearing in mind that the project activities were adjusted due to the COVID-19 pandemic, so it was necessary to create technical conditions for communication with beneficiaries and project participants. Despite limitations, reporting to the donor was as planned. • All representatives of project components emphasized the importance of good project management, establishment of excellent cooperation and constant communication among representatives of the project team as a key factor that contributed to overcoming all dilemmas and difficulties and successfully completing all project activities. The donor representative also stressed that human component was crucial for implementing such a project, and that the management showed maturity and flexibility. • Financial resource management was also satisfactory. As already mentioned, due to the crisis caused by COVID-19 pandemic, and restrictions in the implementation of certain activities on the planned budget (such as training and meetings in-person), some funds were not used, so with the change and introduction of new activities they were deployed for new needs. • All project activities were planned in partnership. At the beginning of project implementation, MDRI-S and FemPlatz signed a Memorandum of cooperation including precise responsibilities, duties, and obligations of each partner. The changed circumstances due to the pandemic required more frequent joint meetings to discuss alternative options in the implementation of planned activities. This occasionally caused a feeling of overload among the team members.
<p>4.Impact</p>	<ul style="list-style-type: none"> • The project contributed to strengthening the institutional response to gender-based violence against women with mental disabilities in custodial institutions, promoting

	<p>gender equality and empowering women with disabilities to recognize and report violence in institutions. However, the impact of the project on the reduction or elimination of gender-based, especially institutional violence, is a long-term impact, which requires more time to be assessed.</p> <ul style="list-style-type: none">• The project has raised awareness on the issues of custodial violence among women with intellectual and mental disabilities as well as employees and professional within the institutions. It also empowered W/GwMD to recognize violence and used available mechanisms for reporting violence, and improved knowledge and skills among employees at the institutions in prevention of GB violence and GB discrimination.• The key contribution of the project is that the system “has learned” a new supporting service contributing to better protection of women with MD from gender-based violence in custodial institutions, better treatment by professionals involved in the social care system and better response to satisfying needs of women with disability victims of violence.• It was of great importance that W/GwMD /victims of custodial violence were placed in the centre of attention for the first time and there was an attempt to adapt services to their needs.• The trainings on self-advocacy had empowered women with MD to become aware on their rights. They also became more informed on the available mechanisms for reporting and preventing violence. Within the COVID-19 pandemic circumstances, and health restrictions, it was of utmost importance that the women within these institutions not to feel isolated.• Employees within the custodial institutions became more aware on the violence, by participating in trainings and meetings, through the internal protocol, as well as by created platform” Equal in the community”. They have become more sensitized and beside changes of attitudes and perceptions, there are also changes within their behaviour and reaction to the VAW with disabilities in custodial institutions.• The new develop services support are not an integral part of social care system/custodial institution and it was necessary to find ways to integrate them into social care system/custodial institutions, to be recognized by others in those institutions and to acknowledge the importance of their role in piloting model for support to W/GwMD victims of GB violence.• Perception of the non-government sector by professionals from social sectors is still unsatisfactory and some representatives of non-governmental organizations pointed out that capacities of the women’s non-governmental organizations were not recognized enough by other
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	<p>implementers as a resource that would contribute to improvement of position of women with disabilities, including prevention and protection of W/GwMD of violence.</p> <ul style="list-style-type: none"> • Primary and secondary beneficiaries, whose perspective could be included in the process of evaluation, are satisfied with the project results in general. • MDR-S and FemPlatz conducted powerful communication campaign on Facebook and web site. On the website MDRI-S posted 18 posts, a final project video and 10 additional videos. Campaign “#Druga Realnost” during 2021 has 25 posts that reach more than 155.000 users, with over 3.500 reactions • Although data of project promotion/visibility indicate that all set targets were achieved, in certain aspects even exceeded, evaluation participants emphasize that the project itself was not directed to the general public to a sufficient extent, so the impact of the project on this group of indirect beneficiaries is hard to assess.
<p>5.Sustainability</p>	<ul style="list-style-type: none"> • The project had significant advocacy results and initiated further advocacy on deinstitutionalization, alternative housing and living in the community, on which MDRI-s and FemPlatz will continue working. • For a short period of time, it is possible to find modalities through which the support service to women with MD could be sustained, but its sustainability in the long run requires changes at the system level. In the short term, sustainability of project results is possible if the supporting services provided by the MDRI-S are integrated into the existing organizations of social services (institutions). In the long run, it is necessary to define places and content of the supported services by law, in terms of the system of social protection and also with changes in particular bylaws. • Project must further include institutions from national and local level, in continues advocating for applying Deinstitutionalization strategy and Action plan. • One of important advocacy goals had been achieved by adopting the Law on rights of beneficiaries of temporary accommodation in the institutions of social welfare. Relevant analysis and research have been conducted as a baseline for further advocacy. Direct work with women in institutions had opened possibilities for further development of programs of support for beneficiaries. • The application of new adopted Deinstitutionalization strategy with accompanying Action plan, and new Law on rights of beneficiaries of temporary accommodation in the institutions of social welfare, had opened the possibilities for

	<p>allocation of financial resources for financing supporting services and other activities related to this project.</p> <ul style="list-style-type: none">• The service providers’ capacities are increased in order to adjust their services and provide support to W/GwMD living in custodial institutions. Numerous knowledge materials and useful publications were made available to them in the future work, but also to other interested service providers, organizations and individuals who work with W/GwMD in general, and especially with those living in any type of custodial institutions.• The sharing practices, improving knowledge among professionals, developing improved policies and protocols for services, engaging expert knowledge and resources which comes from the organizations, and sharing resources could lead to continuity of implemented project activities.• In general institutions lack with capacities and resources, with substantial number of beneficiaries they are often faced with lack of human resources. Most of the institutions included in the project appreciated trainings and opportunities to share experience and knowledge with other colleagues and professionals.• COVID-19 pandemic had brought to light the existing problems and open space for adapting the approaches in support and providing services to women with intellectual and mental disabilities in custodial institutions. These new approaches contributed to developing resilience in providing support and services in crisis, as well as in regular situation• This project has motivated professionals within institutions to apply innovative approaches, but there is a need for continuous opportunities for learning and empowerment, sharing knowledge and practices, as well as counselling and supervision. Coordination of all actors would also contribute to more successful delivery of services and support.• The project had contributed to building trust between professionals and women with intellectual and mental disabilities, which is important for support services, especially in cases of violence against women in custodial institutions.• Decision makers are showing willingness to work on improving of conditions of living of women with intellectual and mental disabilities, together with the expertise of organizations on this project, MDRI-S and FemPlatz. Also, the competent Ministry expressed interest to include this subject in one of their thematic sessions.• Almost all persons with whom interviews were conducted during the process of evaluation, and who were engaged in the project, said that in future they would be interested in participating in the same or similar project.
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<p>6.Knowledge Generation</p>	<ul style="list-style-type: none"> • Project enabled the new knowledge to be gained and generated about needs of W/GwMD in custodial institutions victim’s violence and to provide them with more comprehensive and quality support. • Within project several publications and brochures were produced, such as “Here the walls have ears too”, “Violence is...”, “What is important to know about violence against women”, “Protection of sexual and reproductive rights of women with intellectual and mental disability”. Important are video materials with testimonies of women, in which women speak about their experience. • Most of the materials are created to be accommodated for understanding and with practical information what to do in cases of violence. They are useful for women to become more informed and recognize violence, also to empower them. Publication on reproductive rights is a useful learning resource which could be distributed among other civil society organizations, which do not primarily work with women with disabilities but are focused on human rights. • Publication “Guidelines for service providers” provides a comprehensive approach to this subject, information about the project activities and useful practices on how to communicate on subject of custodial violence with women, with representatives of institutions, decision makers, etc. It also provides examples and practices from other countries, guidelines in service delivery. • Also publication „Isolated in the isolation “ is useful as a guideline for communicating with women during crisis situations, like COVID-19 pandemic • According to the participants in focus group discussions, one of the learned lessons is that during the implementation of such complex projects, more time is necessary for each phase.
<p>7.Gender Equality and Human Rights</p>	<ul style="list-style-type: none"> • Project is fully committed to gender equality. Human rights-based approach was integrated through-out the project design and implementation. In the implementation of all project activities MDRI-S and partners take a care of the rights and needs of persons with disabilities, rights and needs of minority rights, gender parity and take in consideration all of their view and opinions. • All project component was completely in accordance with <i>The European Council Convention on Preventing and Combating Violence against Women and Domestic Violence</i> (the so-called <i>Istanbul Convention</i>). • Documents generated during the project implementation (reports, manuals, etc.) were prepared bearing in mind the principles of gender equality. All created documents are written in the gender sensitive manner with strong focus on problems and needs women with disability.

	<ul style="list-style-type: none"> • The project implementation was especially directed to access to social security through human rights approach. • Support service is modelled in line with standards of the ICPD regarding reproductive health and rights of women. ICPD defines reproductive health as ‘state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.’ Reproductive rights embrace certain human rights, including right to attain the highest standard of sexual and reproductive health, right to sexual and reproductive security free from coercion and violence (ICPD). • With respect to sensitivity of this topic, which the project deals with, the highest ethical standards were observed during collecting, processing, keeping, and presenting information for the purposes of monitoring and evaluation of the project results, in order not to jeopardize rights and safety of respondents in any way. • The project evaluation was completely prepared and implemented in accordance with the key principles defined in the document <i>Norms and Standards for Evaluation</i> (UNEG, 2017).
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8 RECOMMENDATIONS PER EVALUATION CRITERIA

Evaluation Criteria	Recommendations	Relevant Stakeholders (Recommendation made to whom)	Time frame
Overall	It is necessary that a project dealing with complex topics, such as gender based and institutional violence against women with mental disabilities, include smaller number of outcomes and therefore smaller number of indicators and beneficiaries’ groups, with the aim to achieve better results.	Donors, project implementers	Project preparation phase
	In order to assess the project results, the recommendation is to obtain developed and efficient mechanism for monitoring and evaluation of the project results, which includes development of matrix with clearly defined indicators, in the course of implementing every future project.	Project implementers, donors	Total Project duration period

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1.Relevance	1.1. Considering that the GBV against women in custodial institutions is still present, there is a need for further improvement to fully meet the needs of women with mental disability. The services to the women with mental disabilities, which were created under the project, such as training for self-advocacy, training of service providers for recognizing institutional violence, training of mentors to support women in institutions and supported housing, providing legal support, should be expanded to cover the entire territory of Serbia.	State institutions, local self-governments, and local non-government organizations	Annually/Periodic report on needs of women with mental disability Annually service delivery and education action plan to cover the entire territory of Serbia
	1.2. To continue work on prevention by empowering women with disabilities and building capacities of service providers, but it also focuses on responses to custodial violence including the development of complaint mechanisms, improving policies and procedures to support women with disabilities survivors of custodial violence.	State institutions, providers of support services to women and girls with mental disabilities and local non-government organizations	Annually service development plan
	1.3. Work on preventing VAW with disabilities should have a comprehensive approach that includes work on deinstitutionalization, legal capacity for reforms, gender equality, and improving disability policies. The deinstitutionalization strategy adopted at the end of 2021 is a good basis for those activities. Representatives of ministries and government agencies, as well as decision-makers, expressed their readiness to work on this in the future.	Creators of public policies at the central level, decision makers, providers of support services to women with mental disabilities	During the 2022.
	1.4. State has to take necessary legislative or other measures and ensure that abortion is incriminated without prior and informed consent of a woman, as well as surgery with the aim or	Creators of public policies at the central level, decision makers	During the 2022.

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	consequence of preventing the natural reproduction of a woman without her informed consent or understanding of the procedure.		
2.Effectiveness	2.1. The overall goal of the Project that women and girls with mental disabilities have greater support and feel empowered to live their life free of custodial violence it requires a continuous advocacy work with decision-makers become aware of the necessity for closing custodial institutions and move from declarative support to the DI process to concrete work and results.	Project manager/project coordinator, Members of the platform “Equal in the community” include 9 NGO’s	During the 2022.
	2.2. Primary beneficiaries have significantly improved their knowledge and information about specific forms and manifestations of custodial violence. Its need to continue empowers their capacities, to take self-advocacy and self-support actions for prevention and protection from custodial violence.	Ministry of Labor, Employment, Veteran and Social Affairs, Provincial Secretariat for Social Affairs, social and custodial institutions, specialized OCD	During the 2022.
	2.3. To continue trainings for raising awareness service providers, overall knowledge and understanding of gender-based violence in custodial institutions, empowering to implement different services to women with disabilities who have experience of custodial violence (health, social, legal services), because all of providers estimate that they need continuous support in capacity building.	All sectors included in the system for prevention and protection of women from violence	Continuously
	2.4 On the positive experience during the COVID- 19 pandemic when many activities were carried out online, provide technical conditions for women with mental disabilities to have mobile phones and internet access and enable them to communicate outside custodial institutions.	Residential institutions, donors, project implementers	During 2022 and 2023.

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3.Efficiency	3.1 Before the project implementation, it is important that representatives of the team implementing the project, especially those responsible for management of finances, pass the training about the manner in which it is required to manage crisis situation such as a pandemic when it is necessary allocate funds to enable the implementation of planned activities and achievements of objectives.	Donors, project implementers	Project preparation phase
	3.2 Due to the importance of the human component in a project that has many components and more partners, it is important to devise mechanisms for overcoming possible crisis situations in the project team before starting to implement the project. It is also necessary to anticipate ways to overcome crisis situations (COVID-19) that lead to stress and burnout of project team members.	Donors	Project preparation phase
4.Impact	4.1. In the course of preparing the design for each project, of which direct measures of support to specific groups of beneficiaries are an integral part, it is very important to include the perspective of representatives of those groups of beneficiaries, so that their satisfaction with concrete measures could be assessed.	Project implementers	Project preparation phase
	4.2. To continually implement campaigns aiming at informing and raising awareness of the general public about the problem of gender based and institutional violence against women with mental disabilities.	Coordination Body for Gender Equality, Ministry of Labor, Employment, Veteran and Social Affairs, the Commissioner for the protection of Equality, civil sector, non-government organizations, project	Continuously

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		implementers for the topic of gender based and institutional violence against women with disabilities	
	4.3 To work on raising awareness about the significance of gender equality and the problem of gender-based violence against women with disabilities, especially women with mental disabilities through social and custodial institutions.	Ministry of Labor, Employment, Veteran and Social Affairs, Provincial and Republic Institute for Social Policy, CSO	Continuously
5.Sustainability	5.1. To secure steady financial support for services of support, in such a way that funds from local budgets are appropriated for specialized women’s non-government organizations which provide services for women with mental disabilities. This is especially important from the point of view of the deinstitutionalization processes.	Local self-governments	From 2022.
	5.2. To finance project activities of the organizations of civil society which provide support for women with mental disabilities victims of gender based and institutional violence. Participants in the project activities recognized the CSOs that provide services and expressed their willingness to cooperate to improve support for women with disabilities.	Ministry of Labor, Employment, Veteran and Social Affairs, The Provincial Secretariat for Social Affairs, local self-governments, Donors – international organizations	From 2022.
	5.3. To provide technical equipment such as cellular telephone for women with disabilities in the institutions, 24-hour internet available to be able to communicate with the outside world freely and without control. The analysis of the results and the participants themselves confirmed that the available internet gives them the opportunity to	Donors, Local-self governments	During 2022.

