“STOP – CARE – CURE: A STRONGER INSTITUTIONAL RESPONSE TO GENDER BASED VIOLENCE IN AP VOJVODINA”

Final Evaluation Report

UNITED NATIONS TRUST FUND TO END VIOLENCE AGAINST WOMEN

Center for Support of Women

SeConS development initiative group

Name of the project:	**STOP-CARE-CURE: A stronger institutional response to gender based violence in the Autonomous Province of Vojvodina**
Locations of the evaluation conducted:	**Serbia, Autonomous Province of Vojvodina**
Name and organization of the evaluators:	**SeConS Development Initiative Group**
Period of the project covered by the evaluation:	**From 18/01/2016 to 17/01/2019**
Name of the institution that commissioned the evaluation:	**Provincial Secretariat for Health Care**
Co-implementing partner on the project	**Center for Support of Women - Kikinda**
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ABBREVIATIONS

AP	Autonomous Province
CBGE	Coordination Body for Gender Equality
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSW	Center for social work
CVSV	Center for victim of sexual violence
EVAW/G	Ending Violence against Women and Girls
GBSV	Gender based and sexual violence
GBV	Gender based violence
GCC	Group for coordination and cooperation
ICPD	International Conference on Population and Development
MoLEVSA	Ministry of Labour, Employment, Veteran and Social Affairs
MSC	Multi-sectoral Cooperation
MST	Multi-sectoral Teams
SRHR	Sexual and reproductive health and rights
SV	Sexual violence
ToC	Theory of Change
UFE	Utilization-focused Evaluation
UNTF	United Nations Trust Fund
VAWG	Violence against women and girls
VSV	Victims of sexual violence

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EXECUTIVE SUMMARY

Contextual framework

A comprehensive study on violence against women was conducted in Serbia in 2018, on a representative sample for the territory of the entire Serbia with women aged 15 and over. The study was conducted according to the methodology of the European Union Fundamental Rights Agency (FRA)[1]. According to findings of this study, psychological violence is the most prevalent, 44% of women experienced this type of violence by their partners, physical violence ensues and it amounts to 22% of any persons, regardless of the relationship with victim. It should be taken into account that physical violence in intimate relationships is the most prevalent violence and it amounts to 17%. In view of **sexual violence, even 5% of women** experienced this type of violence by their current or former partners, and 1% of women experienced this type of violence by an unknown perpetrator. Also, there is a high number of women who reported sexual harassment (42% of women) and the most serious forms of sexual harassment was reported by 23% of women participating in the study.

The employment rate of women (40,3%) is significantly lower than the employment rate of men (52,8%). The greatest differences are present in the employment rate between men (55,4%) and women (32,5%) at the age of 55-64 years. Expectedly, women are more likely to belong to the category of unemployed persons (13,7% versus 11,9% of men). The gender gap in the unemployment category is most common in the age group of 15-24 years (32% of women, compared to 28,3% of men). Data on the rate of activity indicate the presence of a large gender gap, 46,7% of women belong to the working population, compared to 62,9% of men (Source: Statistical Office of the Republic of Serbia, Labour Force Survey, 2018.).

After the last parliamentary elections for the National Assembly of Serbia, the Assembly was formed with representation of women (37.14%)[2], which fulfils conditions defined by the election law on representation of less represented sex. In addition, with a view to political power, according to data from April 2016, women take up 35% of parliamentary seats in the Assembly of the AP Vojvodina[3].

Description of the project

The subject of the evaluation is the project "Stop – care – cure: A stronger institutional response to gender based violence in the Autonomous Province of Vojvodina", which has been implemented for the past three years (from 2016 until the beginning of 2019) by the Provincial Secretariat for Healthcare in partnership with the Center for Support of Women – Kikinda, and with support of the United Nation Trust Fund to End Violence against Women (UNTF). The evaluation was conducted by the experts from SeConS Development Initiative Group.

According to the project document, the project aimed to reach 5000 women and girls from the following categories: 3500 women and girl survivors of violence, 1000 women and girls from the general population, 150 female sex workers, 350 women and girls with disabilities. The project also strived to directly include 1850 professionals (1500 healthcare workers and 350 professionals from all sectors of the system of support) and to reach general public.

[1] https://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-survey-methodology-sample-and-fieldwork

[2] http://www.parlament.gov.rs/народна-скупштина/народна-скупштина-у-бројкама/полна-структура.1731.html

[3] http://www.skupstinavojvodine.gov.rs/Statistika.aspx?s=poslanici&r=1

The overall project goal was that "women and girls in the South Bačka, West Bačka, North Bačka, Srem, South Banat, Central Banat and North Banat Districts of the Autonomous Province of Vojvodina, Serbia, are better protected from Gender-Based Violence, especially Sexual Violence and victims receive improved institutional health and psycho-social support services by December 2018". Referring to the overall project goal, four project outcomes were defined as follows:

1. **Outcome 1:** Healthcare and other service providers improve protocol use, data collection and coordination in order to strengthen the institutional protection system and response to SGBV in the Province of Vojvodina.
2. **Outcome 2:** Centers for Victims of Sexual Violence are piloted and provide improved health and psychosocial services to women and girls at risk or experiencing violence in 7 districts of the Province of Vojvodina.
3. **Outcome 3:** Multi-sectoral cooperation in 7 municipalities of 7 districts of the Province of Vojvodina improves to manage cases of S/GBV efficiently and effectively share information to improve polices, services and response to SGBV.
4. **Outcome 4:** Women and girls, the general public and professionals involved in the protection system in Vojvodina have more knowledge and awareness regarding GBV as a public health problem, especially on Sexual Violence, and how to access support services.

Each of these four outcomes were planned to be achieved through the achievement of the specific project outputs. Based on the overall project goal, project outcomes and outputs, it is possible to observe the theory of change, since realization of the project outputs leads to achievement of the project outcomes, and that eventually results in the achievement of the overall project goal, i.e. introducing the intended change.

Purpose and objectives of evaluation

The purpose of the evaluation is to assess if the project had contributed to ending violence against women and girls in AP Vojvodina, but also to find out if good cooperation between partners implementing project was established and in what ways the project is related to other initiatives in the region, as well as at national and international level. In addition, the purpose of the evaluation is to prepare recommendations for the revision of strategic documents using all positive changes introduced during the project implementation which contribute to reducing gender based, especially sexual violence in AP Vojvodina, but also in the whole country.

Having in mind the abovementioned purpose of the project evaluation, objectives of the evaluation are the following:

1) To evaluate the whole project (from the beginning to the end), against the effectiveness, relevance, efficiency, sustainability and impact criteria, as well as the cross-cutting gender equality and human rights criteria;
2) To identify key lessons learned and promising or emerging good practices contributing to ending violence against women and girls (knowledge generation criteria).

Intended audience

The Evaluation report could be useful to project implementers (Provincial Secretariat for Health Care) and co-implementing partners (Center for Support of Women – Kikinda), donor (UNTF), representatives of each project component. Key findings, conclusions and recommendations could be also important to decision-makers at the central level (Ministry of Health, Coordination Body for Gender Equality, Ministry of Ministry of Labour, Employment, Veteran and Social Affairs and other relevant ministries and state institutions) , provincial (Provincial Secretariat for Health Care, Provincial Secretariat for Social Policy, Demography and Gender Equality, and other relevant institutions in AP Vojvodina) and local level (local self-governments, local bodies for gender equality, etc.). In addition, the report could

be useful to international organizations and NGOs in Serbia, and other experts working in the field of human rights and gender equality (especially violence prevention and protection).

Evaluation methodology

The overall evaluation design relies on the guidelines and standards of the UN Trust Fund to End Violence against Women. This means that the evaluation is gender-responsive and takes into account fair relations of power, empowerment, participation and inclusion, independence and integrity, transparency, quality, credibility and ethics.
For the evaluation process purposes, multiple data sources were used: available publications, articles, reports, databases, relevant legal and strategic documents, Baseline Study and Endline Study of the project, annual reports and progress reports submitted to the UNTF by the project implementers, periodical reports submitted to the project implementers by representatives of each project component; all relevant raw data collected during the project (databases, material collected for the purpose of the project monitoring, meeting minutes, etc.); data collected directly by the evaluation team during the period of the technical mission for data collection.

The key stakeholders were consulted during evaluation planning and implementation. Participation of beneficiaries was also achieved through their participation in focus group discussions and other methods of data collection. The evaluation was conducted using various methods, including: **content analysis** of collected data, documents and literature; **focus group discussions and interviews** with different beneficiaries (women, including women from vulnerable groups, the professionals who deal with cases of GBSV, women's NGOs working in the AP Vojvodina); **interviews** with representatives of each project component and donor; **systematic observation** of the functioning of the centres for sexual violence victims in 7 municipalities; **case studies** which illustrate examples of good practice.

The sample of the project evaluation was designed in relation with the overall project design, taking into account different stakeholders included in the project and data collected during the project implementation. During the evaluation process, total of 37 respondents (project implementers, representatives of donor, representatives of project components, project beneficiaries, etc.) were reached through the interviews, while 41 respondents participated in focus group discussions. In addition, evaluation included the analysis of all questionnaires submitted by professionals (healthcare workers, professionals from social protection, police, prosecution office, judiciary, NGOs) who passed the trainings organized during the project implementation, as well as women victims of gender based violence who have used any kind of support (institutional protection or protection of an NGO). This analysis of collected questionnaires was already included in the *Baseline* and/or *Endline Study*.

The evaluation team members identified certain limitations of the evaluation methodology and the project itself, as well as the strategies by which such limitations were overcome. Firstly, certain indicators defined by the project matrix were 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. It is the case with indicators regarding multi-sectoral cooperation (MSC). Secondly, availability of particular data presented another methodological limitation in the process of project evaluation – for example, there is no centralized system of records regarding gender based and sexual violence.

Also, there was a difficulty in reaching women victims of violence, especially women victims of sexual violence, who were willing to share their experiences with the existing support system, primarily in the centers for victims of sexual violence. The evaluation team estimated that it would be best that the interviews with these women are done by counsellors hired in the centers for victims of sexual violence, i.e. persons who are licenced for work with this vulnerable group. In order to ensure that there is no conflict of interest, counsellors were able to realize interviews exclusively with women to whom they did not previously provide direct support. Still, it can be assumed that the fact that these interviews were

conducted by the counsellors engaged in the centers limited the type of information provided by women victims of sexual violence. Finally, satisfaction with the project results on the part of sex workers was not possible to assess, although sex workers present one of the primary target groups of the project (primary beneficiaries). Successful functioning of the Centers for VSV refers to effective cooperation not only of the healthcare and non–government sectors, but also of all sectors within the system for protection, as well as mandatory reporting of cases of violence to competent institutions. Since prostitution is not a legal activity in the Republic of Serbia, it was not expected that sex workers would turn to the Centers for VSV for help in cases of violence, to which they are often exposed.

Key findings and conclusions

1. Effectiveness

Key findings

The overall goal of the project, i.e. to provide women with better protection against gender-based violence, and especially sexual violence, compared to the situation at the outset of the project has been achieved, but the quality of services provided varies from municipality to municipality.

Centers have been set up in the Clinical Center of Vojvodina and 6 general hospitals where their operation was planned. All necessary materials for their work have been provided, and the employees in the Centers are trained to work according to agreed procedures. However, the functionality and quality of all Centers is not fully consistent.

Among healthcare staff, the knowledge and awareness about sexual violence and the needs of victims of this type of violence as well as the adequate support procedures they need to provide, has improved significantly. The understanding of the Special Protocol for Protection and Treatment of Women Exposed to Violence of the Ministry of Health for action in case of violence against women also improved, which was extremely poor at the beginning of the project (implemented by only 4-5 healthcare institutions), with more than 90% of healthcare institutions having introduced and implemented them at the end of the project *(*source: *Progress report)*.

Multisectoral cooperation improved by establishing procedures and protocols on cooperation among institutions. Using procedures and protocols, competencies were determined as well as very precisely defined procedures for action in cases of gender based violence. Systematic support from the Ministry of Internal Affairs was missing, since they did not inform all police administrations in municipalities where the centers were established about project implementation and they did not recommend cooperation with the centers, so it was necessary to contact each individual police administration for establishing cooperation. In addition, it should be taken into account that the frequency and quality of cooperation between sectors varied greatly among municipalities.

The campaign was implemented during the entire project. It included 330 different posts via press, TV and radio, social networks and internet portals. The most frequent were written articles in the print and electronic media. The effectiveness of sharing information and raising awareness through campaigns and media was also satisfactory, even though, as a result of relying on small local media and networks of institutions and organizations which were in some way touched by project activities, it would be hard to expect that awareness of the work of Centers for VSV would be consistent across the entire territory of Vojvodina

Key conclusions

The project's greatest achievement is the establishing of pilot Centers for victims of sexual violence to provide new forms of support to victims of sexual violence. All centers for victims of sexual violence that were intended to be established during piloting faze, were established in accordance with the planned dynamics. The greatest benefit of the work of the centers was the provision of psychosocial support provided by counsellors. Training courses for professionals from health institutions helped to better understand the gender based violence problem and better record keeping in cases of gender-based violence. Professionals from all sectors (health, police, social protection, prosecution, judiciary, NGOs) providing protection services in cases of violence against women, through training have acquired knowledge of the work of other sectors and of the way in which multisectoral cooperation functions, which until 1 June 2017 was regulated by general and special protocols, followed by the Law on the Prevention of Domestic Violence.

Planning, coordination, monitoring and reporting mechanisms were effectively established, monitoring was carried out regularly, and monitoring results made it possible to improve planning and implementation at each of the next stages of the project.

2. Relevance

Key findings

The service is fully in line with key international and national laws and policies. It is also in line with **the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence** which provides for the establishment of specialist protection services to victims subjected to any of the acts of violence covered by the scope of the Convention, including sexual violence. It is also aligned with the **Law on Prevention of Domestic Violence** which was adopted after the project started. The service is also in line with the **Program for Protecting Women from Domestic and Intimate Partner Violence and Other Forms of Gender Based Violence in AP Vojvodina 2015-2020.** Activities of the project directed to sensitization of the general public, especially professionals who are in charge of providing support to women 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.**

Training on gender based violence and multisectoral cooperation is still very relevant, given that the coverage of healthcare workers by training is insufficient (at the project beginning, only 3% of employees in relevant institutions passed training, this number has increased significantly and now it is 24%, but it remains small in relation to actual needs), and there is frequent staff fluctuation in the healthcare system.

Key conclusions

The results of conducted research on violence against women, represent that sexual violence is still present in Serbia, and there still is not any adequate model for the protection of victims of sexual violence across the territory of Serbia that would fit the needs of women. The project has improved the quality of services in the territory of AP Vojvodina, but it still needs to be promoted and presented to all relevant state institutions (Ministry of Health, Ministry of Labor, Employment, Veteran and Social Affairs) to be implemented throughout the whole territory of Serbia.

All project objectives are relevant as sexual violence is still present. The project has improved the quality of services provided in the entire territory of AP Vojvodina, but there is a need for further improvement

in order to fully meet the needs of women. Services of the centers for victims of sexual violence, which were piloted under the project, should be expanded to cover the entire territory of Serbia.

3. Efficiency

Key findings

Based on the interviews with project implementers conducted during the evaluation process, and the insight into different reports prepared during the project implementation, it can be assessed that the project was efficiently implemented. Almost all project activities were implemented according to the planned schedule. The activity plans of project components were submitted in a written form, and at periodic coordination meetings representatives of each project component also always announced orally activities which were planned to be implemented in a certain period of time. Deadlines for completing specific activities were extended only in few cases, and it was conditioned by external factors, that is, the factors which the project team could not directly influence.

One of the key challenges the project implementer faced with was that the bookkeeping system kept by the public administration is different in relation to the financial reporting system requested by the donor. Due to this, there was a need for a period of learning, adjustment and continuous double keeping of finances during the project implementation, which increased the volume of work to be done by the project team during the project implementation. Despite limitations, reporting to the donor was as planned. The only delay occurred when financial report within the 2018 Progress Report was submitted, caused by problems occurred in the online reporting system. Periodic reports on activities completed, prepared by representatives of each project components in specifically determined time periods (on a semi-annual or quarter basis) were timely delivered to the project leader.

Resources were mostly adequate, with few exceptions. 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 also pointed out that human component was crucial for implementing such a project, that the management showed maturity and flexibility.

Financial resources were mostly sufficient, with few exceptions, primarily in covering expenses of the partner non-governmental organization. In addition, a change in the exchange rate, i.e. the weakening of the currency in which the project funds were received, reflected on the available funds for implementing the project activities in the second half of the project. Due to this change, among other things, the amount of financial remuneration for providing psychosocial support in the CVSV reduced, which was one of the factors that influenced the counsellors to stop their work in some of the CVSVs. On the other hand, at the proposal of the project coordinator, with previously obtained consent of the portfolio manager, certain changes were made in the plan for conducting trainings for employees in the healthcare sector, due to which the third year of the project started with even certain budget savings.

Regarding organizational capacity, certain challenges occurred as loads were not evenly distributed. Too much work fell on one person who was carrying out more than 50% of administrative activities. Donor's approval of the reports submitted (Progress and Annual Reports) was an important signal that the project implementation is on the right path, which especially contributed to the management gaining confidence in the persons who were most engaged in coordination and implementation of project activities.

Key conclusions

All data collected during the evaluation process and materials/documents reviewed by the evaluator show that the project was efficiently implemented and the project activities were implemented according to the planned schedule, with just a few exceptions. Although there were several challenges related to the project efficiency, in each specific case the project implementer developed mitigation strategies in order to overcome the existing challenges. Probably the most difficult challenge was the financial reporting system requested by the donor which was different in comparison with the bookkeeping system kept by the public administration. Due to this, there was a need for a period of learning, adjustment and continuous double keeping of finances during the project implementation, which slightly reduced cost-effectiveness. On the other hand, human component was assessed by many respondents as a key factor that contributed to increasing project efficiency. Good project management, establishment of excellent cooperation and constant communication among representatives of the project team were of crucial importance for creating environment in which every individual included in the project implementation tried to put all of his/her efforts in order to achieve planned results.

4. Sustainability

Key findings

Project "Stop – Care – Cure: A stronger institutional response to gender based violence in AP Vojvodina" has proved it is possible to establish centers for victims of sexual violence in line with the piloted model, and such type of support is necessary for women victims of sexual violence. Sustainability of the Centers for VSV 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.