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	communicate with the outside world, which means a lot to them.		
	5.4. To present the project results, especially the created model of the support for women with disabilities – mentors, to relevant institutions at the central level, such as the Ministry of Labor, Employment, Veteran and Social Affairs and the Coordination Body for gender Equality in the Government of the Republic of Serbia.	Project implementers	Second half of 2022.
	5.5. To define the basis for financing support services for victims of custodial violence in line with the model created under the project.	Ministry of Labor, Employment, Veteran and Social Affairs, Provincial Secretariat for Social Affairs	From 2022.
	5.6. To resume the work on improving cooperation between sectors involved in the system for prevention and protection from gender based and institutional violence. It is especially important to improve cooperation between the civil sector and state institutions and remove biases about civil sector that still exist.	Representatives of all institutions/organizations at the local level (police, centers for social work, prosecutor’s offices, courts, healthcare institutions, educational institutions, non-government organizations)	Continuously
	5.7. It is important for all training programs, which were prepared within the project, to be accredited, so that knowledge and skills of professionals providing support to victims of gender based, and especially institutional violence against women with disabilities, are continuously improved.	Councils for accreditation, project implementer	From 2022.
	5.8. With the aim to enhance motivation of employees in state and custodial institutions, it is necessary to prepare mechanisms, at the system level, for rewarding special commitment and	Government of the Republic of Serbia, ministries	From 2022.

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	dedication of individuals in those institutions.		
	5.9. To do more about informing women with mental disabilities about their rights and services available to them and additionally empower them to report violence, because it is important not only for women, but also for service providers so that they can value their work and the services they provide in order to constantly improve them.	Support services providers	Continuously
6.Knowledge Generation	6.1. In order to share knowledge and experience gained during the project “Accessible Services for Women with Disabilities Survivors of Custodial Violence” with other participants, it is necessary to publicly present the key document generated during the project.	Members of the project team, especially those responsible for the component of piloting CVSVs	Second half of 2022.
	6.2. In the course of preparing future projects which would be very complex, such as the project “Accessible Services for Women with Disabilities Survivors of Custodial Violence”, it is necessary to envisage more time for their realization.	Donors, project applicants	Project preparation phase
7.Gender Equality and Human Rights	7.1. To continually work on transformation of dominant patriarchal value patterns, based on unequal relations between women and men, in order to achieve gender equality in society.	Coordination Body for Gender Equality, Ministry of Labor, Employment, Veteran and Social Affairs, the Commissioner for the Protection of Equality, Members of the platform “Equal in the community”, “Journalist against Violence”	Continuously
	7.2. To continually work on sensitization of professionals from the system of protection for the work with extremely marginalized	Human resources management office, specialized women`s non-	Continuously

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	groups of women such as women with disabilities, and women with mental disabilities through education and trainings.	government organizations	
	7.3. The cooperation of organizations supporting persons with disabilities and women organizations, which in many ways contributed to more comprehensive approach and combining feminist principles and human rights in improving service delivery.	Specialized non-government organizations providing support to women with mental disabilities	Continuously

Annex 1 – Terms of Reference

Terms of Reference for External Evaluation

Terms of Reference for External Evaluation

1. BACKGROUND AND CONTEXT

1.1. Description of the project

Project “Accessible Services for Women with Disabilities Survivors of Custodial Violence” has been implemented by Mental Disability Rights Initiative of Serbia MDRI-S in partnership with women’s rights organization FemPlatz, and it is funded by United Nations Trust fund to End Violence against Women. Mental Disability Rights Initiative Serbia (MDRI-S) was founded in 2008 as an advocacy non-profit organization with the aim of protecting the human rights and promoting full participation of persons with mental disabilities. MDRI-S focuses on equal recognition of persons with mental disabilities before the law, deinstitutionalization, and community living.

The project duration is three years (from September 2019 to November 2021), and it is currently in its final implementing phase.

The project has a national scope, and it is implemented in Serbia. It addresses violence perpetrated or condoned by the State, namely custodial violence, forced sterilization/pregnancy/abortion and generally violence that women with mental disabilities in residential and psychiatric institutions in Serbia survive.

Project goal is to ensure that women and girls with mental disabilities have greater support and feel empowered to live their life free of custodial violence by 2021, while recognizing that custodial violence may occur in residential and psychiatric institutions, community living or supported living arrangements. Primary beneficiaries are 100 women and girls with disabilities, mostly those with mental disabilities (intellectual, psycho-social, and cognitive) who either live in residential institutions or have an experience of institutionalization. The project brought knowledge and information about protection mechanisms and prevention measures against custodial violence and empowered women for self- advocacy and self-support. Strategic result area is to improve confidence and knowledge of women and girls, so that they can speak for themselves, which also contributes to their representation and self- autonomy. In addition, professional capacities of 160 service providers, which support survivors of violence (helplines, shelters, general and specialized services) were strengthened. Capacity building involved intensive training courses for service providers, developing models and standards for general and specialized services for women with disabilities survivors of custodial violence, piloting services, and organizing mentor support. Strategic outcome is to

improved service delivery and access, and improved specialist support services for survivors. Besides empowering women and building capacities of service providers for changes in the practice, the project worked on strengthening institutional responses, namely improving policies and procedures to recognize custodial violence and meet international prevention and protection standards. This was implemented throughout targeted advocacy actions to relevant governmental agencies, officials, and members of the parliament, and submitting reports to international human rights treaty bodies.

Primary beneficiaries of the project are women and girls with disabilities (100), especially those with intellectual, cognitive, and psychosocial disabilities of very low socio-economic status who reside in residential and psychiatric institutions (in urban and rural areas) in the Republic of Serbia. Secondary beneficiaries are 220 service providers supporting survivors of violence (Disabled Persons Organizations - DPOs, mainstream human rights organizations, service providers, women's organizations), social workers, Government officials (decision-makers, policy implementers), and members of the Parliament.

The project applies human rights approach, social inclusion principles, observations on intersectional discrimination, and analysis of multiple disparities facing women with disabilities in custodial institutions.

1.2. Strategy and theory of change

The project takes strong advocacy approach in all aspects, and it focuses on advocacy and empowering primary beneficiaries in the area of prevention of violence through changing attitudes and knowledge. In order to support change of attitudes and improved community and institutional responses, the project includes improvement of service delivery by building partnerships. In addition, the project supports implementation of multisector policies in the areas of prevention of gender- and disability-specific violence and discrimination by monitoring the implementation, conducting research and advocacy activities.

The project applied a human rights-based approach to working with women with disabilities by exploring and reacting to intersectional discrimination and cross-cutting issues. The project explored multiple disparities facing women with disabilities in custodial institutions, namely violence (and risk of violence) on the grounds of gender, age, locality (e.g., difference between community living and institutionalization).

The capacity-building methodology was based on an adult-learning and peer support approach with the use of different instruments, such as discussions, presentations, workshops, individual work, work in pairs, etc.

Primary beneficiaries – women with disabilities – have been involved throughout the whole project implementation in order to empower them for further actions, but also to ensure participation, legitimacy, and accountability of advocacy objectives. Overall, the advocacy activities are framed throughout 'agenda setting' theory within the theory of change. Current political, social, and economic circumstances in Serbia create opportunities for at least two streams of policy processes.

At the middle of project implementation, the COVID-19 pandemics started, which profoundly affected the implementation and activity plan. The position of women with disabilities in residential institutions in Serbia has changed, they experienced long-term isolation and lockdown, strict control, and violation of their rights with disproportionate measures.

1.3. Geographic Scope

The project has a national scope, and it has been implemented in the Republic of Serbia.

1.4. Total resources allocated for the intervention

Estimated total project budget is USD 280,500 while the funding from the UN Trust Fund to End Violence against Women is USD 260,200.

1.5. Key partners

Main implementing partner is women’s rights organization FemPlatz, which is an advocacy and research organization dedicated to the fulfillment of women’s rights and gender equality, improving safety of women/girls, and their participation in civic and political life, especially women at risk of multiple and intersectional discrimination.

Project partners worked together in all project phases – planning, implementation, monitoring, and reporting. Precise division of responsibilities is given in the full-fledged proposal and Memorandum of cooperation between MDRI-S and FemPlatz.

2. PURPOSE OF THE EVALUATION

This is a mandatory final project evaluation required by UN Trust Fund to End Violence against Women. It is also final evaluation of the MDRI-S program to promote accessible services for women with disabilities survivors of custodial violence in Serbia.

The evaluation results will be used by the UN Trust Fund to End violence against Women to assess the overall impact of the project. In addition, it will be used by MDRI-S management team in understanding the achieved outcomes, positive effects and aspects, and negative circumstances or side-effects. It will be used for planning the continuation of the program to deinstitutionalize and end violence against women with disabilities in custodial institutions in Serbia.

Evaluation results will support MDRI-S team in designing further activities and programs based on perspectives of primary and secondary beneficiaries. The project team will decide on strategy for advocacy and capacity building activities, especially designing advocacy activities with the Platform of CSOs *Equal in the Community*.

3. EVALUATION OBJECTIVES AND SCOPE

3.1. Scope of Evaluation

Evaluation needs to cover the entire project duration (from September 2019 to November 2021). It is focused on activities and impact in the region of Serbia but takes in account effects and success of international partnerships and international advocacy actions and their effects on the national program.

This evaluation needs to cover the target primary and secondary beneficiaries as well as broader stakeholders, including key partners and selected external consultants/experts that took part in the project.

3.2. Objectives of evaluation

The overall objectives of the evaluation are to:

- a) evaluate the entire project in terms of effectiveness, relevance, efficiency, sustainability, and impact, with a strong focus on assessing the results at the outcome and project goals;
- b) generate key lessons and identify promising practices for learning;
- c) identify prospective innovative approaches and strategies to end violence against women with disabilities in custodial institutions in Serbia.

4. EVALUATION QUESTION

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

Evaluation criteria	Mandatory evaluation questions
Effectiveness	1) To what extent were the intended project goal, outcomes and outputs achieved and how? 2) To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached? 3) To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes. 4) What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?

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	<p>5) To what extent was the project successful in advocating for legal or policy change? Explain why.</p> <p>6) To what extent was the project successful in motivating service providers to widen their programs and support women with disabilities?</p> <p>7) How the Covid- 19 pandemics affected the realization of the project?</p>
Relevance	<p>1) To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls with disabilities in custodial institutions?</p> <p>2) To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls with disabilities in custodial institutions?</p>
Efficiency	How efficiently and timely has this project been implemented and managed in accordance with the Project Document?
Sustainability	How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?
Impact	What are the unintended consequences (positive and negative) resulted from the project? Covid-19 impact?
Knowledge Generation	<p>1) What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?</p> <p>2) Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?</p> <p>3) What knowledge material have been produced during the project implementation?</p> <p>4) What was the impact of the second grant on MDRI-S?</p>

5. EVALUATION METHODOLOGY

Evaluation methodology should involve process and outcome evaluation design adjusted for small grant. Process design includes evaluation of inputs for activities to achieve outputs that should all lead to widening the evaluation to include outcome design (evaluating short, medium-term outcomes of the project). For process evaluation, MDRI-S team collected program documents and information to what extent and how consistently the program has been implemented. For process evaluation, the selected evaluator will have to:

- Review program documents and records;
- Review knowledge material produced during the project;
- Review administrative data.

After identifying thematic necessities together with project team and relevant stakeholders, selected evaluator will conduct interviews and focus groups with the project team, primary beneficiaries, secondary beneficiaries (at least one person/institution from each group). The analysis includes confirmation of findings across different sources (triangulation).

Outcome evaluation should identify the results and effects of a program, and measure program beneficiaries' changes in knowledge, attitude(s), and/or behavior(s) that result from a program.

MDRI-S team will provide selected evaluator(s) with following data sources:

- Results of pre- and post-training questionnaires for service providers who attended the training;
- Results/reports on individual interviews with primary beneficiaries;
- Reports and submissions sent to international human rights treaty bodies;
- Produced knowledge and information material.

This is just an overall approach and method for conducting the evaluation, data sources and tools that should yield the most reliable and valid answers to the evaluation questions. Final decisions about the specific design and methods for the evaluation will emerge from the consultations among the project team, the evaluator, and key stakeholders to meet the evaluation purpose and objectives and answers the evaluation questions.

6. EVALUATION ETHICS

For interviewing primary beneficiaries of the project, the evaluator has to consult and use Ethics and Safety document developed by MDRI-S for interviewing women with disabilities in custodial institutions. This document will be provided to the evaluator by the organization.

The evaluation must be conducted in accordance with the principles outlined in the UN Evaluation Group (UNEG) ‘Ethical Guidelines for Evaluation’ <http://www.unevaluation.org/ethicalguidelines>

It is imperative for the evaluator(s) to:

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- Guarantee the safety of respondents and the research team. Apply protocols to ensure anonymity and confidentiality of respondents.
- Ensure compliance with legal codes governing areas such as provisions to collect and report data, particularly permissions needed to interview or obtain information about children and youth.
- Store securely the collected information.

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

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

7. KEY DELIVERABLES OF EVALUATORS AND TIMEFRAME

This section describes the key products the evaluation team will be accountable for producing and submitting to the grantee organization.

	Deliverables	Description of expected deliverables	Timeline
1	Evaluation inception report (in English language)	Proposed methods, proposed sources of data and data collection/analysis procedures. The inception report must include a proposed schedule of tasks, activities and deliverables, designating a team member with the lead responsibility for each task or product.	20 December 2021
2	Draft Evaluation Report (in English language)	Evaluators must submit draft report for review and comments by all parties involved. The report needs to meet the	10 February 2022

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		<p>minimum requirements specified in the annex of TOR.</p> <p>The grantee and key stakeholders in the evaluation must review the draft evaluation report to ensure that the evaluation meets the required quality criteria.</p>	
3	Final Evaluation Report (in English language)	<p>Relevant comments from key stakeholders must be well integrated in the final version, and the final report must meet the minimum requirements specified in the annex of TOR. The final report must be disseminated widely to the relevant stakeholders and the general public.</p>	26 February 2022

8. EVALUATION TEAM COMPOSITION AND REQUIRED COMPETENCIES

8.1. Roles and responsibilities of evaluator

For conducting final project evaluation, MDRI-S seeks for the national agency/organization to conduct the evaluation.