Possibilities for sustainability of centers for victims of sexual violence are presented in details in the key document generated as the result of the project implementation, *Recommendations for work standards of the centers for victims of sexual violence*. For a short period of time, sustainability of established centers is possible if the services provided by the Centers for VSV are integrated into the existing network/organizations of healthcare services (institutions), whereby health care and support will be available 24 hours a day (which is the case in the institutions where the Centers for VSV were piloted), with financial support primarily for the services of psychosocial support. Owing to dedication of the partner organization in the project, the Center for Support of Women – Kikinda, sources have been secured for the two-year financing of the work of counsellors who provide psychosocial support in three Centers for VSV – in Novi Sad, Kikinda and Zrenjanin. Existence of the work of Centers for VSV in Subotica, Sombor, Sremska Mitrovica and Vršac, which would be completely in line with the piloted model, is uncertain for now. In the long run, it is necessary to define places and content of the services of the Centers for VSV by law, in terms of healthcare system and the system of social protection and also with changes in particular bylaws.
Human resources also are very important for sustainability of the achieved project results. Many participants pointed out during the process of evaluation that professionals who provided support for women were often overloaded with work. Taking into account the ban on public sector employment, which is in effect, at present there is no possibility to increase the number of professionals who provide support for victims of violence, regardless of complexification of the work they perform. In addition, there is a great fluctuation of employees in the healthcare sector, and limiting factor in the civil sector is that the organizations licensed for providing specialized support services to women victims of all forms of gender based violence do not exist in all municipalities.

Motivation, adequate competences and sensitization of professionals engaged in the CVSV are also important factors that could increase chances of sustaining positive changes introduced during the

project implementation. In order to resume trainings after completion of the project, three training programs were prepared in its final phase. One program refers to the role of healthcare system, principles and standards in health care and psychosocial support for victims of sexual violence and other forms of sexual violence. The second program is specifically directed to the role and tasks of gynecologist in prevention and protection of victims of sexual violence, whereas the third program refers to the role of medical nurses in providing care and support for victims of sexual violence. While accreditation for the program referring to the role and tasks of gynecologists in prevention and protection of victims of sexual violence was obtained by the Healthcare Council of Serbia, for other two programs accreditation will be requested before long.

Regarding multisectoral cooperation, there are still two problems that may hinder the sustainability. The first one refers to the cooperation between Groups for coordination and cooperation (that consist of representatives of public prosecution office, police and centers for social work) and other institutions/organizations (healthcare institutions, NGOs, etc.). This cooperation needs to be improved in the upcoming period. The second problem is resistance of representatives of all state institutions to cooperate with organizations of civil society. Although cooperation between the state sector and organizations of civil society was established by the project, there is still a lot of space for the improvement.

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 is of great importance for establishing the work of Centers for VSV, if they expanded to other parts or entire territory of the Republic of Serbia.

Key conclusions

The question of sustainability of the achieved project results, especially the Centers for victims of sexual violence is conditioned with numerous factors, such as financial resources, human resources, political will, knowledge and competencies of professionals who provide support, motivation of professionals, organizational capacities, etc. Results and approach may be applied to other regions of Serbia with small adjustments, but it is difficult to assess whether it will happen or not, having in mind that not all Centers for VSV, which were piloted during the project implementation, continue their work completely in line with the piloted model. Further improvement of multisectoral cooperation, especially cooperation between the state and civil sector is a necessary condition because only mutual efforts and good cooperation between all sectors (healthcare, police, social protection, judiciary, prosecution office, NGO), which is not dependent on the individuals, may lead to sustainability of the achieved project results and contribute to combating gender based violence.

5. Impact

Key findings

The project contributed to the greatest extent to ending violence against women, gender equality and/or women's empowerment through piloting centers for victims of sexual violence, a completely new mechanism in the support system of women victims of sexual violence, as a specific form of gender based violence. Representatives of all Centers for VSV emphasized as the greatest contribution to the project the inclusion of psychosocial support, as a very important type of support, which was missing in existing institutional mechanisms.

The project implementation, especially realization of trainings for professionals, had a significant impact on strengthening institutional systems for protection of women victims of gender based violence. On basis of the questionnaire completed by 23 supervisors from healthcare institutions, at least 6 months

upon completion of the Faculty of Medicine training, it may be concluded that their assessment is that training had a significant impact on raising capacities of health professionals in their institutions to use and apply protocols, collect data and coordinate their responses to GBV. Training for multisectoral cooperation was mostly important because it gathered all sectors, respectively representatives of all institutions and organizations that provide support for women victims of gender based violence - representatives of the police, centers for social work, healthcare, judiciary, prosecutor's office, non-governmental organizations. The professionals who went through this training as particularly important pointed out that in the training for multisectoral cooperation they had the opportunity to familiarize themselves closely with the competences of each sector. In addition, they had the opportunity to see how cooperation between the sectors should operate on concrete examples from practice, and they considered it very useful.

On basis of analysis of the questionnaire that was completed by 453 employees in the healthcare institutions at the beginning of the trainings for healthcare workers, it is noticed that civil sector was very rarely perceived as an important link in multisectoral cooperation. Importance of cooperation with police is almost always recognized (97.7%) and with centers for social work (98.4%), whereas the importance of cooperation with the non-government sector was recognized in only half of cases (55.6%). An important effect of the project is cooperation between public and civil sector, most precisely, between the staff from healthcare sector and professionals from women`s non-governmental organizations. Healthcare staff that was in direct contact with counsellors recognized civil sector as a partner. Nevertheless, improvement of multisectoral cooperation was only partially under direct impact of the project; it was predominantly influenced by a change in regulating cooperation with the new Law on Prevention of Domestic Violence, which came into effect on 1 June 2017.

Primary and secondary beneficiaries, whose perspective could be included in the process of evaluation, are satisfied with the project results. On basis of the questionnaire completed at the beginning and the end of the project by women victims of different forms of gender based violence, who are beneficiaries of the system of support, it is noticeable that respondents assessed services of all institutions with better marks in comparison to assessments provided by them at the beginning of the project. The greatest progress was achieved in support provided by the police – in 2016 there were 40% of satisfied beneficiaries, and 51% in 2018. The interviews conducted with one beneficiary from each Center for VSV in Subotica, Kikinda and Zrenjanin, showed that obtained support in the Center for VSV was beneficial to women who were victims of sexual violence. All respondents emphasized the significance of psychosocial support and they would recommend the Center for VSV to all other women going through the same or similar traumatic events they had gone through. FGDs with women from the general population indicate that, in comparison to the period of three years ago, the system of support for women victims of gender based violence improved.

Satisfaction of professionals from the healthcare system with the project results is reflected in readiness of majority of respondents (84%), interviewed in the final phase of the project, to participate in activities of a similar project in future. Members of all working groups in healthcare institutions, where the Centers for VSV were formed, are also very satisfied with the project results, especially with piloting Centers for VSV, where they were directly involved. Members of the groups for coordination and cooperation (representatives of prosecution office, police and centers for social work) with whom FDGs/interviews were conducted at the end of the project, and who were directly involved in activities of the project, think that the project achieved good results, through piloting Centers for VSV and through trainings realized within the project, likewise.

According to assessment done by representatives of the project team, the project undoubtedly contributed to raising awareness among employees in the system for protection of gender based violence, but also in local population, though in limited volume. The campaign which was the integral part of the project lasted 3 years as the project itself, and included more than 300 different press releases, TV and radio programs, announcements via social networks and internet portals. According to data based on

assessment of TV and radio programs ratings, Facebook and project website visits, as well as following other channels through which information about project activities were launched, the campaign reached more than 25.000 inhabitants of the AP Vojvodina. Women from the general population, who participated in the FGDs realized within the process of data collection for the purposes of project evaluation, think that nowadays gender based violence against women is more often talked about, there is more work on prevention of violence and raising awareness of women who were victims of violence, to which this project undoubtedly contributed.

Key conclusions

Based on the information and data obtained during the evaluation of the project "STOP – CARE – CURE: A stronger institutional response to gender based violence in the AP Vojvodina" it can be concluded that the greatest contribution of the project was the establishment of the Centers for victims of sexual violence in seven cities in AP Vojvodina (each in every district of AP Vojvodina). By piloting centers for victims of sexual violence, the system "has learned" a new service that contributes to better protection of women from sexual violence in the AP Vojvodina, better treatment by professionals involved in the system for protection and better response to satisfying needs of women victims of violence. Both trainings for healthcare workers and trainings for multisectoral cooperation contributed to increasing knowledge and sensitization of professionals who provide support to women victims of gender based and sexual violence. In addition, trainings had a direct impact on better recognition of cases of gender based violence by professionals, especially sexual violence, and provision of more adequate protection and more quality services to beneficiaries of the system of support. The project undoubtedly contributed to improvement of cooperation between civil and public sector, especially between healthcare institutions and women`s non-governmental organizations. However, it should be taken into account that the improvement of multisectoral cooperation between the police, centers for social work and prosecution offices was mostly under the influence of the Law on Prevention of Domestic Violence, which came into effect on 1 June 2017. Satisfaction of the beneficiaries with the changes introduced by the project represents a key proof of the achievement of the intended results.

6. Knowledge Generation

Key findings

The key document arising from and exceeding the project present the *Recommendations for Work Standards of the Centers for Victims of Sexual Violence.* It regulates not only the work of centers, but also to whom these centers are intended, together with regulation of location, premises and equipment necessary for work, work principles of the Centers for VSV, the list of services provided in the centers, organizational structure and management, organizing of centers, recommendations for action and mechanisms for sustainability of services. *A Manual for MSC - "A step toward better protection"* is very important because there is a great need for clearly defined and systematized process of cooperation between institutions, which was achieved with this Manual for MSC.

Key conclusions

The project has contributed to the development and distribution of knowledge about the needs of victims of sexual violence. It has implemented an innovative model of support for victims of sexual violence through the establishment of Centers for Victims of Sexual Violence and has linked all relevant institutions that offer support, including a new psycho-social service, in the support system. The pilot model of the CVSV can also extend to other environments, respecting the local context and using the experience and knowledge gained during the pilot.

Project enabled the new knowledge to be gained and generated about needs of victims of sexual violence and to provide them with more comprehensive and quality support. The Centers for victims of sexual violence were formed according to the innovative model which can be expanded to other regions, observing the local context and using experience and gained knowledge during piloting.

7. Gender Equality and Human Rights

Key findings

Human rights based and gender responsive approach presented an integral part of the project, both in preparation and implementation phase. Women from especially vulnerable categories, such as sex workers and women with disabilities, were recognized as one of the groups of primary beneficiaries. The support service provided by Centers for victims of sexual violence is modelled in accordance with standards regarding the sexual and reproductive health and rights (SRHR) of women as defined by the Programme of Action of the International Conference on Population and Development (ICPD). In addition, piloting centers for victims of sexual 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, *The European Council Convention on Preventing and Combating Violence against Women and Domestic Violence* (the *Istanbul Convention*). Documents generated during the project implementation (reports, manuals, etc.) were prepared bearing in mind the principles of gender equality. The process of piloting and other activities implemented during the project, such as trainings for professionals from the system for prevention and protection, expert conferences and press conferences, aimed to, inter alia, destigmatize women victims of gender based, especially sex violence, and that violence is not observed as taboo.

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. The project evaluation was completely prepared and implemented in accordance with the key principles defined in the document *Norms and Standards for Evaluation* (UNEG, 2017). Participating in interviews, focus group discussions and completing various questionnaires was completely on voluntary basis.

Key conclusions

The project "STOP – CARE – CURE: A stronger institutional response to gender based violence in the AP Vojvodina" is fully committed to gender equality. Human rights based approach was integrated throughout the project design and implementation. However, it should be taken into account that in the social context in Serbia patriarchal value patterns are still dominant, including unequal relationships between women and men. Even though it cannot be expected that transformations of social values and relations in a society may happen in a short period, under the impact of one project, it can be concluded that this project contributed to improvement of the current state of affairs.

Recommendations

Overall

It is necessary that a project dealing with complex topics, such as gender based and sexual violence against women, include smaller number of outcomes and therefore smaller number of indicators and beneficiaries groups, with the aim to achieve better results. Also, efficient mechanism for monitoring and evaluation of the project results should be established.

Relevant stakeholders: donors, project implementers

1. **Effectiveness**

- It is very important to clearly define the role of each participant in realization of the project, and procedures of coordination and communication, with the aim to achieve effectiveness of the project.

  Relevant stakeholders: project manager/project coordinator

- It is necessary to resume, on annual basis, the collection of data provided by healthcare institutions about cases of violence.

  Relevant stakeholders: Provincial Secretariat for Health Care

- It is necessary to adopt a by-law that would regulate establishing a single system of registering cases of gender based and sexual violence against women.

  Relevant stakeholders: all sectors included in the system for prevention and protection of women from violence

2. **Relevance**

- It is of great importance to regularly implement surveys on representative samples of the general population and among extremely marginalized groups of women (women with disabilities, Roma women, sex workers, etc.) about prevalence and characteristics of violence, on the territory of the AP Vojvodina and the territory of entire Republic of Serbia, as well.

  Relevant stakeholders: state institutions, scientific institutions (institutes, higher education institutions), international and local non-government organizations

- It is important to relevant data in creating public policies and measures of support for specific groups of women victims of violence.

  Relevant stakeholders: creators of public policies at the central level, providers of support services

3. **Efficiency**

- Before the project implementation, it is important that representatives of the team implementing the project, pass the training about the manner in which it is required to manage finance in the actual project, especially because the bookkeeping system kept by the public administration is different in relation to financial reporting system requested by the donor.

  Relevant stakeholders: donors, project implementers

- While planning future projects which should have a campaign as an integral part, it is important that applicants receive a guide for organizing campaign. In addition, it is important to enable appropriation of funds for coordination of project activities and financial administration of the project for partner non-governmental organizations (in case when the project implementer is state institution/body).

  Relevant stakeholders: donors

4. Sustainability

- It is necessary to secure steady financial support for services of psychosocial support through allocation of funds from local budgets, and budget lines at the provincial level.

  Relevant stakeholders: local self-governments, Provincial Secretariat for Social Policy, Demography and Gender Equality, donors – international organizations

- The Cabinet for protection of victims of sexual violence should be formed in the Gynaecology Ward in healthcare institutions where the Centers for VSV would be established.

  Relevant stakeholders: managers of healthcare institutions, Gynaecology Ward in healthcare institutions, healthcare proffesionals and CSO representatives

- It is necessary to present the project results, especially the piloted model of the CVSV, to relevant institutions at the central level (ministries, Coordination Body for Gender Equality, etc.).

  Relevant stakeholders: Provincial Secretariat for Health Care

- It is necessary to define legal framework for financing continuous training programs for healthcare workers about gender based and sexual violence.

  Relevant stakeholders: Ministry of Health

- 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 sexual violence, are continuously improved.

  Relevant stakeholders: Councils for accreditation

- It is important to continue the work on improving cooperation between sectors involved in the system for prevention and protection from gender based and sexual violence. It is especially important to improve cooperation between the civil sector and state institutions.

  Relevant stakeholders: representatives of all institutions/organizations at the local level

- It is necessary to increase the number of employees in all institutions who are trained and have competences to work on the cases related to gender based violence. In addition, it is recommended to create mechanisms, at the system level, for rewarding special commitment and dedication of individuals in those institutions.

  Relevant stakeholders: Government, ministries, relevant institutions at the provincial level

- It is necessary to do more about informing women victims of violence who are extremely marginalized (women with disabilities, Roma women, sex workers, women living in rural areas etc.) about services available to them (including services in the centers for victims of sexual violence) and additionally empower them to report violence.

  Relevant stakeholders: support services providers

5. Impact

- It is necessary to continually implement campaigns aiming at informing and raising awareness of the general public about the problem of gender based and sexual violence against women, and combating "normalization" of violence. In addition, while organizing campaigns special attention should be payed to informing population living in rural areas.

  Relevant stakeholders: Coordination Body for Gender Equality, Ministry of Labour, Employment, Veteran and Social Affairs, the Commissioner for the protection of Equality, civil sector, non-government organizations

- It is necessary to work on raising awareness about the significance of gender equality and the problem of gender based and sexual violence against women through educational system.

  Relevant stakeholders: Ministry of Education, Science and Technological Development, educational institutions

- If a project includes organizing campaign as one of the key activities, it is very important to clearly define the indicators for measuring the impact of the project campaign to raising awareness of each group of beneficiaries, especially the general public.

  Relevant stakeholders: project implementers, donors

6. Knowledge Generation

- In order to share knowledge and experience gained during the piloting of centers for victims of sexual violence, it is necessary to publicly present the key document generated at the end of the project – *Recommendations for work standards of the centers for victims of sexual violence*.

  Relevant stakeholders: members of the project team, especially those responsible for the component of piloting CVSVs

- In the course of preparing future projects which would be very complex, such as the project "Stop – Care – Cure: A stronger institutional response to gender based violence in AP Vojvodina", and which would include piloting of an innovative model, it is necessary to envisage more time for their realization (5 years).

  Relevant stakeholders: donors, project applicants

7. Gender Equality and Human Rights

- It is necessary to continually work on transformation of dominant patriarchal value patterns, in order to achieve gender equality in society.

  Relevant stakeholders: CBGE, MoLESVA, the Commissioner for the Protection of Equality

- It is necessary to continually work on sensitization of professionals from the system of protection for the work with extremely marginalized groups of women.

  Relevant stakeholders: Human resources management office, specialized women`s NGOs

- Taking into account that prostitution is not a legal activity in the Republic of Serbia, it is necessary to introduce new mechanisms of support for sex workers who are victims of violence, since they very rarely turn to institutions for support due to fear of criminal charges.

  Relevant stakeholders: specialized non-government organizations providing support to sex workers

1 CONTEXT AND DESCRIPTION OF THE PROJECT

1.1 Background and context of the project

1.1.1 *Key geographic end demographic indicators*

Table 1: *Geographical indicators*

Region, districts	Total area, km^2	Number of settlements	Population 30.06.2017. Total	Number od inhabitans per km2
Serbia	88499	6158	7020858	…
AP Vojvodina	21614	467	1871515	87
West Backa District	2488	37	175347	70
South Banat District	4246	94	281203	66
South Backa District	4026	77	617949	153
North Banat District	2328	50	138371	59
North Backa District	1784	45	180349	101
Central Banat District	3257	55	177308	54
Srem District	3485	109	300988	86

Table 2: *Demographic indicators*

	Republic of Serbia	AP Vojvodina
The share of female in the total population	51,3	51.8
Population change in 2017	-5.5	-5
Life expectancy at birth, Females, 2017	77.88	77.33
Life expectancy at birth, Males, 2017	72.95	71.88
Ageing Index	141.6	135.9
Average age of the population, 2011	43.02	42.66
Mean age women at first childbirth, 2017	28,4	28,1
Average age of first marriage for women, 2017	28,3	28,3
Average age of first marriage for men, 2017	31,2	31,2
Number of marriages, 2017	36047	10021
Marriages per 1000 inhabitants, 2017	5.1	5.4
Number of divorces, 2017	9262	3207
Divorces per 1000 inhabitants, 2017	1.3	1.7

Sources: Statistical Office of the Republic of Serbia (SORS), *Marriages and divorces,* 2017*;* SORS, *Vital statistics,* 2017*;* SORS, *Demographic Yearbook,* 2017.