Evaluation organization will be responsible for undertaking the evaluation from start to finish and for managing the evaluation process under the supervision of evaluation task manager from the MDRI-S, for the data collection and analysis, as well as report drafting and finalization in English language.

8.2. Required competences

To be selected, evaluator should fulfil the following requirements and have the following competencies and experience:

- Be registered and active legal entity (agency, organization, association) in the Republic of Serbia;
- Be active and experienced at the national level;
- Provide at least 2 expert evaluators to be available and assigned for this evaluation;
- Evaluation experience of at least five years in conducting external evaluations, with mixed- methods evaluation skills and having flexibility in using non-traditional and innovative evaluation methods;
- Expertise in gender and human-rights based approaches to evaluation and issues of violence against women and girls;
- Experience in collecting and analysing quantitative and qualitative data;
- A strong commitment to delivering timely and high-quality results, i.e., credible evaluation and its report;
- A strong team leadership and management track record, as well as interpersonal and communication skills to help ensure that the evaluation is understood and used;

- Good communication skills and ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts;
- Language proficiency: Serbian language and fluency in English language.

9. MANAGEMENT ARRANGEMENTS

Name of group	Roles and responsibilities	Actual name of staff responsible
Evaluator	External evaluators/consultants to conduct an external evaluation based on the contractual agreement and the Terms of Reference, and under the day-to-day supervision of the Evaluation Task Manager.	External evaluator
Evaluation Task Manager	Managing the entire evaluation process under the overall guidance of the senior management, to: <ul style="list-style-type: none"> • lead the development and finalization of the evaluation TOR in consultation with key stakeholders and the senior management; • manage the recruitment of the external evaluators; • lead the collection of the key documents and data to be share with the evaluator at the beginning of the inception stage; • liaise and coordinate with the evaluator, the reference group, the commissioning organization and the advisory group throughout the process to ensure effective communication and collaboration; • provide administrative and substantive technical support to the evaluator and work closely with the evaluator throughout the evaluation; • lead the dissemination of the report and follow-up activities after finalization of the report 	Masa Pavlovic, Program Manager Maja Popovic, Program Assistant from MDRI-S

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Commissioning organization	Senior management of the organization who commissions the evaluation (grantee) – responsible for: 1) allocating adequate human and financial resources for the evaluation; 2) guiding the evaluation manager; 3) preparing responses to the recommendations generated by the evaluation.	Members of the management board of MDRI-S Dragana Ciric Milovanovic, Executive director Masa Pavlovic, Project manager Snezana Lazarevic, Board member
Reference group	Primary and secondary beneficiaries, partners and stakeholders of the project who provide necessary information to the evaluator and to reviews the draft report for quality assurance;	Women with disabilities Service providers Civil society organizations Policy-makers (government officials and member(s) of the Parliament) External experts/consultants Final number and structure will be agreed at the beginning of the evaluation process
Advisory group	Focal point from the UN Women Regional Office and the UN Trust Fund Portfolio Manager to review and comment on the draft TOR and the draft report for quality assurance and provide technical support if needed.	

10. Timeline of the entire evaluation process

This section lists and describes all tasks and deliverables for which evaluator(s) or the evaluation team will be responsible and accountable, as well as those involving the commissioning office, indicating for each the due date or time-frame (e.g., work plan, agreements, briefings, draft report, final report), as well as who is responsible for its completion.

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Stage of evaluation	Key tasks	Responsible	Number of working days required	Timeframe
Preparation stage	Preparing and finalizing ToR with key stakeholders	Commissioning organization and evaluation task manager	14	10/11/2021 to 24/11/2021
	Compiling key documents and existing data		3	24/11/2021 to 27/11/2021
	Recruitment of external evaluator		3	27/11/2021 to 30/11/2021
Inception stage	Briefings of evaluator, orienting evaluator	Evaluation task manager	2	01/12/2021 to 03/12/2021*
	Desk review of key documents	Evaluator	2	04/12/2021 to 07/12/2021*
	Finalizing evaluation design and methods	Evaluator	1	08/12/2021 to 09/12/2021*
	Preparing an inception report	Evaluator	2	10/12/2021 to 12/12/2021*
	Review Inception report and provide feedback	Evaluation task manager, Reference group, Advisory Group	7	12/12/2021 to 19/12/2021*
	Submitting final version of Inception report	Evaluator		20/12/2021
Data collection and analysis stage	Desk research	Evaluator	2	21/12/2021 to 23/12/2021*
	In-country technical mission for data collection	Evaluator	4	24/12/2021 to 28/12/2021*
Synthesis and reporting stage	Analysis and interpretation of findings	Evaluator	2	10/01/2022 to 14/01/2022*
	Preparing a draft report	Evaluator	3	17/01/2022 to 21/01/2022*
	Review of the draft report with key stakeholders for quality assurance	Evaluation task manager, Reference group, Commissioning organization Board, Advisory group	5	24/01/2022 to 10/02/2022*

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	Consolidate comments and submit the consolidated comments to evaluator	Evaluation task manager	2	11/02/2022 to 17/02/2022*
	Incorporating comments and revising the evaluation report	Evaluator	2	18/02/2022 to 24/02/2022*
	Submission of the final report	Evaluator		26/02/2022
	Final review and approval of report	Evaluation task manager, Reference group, Commissioning organization Board, Advisory group	2	26/02/2022 to 28/02/2022
Dissemination and follow-up	Publishing and distributing the final report	Commissioning organization led by evaluation manager	5	March 2022
	Prepare management responses to the key recommendations of the report	Commissioning organization led by evaluation manager	5	March 2022
	Organize learning events (to discuss key findings and recommendations, use the findings for planning of following year)	Commissioning organization	7	March 2022

*The final timeframe will be determined in agreement with the selected bidder.

11. APPLICATION AND SELECTION PROCEDURE

Interested bidder should send:

- Proof of registration
- Cover letter and CVs of two expert evaluators stating their experience and availability for the assignment

Bid should be sent by **24 November 2021** at email address mdri.serbia@gmail.com. Short-listed experts will be contacted during November, and the final decision will be made on **30 November 2021**.

Annex 2 – Evaluation matrix

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data Collection Methods
Effectiveness	To what extent were the intended project goal, outcomes, and outputs (project results) achieved and how?	<p><i>Level of achievement of the overall project goal (from “not achieved at all” to “fully achieved”)</i></p> <p><i>Percentage of fully achieved outcomes and outputs (for each outcome/output categories from “not achieved at all” to “fully achieved”)</i></p>	<p><i>Review of periodic reports of each project component, review of annual and progress reports submitted to UNTF</i></p> <p><i>Interviews with the implementers of each project component</i></p>
	Does the project have effective implementation mechanisms to measure progress in terms of results?	<p><i>Effective implementation mechanism established (YES/NO)</i></p> <p><i>Procedures developed and adopted (YES/NO)</i></p>	<p><i>Review of reports from implementing partners</i></p> <p><i>Review of internal documents of the implementing partners</i></p> <p><i>Interviews with project implementers</i></p> <p><i>Review of periodic work plans prepared by each project component</i></p>
Relevance	To what extent do the achieved results (project goal, outcomes, and outputs) continue to be relevant to the needs of women and girls?	<p><i>Topics covered by the project are relevant at the end of the project (prevalence of GBV, need for adequate services for women and girl with disabilities victims of GBV, need for increasing the level of knowledge and skills of professionals from the system of social protection (YES/NO)</i></p> <p><i>Project is fully adjusted to local context (YES/NO)</i></p> <p><i>Work plans and implementing strategies of project implementers (each project component) are relevant for the achievement of project results (project goal, outcomes, and outputs) (YES/NO)</i></p>	<p><i>Data analysis based on questionnaires submitted by professionals who participated in the trainings</i></p> <p><i>Progress and annual reports submitted to the UNTF and periodic reports submitted by representatives of each project component</i></p>

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	<p>To what extent is the project in line with national legislation, provincial and strategic documents, as well as by the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence?</p>	<p><i>The project is in line with relevant legal and strategic documents at the national level (YES/NO)</i></p> <p><i>The project is in line with relevant strategic documents at the national level (YES/NO)</i></p> <p><i>The project is in line with the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (YES/NO)</i></p>	<p><i>Review of relevant strategic and legal documents - laws, strategies, conventions, programs</i></p>
<p>Efficiency</p>	<p>To what extent was the project efficiently and cost-effectively implemented?</p>	<p><i>Work plans of implementing partners realized on time (YES/NO)</i></p> <p><i>Project has been managed well to make best use of human and financial resources (YES/NO)</i></p> <p><i>Obstacles appeared during the project implementation (YES/NO)</i></p> <p><i>Mitigation strategies developed (YES/NO)</i></p> <p><i>Financial resources</i></p> <ul style="list-style-type: none"> • <i>Financial resources used in accordance with the initial plan (YES/NO)</i> • <i>Financial reports exist (YES/NO)</i> • <i>Financial reports are available (YES/NO)</i> • <i>Financial reports were submitted in a timely manner (YES/NO)</i> 	<p><i>Review of the Annual and Progress reports submitted to the UNTF</i></p> <p><i>Periodic reports submitted by each project component</i></p> <p><i>Interviews with representatives of each project component</i></p> <p><i>Interviews with representatives of management team (mandatory to include a person in charge of finances)</i></p>
	<p>Were the resources (human, financial, technical, etc.) allocated in an appropriate manner to enable achievement of the planned outputs?</p>	<p><i>Human resources were sufficient and allocated in appropriate manner for achievement of the planned outputs (YES/NO)</i></p> <p><i>Financial resources were sufficient and allocated in appropriate manner for achievement of the planned outputs (YES/NO)</i></p>	<p><i>Interviews with implementers and partners</i></p> <p><i>Review of periodic reports submitted by each project component</i></p>

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		<i>Technical and organizational capacities were adequate for achievement of the planned outputs (YES/NO)</i>	
Sustainability	To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?	<p><i>New procedures and mechanism for providing support to women and girls with disabilities victims of GBV is established (YES/NO)</i></p> <p><i>Number of memorandums of cooperation (agreements defining internal procedures) in social care institutions that continued to be in force upon the finalization of the project</i></p> <p><i>Decision makers at different levels (local, provincial, national) are aware of GBV (in terms of its content, prevalence, need for providing adequate institutional response, etc.)</i></p> <p><i>Established efficient model of cooperation between social care system and GBV protection system at the national level (YES/NO)</i></p>	<p><i>Interviews with professionals engaged in the social/custodian institutions</i></p> <p><i>Review of internal documents in the social/custodian institutions</i></p> <p><i>Interviews/FGDs with representatives of social/custodian institutions</i></p> <p><i>Review of relevant documents on multi-sector cooperation at different levels (local, provincial, national) in protection women from all forms of GBV/especially women and girls with disability</i></p>
	Can the project approach and results be repeated or improved? What is the possibility of that happening? What would support their repetition or improvement?	<p><i>Perspectives of representatives of project components and beneficiaries on the significance of the project</i></p> <p><i>Willingness of project participants to continue working on the same or similar project</i></p> <p><i>Availability of resources (human, financial, technical, organizational, etc.) in selected municipalities/districts/regions</i></p>	<p><i>Interviews with representatives of each project component</i></p> <p><i>Interviews with decision makers at different level (local, provincial, national)</i></p>
Impact	To what extent has the project contributed to ending violence against women, gender equality and/or women’s empowerment (both intended and unintended impact)?	<i>Increase/decrease of reported number of cases of GBV and SV in the custodian institutions in Serbia</i>	<i>Interviews with counsellors who are in direct contact with women and girls in custodian institutions victims of GBV</i>

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		<p><i>Percentage of women and girls with disabilities victims of GBV that continued with psychosocial support or some other support after reporting violence</i></p> <p><i>Increase/decrease of number of women and girls with disabilities who asked for psychosocial support in specialized women organizations</i></p> <p><i>Number of social care professionals who were trained to provide efficient response to GBV</i></p> <p><i>Perspectives of managers/supervisors in custodian institutions on the extent to which awareness of GBV is integrated</i></p>	<p><i>Interviews with representatives of women organizations, DPOs, other relevant CSOs</i></p> <p><i>Lists of training participants, Evaluation from the trainings</i></p> <p><i>Questionnaires and group discussions with managers/supervisors of the custodian institutions</i></p>
	To what extent are beneficiaries of the project satisfied with the results?	<i>Perspectives of different groups of project beneficiaries on the extent to which they are satisfied with the changes introduced during the project implementation</i>	<i>Data based on questionnaires, interviews and FGDs with different groups of beneficiaries (women and girl survivor of GBSV, women and girls from the general population, etc.)</i>
	Has the project contributed to raising awareness of gender-based violence in custodian institutions in the community and informing wider population?	<p><i>Number of raising awareness/public events organized</i></p> <p><i>Number of individuals from different groups of beneficiaries participated in raising awareness/public events</i></p>	<i>Reports from public events</i>
Knowledge generation	To what extent has the project generated knowledge, promising or emerging practices in the field of EAW/G that should be documented and shared with other practitioners?	<p><i>Number of documents prepared during the project that could be shared externally</i></p> <p><i>Innovative practices that can be shared with other practitioners were identified (YES/NO)</i></p>	<p><i>Document review (reports and other material prepared and publishes during the project)</i></p> <p><i>Case studies on the examples of good practices</i></p>

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		<i>Number of meetings/conferences with other social practitioners within the country or from other countries</i>	<i>Meeting minutes, reports from conferences</i> <i>Interviews with implementers of each project component</i>
Gender Equality and Human Rights	Have the human rights based and gender responsive approaches been incorporated through-out the project and to what extent?	<i>Gender based statistics and analyses are incorporated in the project reports and other documents</i> <i>Number of women and girls with disabilities covered by the project</i> <i>Extent to which the rights of respondents were protected</i> <i>New documents developed during the project implementation have incorporated gender-responsive approach and human rights-based approach (YES/NO)</i>	<i>Review of materials of each project component (reports and other material prepared and published during the project implementation)</i> <i>Annual and progress reports</i> <i>Interviews with representatives of each project component</i> <i>Interviews/FGDs with representatives of local social institutions and mechanism for prevention and protection from GBV</i>

Annex 3 – Beneficiary data sheet

TOTAL BENEFICIARIES REACHED BY THE PROJECT

Type of Primary Beneficiary	Intended to reach	Reached	% of the completion
Female domestic workers	/	/	
Female migrant workers	/	/	
Female political activists/ human rights defenders	/	/	
Female sex workers	/	/	
Female refugees/ internally displaced asylum seekers	/	/	
Indigenous women/ from ethnic groups	/	/	
Lesbian, bisexual, transgender	/	/	

“Accessible Services for Women with Disabilities Survivors of Custodial Violence”

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Women/ girls with disabilities	100	588	~588%
Women/girls with MD in custodial institutions	20	15	75%
Women/ girls living with HIV/AIDS	/	/	
Women/ girls with disabilities survivors of violence	3	8	~266%
Women prisoners	/	/	
Women and girls with disabilities in general	1000	1300	130%
Other (Specify here:)	/	/	
TOTAL PRIMARY BENEFICIARIES REACHED	1123	1911	~170%
Type of Secondary Beneficiary	Number		
Members of Civil Society Organizations/Disability person organizations	10	10	100%
Members of Community Based Organizations	30	55	183%
Members of Faith Based Organizations	/	/	/
Education Professionals (i.e., teachers, educators)	/	/	/
Government Officials (i.e., decision makers, policy implementers)	40	196	490%
Social care Professionals	160	2201	1375%
Journalists / Media	/	/	/
Legal Officers (i.e., Lawyers, prosecutors, judges)	3	3	100%
Men and/ or boys	30	32	106%
Parliamentarians	30	18	60%
Private sector employers	/	/	/
Social/ welfare workers	19	19	100%
Uniformed personnel (i.e., Police, military, peace keeping)	/	/	/
Other (Specify here:)	/	/	/
TOTAL SECONDARY BENEFICIARIES	322	2521	~782%
Indirect beneficiaries reached	Number		
Other (total only) General public	100.000	180.000	180%
GRAND TOTAL	101.445	182.521	~179%

Annex 4 – Data Collection Instruments and Informed Consent Form

4.1. QUESTIONNAIRE - External evaluation of the project "Accessibility of services for women with disabilities survivors of custodial violence"

Date and place: _____
 Name and Surname: _____
 Workplace/work engagement: _____

Dear,

Whitin the external evaluation process of the project “Accessibility of services for women with mental disabilities survivors of custodial violence”, which is implemented by association MDRI and with support of UNTF, it is planned to collect information from participants in project activities, service providers and decision makers.

Your opinion is highly appreciated since it will provide specific perspective in understanding the achieved goals and the achieved results.

We thank you in advance for completing the questionnaire.

1. Are you familiar with the activities/projects carried out by MDRI?
Yes No
2. Do you think that you were sufficiently familiar with this project?
Yes No
3. If you were directly involved, can you tell us in which part and in which way you received information about this project:
 - Personal contact
 - Via social media
 - Website of association MDRI
 - Via third parties
 - By public events
 - Something else: _____
4. How do you assess the cooperation with MDRI (in all segments of cooperation: negotiation, planning, execution)?
 - Very successful
 - Partially successful
 - Successful to certain extent
 - Unsuccessful to certain extent
5. Have you had opportunities to influence on the scope and areas of the partnership?
Yes No
If yes, describe in which segment of cooperation: _____
6. In your opinion, has the crisis caused by COVID-19 affected the visibility of the project and participation/cooperation/partnership on the project?
Yes No
If yes, please explain how: _____
7. Are the needs of women with intellectual and mental disabilities (MD) recognized in our society?
Yes No
8. Can the adopted policies and measures meet these needs?
Yes No
9. Are violations of the rights of these women being recognized?
Yes No
10. In your opinion, did the goals of the project respond to the recognized rights and needs of women with mental disability?
Yes No

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If yes, please explain how: _____

11. Did the implemented activities within the project correspond to the identified problems?

Yes No

12. In your opinion, is this project a rare example of practice in Serbia or its goals and results can relate to similar initiatives?

Yes No

13. Do you think that the COVID-19 crisis has affected the needs of women with MD?

Yes No

14. Have the project activities responded well to the new circumstances of COVID-19?

Yes No

15. From your perspective, are there any visible changes in women with MD?

Yes No

16. What, in your opinion, had a particularly positive impact on the success of the project?

Answer: _____

17. In your opinion, what was the effect of COVID-19 crisis to project results?

- Largely
- Partially
- It had no effect

18. In your opinion, have the institutions adapted to this situation and adequately responded to the needs of women with mental disability?

Yes No

19. Have CSOs adapted to the new situation when providing services to women with MD?

Yes No

20. What are, in your opinion, the capacities of the professionals/CSOs who provide services for these women?

- Developed and sufficient
- Developed but not sufficient
- Insufficiently developed
- Completely insufficient

21. Were the strategies, which this project implemented to build their capacity, effective (trainings)?

Yes No

22. In relation to COVID-19, should new strategies be considered for raising the capacity of professionals and CSOs?

Yes No

23. In your opinion, to what extent has the project contributed to the reduction of gender-based violence, especially custodial violence against women with intellectual and mental disabilities?

Yes No

If no, please explain: _____

24. In your opinion, are women with mental disabilities able to exercise their rights more effectively and receive better protection as a result of the project?

Yes No

25. In your opinion, has the impact of the project been weakened due to the circumstances of the COVID-19 crisis?
Yes No
26. Are you familiar with and can you list some publications or other documents that are created during this project?
Yes No
27. Have you, during the project or after the activity, identified the practices that should begin with implementing or shared with others who participate in providing support and services to women with mental disability?
Yes No

4.2. Focus group discussions – training participant, service providers, CSOs

Project: external evaluation of the project "Accessibility of services for women with disabilities survivors of custodial violence"

Note for facilitators of Focus Group Discussion (FGD):

Focus group is a technique that collects qualitative data by encouraging group of respondents to talk about their views, exchange ideas about a particular problem, while emphasizing on establishing a connection between the respondents who discuss a given topic, the possibility of reacting to comments from other participants, resulting in more comments, remarks, opinions, and sincere views.

The result of this interaction are data that explains more closely the subject of discussion. Spoken words/statements are important in the analysis of focus group results.

Reminder on Project goals:

- Preventing violations of the human rights of women with disabilities, especially those with mental disabilities who have experience of institutionalization
- Improving the capacity of service providers / CSOs to support women with mental disabilities for public advocacy for their rights and raise public awareness of needs and priorities marginalized groups of women
- Capacity building of decision makers by creating a precise advocacy strategy and relevant action plans

Reminder of endangered rights: Freedom of movement (in context of COVID-19 pandemic), right to health, social security, personal and community security, gender-based violence, the right to information, the right to make informed decisions, legal capacity.

Guide for facilitators of FGD: At the beginning of FGD, in order to create an environment that will be pleasant for you and interlocutors, and to establish a relationship of trust, first introduce yourself and explain what kind of experience you have. Maybe it would be useful to record the discussion (ask FGD participants to agree with that), because it will be easier to transcribe the interview of FGD to

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paper. Below please find a list of issues/topics to talk about. You can ask other questions or sub-questions to receive clearer and more detailed answers. Consider the questions as a whole by areas, do not ask them one by one, but put them in a complete context for the area for which they are relevant; do not ask questions individually to FGD participants but to encourage them to participate in conversation and say when and what they want. The FGD should last for 45-60 minutes, and no longer than 90 minutes.

Questions for discussion:

In relation to MDRI:

1. How long have you been cooperating/participating/familiar with the activities implemented by MDRI?
2. What are the key principles of work of MDRI?
3. How do you see/evaluate partnerships/alliances/cooperation with MDRI?
4. Has the crisis caused by COVID-19 affected participation/cooperation/partnership on the project?

In relation to relevance of the project:

5. Are the needs of women with intellectual and mental disabilities (MD) recognized in our society? Can the adopted policies and measures meet these needs? Are violations of the rights of these women being recognized?
6. In your opinion, did the goals of the project respond to the recognized rights and needs of women with mental disability?
7. Did the implemented activities within the project correspond to the identified problems?
8. Do you think that the COVID-19 crisis has affected the needs of women with MD and has a society/state adopted measures to mitigate the effects of COVID-19 on this target group?

In relation to effectiveness:

9. From your perspective, are there any visible changes in women with MD? And how much did they influence this one vulnerable group?
10. What, in your opinion, had a particularly positive impact on the success of the project? In your opinion, how much did the COVID-19 pandemic affect the results of the project?
11. Have the institutions adapted to this situation and adequately responded to the needs of women with mental disability? Have CSOs adapted to the new situation when providing services to women with MD?
12. What are the capacities of the professionals who provide services for these women? Were the strategies, which this project implemented to build their capacity, effective? In relation to COVID-19, should new strategies be considered for raising the capacity of professionals?
13. Can professionals perform their roles better after the project? What limits them in that?

In relation to impact:

14. In your opinion, to what extent has the project contributed to the reduction of gender-based violence, especially custodial violence against women with intellectual and mental disabilities?
15. Are women with mental disabilities able to exercise their rights more effectively and receive better protection as a result of the project?
16. Do the representatives of the institutions better understand their role, and can they fulfil it?
17. Do the representatives of the institutions recognize the role of CSOs that provide services to women with intellectual and mental disability? And the role of MDRI-S?

18. In your opinion, has the impact of the project been weakened due to the circumstances of the COVID-19 crisis?

In relation to knowledge generation:

19. Are you familiar with and can you list some publications or other documents that are created during this project?
20. Out of this material, what should be shared with other actors engaged in this area?
21. Have you, during the project or after the activity, identified the practices that should begin with implementing or shared with others who participate in providing support and services to women with mental disability?
22. What would you especially highlighted from the publications/documents that were created during the implementation of the project, which do you consider particularly important? What is its special value?

At the end of the FGD, thank the participants for their participation and encourage them to add something if they would want, or if they remember something that was not said at the FGD, and they consider it important to be said.

4.3. Focus group discussions - representatives of decision makers, bodies for gender equality, coordination, and cooperation groups, trainers, and external associates / partners

Project: external evaluation of the project "Accessibility of services for women with disabilities survivors of custodial violence"

Note for facilitators of Focus Group Discussion (FGD): Focus group is a technique that collects qualitative data by encouraging group of respondents to talk about their views, exchange ideas about a particular problem, while emphasizing on establishing a connection between the respondents who discuss a given topic, the possibility of reacting to comments from other participants, resulting in more comments, remarks, opinions, and sincere views. The result of this interaction are data that explains more closely the subject of discussion. Spoken words/statements are important in the analysis of focus group results.

Reminder on Project goals:

- Preventing violations of the human rights of women with disabilities, especially those with mental disabilities who have experience of institutionalization
- Improving the capacity of service providers / CSOs to support women with mental disabilities for public advocacy for their rights and raise public awareness of needs and priorities marginalized groups of women
- Capacity building of decision makers by creating a precise advocacy strategy and relevant action plans

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Reminder of endangered rights: Freedom of movement (in context of COVID-19 pandemic), right to health, social security, personal and community security, gender-based violence, the right to information, the right to make informed decisions, legal capacity.

Guide for facilitators of FGD: At the beginning of FGD, in order to create an environment that will be pleasant for you and interlocutors, and to establish a relationship of trust, first introduce yourself and explain what kind of experience you have. Maybe it would be useful to record the discussion (ask FGD participants to agree with that), because it will be easier to transcribe the interview of FGD to paper. Below please find a list of issues/topics to talk about. You can ask other questions or sub-questions to receive clearer and more detailed answers. Consider the questions as a whole by areas, do not ask them one by one, but put them in a complete context for the area for which they are relevant; do not ask questions individually to FGD participants but to encourage them to participate in conversation and say when and what they want. The FGD should last for 45-60 minutes, and no longer than 90 minutes.

Questions for discussion:

In relation to MDRI:

1. How long have you been cooperating/participating/familiar with the activities implemented by MDRI?
2. What are the key principles of work of MDRI?
3. How do you see/evaluate partnerships/alliances/cooperation with MDRI?
4. Has the crisis caused by COVID-19 affected participation/cooperation/partnership on the project?

In relation to relevance of the project:

5. Are the needs of women with intellectual and mental disabilities (MD) recognized in our society? Can the adopted policies and measures meet these needs? Are violations of the rights of these women being recognized?
6. In your opinion, did the goals of the project respond to the recognized rights and needs of women with mental disability?
7. Did the implemented activities within the project correspond to the identified problems?
8. Do you think that the COVID-19 crisis has affected the needs of women with MD and has a society/state adopted measures to mitigate the effects of COVID-19 on this target group?
9. Have the project activities responded well to the new circumstances of COVID-19?

In relation to effectiveness:

10. From your perspective, are there any visible changes in women with MD? And how much did they influence this one vulnerable group?
11. What, in your opinion, had a particularly positive impact on the success of the project? In your opinion, how much did the COVID-19 pandemic affect the results of the project? (Have any new regulations been brought or other prevention measures: training, etc.)
12. Have the institutions adapted to this situation and adequately responded to the needs of women with mental disability? Have CSOs adapted to the new situation when providing services to women with MD?
13. What are the capacities of the professionals who provide services for these women? Were the strategies, which this project implemented to build their capacity, effective (training)? In relation to COVID-19, should new strategies be considered for raising the capacity of professionals?
14. Can professionals perform their roles better after the project? What limits them in that?

In relation to impact:

15. In your opinion, to what extent has the project contributed to the reduction of gender-based violence, especially custodial violence against women with intellectual and mental disabilities?
16. Are women with mental disabilities able to exercise their rights more effectively and receive better protection as a result of the project?
17. Do the representatives of the institutions better understand their role, and can they fulfil it?
18. Do the representatives of the institutions recognize the role of CSOs that provide services to women with intellectual and mental disability? And the role of MDRI-S?
19. In your opinion, has the impact of the project been weakened due to the circumstances of the COVID-19 crisis?

In relation to knowledge generation:

20. Are you familiar with and can you list some publications or other documents that are created during this project?
21. Out of this material, what should be shared with other actors engaged in this area?
22. Have you, during the project or after the activity, identified the practices that should begin with implementing or shared with others who participate in providing support and services to women with mental disability?
23. What would you especially highlighted from the publications/documents that were created during the implementation of the project, which do you consider particularly important? What is its special value?

At the end of the FGD, thank the participants for their participation and encourage them to add something if they would want, or if they remember something that was not said at the FGD, and they consider it important to be said.

4.4. Focus of group discussion: Women with Mental Disabilities

Project: external evaluation of the project "Accessibility of services for women with disabilities survivors of custodial violence"

Note for facilitators of Focus Group Discussion (FGD):

Focus group is a technique that collects qualitative data by encouraging group of respondents to talk about their views, exchange ideas about a particular problem, while emphasizing on establishing a connection between the respondents who discuss a given topic, the possibility of reacting to comments from other participants, resulting in more comments, remarks, opinions, and sincere views.

Reminder of endangered rights: Freedom of movement, right to health, social security, personal and community security, gender-based violence, the right to information, the right to make informed decisions, legal capacity.