1.1.2 *Social, economic and political context*

As numerous studies and data of the official statistics show, gender inequalities are present in every sphere of public and private life in Serbia.

Participation of women is less recorded than participation of men in the sphere of political decision-making, which is manifested in their minority presence in key bodies of legislative and executive powers, but also at the top of political parties from which the power holders are recruited. After the last parliamentary elections for the National Assembly of Serbia, the Assembly was formed with

representation of women (37.14%)[4], which fulfils conditions defined by the election law on representation of less represented sex. The majority in the National Assembly is comprised of men (62.8%). After the parliamentary elections in 2016, local assemblies were formed with less percentage of women deputies, who are involved in the sphere of political decision-making[5]. In addition, with a view to political power, according to data from April 2016, women take up 35% of parliamentary seats in the Assembly of the AP Vojvodina[6].

Women have less favourable position on the labour market and weaker access to economic resources in comparison to men. They are very rarely owners of real estates in comparison to men (flats, land, business premises) and work equipment[7], and among entrepreneurs, the instigators of economic development, women make for only one quarter[8]. Women are faced with obstacles in advancing to managerial positions and among company managers they make for only one quarter[9]. Gender gap in salaries is present in state and private sector, on average women earn 8.7% less money than men. If salaries are perceived according to the education level, gender gap is highly expressed in favour of men.[10]

Table 3: *Indicators of the labour market for population 15+*, Serbia, 2018

	Serbia		AP Vojvodina	
Indicator	Men	Women	Men	Women
Activity rate	62,9	46,7	62,4	43,9
Employment rate	55,4	40,3	56,3	38,9
Unemployment rate	11,9	13,7	9,8	11,4
Inactivity rate	37,1	53,3	37,6	56,1

Source: Statistical Office of the Republic of Serbia, Labour Force Survey, 2018[11]

Gender inequalities permeate everyday practice in the sphere of private and family life. Women perform majority of house chores for maintaining household and they bear the greatest part of responsibility in terms of care for children and other members of family.[12] On the whole, gender relationships in Serbia are asymmetrical, where women have less power in the sphere of public and private roles, and thus unequal structures are still maintained by strong patriarchal culture.

Data about the number of femicide in Serbia is alarming. During 2018, 30 women were murdered. Every third woman was murdered by a husband or a partner, whereas half of them lived in a community together with violent person. It is deemed that violence precedes femicide, of which data bear evidence

[4] http://www.parlament.gov.rs/народна-скупштина/народна-скупштина-у-бројкама/полна-структура.1731.html

[5] Statistical Office of the Republic of Serbia, Municipalities and regions in the Republic of Serbia, 2018. http://publikacije.stat.gov.rs/G2018/Pdf/G201813045.pdf

[6] http://www.skupstinavojvodine.gov.rs/Statistika.aspx?s=poslanici&r=1

[7] Babovic, M. (2010) *Rodne ekonomske nejednakosti u komparativnoj perspektivi: EU i Srbija*, SeConS, ISIFF, Beograd.

[8] Babovic, M. (2011) *Polazna studija o preduzetništvu žena u Srbiji*, UN Women, Beograd.

[9] Babovic, M. (2014) *Položaj žena u biznis sektoru u Srbiji*, Ministarstvo za rad, zapošljavanje, boračka i socijalna pitanja Republike Srbije, Beograd.

[10] https://www.rodnaravnopravnost.gov.rs/sites/default/files/201807/%C5%BDene%20i%20mu%C5%A1karci%20u%20Srbiji_2017_0.pdf

[11] http://publikacije.stat.gov.rs/G2019/Pdf/G20195646.pdf

[12] See: Babovic, M. (2010) *Rodne ekonomske nejednakosti u komparativnoj perspektivi: EU i Srbija*, SeConS, ISIFF, Beograd; Blagojević, M. (2013) *Rodni barometar u Srbiji*, UN Women, Beograd.

that every sixth woman is murdered although violence she had endured was reported to the competent institutions.[13]

Gender inequalities permeate everyday practice in the sphere of private and family life. Women perform majority of house chores for maintaining household and they bear the greatest part of responsibility in terms of care for children and other members of family.[14] On the whole, gender relationships in Serbia are asymmetrical, where women have less power in the sphere of public and private roles, and thus unequal structures are still maintained by strong patriarchal culture.

A comprehensive study on violence against women was conducted in Serbia in 2018, on a representative sample for the territory of the entire Serbia with women aged 15 and over. The study was conducted according to the methodology of the European Union Fundamental Rights Agency (FRA)[15]. FRA study was conducted in a large number of European countries, using the same methodology, which enables comparability of obtained data. Serbia was included last year for the first time in the stated study, but unfortunately, data from this study are still not completely available. Until now, data on prevalence of violence against women aged 15+ were published in the publication *Index of gender equality*[16] (Table 4). According to findings of this study, psychological violence is the most prevalent, 44% of women experienced this type of violence by their partners, physical violence ensues and it amounts to 22% of any persons, regardless of the relationship with victim. It should be taken into account that physical violence in intimate relationships is the most prevalent violence and it amounts to 17%. In view of **sexual violence, even 5% of women** experienced this type of violence by their current or former partners, and 1% of women experienced this type of violence by an unknown perpetrator. Also, there is a high number of women who reported sexual harassment (42% of women) and the most serious forms of sexual harassment was reported by 23% of women participating in the study.

Table 4: *Prevalence of violence against women in Serbia, 2018*

Physical and/or sexual violence perpetrated by an intimate partner and those who are not partners	Aged 15+	22%
	In the last 12 months	5%
Physical and/or sexual violence perpetrated by persons who are not partners	Aged 15+	Physical: 8% Sexual: 2%
	In the last 12 months	Physical: 2% Sexual: 1%
	Aged 15+	Physical: 17%

[13] Women Against Violence Network, https://www.zeneprotivnasilja.net/images/pdf/FEMICID_Kvantitativno-narativni_izvestaj_za_2018_godinu.pdf

[14] See: Babovic, M. (2010) *Rodne ekonomske nejednakosti u komparativnoj perspektivi: EU i Srbija,* SeConS, ISIFF, Beograd; Blagojević, M. (2013) *Rodni barometar u Srbiji,* UN Women, Beograd.

[15] https://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-survey-methodology-sample-and-fieldwork

[16] http://socijalnoukljucivanje.gov.rs/wp-content/uploads/2018/12/Indeks_rodne_ravnopravnosti_u_Republici_Srbiji_2018.pdf

Violence done by partners (current and former)		Sexual:5% Psychological: 44%
	In the last 12 months	Physical: 3% Sexual: 1%
Sexual harassment	Aged 15+	Any type: 42% Most serious forms: 23%
	In the last 12 months	Any type: 18% Most serious forms: 6%
Stalking	Aged 15+	11%
	In the last 12 months	2%
Experience of violence in childhood		31%

Source: Babović, 2018, Index of gender equality, according to: FRA, 2018

Gender based violence against women in AP Vojvodina is also widespread. According to a study *"Violence in the family in AP Vojvodina"* conducted in 2010 by the Victimology Society of Serbia, every other woman suffered psychological violence in the period after the age of 15, whereas one in three experienced physical violence. In addition, 27% of women experienced being threatened with some form of violence, and 9% of women experienced sexual violence. Nearly one fifth of women (19%) were victims of freedom restrictions and stalking (Nikolić-Ristanović, 2010: 26).

1.1.3 Relevant conventions, strategies, programmes and laws

The initial document defining international and legal framework for provision and implementation of protection of women against violence is ***the Convention on eliminating all forms of discrimination of women*** ("Official Gazette of the SFRY – International agreements", No. 11/81) – **CEDAW**, adopted at the General Assembly of the UN on 18 December 1979. The Convention obliges signatory states to amend legislative framework, in order to ensure equality, along with submission of reports to the Committee formed for monitoring application of the Convention.

In 2012 Serbia signed and ratified in 2013 ***the Council of Europe Convention on Preventing and Combating Violence* against *Women and Domestic Violence (the Istanbul Convention)***. *The Istanbul Convention* came into effect in August 2014. This convention is binding and the most comprehensive international agreement in this field, with the aim to establish zero tolerance for different forms of violence to which women and other victims of domestic violence are exposed.

Legal and institutional framework for gender equality in Serbia has been developing for over a decade. The Constitution of Serbia from 2006 contains principles of gender equality and equal opportunities (Article 15). The Law on Gender Equality was adopted in 2009, as well as the Law on Prohibition of Discrimination. However, it should be remarked that the new Law on Gender Equality in Serbia has not been adopted yet.

At the national level, preventing and combating gender based violence against women and domestic violence have been guided by *the National Strategy for Preventing and Combating Domestic and Intimate Partner Violence against Women* which expired in 2015. A new strategy has not been adopted so far.

The Government of the Republic of Serbia has adopted National Strategy for Gender Equality for period 2016 – 2020, with the Action Plan that covered period 2016 – 2018. The evaluation of this Action Plan was conducted in 2018 (SeConS was in charge of this evaluation).

For understanding the project context, it is also important to take into consideration the significant change regarding legal framework. During the second year of project implementation the new Law on Prevention of Domestic Violence has been adopted (this law came into force on 1 June 2017). This law introduced a completely different model of multi-sectoral cooperation in the field of preventing and combating domestic violence and reflected to the second half of project implementation.

Before *the Law on Preventing Violence in the Family* came into force, cooperation between institutions/organizations in the field of protection and prevention of violence against women was guided by *the* ***General Protocol for Actions and Cooperation of Institutions, Bodies and Organizations in situations of violence against women in family and intimate relationships***[17]. This *General Protocol* served as a framework for enactment of local protocols which regulate the manner of action and cooperation of the relevant participants at the local level, with the aim to more efficiently prevent and protect women victims of domestic and partner violence. In addition, *General Prococol* also served as a framework for the adoption of special protocols for actions of institutions in each sector (police, judicial system, centers for social work, healthcare institutions, etc.) in cases of violence against women.

At the provintial level, the ***Programme for the protection of women against violence in the period from 2014 - 2020 in AP Vojvodina*** was adopted in December 2014. *The Programme* is based on previous experience gained during the implementation of the *Strategy for Protection of Violence in the Family and all other forms of Gender Based Violence in AP Vojvodina in the period 2008 - 2012*[18], adopted by the Assembly of the Autonomous Province of Vojvodina.

The Programme for the protection of women against violence in the period from 2014 - 2020 in AP Vojvodina is supported by UN Women and has been implemented since 2015 with fundings from the AP Vojvodina's budget. This document is fully compliant with the *Istanbul Convention*. The long-term objective of the *Programme* is to contribute to establishing a zero tolerance policy for domestic and intimate partner violence against women in AP Vojvodina, and this kind of violence is treated as human rights violation.
The short-term of objectives of *the Programme* are:

1) Raise public awareness of gender based violence against women as an unacceptable model of behaviour
2) Develop system of general and specialized services for the protection and support to violence victims
3) Improve the system of recording cases of gender based violence, as well as a system of monitoring, analysis and research of gender based violence and of institutional response to violence
4) Increase financial resources allocated from the budget and securing sufficient human resources required to ensure effective, efficient and comprehensive implementation and monitoring of the measures defined in the AP Vojvodina's Programme.

[17] https://www.udruzenjepescanik.org/images/dokumenta/opsti-protokol.pdf

[18] http://hocudaznas.org/hocudaznas/wp-content/uploads/2014/08/strategija-za-zastitu-od-nasilja-u-porodici-i-drugih-oblika-rodno-zasnovanog-nasilja-u-ap-vojvodini-za-period-od-2008-do-2012.pdf

In relation to the protection of women from violence in AP Vojvodina, *the Programme* defines:

1) General legal and political measures,
2) Preventive measures,
3) Protection and support measures for violence victims,
4) Monitoring and evaluation of the effects,
5) Recommendations to institutions at the national level.

This *Programme* also includes measures for economic empowerment of domestic or intimate partner violence victims, as well as measures focused on women from marginalized groups.

1.2 Description of the project

The subject of the evaluation is the project "Stop – care – cure: A stronger institutional response to gender based violence in the Autonomous Province of Vojvodina", which has been implemented for the past three years (from 2016 until the beginning of 2019) by the Provincial Secretariat for Healthcare in partnership with the Center for Support of Women – Kikinda, and with support of the United Nation Trust Fund to End Violence against Women (UNTF). The evaluation was conducted by the experts from SeConS Development Initiative Group[19].

According to the project document, the project aimed to reach 5000 women and girls from the following categories:

- 3500 women and girl survivors of violence,
- 1000 women and girls from the general population,
- 150 female sex workers,
- 350 women and girls with disabilities.

The project also strived to directly include 1850 professionals (1500 healthcare workers and 350 professionals from all sectors of the system of support) and to reach general public.

The overall project goal was that "women and girls in the South Bačka, West Bačka, North Bačka, Srem, South Banat, Central Banat and North Banat Districts of the Autonomous Province of Vojvodina, Serbia, are better protected from Gender-Based Violence, especially Sexual Violence and victims receive improved institutional health and psycho-social support services by December 2018".

Referring to the overall project goal, four project outcomes were defined as follows:

1. **Outcome 1:** Healthcare and other service providers improve protocol use, data collection and coordination in order to strengthen the institutional protection system and response to SGBV in the Province of Vojvodina.

[19] SeConS Development Initiative Group is an independent think tank, established with the aim of contributing to the long-term socioeconomic development and improvement of living conditions of individuals and social groups in Serbia and the region. It was founded in 2005, as an initiative of a group of sociologists who worked on issues of social development at universities and in other civil society organizations in the country and abroad. Today, SeConS brings together interdisciplinary experts to conduct empirical research, analyze and evaluate policies and processes, challenges, and specific social and economic environments to build a reliable base for further development of methodologies, recommendations, and measures to advance the development and implementation of national, regional, and local policies (http://www.secons.net/aboutus.php?lng=English).

2. **Outcome 2:** Centers for Victims of Sexual Violence are piloted and provide improved health and psychosocial services to women and girls at risk or experiencing violence in 7 districts of the Province of Vojvodina.
3. **Outcome 3:** Multi-sectoral cooperation in 7 municipalities of 7 districts of the Province of Vojvodina improves to manage cases of S/GBV efficiently and effectively share information to improve polices, services and response to SGBV.
4. **Outcome 4:** Women and girls, the general public and professionals involved in the protection system in Vojvodina have more knowledge and awareness regarding GBV as a public health problem, especially on Sexual Violence, and how to access support services.

Each of these four outcomes were planned to be achieved through the achievement of the specific project outputs.

The first outcome was planned to be realized through organizing trainings for professionals from the AP Vojvodina working in the system of supporting women victims of GBSV (professionals from different sectors: healthcare, social protection, police, judiciary, prosecution office, non-government sector). These trainings should lead to increasing the level of knowledge and skills of professionals, providing more effective support to victims of GBSV, as well as improving multi-sectoral cooperation in the area of preventing and protecting women and girls form GBSV (cooperation between healthcare, social protection, police, judiciary, prosecution office, non-government sector).

The second outcome was planned to be achieved through the introduction of new models of support for victims of sexual violence, i.e. piloting 7 centers for victims of sexual violence (one in each of the 7 districts in the AP Vojvodina). These centres are designed in keeping with the Council of Europe Convention on preventing and combating violence against women and domestic violence. All employees involved in the work of the centers were obliged to pass the training during the project implementation, in order to increase their knowledge and skills required for providing support to victims of sexual violence.

The third outcome is related to the improvement of multi-sectoral cooperation in 7 selected municipalities from the AP Vojvodina in the area of preventing and protecting women and girls and providing effective institutional response to GBSV. This outcome was planned to be achieved through up-scaling local mechanisms for multi-sectoral cooperation (local multisectoral teams and Groups for coordination and cooperation), improving efficiency of professionals in implementing a coordinated response to GBSV, as well as information exchange regarding GBSV at different levels (at the local level, but also between the local and provincial level).