Guide for facilitators of FGD:

At the beginning of FGD, first introduce yourself and explain what experience you have. If you have been in contact before with the persons you interview, welcome them, and remind them of all the activities within the project in which they previously participated, when and related to what they had your support and slowly introduce them in discussion. Maybe it would be useful to record the discussion (then you have to ask them to agree on that), because it will be easier to transcribe the interview of FGD to paper. Recording or marking down their answers in another way, adapt to your previous contact with the group, their needs, and possibilities. Below please find a list of issues/topics to talk about. You can ask other questions or sub-questions to receive clearer and more detailed answers.

According to your personal experience, you can supplement the questions to some extend or change/rephrase them, so that they are more understandable for persons you talk to. The interview lasts for 45-60 minutes, with the recommendation that it lasts no longer than 60 minutes.

**Questions for participants - women with mental disabilities
who participated in the education on self-advocacy**

1. How did you decide to participate in the self-advocacy training organised by MDRI-S? (Have they participated in such activities for the first time or do they have previous experience)?
2. Do their family members, or other people they are in daily contact with, know that they participated, and did they have their support?
3. Was the training understandable and useful for you to understand what rights you have and how to advocate for them and exercise them in everyday life? If it wasn't understandable enough, can they say what was for them problem in understanding?
4. What can you apply today from what you have learned?
5. Do you need constant support in making decisions? Do you now feel more courageous/independent in making personal decisions?
6. Can you describe what you think good support should look like? Can you describe what is not good support for you?
7. Can you describe how you feel about MDRI support and what it means to you? Can you describe what kind of support do they have in the institutions, from who and what does that support mean to them?
8. What should MDRI-S do in the future to support you? What should MDRI-S do together institutions, for you to receive the support you need? Would you perhaps need someone else's support, and who?
9. How did the COVID-19 crisis affect your life and the services you need? What were you able to do before COVID-19, and what is not available for you now, that you need?

Summarizing FGD:

In accordance with the possibilities, as well as previous experience in contacts and work with these women, evaluator, through the transcription of the discussion, should not summarize and conclude anything more than what they have the women themselves said during the discussion. Summarizing

or drawing conclusions should be done only if the respondents are not able to form a sentence in the form of an answer to the question but speak and convey their current thoughts on what is happening to them or what they are feeling. Evaluators should fully adapt the FGD format, techniques and methods to the needs and capabilities of the women they interview.

4.5. GENERAL CONSENT FORM

We are inviting you to participate in the process of external evaluation of the project "Accessibility of services for women with disabilities survivors of custodial violence" implemented by MDRI and FemPlatz, with the support of the United Nations Fund for Combating Violence against Women (UNTF), by November 2021.

The evaluation of the project, which is focused on *providing services to women and girls with disabilities who have survived custodial violence*, will help us to understand better the challenges in work, but also examples of good practice and promote them in Serbia and globally.

Participants in the evaluation process will be asked to comment on the quality of support provided by the MDRI Association, as well as the importance of this support for the development of a system for the protection of women with disabilities from violence.

Evaluation includes participation in focus group and in-depth interviews during January and February 2022, live or online, depending on the circumstances of the pandemic. We will agree on the exact date and time of the interview if and once you agree to participate in the evaluation process.

The information obtained during the evaluation process will be used exclusively for the purpose of project evaluation and creating recommendations to improve support for women and girls with mental disability from custodial institutions, as well as to identify examples of good practice and define ways to implement good practices in working with other vulnerable and intersection groups.

Your participation is completely voluntary, and you are free to refuse it. If you say no, it will not affect you negatively or your organization/institution in any way. You are also free to withdraw from the process at any time, even if you agree to participate. The information collected from you up to that point will be deleted in that case. You will not be paid or have any kind of benefits for participating in the evaluation process.

Your participation in the evaluation process is **anonymous**, the names of the participants in the process will be available only through group records and it will not be possible to link the names to the answers and information provided. The conversation from the interview with you will be recorded. You will have the right to view/edit the recording after the interview. These recordings can also be transcribed. The transcriber will sign a confidentiality agreement. In all reports prepared based on data collected during this study, you will remain anonymous.

Your participation is highly appreciated and important to us because it gives a specific perspective of project implementation and project activities.

If you are willing to participate in this process, please sign the attached Statement of Consent and send it to us by email.

STATEMENT OF CONSENT OF THE PARTICIPANT

Hereby I confirm that:

- I have read the attached information leaflet and that it is written in the language I speak fluently.
- I have had the opportunity to ask questions and all my questions were answered adequately.
- I understand that participation in this evaluation is voluntary and that I was not under pressure to participate.
- I can choose to leave the process at any time, and I will not be punished or suffer in any way because of that decision.
- All privacy and confidentiality issues and the use of the information I provide have been satisfactorily explained.

I have received information about the project, and I agree to participate.

(Participant's signature, date, and place)

I agree to participate in the interview - (circle)

YES NO

I agree that the anonymous transcript of the interview will be preserved until the final evaluation report is prepared in March 2022. - (circle)

YES NO

* Consent form is made in 2 copies, of which the signatory retains one, and the evaluator the other copy

4.6. Interview Questions – UNFT Portfolio Manager

1. As UNTF Portfolio Manager, please tell us whether you monitored the implementation of the MDRI/FemPlatz project in the first as well as in the second project cycle?
2. After the first project cycle, what was decisive in proposing the continuation of the project?
3. To what extent were the proposed objectives and expected results of the second project in line with the objectives of the UNTF program? Do you know how well the goals and results were in line with some other UN agency/Human Rights programs?

4. In your opinion, do the achieved results contribute to the fulfillment of international standards and obligations of The Republic of Serbia in the field of protection against gender-based violence, especially of persons/women with intellectual and mental disabilities?
5. To what extent do you think the project results have the potential to initiate changes in the field of protection and services for women with mental disabilities who are exposed to violence in custodial institutions? How do you assess the partnerships and communication achieved within the project with decision makers and service providers? Could something have been done differently in your opinion?
6. Has the project identified a specific practice, which has not been recognized so far, and which would be important to share with other actors in other countries in the region and beyond, involved in providing support and services to women with mental disabilities? Is there a potential for networking and sharing experiences, practices and knowledge?
7. How do you assess the quality of publications and other material prepared and published during the project? To what extent does this material contribute to the development of practices and the improvement of knowledge of all actors - decision makers, service providers in institutions and CSOs? Can this material contribute to Learning Knowledge in the region and beyond or is it only local in nature?
8. In your opinion, was the project, its activities and results sufficiently visible and recognized by the professional and general public? How do you assess the dissemination of information about these results? Could something have been different in your opinion? How much did the COVID-19 pandemic affect the visibility of the project and the results?
9. In your opinion, what particularly positively affected the success of the project? In your opinion, how much did the COVID-19 pandemic negatively affect the results of the project?
10. How do you assess the cooperation with MDRI/FemPlatz (in all segments of cooperation: contracting, planning, execution/ operational and financial)? In your opinion, do CSOs in general, and MDRI and FemPlatz in particular within this project, have sufficient capacity to implement projects of this scope?
11. What would you add in the end? What else do you consider important that we have not covered in the previous questions? MDRI/FemPlatz remarks etc.

4.7. Interview questions for Women with Mental Disabilities

Project: external evaluation of the project "Accessibility of services for women with disabilities survivors of custodial violence"

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Note for facilitators:

By in depth interviews qualitative data are collected by encouraging respondents to talk about their views, exchange ideas about a particular problem, while emphasizing on establishing a connection between the respondents who discuss a given topic, the possibility of reacting to comments from other participants, resulting in more comments, remarks, opinions, and sincere views.

Reminder of endangered rights: Freedom of movement (in relation to COVID-19 pandemic), right to health, social security, personal and community security, gender-based violence, the right to information, the right to make informed decisions, legal capacity.

Guide for facilitators:

At the beginning of the interview, first introduce yourself and explain what experience you have. If you have been in contact before with the persons you interview, welcome them, and remind them of all the activities within the project in which they previously participated, when and related to what they had your support and slowly introduce them in discussion. Maybe it would be useful to record the discussion (then you have to ask them to agree on that), because it will be easier to transcribe the interview to paper. Recording or marking down their answers in another way, adapt to your previous contact with the group, their needs, and possibilities. Below please find a list of issues/topics to talk about. You can ask other questions or sub-questions to receive clearer and more detailed answers.

According to your personal experience, you can supplement the questions to some extend or change/rephrase them, so that they are more understandable for persons you talk to. The interview lasts for 45-60 minutes, with the recommendation that it lasts no longer than 60 minutes.

Questions for participants - Women with mental disability

1. How did you decide to participate in the self-advocacy training organised by MDRI-S? (Have they participated in such activities for the first time or do they have previous experience)?
2. Do their family members, or other people they are in daily contact with, know that they participated, and did they have their support?
3. Was the training understandable and useful for you to understand what rights you have and how to advocate for them and exercise them in everyday life? If it wasn't understandable enough, can they say what was for them problem in understanding?
4. What can you apply today from what you have learned?
5. Do you need constant support in making decisions? Do you now feel more courageous/independent in making personal decisions?
6. Can you describe what you think good support should look like? Can you describe what is not good support for you?
7. Can you describe how you feel about MDRI support and what it means to you? Can you describe what kind of support do they have in the institutions, from who and what does that support mean to them?
8. What should MDRI-S do in the future to support you? What should MDRI-S do together institutions, for you to receive the support you need? Would you perhaps need someone else's support, and who?

9. How did the COVID-19 crisis affect your life and the services you need? What were you able to do before COVID-19, and what is not available for you now, that you need?

Summarizing interviews:

In accordance with the possibilities, as well as previous experience in contacts and work with these women, evaluator, through the transcription of the interview, should not summarize and conclude anything more than what they have the women themselves said during the discussion. Summarizing or drawing conclusions should be done only if the respondents are not able to form a sentence in the form of an answer to the question but speak and convey their current thoughts on what is happening to them or what they are feeling. Evaluators should fully adapt the interview format, techniques and methods to the needs and capabilities of the women they interview.

4.8. Interview questions– service providers, CSOs

Project: external evaluation of the project "Accessibility of services for women with disabilities survivors of custodial violence"

Note for facilitators: By in depth interviews qualitative data are collected by encouraging respondents to talk about their views, exchange ideas about a particular problem, while emphasizing on establishing a connection between the respondents who discuss a given topic, the possibility of reacting to comments from other participants, resulting in more comments, remarks, opinions, and sincere views.

Reminder of endangered rights: Freedom of movement (in relation to COVID-19 pandemic), right to health, social security, personal and community security, gender-based violence, the right to information, the right to make informed decisions, legal capacity.

Guide for facilitators: At the beginning of the interview, first introduce yourself and explain what experience you have. If you have been in contact before with the persons you interview, welcome them, and remind them of all the activities within the project in which they previously participated. Maybe it would be useful to record the discussion (then you have to ask them to agree on that), because it will be easier to transcribe the interview to paper. Recording or marking down their answers in another way, adapt and agree with the group. Below please find a list of issues/topics to talk about. You can ask other questions or sub-questions to receive clearer and more detailed answers. According to your personal experience, you can supplement the questions to some extend or change/rephrase them, to receive clearer and more detailed answers. The interview lasts for 45-60 minutes, with the recommendation that it lasts no longer than 60 minutes.

At the beginning of the interview, ask the respondents to introduce themselves (name and surname, what is their profession and where do they work).

Questions for discussion:

In relation to MDRI:

1. How long have you been cooperating/participating/familiar with the activities implemented by MDRI?

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2. What are the key principles of work of MDRI?
3. How do you see/evaluate partnerships/alliances/cooperation with MDRI?
4. Has the crisis caused by COVID-19 affected participation/cooperation/partnership on the project?

In relation to relevance of the project:

5. Are the needs of women with intellectual and mental disabilities (MD) recognized in our society? Can the adopted policies and measures meet these needs? Are violations of the rights of these women being recognized?
6. In your opinion, did the goals of the project respond to the recognized rights and needs of women with mental disability?
7. Did the implemented activities within the project correspond to the identified problems?
8. Do you think that the COVID-19 crisis has affected the needs of women with MD and has a society/state adopted measures to mitigate the effects of COVID-19 on this target group? Were services provided by CSOs had to be adapted to the new needs caused by COVID-19?
9. Have the project activities responded well to the new circumstances of COVID-19?

In relation to effectiveness:

10. From your perspective, are there any visible changes in women with MD? And how much did they influence this one vulnerable group?
11. What, in your opinion, had a particularly positive impact on the success of the project? In your opinion, how much did the COVID-19 pandemic affect the results of the project? (Have any new regulations, or measures of prevention, training, etc. been brought)
12. Have the institutions adapted to this situation and adequately responded to the needs of women with mental disability? Have CSOs adapted to the new situation when providing services to women with MD?
13. What are the capacities of the professionals/CSOs who provide services for these women? Were the strategies, which this project implemented to build their capacity, effective? In relation to COVID-19, should new strategies be considered for raising the capacity of professionals?
14. Can professionals or CSOs perform their roles better after the project? If not, what limits them?

In relation to impact:

15. In your opinion, to what extent has the project contributed to the reduction of gender-based violence, especially custodial violence against women with intellectual and mental disabilities?
16. Are women with mental disabilities able to exercise their rights more effectively and receive better protection as a result of the project?
17. Do the representatives of the institutions/CSOs better understand their role and can they fulfil it?
18. Do the representatives of the institutions recognize the role of CSOs that provide services to women with intellectual and mental disability? And the role of MDRI-S?
19. In your opinion, has the impact of the project been weakened due to the circumstances of the COVID-19 crisis?

In relation to knowledge generation:

20. Are you familiar with and can you list some publications or other documents that are created during this project?
21. Out of this material, what should be shared with other actors/CSOs engaged in this area?

22. Have you, during the project or after the activity, identified the practices that should begin with implementing or shared with others who participate in providing support and services to women with mental disability?
23. In your opinion, do channels of communication exist and are good channels of communication, exchange of knowledge and experiences between institutions and CSOs in this area?
24. What would you especially highlighted from the publications/documents that were created during the implementation of the project, which do you consider particularly important? What is its special value?

4.9. Interview questions for decision makers

Project: external evaluation of the project "Accessibility of services for women with disabilities survivors of custodial violence"

Note for facilitators: By in depth interviews qualitative data are collected by encouraging respondents to talk about their views, exchange ideas about a particular problem, while emphasizing on establishing a connection between the respondents who discuss a given topic, the possibility of reacting to comments from other participants, resulting in more comments, remarks, opinions, and sincere views.

Reminder of endangered rights: Freedom of movement (in relation to COVID-19 pandemic), right to health, social security, personal and community security, gender-based violence, the right to information, the right to make informed decisions, legal capacity.