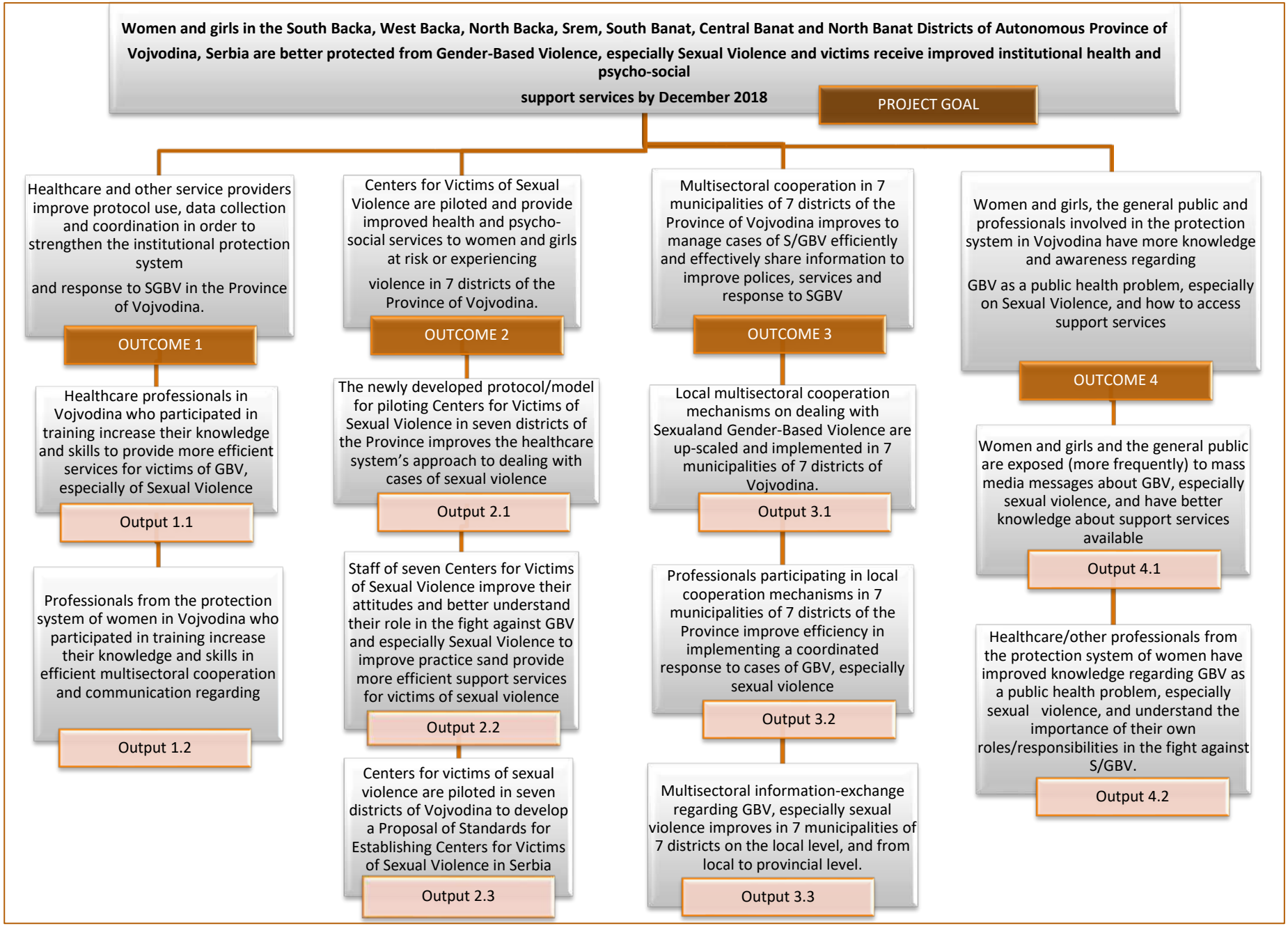
Finally, the fourth outcome is related to increasing sensitivity and awareness of different aspects of GBSV, especially regarding the established system of support for victims of sexual violence. This outcome was planned to be realized through intensive campaign dealing with this topic (using different channels, such as local televisions, radio shows, websites, social media, posters in the healthcare institutions, etc.), targeting women and girls, professionals from the system of support, but also the general public.

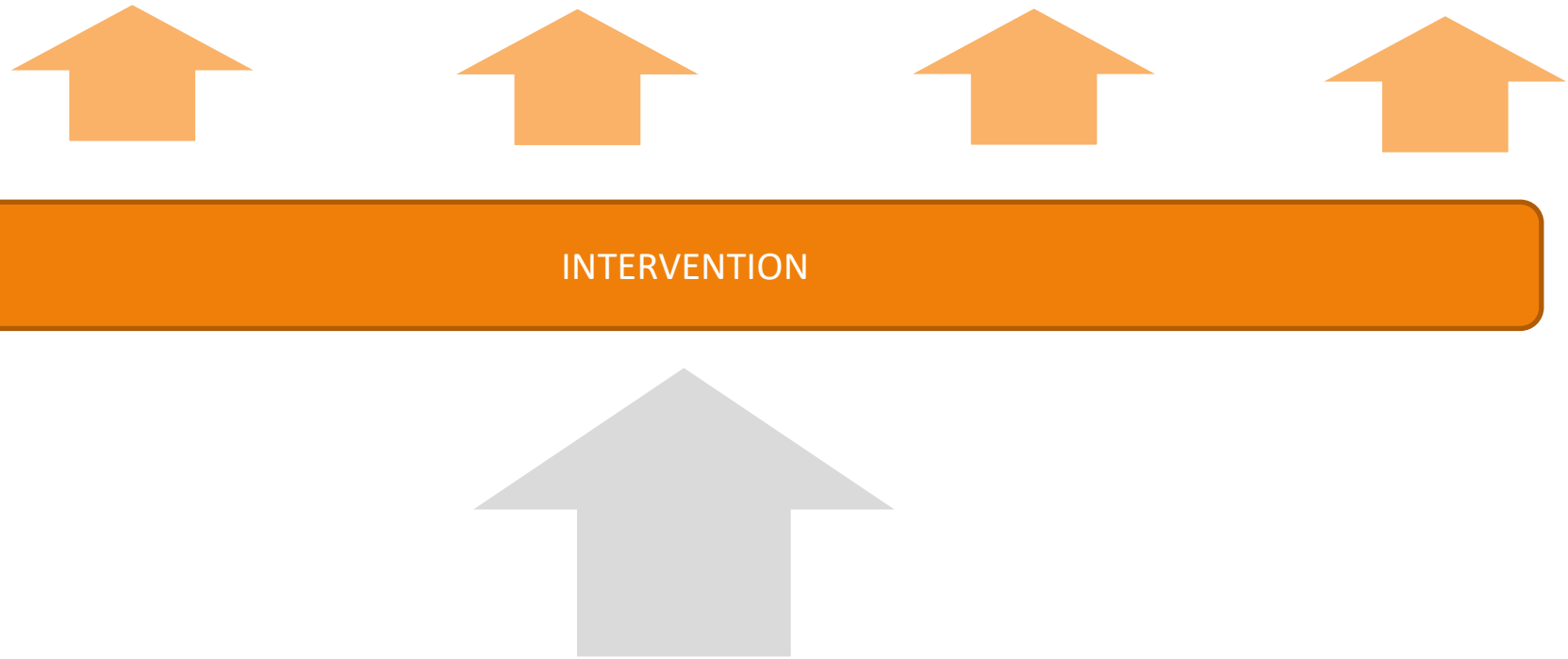
Based on the overall project goal, project outcomes and outputs, it is possible to observe the theory of change (presented in the following graph[20]), since all the above-mentioned project results (overall goal, outcomes and outputs) are logically related. This means that realization of the project outputs leads to

[20] The theory of change and the result chain are based of the adjusted project matrix, adopted during the second year of project implementation (in 2017).

achievement of the project outcomes, and that eventually results in the achievement of the overall project goal, i.e. introducing the intended change.

The project implementation covered the area of all 7 administrative districts in the AP Vojvodina (Central Banat Administrative District, North Bačka Administrative district, North Banat Administrative District, South Bačka Administrative District, South Banat Administrative District, Srem Administrative District, and West Bačka Administrative District). While project campaign covered all 45 municipalities of the AP Vojvodina, other project components did not cover all municipalities. For instance, professionals from the healthcare institutions who atained the training for healthcare workers were from the territory of 43 municipalities in AP Vojvodina. In addition, coverage of the training for multisectoral cooperation included the employees of the institutions and organizations from 42 municipalities. But the key focus of the project was on seven selected municipalities in the AP Vojvodina (Kikinda, Novi Sad, Sombor, Sremska Mitrovica, Subotica, Vršac and Zrenjanin), where the Centers for victims of sexual violence were piloted. In these seven municipalities the largest number of project activities was realized.


Women and girls in the South Backa, West Backa, North Backa, Srem, South Banat, Central Banat and North Banat Districts of Autonomous Province of Vojvodina, Serbia are better protected from Gender-Based Violence, especially Sexual Violence and victims receive improved institutional health and psycho-social
support services by December 2018
PROJECT GOAL
Healthcare and other service providers improve protocol use, data collection and coordination in order to strengthen the institutional protection system
and response to SGBV in the Province of Vojvodina.
OUTCOME 1
Healthcare professionals in Vojvodina who participated in training increase their knowledge and skills to provide more efficient services for victims of GBV, especially of Sexual Violence
Output 1.1
Professionals from the protection system of women in Vojvodina who participated in training increase their knowledge and skills in efficient multisectoral cooperation and communication regarding
Output 1.2
Centers for Victims of Sexual Violence are piloted and provide improved health and psycho-social services to women and girls at risk or experiencing
violence in 7 districts of the Province of Vojvodina.
OUTCOME 2
The newly developed protocol/model for piloting Centers for Victims of Sexual Violence in seven districts of the Province improves the healthcare system's approach to dealing with cases of sexual violence
Output 2.1
Staff of seven Centers for Victims of Sexual Violence improve their attitudes and better understand their role in the fight against GBV and especially Sexual Violence to improve practice sand provide more efficient support services for victims of sexual violence
Output 2.2
Centers for victims of sexual violence are piloted in seven districts of Vojvodina to develop a Proposal of Standards for Establishing Centers for Victims of Sexual Violence in Serbia
Output 2.3
Multisectoral cooperation in 7 municipalities of 7 districts of the Province of Vojvodina improves to manage cases of S/GBV efficiently and effectively share information to improve polices, services and response to SGBV
OUTCOME 3
Local multisectoral cooperation mechanisms on dealing with Sexualand Gender-Based Violence are up-scaled and implemented in 7 municipalities of 7 districts of Vojvodina.
Output 3.1
Professionals participating in local cooperation mechanisms in 7 municipalities of 7 districts of the Province improve efficiency in implementing a coordinated response to cases of GBV, especially sexual violence
Output 3.2
Multisectoral information-exchange regarding GBV, especially sexual violence improves in 7 municipalities of 7 districts on the local level, and from local to provincial level.
Output 3.3
Women and girls, the general public and professionals involved in the protection system in Vojvodina have more knowledge and awareness regarding
GBV as a public health problem, especially on Sexual Violence, and how to access support services
OUTCOME 4
Women and girls and the general public are exposed (more frequently) to mass media messages about GBV, especially sexual violence, and have better knowledge about support services available
Output 4.1
Healthcare/other professionals from the protection system of women have improved knowledge regarding GBV as a public health problem, especially sexual violence, and understand the importance of their own roles/responsibilities in the fight against S/GBV.
Output 4.2


INTERVENTION
BARRIERS: Lack of awareness of the prevalence of GBSV against women and girls, lack of adequate support mechanisms, inefficient coordination between institutions from the system of prevention and protection from GBSV, inadequate system for registering cases of GBSV, lack of resources (financial, organizational, human resources, etc.) in the institutions in charge of preventing and protecting women and girls from GBSV.
PROBLEM: Gender based and sexual violence against women and girls is widespread in the Autonomous Province of Vojvodina.

2 EVALUATION PURPOSE, OBJECTIVES AND SCOPE

2.1 Purpose of the evaluation

The purpose of the evaluation is to assess if the project had contributed to ending violence against women and girls in AP Vojvodina, but also to find out if good cooperation between partners implementing project was established and in what ways the project is related to other initiatives in the region, as well as at national and international level. In addition, the purpose of the evaluation is to prepare recommendations for the revision of strategic documents using all positive changes introduced during the project implementation which contribute to reducing gender based, especially sexual violence in AP Vojvodina, but also in the whole country.

2.2 Evaluation objectives and scope

Having in mind the abovementioned purpose of the project evaluation, objectives of the evaluation are the following:

1) To evaluate the whole project (from the beginning to the end), against the effectiveness, relevance, efficiency, sustainability and impact criteria, as well as the cross-cutting gender equality and human rights criteria;
2) To identify key lessons learned and promising or emerging good practices contributing to ending violence against women and girls (knowledge generation criteria).

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

The evaluation is focused on all project components during the whole period of the project implementation, which is from 2016 until the beginning of 2019 (January 17th). In addition, the evaluation also covers a short period immediately after the finalization of the project implementation (from the end of January until the first half of March 2019), in order to assess sustainability of the achieved project results.

Territorial coverage of the evaluation includes the geographical area covered by the project. Since there are differences in the number of municipalities covered by each project component, the geographical coverage of the evaluation also differes. In case of the project campaign the whole territory of AP Vojvodina (45 municipalities) represents a geographical framework relevant for the evaluation. Training for healthcare workers included participants from 43 municipalities, while the trainings for improvement of multisectoral cooperation were attained by the employees of the institutions/organizations from 42 municipalities in AP Vojvodina. Finally, piloting the centres for sexual violence victims has been conducted in 7 districts of the Province, in a way it covered 7 selected local self-governments (one in each district):

- Sremska Mitrovica (Srem Administrative District),
- Subotica (North Bačka Administrative District),
- Zrenjanin (Central Banat Administrative District),
- Kikinda (North Banat Administrative District),
- Vršac (South Banat Administrative Districts),
- Sombor (West Bačka Administrative District),
- Novi Sad (South Bačka Administrative District).

The evaluation team aimed to assess whether the targets set at the beginning of the project were reached, whether the project implementation was held in a timely manner, whether all project components were included in the project implementation, and whether all geographic areas planned at the beginning of the project were covered during the project implementation.

2.3 Evaluation criteria and key questions

Effectiveness is a criterion that measures the extent to which the expected project results (overall project goal, outcomes, and outputs) were achieved during the project implementation. Effectiveness is assessed through verifiable indicators, based on which it can be determined whether the planned positive changes were made, whether changes in behaviour and in capacities of target group members were affected, or whether the desired organizational and institutional change was achieved.

Effectiveness	
EVALUATION QUESTIONS	To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?
	Does the project have effective implementation mechanisms to measure progress in terms of results?

Evaluation of the **relevance** determines the extent to which the project results (overall project goal, outcomes and outputs) remain relevant to solving problems identified at the beginning of the project, and how adequately they respond to the needs of the target groups, having in mind possible changes in the context of the project implementation.

Relevance	
EVALUATION QUESTIONS	To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
	To what extent is the project in line with the 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?

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

Efficiency	
EVALUATION QUESTIONS	To what extent was the project efficiently and cost-effectively implemented?
	Were the resources (human, financial, technical, etc.) allocated in an appropriate manner to enable achievement of the planned outputs?

Sustainability refers to the possibility of continuation of positive changes introduced during the project implementation beyond the stage of external funding support. There is a strong link between the impact and sustainability. If the impact was not achieved, we cannot speak about sustainability.

Sustainability	
EVALUATION QUESTIONS	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?
	Can the project approach and results be repeated or improved? What is the possibility of that happening? What would support their repetition or improvement?

Impact is a criterion that indicates the extent to which changes introduced during the project implementation resulted in the achievement of the project results.

Impact	
EVALUATION QUESTIONS	To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?
	To what extent are beneficiaries of the project satisfied with the results?
	Has the project contributed to raising awareness of gender based violence in the community and informing local 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	
EVALUATION QUESTIONS	To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?

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

Gender Equality and Human Rights	
EVALUATION QUESTIONS	Have the human rights based and gender responsive approaches been incorporated throughout the project and to what extent?

2.4 Evaluation Team

Evaluation was carried out by a SeConS expert team in close cooperation 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 expert team of evaluators included the lead evaluator and two consultants for conducting the evaluation. The lead evaluator was responsible for the distribution of tasks and organization of evaluation activities among team members. The lead evaluator is also responsible for delivering the final evaluation report.

The evaluation team has extensive experience in leading or participating in the project focused on gender equality, women's empowerment and violence against women and girls, and all team members are completely competent for conducting a gender-responsive evaluation. In addition, in 2016 SeConS was awarded for conducting the evaluation of the National Action Plan for the implementation of the National Strategy for Gender Equality – SeConS' evaluation was assessed by UN Women as one of the four best evaluations in the world in 2015.

Evaluation team was also in charge of assessing the roles and responsibilities of different actors of the evaluation mechanism:

The Ordering Party (the Provincial Secretariat for Healthcare) in charge of:
1) Providing advisory support to the lead evaluator;
2) Responding to the evaluation by preparing a feedback document and use the results adequately;
3) Providing transportation for evaluators and coordination of the evaluation participants and the project team;
4) Monitoring the progress and quality of the evaluation process;
5) Forming internal and external groups (Evaluation Management Group and Stakeholder Reference Group) that should accept the final evaluation report.

Evaluation manager: Project management team of the Provincial Secretariat for Healthcare in Novi Sad is responsible for the following tasks:
1) Managing contractual obligations, budget and staff involved in the evaluation;
2) Providing coordinative support to the 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) Reviewing the baseline report and the evaluation reports to ensure that the final draft meets quality standards.

Internal **Evaluation Management Group -** a temporary group that should ensure oversight of the process, support to Evaluation Task Manager with logistical, HR and procurement issues, and provide a sounding board to avoid any conflict of interest or possible biases.

External **Stakeholder Reference Group** - a small group of active and engaged stakeholders (donors, partners, beneficiaries), whose role was to provide support to the Evaluation Task Manager and could have different role in the process, depending on the needs (for example, this group could advise on the TOR and design of the evaluation or provide contextual and technical expertise on the subject manner).

3 EVALUATION METHODOLOGY

3.1 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. This means that the evaluation is gender-responsive and takes into account fair relations of power, empowerment, participation and inclusion, independence and integrity, transparency, quality, credibility and ethics.

In addition to this, the methodological approach to project evaluation combined principles of several influential evaluation methodologies[21]:

- Collaborative Outcomes Reporting – 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 should be able to provide recommendations based on 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 applied two approaches - Appreciative Inquiry and Positive Deviance. Appreciative Inquiry is an approach that refers to observing the intended change emphasizing strengths, and trying to find out what works well and where is a space for improvement. Positive Deviance is also related to identifying positive examples but also the main weaknesses and challenges facing the implementation of the project, as well as the best solutions for achieving the desired results and effects.
- To ensure the utilization-focused evaluation (Utilization-focused Evaluation - UFE), the evaluation was planned and conducted in a manner that its results could be easily utilized in the upcoming period. This means that evaluation team will identify and present all relevant data related to project results that could be used by different stakeholders in planning public policies, but also in designing and implementing future projects dealing with the similar research topic. In terms of utilitization of the evaluation, chapter on recommendations is of special importance.

3.2 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, as well as multi-sectoral cooperation in the area of prevention and protection against all forms of violence;
- Baseline Study and Endline Study (representing context and situation in the system of protection from gender based violence in AP Vojvodina) according to which monitoring of changes, that occurred during the project, would be possible;
- annual reports, as well as progress reports which the project implementers submitted to the UN Trust Fund;
- six-month reports which were periodically submitted to implementers of the project by representatives of each project component;
- all relevant raw data collected during the project (databases, material collected for the purpose of the project monitoring, meeting minutes, etc.);

[21] All these approaches are presented in more detail at the web platform *BetterEvaluation* (https://www.betterevaluation.org/en/approaches), which is an international public-good project with contibutions from many countries and organizations.

- data collected directly by the evaluation team during the period of the technical mission for data collection, which included visits to the centres for victims of sexual violence, conducting interviews, focus group discussions, collecting information using questionnaires, etc.