Guide for facilitators: At the beginning of the interview, first introduce yourself and explain what experience you have. If you have been in contact before with the persons you interview, welcome them, and remind them of all the activities within the project in which they previously participated. Maybe it would be useful to record the discussion (then you have to ask them to agree on that), because it will be easier to transcribe the interview to paper. Recording or marking down their answers in another way, adapt and agree with group. Below please find a list of issues/topics to talk about. You can ask other questions or sub-questions to receive clearer and more detailed answers. According to your personal experience, you can supplement the questions to some extent or change/rephrase them, to receive clearer and more detailed answers. The interview lasts for 45-60 minutes, with the recommendation that it lasts no longer than 60 minutes.

At the beginning of the interview, ask the respondents to introduce themselves (name and surname, what is their profession and where do they work).

Questions for discussion:

In relation to MDRI:

1. Are you familiar with the activities carried out by MDRI?
2. Do you think that you were sufficiently familiar with this project and whether it was realized and how do you see/evaluate partnerships/alliances/cooperation with MDRI on this and other projects? If you weren't familiar enough, what do you think should have been done better?

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3. Has the crisis caused by COVID-19 affected the visibility of the project and participation/cooperation/partnership on the project?

In relation to relevance of the project:

4. Are the needs of women with intellectual and mental disabilities (MD) recognized in our society? Can the adopted policies and measures meet these needs? Are violations of the rights of these women being recognized?
5. In your opinion, did the goals of the project respond to the recognized rights and needs of women with mental disability?
6. Did the implemented activities within the project correspond to the identified problems?
7. Do you think that the COVID-19 crisis has affected the needs of women with MD and has a society/state adopted measures to mitigate the effects of COVID-19 on this target group?
8. Have the project activities responded well to the new circumstances of COVID-19?

In relation to effectiveness:

9. From your perspective, are there any visible changes in women with MD? And how much did they influence this one vulnerable group?
10. What, in your opinion, had a particularly positive impact on the success of the project? In your opinion, how much did the COVID-19 pandemic affect the results of the project? (Were there new regulations been brought or other measures of prevention, training, etc.)
11. Have the institutions adapted to this situation and adequately responded to the needs of women with mental disability? Have CSOs adapted to the new situation when providing services to women with MD?
12. What are the capacities of the professionals/CSOs who provide services for these women? Were the strategies, which this project implemented to build their capacity, effective? In relation to COVID-19, should new strategies be considered for raising the capacity of professionals?
13. Can professionals or CSOs perform their roles better after the project? If not, what limits them?

In relation to impact:

14. In your opinion, to what extent has the project contributed to the reduction of gender-based violence, especially custodial violence against women with intellectual and mental disabilities?
15. Are women with mental disabilities able to exercise their rights more effectively and receive better protection as a result of the project?
16. Do the representatives of the institutions/CSOs better understand their role and can they fulfil it?
17. Do the representatives of the institutions recognize the role of CSOs that provide services to women with intellectual and mental disability? And the role of MDRI-S?
18. In your opinion, has the impact of the project been weakened due to the circumstances of the COVID-19 crisis?

In relation to knowledge generation:

19. Are you familiar with and can you list some publications or other documents that are created during this project?
20. Out of this material, what should be shared with other actors/institutions/decision makers/CSOs engaged in this area?
21. What would you especially highlighted from the publications/documents that were created during the implementation of the project, which do you consider particularly important?

What is its special value? For which area of your work and action is that publication/document important and useful?

22. Have you, during the project or after the activity, identified the practices that should begin with implementing or shared with others who participate in providing support and services to women with mental disability? Are you ready to be more actively engaged in implementation of good practices that have been recognized, from your own position?
23. In your opinion, do channels of communication exist and are good channels of communication, exchange of knowledge and experiences between institutions and CSOs in this area?

4.10. Interview questions – Experts for gender equality and GBV, and for work with persons with disabilities

Project: external evaluation of the project "Accessibility of services for women with disabilities survivors of custodial violence"

Note for facilitators: By in depth interviews qualitative data are collected by encouraging respondents to talk about their views, exchange ideas about a particular problem, while emphasizing on establishing a connection between the respondents who discuss a given topic, the possibility of reacting to comments from other participants, resulting in more comments, remarks, opinions, and sincere views.

Reminder of endangered rights: Freedom of movement (in relation to COVID-19 pandemic), right to health, social security, personal and community security, gender-based violence, the right to information, the right to make informed decisions, legal capacity.

Guide for facilitators: At the beginning of the interview, first introduce yourself and explain what experience you have. If you have been in contact before with the persons you interview, welcome them, and remind them of all the activities within the project in which they previously participated. Maybe it would be useful to record the discussion (then you have to ask them to agree on that), because it will be easier to transcribe the interview to paper. Recording or marking down their answers in another way, adapt and agree with group. Below please find a list of issues/topics to talk about. You can ask other questions or sub-questions to receive clearer and more detailed answers. According to your personal experience, you can supplement the questions to some extent or change/rephrase them, to receive clearer and more detailed answers. The interview lasts for 45-60 minutes, with the recommendation that it lasts no longer than 60 minutes.

At the beginning of the interview, ask the respondents to introduce themselves (name and surname, what is their profession and where do they work).

Questions for discussion:

In relation to MDRI:

1. Are you familiar with the activities carried out by MDRI?
2. Do you think that you were sufficiently familiar with this project and whether it was realized and how do you see/evaluate partnerships/alliances/cooperation with MDRI on this and

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other projects? If you weren't familiar enough, what do you think should have been done better?

3. If you were directly involved, can you tell us in which part and in which role you were involved/familiar with the activities on this project? How do you assess the cooperation with MDRI (in all segments of cooperation: negotiation, planning, execution)?
4. Has the crisis caused by COVID-19 affected the visibility of the project and participation/cooperation/partnership on the project?

In relation to relevance of the project:

5. Are the needs of women with intellectual and mental disabilities (MD) recognized in our society? Can the adopted policies and measures meet these needs? Are violations of the rights of these women being recognized?
6. In your opinion, did the goals of the project respond to the recognized rights and needs of women with mental disability?
7. In your opinion, do the achieved results contribute to the fulfilment of international standards, and obligations of the Republic of Serbia in the field of protection from gender-based violence against persons with disabilities?
8. Did the implemented activities within the project correspond to the identified problems?
9. In your opinion, is this project a rare example of practice in Serbia or its goals and results can relate to similar initiatives? Can you name from your experience some similar or the same example?
10. Do you think that the COVID-19 crisis has affected the needs of women with MD and has a society/state adopted measures to mitigate the effects of COVID-19 on this target group?
11. Have the project activities responded well to the new circumstances of COVID-19?

In relation to effectiveness:

12. From your perspective, are there any visible changes in women with MD? And how much did they influence this one vulnerable group?
13. What, in your opinion, had a particularly positive impact on the success of the project? In your opinion, how much did the COVID-19 pandemic affect the results of the project? (Were there new regulations been brought or other measures of prevention, training, etc.)
14. Have the institutions adapted to this situation and adequately responded to the needs of women with mental disability? Have CSOs adapted to the new situation when providing services to women with MD?
15. What are the capacities of the professionals/CSOs who provide services for these women? Were the strategies, which this project implemented to build their capacity, effective (trainings)? In relation to COVID-19, should new strategies be considered for raising the capacity of professionals and CSOs?
16. Can service providers, professionals/CSOs perform their roles better after the project? If not, what limits them?

In relation to impact:

17. In your opinion, to what extent has the project contributed to the reduction of gender-based violence, especially custodial violence against women with intellectual and mental disabilities?
18. Are women with mental disabilities able to exercise their rights more effectively and receive better protection as a result of the project?
19. Do the representatives of the institutions/CSOs better understand their role and can they fulfil it?

20. Do the representatives of the institutions/CSOs recognize the role of CSOs that provide services to women with intellectual and mental disability? And the role of MDRI-S?
21. In your opinion, has the impact of the project been weakened due to the circumstances of the COVID-19 crisis?

In relation to knowledge generation:

22. Are you familiar with and can you list some publications or other documents that are created during this project?
23. Out of this material, what should be shared with other actors/institutions/decision makers/CSOs/experts engaged in this area?
24. What would you especially highlighted from the publications/documents that were created during the implementation of the project, which do you consider particularly important? What is its special value? For which area of your work and action is that publication/document important and useful?
25. Have you, during the project or after the activity, identified the practices that should begin with implementing or shared with others who participate in providing support and services to women with mental disability?
26. In your opinion, do channels of communication exists and are good channels of communication, exchange of knowledge and experiences between institutions and CSOs in this area?

4.11. Interview questions for Key external partners/ associates

Project: external evaluation of the project "Accessibility of services for women with disabilities survivors of custodial violence"

Note for facilitators: By in depth interviews qualitative data are collected by encouraging respondents to talk about their views, exchange ideas about a particular problem, while emphasizing on establishing a connection between the respondents who discuss a given topic, the possibility of reacting to comments from other participants, resulting in more comments, remarks, opinions, and sincere views.

Reminder of endangered rights: Freedom of movement (in relation to COVID-19 pandemic), right to health, social security, personal and community security, gender-based violence, the right to information, the right to make informed decisions, legal capacity.

Guide for facilitators: At the beginning of the interview, first introduce yourself and explain what experience you have. If you have been in contact before with the persons you interview, welcome them, and remind them of all the activities within the project in which they previously participated. Maybe it would be useful to record the discussion (then you have to ask them to agree on that), because it will be easier to transcribe the interview to paper. Recording or marking down their answers in another way, adapt and agree with the group. Below please find a list of issues/topics to talk about. You can ask other questions or sub-questions to receive clearer and more detailed answers. According to your personal experience, you can supplement the questions to some extend or change/rephrase them, so that answers are clearer and more detailed. The interview lasts for 45-60 minutes, with the recommendation that it lasts no longer than 60 minutes. At the beginning of the

interview, ask the respondents to introduce themselves (name and surname, what is their profession and where do they work).

Questions for discussion:

In relation to MDRI:

1. Are you familiar with the activities carried out by MDRI?
2. Do you think that you were sufficiently familiar with this project and whether it was realized and how do you see/evaluate partnerships/alliances/cooperation with MDRI on this and other projects? If you weren't familiar enough, what do you think should have been done better?
3. If you were directly involved, can you tell us in which part and in which role you were involved/familiar with the activities on this project?
4. How do you assess the cooperation with MDRI (in all segments of cooperation: negotiation, planning, execution)?
5. Have you had opportunities to influence on the scope and areas of the partnership? If so, describe in which segment of cooperation.
6. Has the crisis caused by COVID-19 affected the visibility of the project and participation/cooperation/partnership on the project?

In relation to relevance of the project:

7. Are the needs of women with intellectual and mental disabilities (MD) recognized in our society? Can the adopted policies and measures meet these needs? Are violations of the rights of these women being recognized?
8. In your opinion, did the goals of the project respond to the recognized rights and needs of women with mental disability?
9. In your opinion, do the achieved results contribute to the fulfilment of international standards, and obligations of the Republic of Serbia in the field of protection from gender-based violence against persons with disabilities?
10. Did the implemented activities within the project correspond to the identified problems?
11. In your opinion, is this project a rare example of practice in Serbia or its goals and results can relate to similar initiatives? Can you name from your experience some similar or the same example?
12. Do you think that the COVID-19 crisis has affected the needs of women with MD and has a society/state adopted measures to mitigate the effects of COVID-19 on this target group?
13. Have the project activities responded well to the new circumstances of COVID-19?

In relation to effectiveness:

14. From your perspective, are there any visible changes in women with MD? And how much did they influence this one vulnerable group?
15. What, in your opinion, had a particularly positive impact on the success of the project? In your opinion, how much did the COVID-19 pandemic affect the results of the project? (Were there new regulations been brought or other measures of prevention, training, etc.)
16. Have the institutions adapted to this situation and adequately responded to the needs of women with mental disability? Have CSOs adapted to the new situation when providing services to women with MD?
17. What are the capacities of the professionals/CSOs who provide services for these women? Were the strategies, which this project implemented to build their capacity, effective (trainings)? In relation to COVID-19, should new strategies be considered for raising the capacity of professionals and CSOs?

18. Can service providers, professionals/CSOs perform their roles better after the project? If not, what limits them?

In relation to impact:

19. In your opinion, to what extent has the project contributed to the reduction of gender-based violence, especially custodial violence against women with intellectual and mental disabilities?
20. Are women with mental disabilities able to exercise their rights more effectively and receive better protection as a result of the project?
21. Do the representatives of the institutions/CSOs better understand their role and can they fulfil it?
22. Do the representatives of the institutions/CSOs recognize the role of CSOs that provide services to women with intellectual and mental disability? And the role of MDRI-S?
23. In your opinion, has the impact of the project been weakened due to the circumstances of the COVID-19 crisis?

In relation to knowledge generation:

24. Are you familiar with and can you list some publications or other documents that are created during this project?
25. Out of this material, what should be shared with other actors/institutions/decision makers/CSOs/experts engaged in this area? Do you find them useful for your further work? For which area of your work and action is that publication/document important and useful?
26. What would you especially highlighted from the publications/documents that were created during the implementation of the project, which do you consider particularly important? What is its special value? Would you engage in sharing or promoting these documents?
27. Have you, during the project or after the activity, identified the practices that should begin with implementing or shared with others who participate in providing support and services to women with mental disability?
28. In your opinion, do channels of communication exists and are good channels of communication, exchange of knowledge and experiences between institutions, CSOs and experts in this area?

4.12. Interview questions for representatives of community

Project: external evaluation of the project "Accessibility of services for women with disabilities survivors of custodial violence"

Note for facilitators: By in depth interviews qualitative data are collected by encouraging respondents to talk about their views, exchange ideas about a particular problem, while emphasizing on establishing a connection between the respondents who discuss a given topic, the possibility of reacting to comments from other participants, resulting in more comments, remarks, opinions, and sincere views.

Reminder of endangered rights: Freedom of movement (in relation to COVID-19 pandemic), right to health, social security, personal and community security, gender-based violence, the right to information, the right to make informed decisions, legal capacity.

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Guide for facilitators: At the beginning of the interview, first introduce yourself and explain what experience you have. If you have been in contact before with the persons you interview, welcome them, and remind them of all the activities within the project in which they previously participated. Maybe it would be useful to record the discussion (then you have to ask them to agree on that), because it will be easier to transcribe the interview to paper. Recording or marking down their answers in another way, adapt and agree with the group. Below please find a list of issues/topics to talk about. You can ask other questions or sub-questions to receive clearer and more detailed answers. According to your personal experience, you can supplement the questions to some extent or change/rephrase them, so that answers are clearer and more detailed. The interview lasts for 45-60 minutes, with the recommendation that it lasts no longer than 60 minutes.

At the beginning of the interview, ask the respondents to introduce themselves (name and surname, what is their profession and where do they work).

1. Please tell us when and how you became familiar with the activities and the project MDRI is implementing?
2. Have you now collaborated with MDRI-S on this project or before and on which? activities/projects? Can you say/list the activities you are familiar with in this project?
3. In your opinion, how visible is this MDRI project in the public and recognized by other actors in the wider community? Can you name some public activities through which the wider community could get acquainted with the project and MDRI activities? Do you know who the other partners were at project, other CSOs?
4. Can you tell us what are guiding principles MDRI-S work and activities?
5. Are the needs of women with intellectual and mental disabilities recognized in our community? Are the able to meet those needs? Has the violation of the rights of these women been recognized?
6. Can you list the key results of MDRI-S's work? What do you think are the most significant results of this project? Are they visible in the community?
7. What makes MDRI different from other organizations dealing with this topic?
8. What should they change in their work or what should they work on in the future, is that it something new?
9. What would you say in the end, that is, what would you emphasize from what is good, what is insufficiently recognized or not emphasized in the community and should be, when it comes to persons with mental disabilities?

Annex 5 – Final evaluation matrix

	INDICATOR	METHODS
OVERALL PROJECT GOAL:	Overall project goal - Indicator 1 Perspectives of women with disabilities with experience of institutionalization about safety and feeling of empowerment.	Semi-structured interviews and focus group discussion with sample of women with disabilities
	Overall project goal - Indicator 2 Number and type of service providers committed to provide support to women with mental disabilities with experience of institutionalization.	Semi-structured interviews and focus group with sample of service providers, project reports
	Overall project goal - Indicator 3 Number and type of policy-makers committed to introduce new standards in provision of services for prevention of GBV.	Semi-structured interviews and focus group discussions with a sample of decision/policy-makers, institution representatives, project evaluation questionnaires, Review of relevant documents on multi-sector cooperation at different levels (local, provincial, national) in protection women from all forms of GBV/especially women and girls with disability
OUTCOME 1	Indicator 1 Number of women with disabilities taking self-advocacy actions for protection from different forms and manifestations of custodial violence.	Semi-structured interviews and focus group discussion with sample of women with disabilities, training participants lists, Case studies on the examples of good practices
	Indicator 2 Number and type of services/protection mechanisms used by women with disabilities with experience of custodial violence	Document review (reports and other material prepared and publishes during the project), training evaluation questionnaires' Case studies on the examples of good practices
Output 1.1	Indicator 1 Number of women reporting on knowledge on at least one prevention and protection mechanism	Semi-structured interviews and focus group discussion with sample of women with disabilities and service providers, Document

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		review (reports and other material prepared and publishes during the project)
	Indicator 2 Perspectives of women with disabilities about accessibility of services and support provided	Semi- structured interviews and Focus group discussions with women with disabilities
	Indicator 3 Number of women with disabilities taking self-advocacy actions against GBV in custodial institutions	Semi-structured interviews and Focus group discussions with women with disabilities, Document review (reports and other material prepared and publishes during the project), Case studies on the examples of good practices
Output 1.2	Indicator 1 Number of services reporting on improved knowledge and improved accessibility procedures	Semi-structured interviews/focus group discussions with service providers, Lists of training participants, Evaluation from the trainings
	Indicator 2 Type of service providers reporting on improved knowledge and improved internal accessibility procedures	Lists of training participants, Evaluation from the trainings, Documented cases review, project evaluation questionnaires'
Output 1.3	Indicator 1 Percentage of training course participants reporting on improved knowledge and skills to run support service for women with disabilities	Project reports, training evaluation questionnaires', evaluation questionnaires'
	Indicator 2 Percentage of service providers reporting on usefulness of instructional material to support women with disabilities	Project reports, training evaluation questionnaires, focus group discussions, semi-structured interviews, project evaluation questionnaires
	Indicator 3 Perspectives of service providers on mentorship support	Project reports, training evaluation questionnaires, focus group discussions, project evaluation questionnaires'
OUTCOME 2	Indicator 1 Number and type of policy documents that recognize and define GBV in custodial institutions.	Project reports, project documents, publications, MDRI-S and FemPlatz public documents, Reports from public events
	Indicator 2 Type of policy-makers and governmental agencies committed and actively involved in establishing measures to prevent GBV in custodial institutions.	Activity participants list, meeting participants list, project reports, Reports from public events

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Output 2.1	<p align="center">Indicator 1</p> <p>Number and type of governmental officials committed to end GBV in custodial institutions</p>	Document review (reports and other material prepared and publishes during the project), semi-structured interviews with decision-makers/MP, Meeting minutes, reports from conferences
	<p align="center">Indicator 2</p> <p>Evidence on accessibility of service providers endorsed by policy-makers</p>	Semi-structured interviews/focus group discussions with service providers, project reports
Output 2.2	<p align="center">Indicator 1</p> <p>Number of organizations and individuals committed to promote and support campaign to end GBV in custodial institutions</p>	Semi-structured interviews/focus group discussions with service providers, project reports, Meeting minutes, reports from conferences
	<p align="center">Indicator 2</p> <p>Percentage of key informants reporting on visibility and clarity of advocacy and awareness raising demands</p>	Document review (project reports, media covering, social media reports, focus group discussions with project participants)

ANNEX 6 – CASE STUDIES – THE EXAMPLES OF GOOD PRACTICE

6.1. Self-advocacy of women with mental disabilities

This is activity 1.1.4 under the outcome 1. Women/girls with mental disabilities are more empowered about protection from GBV and they have improved access to service by the end of 2021.

The practice of supporting women with mental disabilities who have been institutionalized to create a written submission to the UN Committee against Torture and a written submission for the draft Strategy for the improvement of the position of persons with disabilities was designed in the first phase of project implementation, but fully developed in 2019. After the workshops about prevention and protection from VAW and gender-based discrimination with women with mental disabilities (self-advocates), the project team devised the steps to discuss relevant aspects of the national public policy and the implementation of the international human rights treaty with self-advocates and support them in preparing their own submissions. The submission included the problems they recognized as crucial for the fulfillment of their rights, their stories and narratives, and the expectations of the recommendations. This practice has had two-fold impact: on raising the voices of women with mental disabilities, their autonomy, and representation, but also raising concerns of the relevant authorities to listen and adopt changes. It contributed to:

- Specific recommendations issued to the Republic of Serbia by the Committee against Torture: ***The Committee is particularly concerned about the situation of women with disabilities in residential institutions who are exposed to high levels of violence without any prevention or protection measures in place.***
- Insertion of prevention and protection from VAW with mental disabilities in custodial institutions in the National Strategy for the improvement of the position of persons with disabilities, adopted in 2020.

Our search through the submissions by civil society organizations or independent institutions to the Committee against torture has not found similar submissions by this group of women.

This type of activities demands substantial time and preparation in terms of adjusting the content of the public policies, format of presentation, objectives, but also a team of experienced and skilled experts to conduct the work with women with mental disabilities. Although it takes a lot of resources, the project team believes it is very important and it has to become a regular part of the advocacy activities, because it truly represents the voices of women who have been institutionalized and experienced custodial violence. It is crucial to give them voice and empower them to advocate for themselves, and not to act instead of them. It practically shows inclusion, participation, and autonomy of women with mental disabilities in residential institutions, whose voices have always been disregarded even by the disability movement.

In the process for advocating for non-discriminatory measures to prevent COVID-19 epidemics, the project team also continually communicated with women with mental disabilities in residential institutions in order to produce recommendations and urgent appeals to the Government, but no self-

advocacy submission was prepared during this time. However, constant communication with them and sharing their stories supported the appeals to the government.

6.2. Piloting support service to women with mental disabilities in custodial institutions

Although piloting of prospective new services was part of the project, the circumstances during the project implementation led to the development of a novice service by the project team, as part of the activities under the Outcome 1.

The initial plan was to strengthen the capacities of existing service providers to include support to women with mental disabilities, survivors of custodial violence in their regular programs and to provide additional support in terms of mentor support and knowledge material, while the project team works on informing and empowering self-advocates to understand and combat VAW in custodial institutions.

The complete isolation of residential institutions for several months during the COVID-19 pandemics and consequent violation of women’s rights and increased risk of violence brought a new support service to women with mental disabilities within this project. Instead of only holding workshops and informational sessions with self-advocates, the expert team devised a support service that included delivering mobile phones to women with mental disabilities locked up in residential institutions, organizing individual and groups conversations and support sessions, creating individualized support plan for each woman participating in the project, setting objectives and steps to implement individualized support, and working on the implementation of the individualized support plan.

This type of individualized support provided a safe space for consultations, counselling, dealing with practical issues, addressing different actors for support. In addition, it included sessions to inform women about different support services that they can contact for additional support. Given the fact that MDRI-S and FemPlatz do not provide direct services to primary beneficiaries, we needed to find a practical way to support women by also acting as a liaison between women survivors of custodial violence and other support services. The feedback of women with mental disabilities, who participated in the project, confirms the benefits of this approach (statements from the final data collection in monitoring that this support was the only available to women during COVID-19 isolation).

There is still plenty of room to improve this practice, but the most important aspect would be to widen the support to more women by hiring more assistants and involving more organizations. The final monitoring data collection showed willingness of several civil society organizations to provide support services to women with mental disabilities in custodial institutions and some suggestions for the program delivery, but the main challenge remains to ensure accessibility, continuation of support, and life without constant custodial control over women.

**ANNEX 7 - LIST OF STAKEHOLDERS INTERVIEWED OR CONSULTED
(WITHOUT DIRECT REFERENCE TO INDIVIDUALS UNLESS CONSENT HAS
BEEN GIVEN)**

Project implementers and donor representatives
1. MDRI-S representatives /project manager
2. MDRI-S representatives / project assistance
3. FemPlatz representatives / manager
4. FemPlatz representatives / project assistance
5. UNTF representative
Representatives of project components
6. Project component1: Trainings for professionals from the social care system
7. Project component 1: Trainings for professionals from the social care system
8. Project component 1: CSOs/DPOs representative
9. Project component 1: Women with MD training participant
10. Project component 1: Women with MD training participant
11. Project component 1: Women with MD training participant
12. Project component 1: Women with MD training participant
13. Project component 1: Women with MD training participant
14. Project component 2: Ministry of Justice representative
15. Project component 2: Ministry of Human and Minority rights and Social dialog representative
16. Project component 2: Member of Parliament
17. Project component 2: Local expert include in project activities
Other stakeholders
18. External GE/HR/ expert
19. Key external partner
20. Key community representative

ANNEX 8 - LIST OF DOCUMENTS REVIEWED

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9.	Government of the Republic of Serbia (2021) Strategy on Prevention and Combating Gender-Based Violence against Women and Domestic Violence for the period 2021-2025 years, available at: http://demo.paragraf.rs/demo/combined/Old/t/t2021_05/SG_047_2021_005.htm
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11.	Victimology Society of Serbia (2010) Domestic violence in Vojvodina; Available at: http://www.vds.rs/File/nasilje_u_porodici_u_vojvodini.pdf
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13.	Council of Europe (2011) Convention on preventing and combating violence against women and domestic violence; Available at: https://www.coe.int/fr/web/conventions/full-list/-/conventions/rms/090000168008482e
14.	Government of the Republic of Serbia (2013) Law on Ratification Convention on Preventing and Combating Violence against Women and Domestic Violence, available at: https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/mu/skupstina/zakon/2013/12/5/reg

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16.	BATUT (2017) Izveštaj o prijavljenim slučajevima rodno zasnovanog nasilja u zdravstvenim ustanovama u Republici Srbiji u 2016.; Available at: www.batut.org.rs/.../Rodno%20zasnovano%20nasilje%20u%20RS%202016.pdf
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ANNEX 9 - OVERVIEW OF SECONDARY BENEFICIARIES BY GEOGRAPHICAL SCOPE, TYPE OF ACTORS AND TOTAL NUMBER OF PARTICIPANTS

City/ Organization	Number of participants
Aleksandrovac	1
CSR Aleksandrovac	1
Aleksinac	5
Society for the Development of Creativity	1
Association I have the right	4
Bajina Basta	3
CSW Bajina Basta 3	3
Bečej	1
Gerontology Center Becej 1	1
Belgrade	37
activist	1
Ana and Vlade Divac Foundation	1
AEPA Lawyers Association	1
CEDRA - Center for Social Balance	1
Center for the Rights of the Child	1
Center for Independent Living of Persons with Disabilities of Serbia	1
Center for the Protection of Victims of Trafficking in Human Beings	2
Daily newspaper Danas	1
FASPER	1
Faculty of Philology, Belgrade	1
GCSR Savski venac	2
From the circle of Belgrade	2
Chamber of Social Protection	1
MDRI-S	1
IAN International Aid Network	2
Network: "From the Circle" - Serbia	1
non-organization	1
OHCHR	1
Patria	3
People in need	1
PIN - Psychosocial Innovation Network	2
Assistant Public Executor	1
Private home for the elderly Torlak	1
First Basic Public Prosecutor 's Office in Belgrade	1
Serbian Radio and Television / show about people with disabilities A place for us	1
Association of Paraplegics and Quadriplegics of Serbia	1
Citizens' Association Bio idea	1

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YUCOM	2
Woman plus	1
Ćićevac	1
Una Women's Association	1
Ćuprija	3
CSR Ćuprija	2
Association of Patients with Chronic Fatigue and Crisis Consciousness Syndrome	1
Doljevac	4
Home for adults with disabilities	4
Indjija	1
Red Cross Indjija	1
Kikinda	4
Women's Support Center	3
Unknown organization	1
Kragujevac	5
CSR Kragujevac	4
Victoria	1
Kruševac	2
Women's Association Peščanik	2
Lebane	1
Social enterprise Radanska ruza	1
Leskovac	1
Safe house Leskovac	1
Loznica	1
Citizens' Association Iskra Loznica	1
Nis	17
Girls' Center	3
Roma Women's Rights Center	1
Democratic Party	1
From the circle of Nis	2
Nis Association of Students with Disabilities	2
Human Rights Committee Nis	3
Opre Roma Serbia	2
Safe house Nis	2
Štek House Association	1
Novi Sad	29
... FROM THE CIRCLE - VOJVODINA	6
Creative affirmative organization Parnas	2
Patrija	2