3.3 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 focus group discussions and other methods of data collection.

The evaluation was conducted using various methods, including:

- **content analysis** of collected data, documents and literature: progress reports by implementing partners, baseline and endline study, monitoring report;
- **focus group discussions and interviews** with different beneficiaries:
  - women, including women from vulnerable groups
  - the professionals who deal with cases of GBSV
  - women's NGOs working in the AP Vojvodina;
- **interviews** with representatives of each project component and donor;
- **systematic observation** of the functioning of the centres for sexual violence victims in 7 municipalities;
- **case studies** which illustrate examples of good practice - two types of good practices were identified and illustrated:
  - the first one is related to municipality in which the highest progress was achieved during the project implementation,
  - the second type is the example of good practice in the development of coordinated multi-sectoral action against GBSV based (including improved models of cooperation, trainings, etc.).

3.4 Sample and sampling design

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

Table 5: ***Planned and sample of interview participants***

	Planned sample	**Realized sample**
Project implementers and donor	**Number of respondents**	**Number of respondents**
Provincial Secretariat for Healthcare of the AP Vojvodina	**2**	**3**
Center for Support of Women – Kikinda	**1**	**1**
UNTF	**1**	**1**
Representatives of other project components	**Number of respondents**	**Number of respondents**
Project component: Piloting the centers for victims of sexual violence	**1**	**1**
Project component: Trainings for professionals from the healthcare system	**1**	**1**

Project component: Trainings for multi-sectoral cooperation	**1**	**1**
Project component: Monitoring of the project	**1**	**1**
Project component: Promotion	**1**	**1**
Centers for Victims of Sexual Violence	**Number of respondents**	**Number of respondents**
Coordinators of the working groups in the centers for victims of sexual violence	**7**	**7**
Counsellors/coordinators in the centers for victims of sexual violence	**7**	**13**
Women and girl survivors of sexual violence	**5**	**3**
Other stakeholders	**Number of respondents**	**Number of respondents**
Ministry of Health of the Republic of Serbia	**1**	/
NGO providing support to sex workers	**1**	**1**
NGO providing support to women and girls with disabilities	**1**	**1**
NGO providing support to women and girl survivors of GBSV	**3**	**2**
TOTAL	**33**	**37**

Table 6: ***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**
Women from the general population	**2**	**2**	**19**
Representatives of local mechanism for prevention and protection from GBSV	**7**	**7**	**22**
TOTAL	**9**	**9**	**41**

Table 7: ***Questionnaires delivered by representatives of specific groups of respondents analysed during the project implementation:***

	Number of respondents - Pretest	**Number of respondents – Post-test**
Knowledge test for employees in healthcare institutions who attained the training	635	973

	Number of respondents
Perspectives of health care professionals on the influence of the campaign organized during the project implementation	200

	Number of respondents - After training	Number of respondents - 6 months after the training
Perspectives of healthcare and other professionals in the protection system on the importance of multisectoral cooperation	453	72

	Number of respondents - at the beginning of the project	Number of respondents - at the end of the project
Female beneficiaries of the support system (women who were victims of any form of gender based violence)	134	86

3.5 Limitations of the methodology

When performing evaluation of 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. In order to overcome present limitations (to the extent possible), it is necessary to have alternative strategies.

Limitations of the methodology identified by the evaluation team members before the beginning of the evaluation process, as well as the strategies by which such limitations were overcome, are as follows:

- Certain indicators defined by the project matrix were 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. It is the case with indicators regarding multi-sectoral cooperation (MSC). With reference to the fact that the initial project matrix was prepared in 2016, and that the new Law on Prevention of Domestic Violence came into effect on 1 June 2017, introducing a completely new model of multi-sector cooperation, some indicators from the initial project matrix had to be changed. Evaluation process strived to shed light on the manner used for revision of the project matrix. Although it was not possible to directly compare values of some indicators from the initial project matrix with values of the changed indicators, the evaluation team endeavored to describe the processes accompanied by these changes, as well as to obtain information from the key stakeholders about differences between the old and the new model of MSC functioning.
- Availability of particular data presented another methodological limitation in the process of project evaluation. In the first place, this referred to the lack of centralized system of records regarding gender based and sexual violence, as well as unevenness of the types of data recorded in singular sectors included in the system of prevention and protection against violence. The evaluation team strived to obtain all available data, but conclusions are drawn only according to data which are consistent and could be monitored in stipulated points of time. For instance, the exact number of women survivors of gender based violence, and especially sexual violence could not be obtained, based on the evidence of the state institutions. Although institutions from certain sectors, such as the police sector, have reliable evidence on violence, in most cases the existing data refer to domestic violence, but not specifically to gender based violence.
- There was a risk of difficulties emerging while reaching certain groups of respondents:
    - On the one hand, it was difficult to reach women victims of violence, especially women victims of sexual violence, who were willing to share their experience with the existing support system, primarily in the centers for victims of sexual violence. That is why the

evaluation team strived to establish a contact with women victims of sexual violence through counsellors working in the centers for victims of sexual violence, and interviews with this group of beneficiaries were done exclusively with those women who completely agreed to be respondents in such interviews. In addition, in order to avoid secondary victimization of women who agreed to participate in interviews, the team conducting these interviews consisted of persons who are completely qualified for work with this specific vulnerable group of women. The evaluation team estimated that it would be best that the interviews with these women are done by counsellors hired in the centers for victims of sexual violence, i.e. persons who are licenced for work with this vulnerable group. In order to ensure that there is no conflict of interest, counsellors were able to realize interviews exclusively with women to whom they did not previously provide direct support. Two interviews were conducted in the Centers for VSV, while one interview was conducted in an NGO providing support to women victims of violence. Still, it can be assumed that the fact that these interviews were conducted by the counsellors engaged in the centers limited the type of information provided by women victims of sexual violence.

- On the other hand, based on evaluator's previous experience in organizing and realizing research that involves work with professionals from various sectors, before the beginning of the evaluation process the evaluation team had identified another risk of possible lower response rate of the representatives of some institutions (police, judicial institutions, the Center for Social Work), due to procedures existing in those institutions. In order to mitigate this risk, the evaluation team endeavoured to reach the institution representatives through the Provincial Secretariat of Healthcare, by sending official letters for participation in the project evaluation.

There are certain limitations related to the project itself. Satisfaction with the project results on the part of sex workers was not possible to assess, although sex workers present one of the primary target groups of the project (primary beneficiaries). Successful functioning of the Centers for VSV refers to effective cooperation not only of the healthcare and non–government sectors, but also of all sectors within the system for protection, as well as mandatory reporting of cases of violence to competent institutions. Since prostitution is not a legal activity in the Republic of Serbia, it was not expected that sex workers would turn to the Centers for VSV for help in cases of violence, to which they are often exposed.

Also, satisfaction of women with disabilities with the project results, and women from other vulnerable groups (e.g. members of Roma ethnic group) could not be assessed according to available data. Although the principle of non-discrimination is stated in A *Guideline for CVSV* are available to all women aged 15 and over, opinion of representatives of some women`s organizations is that this service is less available to certain vulnerable groups of women. It is a fact that women from marginalized groups seldom report violence, but it should be taken into account that causes are numerous and do not depend only on nonconformity of institutions, but also on other factors from broader social environment (stigmatization and discrimination, unequal power ratio in society, etc.).

Finally, it is important to emphasize that the baseline data were taken into account while conducting the evaluation, but the use of these data was limited. The key reason for limited use of the baseline data was the period in which they were collected. It was the initial stage of the project when the key project activities had just begun. For that reason, the Baseline Study, in which the baseline data were presented, could not include all relevant data analyses (such as the analysis of the questionnaires submitted by training participants, etc.).

SAFETY AND ETHICAL CONSIDERATIONS AND PROTOCOLS THAT WERE PUT IN PLACE

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 ensure safety of all who are directly or indirectly involved in the process. With respect to the project dealing with gender based and sexual violence, which is a highly sensitive topic, the requests for observing ethical considerations are of special significance.

In view of observing ethical considerations and ensuring safety of all participants in the process, the role of the team conducting evaluation was twofold. On the one hand, the evaluation team evaluated whether and to what extent the ethical norms and standards have been observed during the project implementation by implementers of all project components. It was necessary to evaluate whether all individuals involved in the project were completely protected, whether data collection was 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 participation of minors were defined, in what manner the various data were stored, analysed and interpreted, etc.

On the other hand, the team conducting evaluation ensured that the highest ethical norms and standards were observed during the evaluation process. This primarily means that the evaluation was conducted in compliance with "do
not harm" principle, i.e. the rights of the individuals involved in the process were completely protected and the evaluation did not result in further violation of their rights.

Firstly, complete 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, a FGD or a questionnaire, the participants were informed to what purpose data was collected (they received relevant information about the project and the evaluation), the reference was made to data being used only for the evaluation process, that they will be stored and analysed appropriately and that they will not be misused in any way. Also, it was emphasized that participation of every individual is on voluntary basis, they were not obliged to answer the questions they did not want to, and they could stop the interview/filling out the questionnaire at any moment, if they would have felt 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 individual respondent was necessary to obtain.

During the process and beside the aforementioned, participants were guaranteed that their names would not be disclosed in any document, nor any other data which could reveal 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 the Annex 4 of this report). During realization of the focus group discussions, in order to additionally ensure privacy and confidentiality of respondents, it was emphasized to all participants that it was of great importance that information heard from other participants during the discussion were 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 filled out in written form, all relevant information regarding observance and protection of the rights of respondents could be found at the beginning of each questionnaire. If a respondent filled out and submitted the questionnaire after reading the introductory text, the evaluation team deemed that this respondent has provided the informed consent for participation in the evaluation process.

Considering that one of the key components of the project is piloting of the centers for victims of sexual violence, where beneficiaries may be female persons of 15 years of age or older, there was a possibility that some participants of the evaluation process were minors (girls of 15 to 17 years of age). In that case, it would be necessary to obtain parental or legal guardian consent for participation of a minor in the evaluation. However, although the evaluation team was fully prepared to include minors as respondents, during the evaluation process there were no interviews conducted with this group of population.

The team that conducted evaluation consisted of experts with long-term experience in work on projects dealing with sensitive topics, including violence against women. SeConS has conducted one of the most comprehensive research about prevalence and characteristics of domestic violence against women in the territory of Central Serbia (SeConS, 2010). SeConS researchers applied a very strict methodology and, observing the highest ethical norms and standards, obtained data on prevalence and characteristics of violence against women in Central Serbia, on basis of 2500 women encompassed with the research.

In addition to the said research, SeConS also realized a great number of projects regarding the area of gender equality, violence against women and work with vulnerable groups. The evaluation team also applied 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 conducting evaluation of this project. It was ensured that each member of the evaluation team was completely trained to realize specific tasks for which he/she was in charge during the evaluation process.

Although the evaluation team possesses requisite internal capacities, in some cases external experts provided support to the team. This primarily refers to realization of interviews with women victims of sexual violence who are beneficiaries of the centers for victims of sexual violence. In order not to risk jeopardizing 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 counsellors hired in the centers, i.e. persons who are licenced for work with this vulnerable group. Members of the evaluation team prepared guides for interviews and provided training to counsellors realizing the interview, in order to ensure that the course of interview is directed in such a way that it provides information relevant for the project evaluation. In order to ensure that there is no conflict of interest, counsellors were able to realize interviews exclusively with women to whom they did not previously provide direct support. For instance, counsellors hired in the center for victims of sexual violence in Kikinda were able to realize interviews with beneficiaries from all other established centers, except for the beneficiaries from Kikinda center.

All tools used for data collection during the evaluation process adapted to groups of respondents to whom they were intended. The evaluation team paid special attention that the language was comprehensible, the questions were clearly defined, to use expressions of which meaning is not ambiguous or to state definitions of those terms which had to be additionally clarified. Also, special attention was paid to the fact that the questions were 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 ensured that data collection visits were organized at the appropriate place where respondents felt completely safe and that field work time was adequate (e.g. realization of field work – interviews and focus group discussions could not be organized in evening hours, but exclusively during daytime, in appointments most suitable for respondents). If some of the respondents were minors, the evaluation team would have ensured transportation to the places where the interview was to be organized, as well as return transportation after the realized interview.

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). In addition, although it was guaranteed that all obtained

data are completely confidential, members of the evaluation team were obliged to report if they suspected that a respondent was exposed to violence. This obligation on the part of researchers had to be 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 in adequate manner 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).

4 FINDINGS WITH ANALYSIS PER EVALUATION QUESTION

Evaluation Criteria	Effectiveness
Evaluation Question 1	To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?
Response to the evaluation question with analysis of key findings by the evaluation team	The overall goal of the project, i.e. to provide women with better protection against gender-based violence, and especially sexual violence, compared to the situation at the outset of the project has been achieved, but the quality of services provided varies from municipality to municipality. The main objectives and planned results of the project have been achieved. Based on estimates, various components and participants in the project, it can still be concluded that there are some differences in the effectiveness and quality of the results achieved within specific project components: 1) It is a unanimous assessment that the project's greatest achievement is the establishing of pilot Centers for victims of sexual violence to provide new forms of support to victims of sexual violence. Centers have been set up in the Clinical Center of Vojvodina and 6 general hospitals where their operation was planned. All necessary materials for their work have been provided, and the employees in the Centers are trained to work according to agreed procedures. However, the functionality and quality of all Centers is not fully consistent. 2) Among healthcare staff, the knowledge and awareness about sexual violence and the needs of victims of this type of violence as well as the adequate support procedures they need to provide, has improved significantly. The understanding of the Special Protocol for Protection and Treatment of Women Exposed to Violence of the Ministry of Health for action in case of violence against women also improved, which was extremely poor at the beginning of the project (implemented by only 4-5 healthcare institutions), with more than 90% of healthcare institutions having introduced and implemented them at the end of the project *(*source: ***Progress report)***. 3) Multisectoral cooperation improved by establishing procedures and protocols on cooperation among institutions. Using procedures and protocols, competencies were determined as well as very precisely defined procedures for action in cases of gender based violence. Systematic support from the Ministry of Internal Affairs was missing, since they did not inform all police administrations in municipalities where the centers were established about project implementation and they did not recommend cooperation with the centers, so it was necessary to contact each individual police administration for

	establishing cooperation. In addition, it should be taken into account that the frequency and quality of cooperation between sectors varied greatly among municipalities. 4) The effectiveness of sharing information and raising awareness through campaigns and media was also satisfactory, even though, as a result of relying on small local media and networks of institutions and organizations which were in some way touched by project activities, it would be hard to expect that awareness of the work of Centers for VSV would be consistent across the entire territory of Vojvodina.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	Outcome 1 In keeping with the project plan, two types of training were held; one type of training was directed at healthcare workers with the aim of presenting them with knowledge and skills for providing services to victims of gender based violence, especially sexual violence, which will be more effective. The second type of training focused on professionals from the system of protection of women in Vojvodina (social workers, employees of prosecutor`s office, police and civil sector), aiming to promote more efficient multisectoral cooperation and communication of different sectors on gender based violence. The project proposed involving **1500 healthcare workers in training**, and this was achieved – 1547 healthcare workers were trained *(*Source: *Annual and Progress report).* Healthcare staff who attended trainings, in most cases, said that training helped them improve their work when providing support to women (68%) (Source: *Endline Study).* Trainings improved the knowledge, skills and practices of employees in healthcare institutions when dealing with cases of gender-based violence. According to information from healthcare institutions in Vojvodina, most institutions have improved their use of the form for recording violence against women prescribed by Special Protocol of the Ministry of Health after completion of training. Although this Protocol was adopted as far back as October 2011, at the beginning of the project, its implementation in healthcare institutions in AP Vojvodina was not widespread. The training promoted the practices of employees in healthcare institutions in accordance with this Protocol, and the importance of adequate registration of cases of violence against women and girls was emphasized, and so was recognizing and reporting violence to relevant institutions. In addition, training also contributed, to a certain extent, to improving the knowledge and sensitizing employees in the healthcare sector when supporting women victims of gender based violence. Based on the analysis of gender based violence knowledge tests, which participants from the healthcare system who participated at the accredited training of the Faculty of Medicine completed at the beginning and at the end of their training (pre-test and post-test), it was found that knowledge which was tested increased on average by 17% (pre-training

	test was completed by 635 participants, and post-training test by 973), with the greatest advances having been made in the area of general knowledge on gender based violence, as well as knowledge on legal support aspects (Source: *Endline Study)*. **Training on multisectoral cooperation** was proposed to be attended by 350 participants from different institutions (healthcare workers, social workers, employees in procesutor`s office, police and civil sector) in municipalities where centers for victims of sexual violence have been set up. However, during the project, the coverage was expanded and it included employees from 42 municipalities[22], and 1215 employees from different sectors participated in training. Thus, the coverage in this outcome is significantly greater than it was initially proposed in the project. In training on multisectoral cooperation, it was pointed out to the novelties in the protection of and support to victims introduced by the Law on Prevention of Domestic Violence, which entered into force on 1 June 2017, such as emergency measures aimed at providing an immediate response to violence (removal of potential perpetrator of violence for 48 hours, with the possibility of extending the measure for another 30 days) or establishing groups for coordination and cooperation in the basic public prosecutor`s offices. Participants had the opportunity to exchange experience in acting through work on examples from practice. In addition, the training indicated the role of the healthcare system in the protection of victims, as well as the role and tasks of the seven centers for victims of sexual violence that have been set up during the implementation of the "Stop – Care – Cure" project. Recording cases of gender-based and sexual violence in the healthcare sector has been improved during the project implementation owing to joint efforts of the project leader and the M&E team. Data on cases of GBSV against adult women in healthcare institutions in AP Vojvodina was collected on a six-month basis. The table below shows some of key data collected on a six-month basis during 2017 and 2018.

[22] The initial plan was that training for multisectoral cooperation cover 7 municipalities in which CVSV were piloted. But this was expanded and eventually the employees of the institutions/organizations from 42 out of the total 45 municipalities in AP Vojvodina attained this training.