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Provincial Ombudsman	2
Provincial Institute for Social Protection	1
Safe house Novi Sad	1
SOS Women's Center	1
Student of the Faculty of Medicine - Department of Special Education and Rehabilitation, Novi Sad	11
IHTIS Association	1
Association of Young Novi Sad Intellectuals UMNI	1
Association MNRO Novi Sad	1
Pancevo	6
FemPlatz	3
Safe house Pancevo	2
Association Halfway	1
Pećinci	2
CSR Pećinci	2
Pirot	4
Opre Roma Serbia	2
Association of Citizens Queen 's Embroidery	2
Priboj	2
Safe house Priboj	2
Ruma	2
CSR Ruma	2
Šabac	2
GC Sabac	1
Novitas Consult Company for Employment and Vocational Rehabilitation of Persons with Disabilities	1
Sečanj	1
CSR Sečanj	1
Sombor	6
CSR Sombor	1
Living Room at ŠOSO Vuk Karadzic	1
Sombor General Hospital	1
SHOSO with home "Vuk Karadzic" Sombor	1
Female alternative	2
Sremska Mitrovica	1
Safe house Sremska Mitrovica	1
Stamnica	2
Home for Children and Persons with Developmental Disabilities Dr Nikola Shumenković Stamnica	2
Stara Moravica	1
OTTHON, Stara Moravica	1
Subotica	2
CSR Subotica	2
Trstenik	2

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Women's Initiative Trstenik	2
Uzice	2
Association of Dystrophic Patients of the Zlatibor District of Užice	1
Association of Disabled Persons with Cerebral Palsy and Childhood Paralysis	1
Valjevo	1
Caritas Valjevo	1
Veliko Gradiste	2
CSW Veliko Gradiste	2
Vranje	2
Multiple Sclerosis Association of Pčinja District Vranje	2
Vranovo	1
Roma Association 21	1
Zajecar	4
Rome Citizens' Association	4
Zrenjanin	9
Center Bridge	1
CSR Zrenjanin	2
Gerontology Center Zrenjanin	1
GU Zrenjanin	2
Bridge	1
General Hospital Zrenjanin	1
Primary and secondary school May 9	1
unknown	2
KSZ 1	1
MYTH 1	1
Sremska Kamenica	1
Private home Konak	1
TOTAL	172

ANNEX 10 - LIST OF PROJECT RELATER DOCUMENTS ANALYSING

1. Shadow Report to the CEDAW Committee regarding the fourth reporting cycle of Serbia, submitted by the Platform of Organizations for Cooperation with UN Human Rights Mechanisms, FemPlatz, 2019
2. To the Delegation of the European Union to the Republic of Serbia, Contribution to Serbia 2019 Annual Report, Joint submission by Mental Disability Rights Initiative MDRI-S and Women’s rights organization FemPlatz
3. To the Delegation of the European Union to the Republic of Serbia, Contribution to Serbia 2021 Annual Report, Joint submission by Mental Disability Rights Initiative MDRI-S and Women’s rights organization FemPlatz
4. The Letter on draft of the Strategy of Deinstitutionalization and Development of Social Services in the Community 2021-2026 to the European Parliament, OHCHR, Council of Europe, OSCE, The Delegation of the European Union to the Republic of Serbia, European Commission (MDRI-S and FemPlatz)
5. The Letter on draft of the Strategy of Deinstitutionalization and Development of Social Services in the Community 2021-2026 to the GREVIO
6. UN CAT Self-Advocates Report Women with Mental Disabilities from Residential Institutions created within the project Accessible Services for Women with Disabilities Survivors of Custodial violence, supported by UN Trust Fund to End Violence Against Women, implemented by Mental Disability Rights Initiative MDRI-S and FemPlatz
7. UN CAT Report on Women and girls with mental disabilities in residential institutions
8. SERBIAN CIVIL SOCIETY ORGANISATIONS REPORT TO GANHRI SUB-COMMITTEE ON ACCREDITATION (SCA), The Report prepared by A11 – Initiative for Economic and Social Rights, Belgrade Centre for Human Rights - BCHR, Center for Research, Transparency and Accountability – CRTA, Lawyers’ Committee for Human Rights – YUCOM, and Mental Disability Rights Initiative – Serbia – MDRI-S, 2021
9. Recommendations to the working group of the Ministry of Labor, Employment, Veterans and Social Affairs on the draft strategy for improving the position of persons with disabilities in the Republic of Serbia

UNTF Reports

1. Document of Application to the UN Trust Fund to End Violence Against Women
1. Annual Reports 1, 2
2. Progress Reports 1, 2, 3
3. Final Report
4. Data Management Plan for UNTF project

Trainings documents- primary beneficiaries

1. Report on Workshop 1 - Advanced training for women with mental disabilities who have experience living in an institution
2. Self-advocacy training for women with disabilities who have experience of institutionalization, 2019
3. Easy to Read Self-advocacy training for women with disabilities who have experience of institutionalization
4. Workshop "Women with Disabilities and Mechanisms for Protection from Violence" 2019, 2020, 3 reports and evaluation – Belgrade, Nis, Stara Moravica
5. Joint session "How to make existing services available?" for women with disabilities who live in the institutions
6. Webinar reports Presentation of CSO services to women with disabilities who have survived violence in residential institutions, 3 webinars – June, October, November 2021
7. Report from meetings with self-advocating women from residential institutions (April - September 2020)

Training documents – service providers

1. Report on Two-day training for service providers on forms and manifestations of gender-based violence in residential institutions, report, and evaluation, input, and output test for the participants, Niš, 2020
2. Maintenance of three modules (6 days) for the development of specialized services for women with disabilities who have survived violence in residential institutions, report, and evaluation, Zrenjanin, 2020
3. Two-day training for service providers (shelters) on forms and manifestations of gender-based violence in residential institutions, 2021
4. Two-day training for counselors on accessible specialized services for women with mental disabilities who have survived gender-based violence in residential institutions in Serbia, 2021, Zrenjanin
5. Two-day webinar Prevention of violence against women with disabilities in residential institutions, 2 reports and evaluation, 2021

Meetings documents/minutes

1. Info session on gender-based violence in residential institutions for local and national actors (CSO and institutions), 5 meetings in 2019 and 2020
2. Report from the working meeting with the representatives of the National Mechanism for the Prevention of Torture - the Protector of Citizens, July 2019
3. Report from the online meeting on the realization of the rights of young people with disabilities organized by the Belgrade Center for Human Rights 2021
4. Report from the meeting with the Commissioner for the Protection of Equality, October 2021
5. Report from the Multisectoral Social Dialogue "The State of Gender Equality in the Republic of Serbia", January 2021
6. Notes from the working meeting "Legal framework as a precondition for the safety of women with disabilities and the exercise of their rights in Serbia" June 2019
7. Conclusions and recommendations from the Working Meeting "Ensuring and Protecting the Rights of Women with Disabilities in Residential Institutions in Serbia"
8. Report from the Working Meeting "Ensuring and Protecting the Rights of Women with Disabilities in Residential Institutions in Serbia" October 2021

Publication

1. Deinstitutionalization of Women with Mental Disabilities, Kosana Beker and Valentina Lepojevic, 2021
2. Isolated in Isolation, Maja Popovic, Marijana Jovic, Masa Pavlovic, 2021
3. What you need to know about violence against women, Easy to Read
4. Policy Brief "Protection of sexual and women's reproductive rights with mental disability and protection from violence", 2021
5. Policy Brief "Deinstitutionalization of Women with Mental Disabilities", 2021
6. Policy Brief "System reform guardianship over adult (business capacity)", 2021
7. Safe houses (Shelters) Capacities to provide accessible services to women with disabilities, Situation in Serbia - initial analysis, 2020
8. Guidelines for service providers, accessible services for women with disabilities with a history of institutionalization, Kosana Beker and Biljana Janjic, 2021
9. Memorandum of Cooperation of the Platform Equal in the community
10. Report from the Conference on Equality in the Community within the project "Accessibility of services to women with disabilities who have survived violence in residential institutions", November 2021

Annex 11 – TABLE 2: Sample of interviewed participants

	Planned sample	Realized sample
Project implementers and donor	Number of respondents	Number of respondents
MDRI-S project team staff	2	2
FemPlatz partner project team staff	1	2
UNTF Portfolio manager	1	1
Representatives of other project components	Number of respondents	Number of respondents
Project component 1: Improved service delivery and access * Women/girls with disabilities, mostly those with mental disabilities (intellectual, psycho-social, and cognitive) who either live in residential institutions or have a history of institutionalization	5	5
Project component 1: Representatives of service providers: social workers, Disabled Persons Organizations- DPOs, human rights organizations, WCSOs, shelters, helplines, psychological support, legal aid, general health, or social services, run by the state sector.	5	5
Project component 2: Strengthening institutional responses * Representatives of decision-makers institutions and bodies/ Government officials, parliamentarians	3	3
Other stakeholders and community representatives	Number of respondents	
External experts	2	2
Key community representatives and associates	5	1
Total	25	21

Annex 12 – TABLE 2.1. List of interviewed participants

Organization	Position in org.	Project position	Method
PROJECT IMPLEMENTERS			
MDRI	Project manager	Project manager	Interview/Zoom
MDRI	Program assistant	Local consultant	Interview/Zoom
FemPlatz partner project team staff	Executive director	Local consultant	Interview/Zoom
FemPlatz partner project team staff		Project manager-partner	Interview/Zoom
REPRESENTATIVES OF PROJECT COMPONENTS			
PROJECT COMPONENT 1.			
Live in residential institution		Have a history of institutionalization	
Method			
PROJECT COMPONENT 1.			
Women/girls with disabilities 1	Living with support	yes	Interview/F2F
Women/girls with disabilities 2	DPOs Community	yes	Interview/F2F
Women/girls with disabilities 3	Elderly people stationary, Karaburma	yes	Interview/F2F
Women/girls with disabilities 4	Mental disability person stationary, Otthon	yes	Interview/F2F
Women/girls with disabilities 5	Elderly people stationary, Karaburma	yes	Interview/F2F
PROJECT COMPONENT 1.			
	Name/Contact	Position	Method
	Elderly people stationary, Karaburma	Social worker	Interview/Zoom
	DPOs Community service providers	Disabled Person organization - DPOs	Interview/Zoom
	CSOs Community service providers	Women CSOs	Interview/Zoom
	Mental disability person stationary, Otthon	Shelters/Helplines	Interview/Zoom
	Elderly people stationary, Karaburma	Psychological support/Legal aid	Interview/Zoom
PROJECT COMPONENT 2.			
	Name/Contact	Position	Method
Government body	Public prosecutor	Secretary of Council for on preventing and combating domestic violence	Interview/Zoom
Government officials	The Cabinet of the Minister	Higher Counselor	Interview/Zoom

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Parliamentarians	Co-chair of QE Committee	MP	Interview/Zoom
PROJECT COMPONENT 2.	Name/Contact	Position	Method
External experts	MDRI-S associate	Local consultant	Interview/Zoom
External experts	FemPlatz associate	Local consultant	Interview/Zoom
Key external partners	Mila Ioncheva mila.ioncheva@unwomen.org	Portfolio Manager	Interview/Zoom
Key community representatives and associates	Name/Contact	Position	Method
	Milana Rikanović milana.rikanovic@unwomen.org	UN Women Serbia Director	Interview/Zoom

Annex 13 – TABLE 3: Planned and realized focused group discussions to be realized during the project evaluation:

PARTICIPANTS	Number of planned FGDs	Number of conducted FGDs	Number of FGD participants
Training participants, service providers, CSOs, DPOs, and WCSOs representatives	2	1	9
Representatives of institutions/mechanisms for GE, decision-makers, for prevention and protection from GBV, external experts/trainers and key external partners	2	1	6
Women/girls with disabilities (intellectual, psycho-social, and cognitive) who either live in residential institutions or have a history of institutionalization	1	1	5
TOTAL	5	3	21

Annex 14 - Table 3.1. Focus group participants

First FGD	Organization/institution	Position/ Contact	Method
1. Service providers / to women and girls with disabilities victims of GBV	Safe House Pančevo	SH Manager	FGD/ Zoom
2. Training participants	Safe House Niš	SH Manager	FGD/ Zoom
3. Training participants	CSW Sremska Mitrovica	Social worker	FGD/ Zoom
4. Training participants	CSW Zrenjanin	Social worker	FGD/ Zoom
5. CSOs, DPOs and WCSOs representatives	Patria Association, Novi Sad	Psychologist	FGD/ Zoom
6. CSOs, DPOs and WCSOs representatives	Međunarodna mreža pomoći IAN	DPOs	FGD/ Zoom
7. CSOs, DPOs and WCSOs representatives	Imam pravo, Aleksinac	DPOs	FGD/ Zoom
8. Women/Women with disabilities	Out of the Circle Vojvodina	DPOs	FGD/ Zoom
9. Women/Women with disabilities	Network „Out of the Circle” - Srbija	DPOs	FGD/ Zoom
Second FGD	Organization/ institution	Position/ Contact	Method
10. Service providers / to women and girls with disabilities victims of GBV	Safe House Zrenjanin	SH manager	FGD/ Zoom
11. Service providers / to women and girls with disabilities victims of GBV	Center for Social service development “Knjeginja Ljubica” Kragujevac	Manager/Social worker	FGD/ Zoom
12. Training participants	CSW Sombor	Social worker	FGD/ Zoom
13. Training participants	Provincial Social policy Institute	Social specialist	FGD/ Zoom
14. Training participants	Provincial Ombudsperson	APV ombudsman office	FGD/ Zoom
15. CSOs, DPOs and WCSOs representatives	Human rights Council, Niš	Social service specialist	FGD/ Zoom
16. CSOs, DPOs and WCSOs representatives	PIN - Psychosocial Innovation Network	DPOs – social service providers	FGD/ Zoom
Third FGD	Institution	Position/Contact	Method
1. Women with mental disabilities/or experience of institutionalization	Veliki Popovac, Institution “Gvozden Jovančičević”	Custodial resident	FGD/ in person
2. Women with mental disabilities/or experience of institutionalization	“Stamnica” Stationary for children and people with	Custodial resident	FGD/ in person

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	disability, “Nikola Šumenković”		
3. Women with mental disabilities/or experience of institutionalization	Veliki Popovac, Institution “Gvozden Jovančičević”	Custodial resident	FGD/ in person
4. Women with mental disabilities/or experience of institutionalization	Elderly person stationary, Karaburma	Custodial resident	FGD/in person
5. Women with mental disabilities/or experience of institutionalization	“Stamnica” Stationary for children and people with disability “dr Nikola Šumenković”	Custodial resident	FGD/in person

Annex 15 - TABLE 4: Sample-based on the evaluation matrix – questionnaires delivered by representatives of specific groups of respondents during the project implementation:

Participants of training for professionals/service providers	16 (~47% of total respondents of the questionnaire)
Participants of raising awareness activities	4 (~12% of total respondents of the questionnaire)
Women/girls with disabilities, mostly those with mental disabilities who either live in residential institutions or have a history of institutionalization	10 (~29% of total respondents of the questionnaire)
Decision-makers institutions and bodies representatives	4 (~12% of total respondents of the questionnaire)