Table 8: *Data on recorded cases of gender-based violence in healthcare institutions*

Reference period	Number of institutions which provided data	Total number of recorded cases of partner/gender based violence against women	Total number of recorded cases of sexual violence against women	Number of cases in which reporting violence was the reason for visit	Number of cases where the doctor suspected violence	Number of cases of partner/gender based violence recorded in keeping with the protocol (Ministry's form completed)
01.01.2017 – 30.06.2017	56	**399**	**33**	**337**	**51**	**267**
01.07.2017 – 31.12.2017	58	**615**	**36**	**496**	**119**	**465**
01.01.2018 – 30.06.2018	59	**354**	**33**	**310**	**68**	**273**
01.07.2018 – 31.12.2018	57	**418**	**32**	**383**	**155**	**326**

On the basis of the data presented above, it is noticeable that a majority of gender based violence cases was recorded by healthcare institutions in the second half of 2017, which is probably a result of the fact that the implementation of the Law on Prevention of Domestic Violence started, which came into effect on 1 June 2017, when the total number of domestic violence reports significantly increased. For instance, information from police departments from the territory of AP Vojvodina for 2017, delivered to the Provincial Protector of Citizens (Provincial Ombudsman, 2018) indicates that the number of domestic violence reports almost doubled after this Law came into effect, compared to the period before this Law became effective (2702 reports were recorded in the period from 1 January 2017 to the date this Law came into effect, and 4442 domestic violence reports in total in the period from 1 June 2017 to the end of the year). With reference to an increase in number of reports after the new Law came into effect, the initial increase in number of reports at the beginning came back to the number of reports recorded in the period before the Law, so the assumption is that the Law had prevailing impact on increased reporting in the second half of 2017. On the other hand, it can be assumed that the increase in number of cases in which medical staff suspected violence was a result of the project, i.e. the training attended by healthcare workers. However, the fact that, when all 4 six-month periods are observed, the number of sexual violence cases recorded in healthcare institutions remains almost steady, raises the question of whether it reflects

	the actual situation or failure to report and recognize specific forms of sexual violence (source: *Periodic reports*). The problem of lacking single register of gender based violence cases is a systemic problem which is not possible to solve by implementing individual projects. The new Law on Prevention of Domestic Violence proposed establishment of the central register of domestic violence cases, which would integrate data disposed of by institutions within each of individual sector. It is exactly prescribed what type of data should be collected by each sector, and the central register of violence cases should be maintained by the Republic Public Prosecution Office.[23] When focus group discussions were conducted, members of the groups for coordination and cooperation listed inconsistent case recording system as one of the problems they face with. Only police collect data as required by the law, while other institutions keep their records in paper form or in Excel documents in an inconsistent and unsystematic manner, thus hindering faster flow of information in the institution as well as the exchange of data between institutions from different sectors. Even if the central register, envisaged by the new Law, was established, we should bear in mind that it would include only data on cases of domestic violence. Although family is the environment where gender based violence is most often manifested, there are other environments where gender based violence occurs (e.g. work environment), and such cases would not be recorded in systematic manner. Outcome 2 The project proposed and achieved introducing seven pilot centers for victims of sexual violence in each district of AP Vojvodina. A model and mode of organization for operative centers providing support services at one location, available twenty-four hours a day was anticipated and successfully developed by the end of the project. Pilot centers for victims of sexual violence were first introduced at the General Hospital in Zrenjanin and at the Clinic for Gynecology and Obstetrics in Novi Sad, as early as the first year of project implementation, while pilot Centers in general hospitals in the remaining 5 towns (Kikinda, Sombor, Sremska Mitrovica, Subotica and Vršac) were launched during the second year of project implementation, starting from September 2017. By the

[23] Government of the RS, the Law on Prevention of Domestic Violence, Article 32, Official Gazette of the RS No. 94/2016, also available on: https://www.paragraf.rs/propisi/zakon_o_sprecavanju_nasilja_u_porodici.html

	end of the project, all 7 centers were providing support to victims of sexual violence, and had adequate (planned) material equipment, skilled personnel, procedures, records, etc. The number of women victims of sexual violence, for whom support was provided in the centers, varied significantly – the highest number of cases was in the Center for victims of sexual violence (CVSV) in Novi Sad, while CVSV in Vršac recorded only one case. In total, 100 women victims of sexual violence were provided with support in CVSVs. The work of the centers for victims of sexual violence included two key components - provision of health support to women aged 15 or over who are victims of sexual violence, and provision of psychosocial support to this category of women. As regards the health support, all members of the working groups said that medical part has not changed significantly, that health support has been provided almost in the same way as before the pilot centers have been set up. The key novelty which pilot CVSVs has brought about is the introduction of psychosocial support in the healthcare institutions in which the centers have been set up. Factors that contributed to the successful establishment of the centers: • Effective, high-quality working group action, involving various types of professionals, relying on the principles of victim protection defined in the Istanbul Convention, feminist principles, as well as experiences and knowledge of the specific conditions present in healthcare institutions in Vojvodina in which the centers were to be established. • A quality baseline study developed, where an analysis of the situation was presented, and the potentials and weaknesses of the system, which needed to be taken into account for modelling the centers, were identified. • Working groups were formed in each of the healthcare centers where centers for victims of sexual violence have been set up, made up of healthcare employees (healthcare staff, but also social workers at some of the institutions). In addition to healthcare employees who were members of the working groups, the team engaged at the CVSV also included counsellors tasked with providing psychosocial support. One counsellor in each CVSV also acted as coordinator. • Adopting documents defining internal activity procedures in each healthcare institution where the CVSV was piloted. • Good organization of supervision, by allocating the role of the supervisor of one center to each member of the expert group, making everyone fully aware of the specific situation in the center within his/her competence and making them able to provide continuous "mentoring" support.

	• Motivating staff in hospitals. In each institution where the center was to be set up, the working group identified persons who were motivated and had the capacity to coordinate and facilitate the implementation of activities, which made the implementation of the protection model in the centers significantly easier. Challenges and difficulties arose from different aspects related to the broader context, as well as the situation in institutions where the centers were to be set up: • At the outset of the project, there was some resistance expressed by healthcare professionals in the form of stereotypical attitudes, their rejection of values related to the perception of violence as a manifestation of gender inequalities and the need for providing any protection not strictly medical in nature for victims. Resistance was present in the form of a lack of interest, giving less importance to the problem compared to other health problems, a lack of readiness to put the hospital resources at the disposal of the centers, etc. This initial resistance was gradually eliminated by education, regular meetings, commitment of the project team, support provided by heads of healthcare institutions, and by the end of the project there was a visible improvement in this aspect, that is, not only was resistance abandoned, but there is now also a significant commitment to providing protection by applying the new model established in the centers. Nevertheless, the perception of counsellors and the degree to which they were accepted were not entirely satisfactory in all CVSVs, even at the end of project implementation, because counsellors in some centers were not accepted by police and some social and healthcare workers. For instance, based on the interviews with counsellors in Novi Sad and Kikinda, they stated that they were not called up immediately after the victim had reported violence to police or hospital. For police officers in Kikinda it was not clear until the very end of the project why this service was independent from other employees in hospital and Centers for social work. • The initial idea about functioning of the Centers for victims of violence meant that all services intended for victims of gender based violence were realized in the center – from interrogating the victim by police, to complete healthcare and psychosocial support. However, police officers most often took statements in the police station instead of the Center for VSV, although according to the Law on Police it is not necessary. The main reason for taking statements in the police is that facts collected by police officers present elements for prosecutor`s issuing order that medical checkup is done in hospitals and material evidence, as well. Hospitals cannot take material evidence without it, they cannot perform forensic investigation, because they would bear all expenses, and the prosecutor might not accept them. There are no conditions in hospitals to perform complete checkup (during the project duration, they could use ‘’rape kit’’ sets which were provided within the project, but it will not be possible once they use up all stocks, because hospitals do not keep that as a part of medical consumables). Doctors also

wait for the prosecutor`s order in order not to do a medical checkup of a victim twice, and additionally traumatize and victimize her. That is why referring victims to the Centers for VSV immediately upon report remained only as recommendation, because it would be good for victims, since they would immediately receive psychosocial support.

- Fluctuation of staff engaged in centers for victims of sexual violence was recognized as one of the issues, which in some centers prevented the establishment of continuity in operation. On the one hand, in CVSV in Novi Sad and Vršac, counsellors changed during the project implementation, which was an aggravating circumstance, as it was necessary to re-familiarize with the procedures and rebuild relations with members of the working groups. On the other hand, increased fluctuation of healthcare staff is a wider social phenomenon that has been particularly actual over recent years, which has also affected the work of the centers for victims of sexual violence. Members of the working groups were replaced in some CVSVs, and there were also significant staff fluctuations in healthcare institutions that did not belong to working groups, but to on call teams which provided help to victims in the CVSV, and they were not familiar with the procedures of the center.

<u>Outcome 3</u>

This outcome was planned to be achieved through improvement of multisectoral cooperation, through improvement of their knowledge about documents (protocols, procedures, Laws) which regulate their activities, and procedures in taking action in cases of gender based violence. All existing documents, and as of June 2017 the Law as well, clearly define the needs for their mutual cooperation and procedures for taking action, but regardless of that, cooperation between sectors was unsatisfactory as well as their knowledge about documents. That is why one of the project objectives was to improve cooperation through trainings (with exchange of information and the like) between all sectors participating in protection of women from gender based violence and to improve actions taken in cases of gender based violence.

There were a number of obstacles to be overcome in order to achieve results in terms of multisectoral cooperation. Representatives of the project team indicated that one of the key issues was the lack of support from the Ministry of Internal Affairs. After being notified of the project and the need of close cooperation with the police departments in the communities where centers were to be set up, the Ministry failed to respond and police departments did not receive any instructions or recommendations to cooperate with the project team. Therefore, it was necessary to invest lots of efforts to establish cooperation with each individual police department. This was achieved with varying success, as some of them were cooperative and enabled to effectively implement this project component, in other cases it was far more difficult to establish cooperation

	and it was more superficial. The project team assessed that Ministry's support would significantly facilitate the implementation of the activities under this project component, as it is a hierarchically organized institution where lower level units would be far more cooperative if they received such an instruction from the top, that is, the Ministry. Some respondents pointed out that collaboration between the state and non-governmental sectors, even where it exists, predominantly depends on individual contacts among persons employed in these sectors. However, based on interviews with representatives of centers for victims of sexual violence, it can be concluded that, even when it comes to cooperation between state institutions, the system often depends on individuals who are sufficiently sensitized to deal with the topic of violence. Although some positive changes have taken place, by increasing the number of professionals trained in the field of prevention and protection against violence, respondents believed that training must be continuous and more comprehensive. Employees in prosecution offices in some municipalities expressed dissatisfaction with the work of healthcare institutions in two aspects: non-reporting of violence and improper filling of forms for victims of violence by health care institutions. These forms lack information on the person who perpetrated the crime and a detailed description of injuries, which constitutes a serious problem for the criminal procedure in cases where the victim withdraws her testimony, and in practice, this is not rare. In the middle of the project, it was necessary to adapt solutions to the new circumstances resulting from the adoption of the Law on Prevention of Domestic Violence in 2016, and which came into effect on 1 June 2017. As changes were made to the framework for action, developed under the impact of the new Law, it was necessary to revise the project matrix in the middle of the project, in the part relating to multisectoral cooperation. The new matrix was approved by the donor, and certain instruments for monitoring the implementation of the project concerning multisectoral cooperation were adapted. When the implementation of the project started, cooperation between institutions in cases of domestic violence was regulated by the General Protocol which recognized relevant actors in the system for protection of women against violence. The following significant actors in the system for protection of women were recognized by the General Protocol: police departments, institutions of social care and other service providers in the system of social care, healthcare institutions, and educational institutions, in cases when children are victims or witnesses of violence, public prosecutors` offices, courts of law and misdemeanor courts, non-governmental organizations. The great problem in functioning of the protocol was the fact that it was not legally binding document and it was observed completely in some cities, partially in some other cities and in some places it was not observed at all. The new

	Law on Prevention of Domestic Violence[24] came into effect halfway through the project. According to the Law, it is necessary to appoint a Liaison Officer in police departments, basic public prosecutor`s office, basic and public courts and center for social work. The role of Liaison Officers at a daily level is to exchange information and data relevant to prevention of domestic violence as well as to provide protection and support to victims of violence. In the territory where basic public prosecutor`s office is located, a group for coordination and cooperation is formed. The group consists of representatives of the basic public prosecutor`s office, center for social work and the police. A representative of the basic public prosecutor`s office presides the group. All singular cases of domestic violence which were not concluded with binding finality of judgment in litigation or criminal proceedings are processed in the groups. Individual plan of protection and support to victim is prepared and the group proposes to the competent public prosecutor`s office measures for concluding court proceedings. As the manner of functioning of the group for cooperation and coordination and structure of the group considerably changed after implementation of the Law, indicators and instruments used for measuring at the outset and at the end of the project were revised. At the outset of the project, the instruments were directed to broader groups that made integral part with the team for multisectoral cooperation, whereas at the end of the project the instruments were directed to the Group for cooperation and coordination, which has clearly defined competencies and structure, and which was not the case when cooperation functioned upon protocol. The expert group responsible for establishing pilot centers adapted the model of multisectoral cooperation to the provisions of the Law, i.e. proposed that knowledge on the model of protection in cases of sexual violence used in centers should be made available to groups for coordination and cooperation which facilitate multisectoral cooperation in protection against violence and that representatives of the healthcare institution where the Center is situated should also be involved in the work of the group in cases of sexual violence. However, according to respondents, healthcare institutions and NGOs were almost never invited to meetings. It should be kept in mind that certain offenses against sexual freedom, such as rape, sexual intercourse with an infirm person, and sexual intercourse through abuse of office, are not within the competences of the basic public prosecution offices, which lead groups for coordination and cooperation, but higher public prosecution offices are in charge.

[24] https://www.rodnaravnopravnost.gov.rs/sr/dokumenti/zakoni/zakon-o-sprecavanju-nasilja-u-porodici

	This did not resolve difficulties concerning multisectoral cooperation, at least as far as sexual violence is concerned. According to the assessment of the coordinator of the working group for establishing pilot centers, according to the final version of the Guideline for CVSV, the police are supposed to assess the extent to which the victim needs medical attention and whether this is a priority, but the question is how far police officers are able to provide such an assessment. Experience has shown that they mainly perform the assessment based on physical injuries, ignoring the psychological condition of the victim, who may be seriously damaged by the trauma due to sexual violence, and that timely referral to centers may be delayed. At the same time, the examination of the victim at the police station can be very unpleasant, which can lead to further trauma and secondary victimization, if the victim is not referred to a healthcare center where she can receive urgent psychosocial support. This is also supported by findings of a survey conducted for the needs of the project, where support service providers in cases of violence often reported unprofessional and harsh behavior of police officers – as many as 21.6% of women complained that officers were never civil to them, and 37.8% said that they were civil only occasionally. Even the number of women who said police officers were unprofessional is not negligible – 18.9% said every time, and 37.8% said occasionally (Source: *Endline Study)*. Although there is still dissatisfaction with police approach in cases of gender based violence, a great step forward is present in reaching out to police, it was stated in **the study conducted in 2018**, even **90%** stated that **the police instantly went on site in all cases,** in comparison to **the study at the initial phase** when **67%** of women confirmed this statement. (Source: *Endline Study)*. Different aspects of support provided by healthcare institutions were observed and it may be concluded that in almost all cases a conversation with healthcare workers flowed easily and without fear (90%), almost all doctors asked how the injuries originated (**89.5% and 75% in the baseline study).** This information shows that trainings organized for healthcare workers and the new procedure have influenced a greater physicians` attention when it comes to procedures. (source: *Baseline Study, Endline Study)*. <u>Outcome 4</u> The fourth Outcome focused on increasing sensitivity and awareness of the various aspects of gender based and sexual violence, especially with regard to the established system of support for victims of sexual violence. This result was to be achieved through a concentrated campaign (using different channels, such as local television, radio shows, websites, social networks, posters put up in healthcare institutions, etc.), which should be directed at women and girls, professionals from the support system (from the police, healthcare institutions, social protection office, judiciary, prosecution, non-governmental organizations) and also at the general public. Over the course of the project, the professional public **significantly advanced their knowledge of the phenomenon of gender based violence**. The data obtained by instruments measuring the subjective feeling of

	the respondents about their acquired knowledge and information about the activities that were carried out during the project indicate very positive changes resulting from the project. An analysis of the questionnaire, which was filled in by 200 respondents employed in healthcare institutions in 15 municipalities in Vojvodina, who participated in the training, noted that over half (55%) of the professionals in the sample stated that prior to the project they did not have the knowledge and skills necessary to provide assistance to women victims of violence. After the project was implemented, more than 2/3 of this group of respondents said that the project greatly contributed to the development of knowledge and skills necessary for providing assistance to women from the target group, and 27% answered that the project partially succeeded in this regard – that is, over 95% of respondents recognized the significant or partial impact of training on improving knowledge and skills required to work with women victims of gender based violence (Source: ***Endline Study)***. The campaign was conducted during the entire project implementation. It included over 300 various reports in print media, TV and radio media, social networks and Internet portal. The most frequent were written articles in print and electronic media. Posters were made that were put up in all health institutions where pilot CVSVs have been set up, and press conferences were also organized where participants were representatives of the project team, as well as persons directly involved in the work of centers for victims of sexual violence. Additionally, in some of the CVSVs and the healthcare institutions themselves, press conferences were organized to inform the public about the establishment of the CVSV. Also, most health institutions in which the CVSV were piloted also organized meetings with representatives of all sectors involved in the prevention and protection of women against violence, so that professionals who are not directly involved in the work of the CVSV know where to refer women victims of sexual violence. In some of the CVSV, Open days as well as seminars for high school students were organized in order to prevent and raise awareness of the importance of gender based, especially sexual violence. On the basis of analysis of the questionnaire that was completed by 200 professionals employed in healthcare institutions in the AP Vojvodina in the final phase of the project, it may be concluded that a great success was achieved in terms of informing healthcare workers about the project activities. More than 4/5 of respondents (83%) stated they were familiar with activities implemented during the project. Traditional media (television and radio) were most frequent channels through which employees in the healthcare sector included in the sample were informed about the project activities – almost 2/3 of respondents said they were informed about project activities in this manner. As the second important channel for informing they mentioned talks with colleagues, direct participation in some of the project activities, and promotional posters that were put up in healthcare institutions (Source: ***Endline Study)***. Social networks and project official website were rarely listed as sources of information about project activities (Table 9).

Table 9: *Share of employees in healthcare institutions familiar with the project activities in relation to various channels of information*

Sources of information	%
Watching/listening to programs on television/radio	60.8%
Direct participation in some of the project activities (e.g. trainings)	54.5%
Information obtained from colleagues	54.5%
Promotional posters in the healthcare institution	38.6%
Information obtained from directors/supervisors	25.9%
Social networks	24.9%
Official website	18.5%
Participation in promotional conferences	18.0%

In talking with people tasked to conduct the campaign, it was revealed that the campaign was primarily directed at employees in healthcare centers, the police, judiciary and prosecution office, and was insufficiently directed at other groups of citizens, which is a major disadvantage for raising awareness of wider social groups, who were identified as secondary target groups in the project, about the phenomenon of gender based violence[25].

Evaluation Criteria	Effectiveness
Evaluation Question 2	Does the project have effective implementation mechanisms to measure progress in terms of results?
Response to the evaluation question with analysis of key findings by the evaluation team	The overall coordination of the entire project was good. Certain period of time was needed to establish communication procedures, but once the procedures were established, there were no problems in communication and reporting. Mechanisms for planning, coordination, monitoring and reporting were efficiently established, monitoring was conducted regularly and monitoring results enabled improvement of planning and implementation in every subsequent phase of the project.

[25] In order to prepare a thorough analysis of the impact of the campaign, additional resources were needed which were not foreseen by the project, and unfortunately it was not possible to conduct this kind of analysis.

Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	During the process of preparing the project proposal and at the beginning of its implementation, the project partner was the Provincial Secretariat for Health Care, Social Policy and Demography. However, soon after the project implementation started, there were structural changes in the Government of the AP Vojvodina, which resulted in division of this secretariat into two secretariats – the Provincial Secretariat for Social Policy, Demography and Gender Equality and the Provincial Secretariat for Health Care. The project management was taken over by the Provincial Secretariat for Health Care and this change was reflected on a decreased impact of the project partner on the social protection sector[26]. There were initial difficulties in implementation of the project. They were connected to changes in administration, changes of the project partners due to restructuring of executive bodies and the change of secretariat which was responsible for the project. During the transitional period there were numerous challenges, such as using the project for certain political conflicts, distrust, misconceptions about the project, and the like. However, after this turbulent initial phase, and owing to dedication of the project team, these obstacles were overcome, the project won trust of the new administration and its implementation was enabled. Coordination was quite demanding, since it connected the work of several institutions and non-governmental organizations. The project consisted of five components. The main subcontractor for the component of establishing centers for women victims of sexual violence was the expert group responsible for establishment of pilot centers, comprised of representatives of police, prosecutor`s office, healthcare institutions and non-government organizations. The expert group worked on preparation of the model and establishment of pilot centers for victims of sexual violence. This group was gathered by the Center for production of knowledge and skills, which was the subcontractor. One of the components of the project included training of healthcare staff, and the main subcontractor was the Faculty of Medicine in Novi Sad. The partner in the project, the NGO Center for Support of Women from Kikinda, was in charge of the component which included trainings for multisectoral cooperation. For the part of the project referring to promotion, a special agency was engaged, and for the segment referring to monitoring and evaluation (M&E) of the project, the external NGO was

[26] This information was provided by the representatives of the Provincial Secretariat for Health Care, who pointed out that this change (a decreased impact on the social protection sector) was a result of the structural changes that had occurred.

	engaged. During the entire project, the Provincial Secretariat for Health Care very successfully coordinated the work of each component involved in the project, and it always connected them, when needed, through written communication, coordination meetings, etc (source: *Interviews with implementers and project donors and Representatives of other project components*). Participants in all seven Centers for VSV assessed the periodical coordination meetings, managed by the expert group for establishing centers for victims of sexual violence, where representatives of all Centers for VSV gathered and which were organized by the project implementers, as very useful for exchange of information and experience. These meetings presented an excellent opportunity to solve possible dilemmas that appeared during the work in the Centers for VSV, and to additionally educate professionals engaged in the Centers for VSV to provide better support to women victims of sexual violence (for instance, they could gain new knowledge regarding the work with women with disabilities who were victims of violence).
Conclusions	The project's greatest achievement is the establishing of pilot Centers for victims of sexual violence to provide new forms of support to victims of sexual violence. All centers for victims of sexual violence that were intended to be established during piloting faze, were established in accordance with the planned dynamics. The greatest benefit of the work of the centers was the provision of psycho-social support provided by counselors. Training courses for professionals from health institutions helped to better understand the gender-based violence problem and better record keeping in cases of gender-based violence. Professionals from all sectors (health, police, social protection, prosecution, judiciary, NGOs) providing protection services in cases of violence against women, through training have acquired knowledge of the work of other sectors and of the way in which multisectoral cooperation functions, which until 1 June 2017 was regulated by general and special protocols, followed by the Law on the Prevention of Domestic Violence. Planning, coordination, monitoring and reporting mechanisms were effectively established, monitoring was carried out regularly, and monitoring results made it possible to improve planning and implementation at each of the next stages of the project.

Evaluation Criteria	Relevance
Evaluation Question 1	To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
Response to the evaluation question with analysis of key findings by the evaluation team	All project objectives are relevant as sexual violence is still present. The project has improved the quality of services provided in the entire territory of AP Vojvodina, but there is a need for further improvement in order to fully meet the needs of women. Services of the centers for victims of sexual violence, which were piloted under the project, should be expanded to cover the entire territory of Serbia.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	According to findings of the OSCE-led survey on violence against women, which was conducted in Serbia and 7 more countries in the region of East and Southeast Europe, 5% of women experience sexual violence by a partner, and 2% by a non-partner. In addition to the survey, data from the healthcare system, provided by all relevant healthcare institutions in AP Vojvodina in charge of providing support to women victims of violence, shows that the number of sexual violence cases is steady (data collected in the period from the project start to the project end). About 100 women (Center for VSV Kikinda 5 cases, Center for VSV Subotica 6 cases, Center for VSV Novi Sad 57 cases, Center for VSV Zrenjanin 22 cases, Center for VSV Vršac 1 case, Center for VSV Sombor 1 cases, Center for VSV Sremska Mitrovica 8 cases) used support services provided by piloted centers during the project duration, which indicates the importance of such services for relatively small territory covered. Representatives of the project team pointed to the issues that existed in the protection of women who experienced sexual violence before these centers were set up. They were often in a traumatized state forced to move from one service to another, from the police to hospital, from hospital to court expert, they were misreferred, returned, and further traumatized. Psychological needs and support were not taken into account at all, unless in case of suicide attempt when a psychiatric department would be involved. Therefore, the service as it is defined in pilot centers is of exceptional importance because it provides an integrated support service in conditions that are human and tailored to the needs of women. This involves various aspects of physical environment (for example, instead of a hospital bed, the center is equipped with convertible armchairs where women can rest as needed, thus creating a more comfortable and warmer atmosphere), comprehensive medical support covering both the need for expertise and evidence collection for court, as well as psychosocial support that is of particular importance for timely treatment of trauma. In talking to women victims of sexual violence, who were beneficiaries of centers for victims of sexual violence, they emphasized that in the whole system of services, psychosocial support provided to them by counsellors was the most beneficial for them. Beneficiaries of these services pointed out that they are best understood by professional psychosocial support staff and that they provide them with adequate advice. In addition, they stressed that staff from the center for support to victims of sexual violence should first talk to victims of sexual violence, and only afterwards to be referred to

	other institutions, because the first contact with a person who provides understanding and humanistic approach to the victim, as well as information on the protection procedures and possibilities of support available to her, is of great importance in order not to be traumatized again. All healthcare workers who participated in gender based violence training demonstrated improved knowledge, better compliance with procedures and better recording of gender based violence cases. However, training on gender based violence and multisectoral cooperation is still very relevant, given that the coverage of healthcare workers by training is insufficient (at the project beginning, only 3% of employees in relevant institutions passed training, this number has increased significantly and now it is 24%, but it remains small in relation to actual needs), and frequent staff fluctuation in the healthcare system (source: *Baseline Study*, *Endline Study*). Considering the fact that the project was piloted in Vojvodina, and that there is a need to be implemented in the entire territory of Serbia, training is necessary for other parts of the territory not covered by the pilot project.

Evaluation Criteria	Relevance
Evaluation Question 2	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?
Response to the evaluation question with analysis of key findings by the evaluation team	The service is fully in line with key international and national laws and policies. It is also in line with **the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence** which provides for the establishment of specialist protection services to victims subjected to any of the acts of violence covered by the scope of the Convention, including sexual violence. It is also aligned with the **Law on Prevention of Domestic Violence** which was adopted after the project started. The service is also in line with the **Program for Protecting Women from Domestic and Intimate Partner Violence and Other Forms of Gender Based Violence in AP Vojvodina 2015-2020.** Activities of the project directed to sensitization of the general public, especially professionals who are in charge of providing support to women 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.**
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	**The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence,** known as the Istanbul Convention, is a binding and the most comprehensive international agreement in this field, aiming at zero-tolerance for various forms of violence to which women are exposed and other victims of domestic violence. In 2013, the National Assembly adopted a Law Ratifying the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence. This Convention provides for the setting up of appropriate, easily accessible rape crisis or sexual violence referral centers for victims in sufficient numbers to provide for medical and forensic examination, trauma support and counselling

	for victims. According to these principles, a model for piloting centers for victims of sexual violence was developed. **The Program for Protecting Women from Domestic and Intimate Partner Violence and Other Forms of Gender Based Violence in AP Vojvodina 2015-2020** also provides for the opening of centers for victims of sexual violence which are geographically adequately distributed and provide adequate health service, including providing information, psychological and legal counselling. The measure defined under this Program is planned to be implemented continuously. In addition to this measure, the project also proposed and implemented another 11 measures arising from the Istanbul convention[27]. In November 2016, the **Law on Prevention of Domestic Violence** was adopted, and it came into force on 1 June 2017. This Law governs the field of multisectoral cooperation that is also provided for under the project. According to the Law, multisectoral cooperation is carried out through groups for coordination and cooperation led by prosecution office, which are composed of representatives of the police, social work centers and prosecutor`s office. Members of these groups may invite other institutions (healthcare institutions, education institutions) and NGOs to meetings, but this still rarely happens in practice. In order to have adequate response of the entire system, the work of all institutions which are interconnected should be harmonized. Therefore, multisectoral cooperation should be further developed by linking and training employees in all relevant institutions and organizations. **The Convention of Elimination of all Forms of Discrimination of Women** was ratified by Serbia in 1981. Since the ratification of the Convention, Serbia has regularly submitted reports on its implementation. According to the reports on implementation of the Convention, the issue with implementation of convention in court proceedings has been emphasized, since women seek protection on basis of the right to equality and freedom from discrimination. This finding indicates to the need to raise awareness of women, but also judges, public prosecutors and other professionals, in order to ensure efficient implementation of the Law on Prohibition of Discrimination. At the 57th session of the UN Commission on the Status of Women, prevention through education and raising awareness of inequality of sexes in political, economic and social sphere was placed in the center of attention. This document indicates to the importance of ensuring multisectoral support for victims of violence, including healthcare, psychosocial support and counselling, social short and long term support.

[27] For more details on all 12 measures see the document *Provincial Secretariat for Health, Information about the second year of implementation of the project "Stop-Care-Cure: A stronger institutional response to gender based violence in the Autonomous Province of Vojvodina*, Republic of Serbia – Autonomous Province of Vojvodina, Novi Sad, December 2017

Conclusions	The results of conducted research on violence against women, represent that sexual violence is still present in Serbia, and there still is not any adequate model for the protection of victims of sexual violence across the territory of Serbia that would fit the needs of women. The project has improved the quality of services in the territory of AP Vojvodina, but it still needs to be promoted and presented to all relevant republican institutions (Ministry of Health, Ministry of Labor, Employment, Veteran and Social Affairs) to be implemented throughout the whole territory of Serbia. All project objectives are relevant as sexual violence is still present. The project has improved the quality of services provided in the entire territory of AP Vojvodina, but there is a need for further improvement in order to fully meet the needs of women. Services of the centers for victims of sexual violence, which were piloted under the project, should be expanded to cover the entire territory of Serbia.

Evaluation Criteria	Efficiency
Evaluation Question 1	To what extent was the project efficiently and cost-effectively implemented?
Response to the evaluation question with analysis of key findings by the evaluation team	Based on the interviews with project implementers conducted during the evaluation process, and the insight into different reports prepared during the project implementation, it can be assessed that the project was efficiently implemented. The activities of each project component were implemented according to the plan, and reports were also delivered on time. Deviations from the planned schedule in implementing the activities and delays in reporting were exceptions and they were always conditioned by external factors, mainly in the initial project stage. Savings were also made, as a result of providing goods and services for project needs through public procurements at more favorable prices than planned. However, efficient implementation of the project was not without challenges, but the project team developed adequate mitigation strategies.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	Almost all project activities were implemented according to the planned schedule. The activity plans of project components were submitted in a written form, and at periodic coordination meetings representatives of each project component also always announced orally activities which were planned to be implemented in a certain period of time. Deadlines for completing specific activities were extended only in few cases, and it was conditioned by external factors, that is, the factors which the project team could not directly influence. For instance, there were some delays in the initial project stage, due to changes in structure at the level of AP Vojvodina, when the Provincial

	Secretariat for Health, Social Policy and Demography, which started implementing the project, was divided into two secretariats (the Provincial Secretariat for Health and the Provincial Secretariat for Social Policy, Demography and Gender Equality), with the Provincial Secretariat for Health Care being in charge of project implementation. The previous Project Manager and the then Provincial Secretary was relieved of his duty on 20 June 2016. Due to these circumstances, the project launch conference and the first meeting with the heads of healthcare institutions were postponed, and collection of data necessary for finalizing the Baseline Report was made difficult. However, the situation stabilized in a relatively short period of time, a new Project Manager was appointed, so since September 2016, the activities have continued to be implemented according to the planned schedule, and all planned activities were successfully completed. In addition, in the Center for sexual violence victims in Vršac, a press conference planned to be held mid-2018 had to be postponed as engaged counsellors changed. The press conference in this CVSV was held in November 2018. One of the key challenges the project implementer faced with was that the bookkeeping system kept by the public administration is different in relation to the financial reporting system requested by the donor. Due to this, there was a need for a period of learning, adjustment and continuous double keeping of finances during the project implementation. This increased the volume of work to be done by the project team during the project implementation, and although this volume of work did not require additional funds, it reduced cost-effectiveness due to increased hidden costs, such as higher number of working hours spent by the project team for parallel keeping of different cost recording system and financial reporting. Another difficulty was that key persons from the project team in charge of finances did not get adequate training from the donor at the beginning of the project which would enable them to quickly master the financial management system, but they needed to do it themselves, to learn how the system works, and at the same time they had to take care about other aspects of project implementation. Despite limitations, reporting to the donor was as planned. The only delay occurred when financial report within the 2018 Progress Report was submitted, caused by problems occurred in the online reporting system. Given the difficulties encountered, it was necessary to do financial reporting using offline Excel tables, which was significant additional volume of work. The report due to be adopted in August was therefore adopted in November 2018.

	Periodic reports on activities completed, prepared by representatives of each project components in specifically determined time periods (on a semi-annual or quarter basis) were timely delivered to the project leader.

Evaluation Criteria	Efficiency
Evaluation Question 2	Were the resources (human, financial, technical, etc.) allocated in an appropriate manner to enable achievement of the planned outputs?
Response to the evaluation question with analysis of key findings by the evaluation team	Resources were mostly adequate, with few exceptions. The funds had to be used in compliance with procedures governing the operation of provincial authorities, which in some situations required alternative strategies to be found. Also, some costs were not included, which appeared during the project implementation. On the other hand, in planning some of the activities, training in particular, certain budget savings were made. The unanimous assessment of representatives of all project components and the donor is that human component was crucial for successful project performance, because thanks to good coordination during the project, obstacles encountered during the project implementation were successfully overcome.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	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 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 in 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. This observation gains additional weight having in mind that the project leader is a state institution, which has a significantly lower level of flexibility than the civil sector. On the other hand, an advantage of having a state institution for the project leader is in potential greater influence on other state institutions, particularly institutions in the healthcare sector. Good cooperation established between the project leader, the Provincial Secretariat for Health Care, and partner organization on the project, the Center for Support of Women – Kikinda, as well as good interpersonal relations, were extremely important for achieving good results.

	Financial resources were mostly sufficient, with few exceptions, primarily in covering expenses of the partner non-governmental organization. Namely, the Center for Support of Women - Kikinda did not get any funds for coordination of its project activities, office expenses, or financial administration of the project (office supplies, bookkeeping services or other operational costs) because they were not provided for under the project, so the organization had to spend funds from their own sources. The partner's coordinator of project activities was also the coordinator of all centers for sexual violence victims and she also performed other expert tasks. Remuneration for performing these other tasks partially mitigated the said problem, but it was not proportionate to the type and scope of work which coordination of all activities of the Center for Support of Women - Kikinda included, so the coordinator was overloaded and carried out a lot of activities voluntarily. These shortcomings occurred because the donor's online system for developing project application did not allow to show these expenses, since the project leader is a state authority to which UNTF does not recognize this type of expenses. Unfortunately, this also reflected on the impossibility of planning this type of expenses for the partner non-governmental organization. The project funds included remuneration for one counsellor and one coordinator in each of the centers for sexual violence victims. Accordingly, in 6 out of 7 CVSVs, one counsellor and one coordinator were engaged, who shared the duty with the counsellor and provided psychosocial support, but also had additional responsibilities related to the coordination of the CVSV. The only difference was in the CVSV in Novi Sad, where, due to the much larger number of cases, there was a need for more than two people to be engaged. In this CVSV, one coordinator and two counsellors were engaged, sharing one salary. A change in the exchange rate, i.e. the weakening of the currency in which the project funds were received, reflected on the available funds for implementing the project activities in the second half of the project. Due to this change, among other things, the amount of financial remuneration for providing psychosocial support in the CVSV reduced, which was one of the factors that influenced the counsellors to stop their work in some of the CVSVs. The project did not provide funds for certain segments of the media campaign, more specifically for the payment of broadcasting of TV and radio spots/reports, but the agency in charge of the campaign managed to carry out these activities thanks to years of experience and established contacts. On the other hand, at the proposal of the project coordinator, with previously obtained consent of the portfolio manager, certain changes were made in the plan for conducting trainings for employees in the healthcare sector, due to which the third year of the project started with even certain budget savings. After fall of the currency in which the funds were received for project implementation, it was necessary to implement the planned activities, including trainings, with fewer funds. This difficulty was overcome by reducing the number of groups in

	trainings, but increasing the number of participants per group, so the planned result was achieved. Also, in planning multisectoral cooperation trainings, a model involving training which lasts shorter, but includes a larger number of participants, was chosen, thus resulting in the number of trained professionals which exceeded the planned coverage. The allocation of funds had to be in line with existing procedures governing the work of provincial authorities, which means that in some situations it was necessary to find an alternative strategy in order to adequately use the funds. This refers, for example, to the impossibility to transfer financial resources from one authority to another, making impossible to fund travel expenses for the use of official vehicles of the Administration for Joint Services of Provincial Authorities, so it was necessary to engage another organization for these needs. In implementing public procurement procedures, the Administration of Joint Services of Provincial Authorities was very helpful, as their experts, paralegals and economists, ensured that these procedures were adequately implemented. This was a novelty for them too, as before they only dealt with procurement of goods, but not services, so this was also the learning process of conducting public procurements within separate projects, which will be useful for projects in the future. VAT exemption was also complicated due to regulations in force. Every invoice had to be physically carried from Novi Sad to Belgrade. It was not until January 2019 that online VAT exemption was introduced, but the project was already in the final stage. Regarding organizational capacity, certain challenges occurred as loads were not evenly distributed. Too much work fell on one person who was carrying out more than 50% of administrative activities. It was not possible to delegate tasks, as a small number of individuals performed proposed tasks. This is due to internal, organizational inconsistence, staff fluctuations in the Provincial Secretariat for Health Care, as well as a large number of obligations that representatives of the highest structures in the Provincial Secretariat had in addition to their regular job. Donor's approval of the reports submitted was an important signal that the project implementation is on the right path, which especially contributed to the management gaining confidence in the persons who were most engaged in coordination and implementation of project activities.
Conclusions	All data collected during the evaluation process and materials/documents reviewed by the evaluator show that the project was efficiently implemented and the project activities were implemented according to the planned schedule, with just a few exceptions. Although there were several challenges related to the project efficiency, in each specific case the project implementer developed mitigation strategies in order to overcome the existing challenges. Probably the most difficult challenge was the financial reporting system requested by the donor

	which was different in comparison with the bookkeeping system kept by the public administration. Due to this, there was a need for a period of learning, adjustment and continuous double keeping of finances during the project implementation, which slightly reduced cost-effectiveness. On the other hand, human component was assessed by many respondents as a key factor that contributed to increasing project efficiency. Good project management, establishment of excellent cooperation and constant communication among representatives of the project team were of crucial importance for creating environment in which every individual included in the project implementation tried to put all of his/her efforts in order to achieve planned results.

Evaluation Criteria	Sustainability
Evaluation Question 1	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?
Response to the evaluation question with analysis of key findings by the evaluation team	The project has proved it is possible to establish the piloted model of the Center for VSV and it can function well. However, sustainability of such model 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. For a short period of time, it is possible to find modalities through which the service could be sustained, but its sustainability in the long run requires changes at the system level. While improved healthcare services will be available to women victims of sexual violence in all seven healthcare institutions where the Centers for VSV were piloted, existence of the psychosocial support service is considerably more uncertain and it requires recognizing the importance of such type of support at the system level, as well as ensuring resources for its financing. Sustainability of the Centers for VSV, which would function completely in line with the piloted model, is now secured in three out of seven Centers for VSV (in Novi Sad, Kikinda and Zrenjanin), owing to additional project funds secured by the non-government sector, by which the work of counsellors on providing psychosocial support to women victims of violence will be financed in the next two years.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	Project "Stop – Care – Cure: A stronger institutional response to gender based violence in AP Vojvodina" showed that functioning of centers for victims of sexual violence is in line with the piloted model, and such type of support is necessary for women victims of sexual violence. However, the question of sustainability of the Centers for VSV 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. Possibilities for sustainability of centers for victims of sexual violence are presented in details in the key document generated as the result of the project implementation, *Recommendations for work standards of the centers for victims of sexual violence*. For a short period of time, sustainability of established centers is possible if the services provided by the Centers for VSV are integrated into the existing network/organizations of healthcare services (institutions), whereby health care and support will be available 24 hours a day (which is the case in the institutions where the Centers for VSV were piloted), with financial support primarily for the services of psychosocial support. In the long run, it is necessary to define places and content of the services of the Centers for VSV by law, in terms of healthcare system and the system of social protection and also with changes in particular bylaws. <u>Financial sustainability</u> When it comes to the question of healthcare support service that Centers for VSV provide, it is not necessary to allocate additional financial resources for this type of service, since healthcare falls under the domain of regular framework of healthcare providers` activities. On the other hand, implementation of the program of continuous training for healthcare workers about acting upon cases of sexual violence, which is of great importance, as well as provision of psychosocial support, present the activities which at present are not financed from the budget sources of the Republic of Serbia and the budget of the AP Vojvodina. For the short period of time, funds for these activities are possible to be obtained in other ways – through project activities or by collecting sources from certain budget lines from local, provincial or central budget. Owing to dedication of the partner organization in the project, the Center for Support of Women – Kikinda, sources have been secured for the two-year financing of the work of counsellors who provide psychosocial support in three Centers for VSV – in Novi Sad, Kikinda and Zrenjanin. Existence of the work of Centers for VSV in Subotica, Sombor, Sremska Mitrovica and Vršac, which would be completely in line with the piloted model, is uncertain for now. Local self-governments could contribute to securing permanent financial support for services of psychosocial support in such a way that in local budgets funds are appropriated for local organizations of civil society which provide services for SOS telephone (helpline), i.e. legal and psychosocial support for women victims of gender based violence and women victims of sexual violence, beneficiaries of the Centers for VSV. At the provincial level, the Provincial Secretariat for Social Policy, Demography and Gender Equality could finance project activities of the organizations of civil society which provide support for women victims of gender based

	violence. On the other hand, the Provincial Secretariat for Health Care, the project implementer, could finance in line with its competencies, furnishing and maintenance of premises in general hospitals intended for providing healthcare to victims of sexual violence, promotional and education activities in the Centers for VSV, as well as the professional work of healthcare workers who take care of standards in providing services to women victims of sexual violence (supervisors of the working groups in the Centers for VSV). For long-lasting sustainability of services provided by the Centers for VSV and expansion to a greater number of healthcare institutions in the territory of the entire country, not only in AP Vojvodina, it is necessary that the Ministry of Health undertakes appropriate steps. On one side, it is important to define legal framework for financing support services for victims of sexual violence, which includes various expenses such as: expenses for the staff – addition to salary for engagement of medical and non-medical staff; expenses for keeping records and data processing, as well as maintenance of electronic database on cases of sexual violence; expenses for transport of victims by ambulances and procurement of medicines, such as emergency contraception, etc. On the other side, it is necessary to define legal framework for financing continuous training programs for healthcare workers about gender based and sexual violence. In addition, the Ministry of Health should establish cooperation with the Ministry of Labour, Employment, Veteran and Social Affairs, in order to determine mechanisms for financing services of psychosocial support for women victims of sexual violence in healthcare institutions where the Centers for VSV have been established, and which is provided by organizations of civil society licensed for work with women victims of all forms of gender based violence, including sexual violence. Threats to possibilities for financial sustainability may arise from not recognizing importance of the Centers for VSV by main participants at all levels, especially at the central level. Within the process of data collection for the purposes of the project evaluation, an invitation was sent to the Ministry of Health for conducting interviews, but there was no reply from the Ministry. Although representatives from the Ministry of Health and other relevant ministries were not involved in the project activities, some of the participants at the central level were definitely informed about the project implementation, especially with piloting Centers for VSV, since they were listed as one of the newly established mechanisms in the report that the Government of the Republic of Serbia submitted to the GREVIO Committee about implementation of the *European Council Convention on Preventing and Combating Violence against Women and Domestic Violence* (Government of the RS, 2018). Political will is very important for establishing piloted service, and it should be taken into account that establishment of such service is significant from the aspect of implementation of the Istanbul Convention, that was signed by Serbia. Furthermore, for sustainability of the Centers for VSV, 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 is not enough budget sources, for such important service it is necessary to find a modality that would allow its financing. Sustainability in terms of human resources and organizational capacities Many participants pointed out during the process of evaluation that professionals who provided support for women were often overloaded with work. This includes not only professionals engaged in the Centers for VSV, but professionals from other sectors within the system for protection of victims of gender based and sexual violence (centers for social work, prosecutor`s office, and police). Taking into account the ban on public sector employment, which is in effect, at present there is no possibility to increase the number of professionals who provide support for victims of violence, regardless of complexification of the work they perform. In addition, there is a great fluctuation of employees in the healthcare sector, and limiting factor in the civil sector is that the organizations licensed for providing specialized support services to women victims of all forms of gender based violence do not exist in all municipalities. Bearing in mind the limitations in human resources, in *Recommendations for work standards of the centers for victims of sexual violence*, a model of organizational structure was presented that would enable fulfilment of the needs of women victims of sexual violence in a quality manner within the existing frameworks. It was proposed that a Cabinet[28] for protection of victims of sexual violence is formed in the Gynecology Ward in healthcare institutions where the Centers for VSV would be established, as the smallest organization unit with minimum three members (healthcare workers and healthcare associates). Furthermore, director of a healthcare institution should form a Commission for monitoring protection of victims of sexual violence in healthcare institution, that would be comprised of healthcare staff of different profiles: gynecology specialist – supervisor of the Working group, who manages the Cabinet for protection of victims of sexual violence, emergency medicine specialist, pediatrician, psychologist, social worker, medical nurses from the Gynecology Ward and Emergency Ward. It is necessary to emphasize that participation in this Commission is mandatory and it should be included in the Rulebook on internal organization and systematization of job positions. Also, it is recommended that the Ministry of Health envisages existence of such commission, which would be comprised of representatives of the organizations of civil society that provide counselling and therapeutical as well as social and educational services, together with healthcare institutions staff.

[28] A structural unit prescribed by the official Roolbook for healthcare institutions (official state document).

	Sustainability in terms of necessary knowledge and skills, sensitization and motivation of professionals Financial sources and organizational capacities are necessary, but not a sufficient condition for sustainability of the Centers for VSV. It is needed that professionals who are directly involved in the work of Centers for VSV (members of the Cabinet, Commission), but also other professionals employed in healthcare institutions who may come into contact with women victims of sexual violence, have knowledge and skills required for work with this specific group, and to be sensitized and motivated enough to provide support in quality manner. Trainings organized within the project were very important, but it is necessary that trainings of professionals are continuous, especially having in mind a great fluctuation of employees in the healthcare sector. In order to resume trainings after completion of the project, three training programs were prepared in its final phase. One program refers to the role of healthcare system, principles and standards in health care and psychosocial support for victims of sexual violence and other forms of sexual violence. The second program is specifically directed to the role and tasks of gynecologist in prevention and protection of victims of sexual violence, whereas the third program refers to the role of medical nurses in providing care and support for victims of sexual violence. While accreditation for the program referring to the role and tasks of gynecologists in prevention and protection of victims of sexual violence was obtained by the Healthcare Council of Serbia, for other two programs accreditation will be requested before long. Accreditation of these trainings would be of great significance for establishing continual work on increasing knowledge and skills of service providers to women victims of sexual violence, as well as increase in their sensitization. In addition, it is important that professionals are motivated to provide services for women victims of sexual 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 with the Centers for VSV, as well. One of the members of the expert group which prepared the model for work of the Centers for VSV, particularly emphasized that motivation of professionals not only in the healthcare 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, it would definitely have an impact on increase of motivation of professionals, and consequently more quality provision of support for victims of violence.

	Sustainability in terms of multisectoral cooperation During the project, there was a huge change that contributed to sustainability of the entire project - multisectoral cooperation was regulated by the new Law on Prevention of Domestic Violence, where cooperation between police, prosecutor`s office and center for social work was clearly defined. Representatives of the three listed institutions are members of the Group for coordination and cooperation, who regularly meet and consider all reported cases of domestic violence. Beside these institutions, the group can include other institutions, e.g. healthcare institutions. According to the Law, healthcare institutions are obliged to report violence, provide support and act in coordination with other institutions. These changes led to stronger response to gender based violence and positively influenced sustainability of the project, in comparison to the outset of the project when cooperation was defined by protocols that were not legally binding. However, there are still two problems within multisectoral cooperation that may hinder the sustainability. The first one refers to the situation that at meetings of the groups for coordination and cooperation, since the outset of implementing the Law, representatives of healthcare institutions were not invited not representatives of NGOs in places where these organizations exist and provide support to women victim of violence. Cooperation with these sectors 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, since the process of adapting the Law is long-lasting, and it may be presumed that its full effects are yet to be seen. The second 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 (provision of psychosocial support).

Evaluation Criteria	Sustainability
Evaluation Question 2	Can the project approach and results be repeated or improved? What is the possibility of that happening? What would support their repetition or improvement?
Response to the evaluation question with analysis of key findings by the evaluation team	Results and approach may be applied to other regions of Serbia with small adjustments. It is difficult to assess whether it will happen or not, having in mind that not all Centers for VSV, which were piloted, continue their work completely in line with the piloted model and taking into account difficulties in establishing other services the state was obliged to implement (e.g. the national SOS helpline as support for women victims of violence has been recently formed, contrary to advocating on the part of the NGO sector to engage licensed NGOs for provision of this service, the ones which have already been providing this service of SOS helpline).
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	Project was quite successfully implemented, although from the very beginning it faced an array of obstacles – from changes in competency of the body responsible for its management to human resources changes in the project team. Despite all difficulties and complexity of the project, its results, especially in the part with piloting Centers for VSV, are very positive and piloted model can be expanded in future to the territory of the entire Serbia. As it was previously mentioned, the key document arising from the project refers to *Recommendations for work standards of the centers for victims of sexual violence.* The work of Centers for VSV is precisely defined in the document and based on this document it is possible to establish Centers for victims of sexual violence in other municipalities determined by the state. Prior to that, it is necessary to present the model to the Ministry of Health and the Ministry of Labour, Employment, Veteran and Social Affairs, since Centers for VSV fall under their competency. This task remains to be realized in future, because during the project the model of Centers for VSV was not sufficiently presented to institutions at the national level. Institutionalization of the Centers for VSV is an important task along with an increase in number of the Centers, but also ensuring the work of existing centers in future, since their work is still not regulated by law, although Serbia is obliged, as a signatory of the Istanbul Convention, to establish Centers for women victims of violence, including sexual violence (Article 25). Three training programs for improvement of knowledge about gender based violence and actions of healthcare staff in such cases were prepared within the project. Until the end of the evaluation process, one of those three programs was accredited – the course "The role and tasks of gynecologists in prevention and protection of victims of sexual violence – treatment procedures". Opinion of some respondents included by the process of evaluation is that more should be done in future in terms of informing women victims of violence, who are marginalized on many levels, about services that are available to them and to additionally empower them to report violence.

	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 is of great importance for establishing the work of Centers for VSV, if they expanded to other parts or entire territory of the Republic of Serbia.
Conclusions	The question of sustainability of the achieved project results, especially the Centers for victims of sexual violence is conditioned with numerous factors, such as financial resources, human resources, political will, knowledge and competencies of professionals who provide support, motivation of professionals, organizational capacities, etc. Results and approach may be applied to other regions of Serbia with small adjustments, but it is difficult to assess whether it will happen or not, having in mind that not all Centers for VSV, which were piloted during the project implementation, continue their work completely in line with the piloted model. Further improvement of multisectoral cooperation, especially cooperation between the state and civil sector is a necessary condition because only mutual efforts and good cooperation between all sectors (healthcare, police, social protection, judiciary, prosecution office, NGO), which is not dependent on the individuals, may lead to sustainability of the achieved project results and contribute to combating gender based violence.

Evaluation Criteria	Impact
Evaluation Question 1	To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?
Response to the evaluation question with analysis of key findings by the evaluation team	The key contribution of the project, by piloting centers for victims of sexual violence, is that the system "has learned" a new service contributing to better protection of women from sexual violence in the AP Vojvodina, better treatment by professionals involved in the system for protection and better response to satisfying needs of women victims of violence. Owing to trainings realized within the project, an increase in knowledge and sensitization of professionals from the healthcare sector as well as other sectors had a direct impact on better recognition of cases of gender based violence by professionals, especially sexual violence, and provision of more adequate protection and more quality services to beneficiaries of the system of support. Probability that healthcare workers would act in line with the victims` needs has increased. The project undoubtedly contributed to improvement of cooperation between civil and public sector, especially between healthcare institutions and women`s non-governmental organizations. Nevertheless, improvement of multisectoral cooperation was only

	partially under direct impact of the project; it was predominantly influenced by a change in regulating cooperation with the new Law on Prevention of Domestic Violence, which came into effect on 1 June 2017.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	The project contributed to the greatest extent to ending violence against women, gender equality and/or women's empowerment through piloting centers for victims of sexual violence, a completely new mechanism in the support system of women victims of sexual violence, as a specific form of gender based violence. This mechanism, although envisaged by the Istanbul Convention which Serbia signed, had never been established before, and all participants in interviews conducted during the project evaluation emphasized that this type of mechanism was greatly required. Some of the counsellors interviewed during the evaluation process stated it was of great importance that women victims of violence were placed in the center of attention for the first time and there was an attempt to adapt services to their needs. Although women`s non-governmental organizations have been providing services to women victims of violence for many years by placing them in the center of attention (in accordance with feminist principles), the Centers for VSV 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. Representatives of all Centers for VSV emphasized as the greatest contribution to the project the inclusion of psychosocial support, as a very important type of support, which was missing in existing institutional mechanisms. The role of counsellors was very important, since they provided information to women about procedures through which they were about to go in the Centers for VSV (in certain cases they provided information about mechanisms of legal aid) and they took into account that all procedures defined by the Manual were observed as much as it was possible (to obtain an informed consent from women, to complete envisaged documentation and the like). In some cases, it was sufficient that a counsellor was by a woman`s side, so she would not feel lonely and afraid while waiting for medical checkups. Psychosocial support was not provided only during the first contact with a woman, but counsellors continued to meet and talk with all women who wanted to continue with this type of support. What is of special significance is that psychosocial support, as well as healthcare support, was available to women 24 hours a day, so the counsellors would come when called upon at any time of day and night.

	The project implementation, especially realization of trainings for professionals, had a significant impact on strengthening institutional systems for protection by improving use of protocols, data collection and coordination among institutions. Trainings for professionals in the healthcare sector especially contributed to better recognition of violence and more frequent reporting of violence, as well as improvement in keeping records on cases of violence, i.e. to record any suspected gender based violence in the Form prescribed by the Special Protocol of the Ministry of Health for Protection and Treatment of Women Victims of Violence. Even in the period when the project proposal was prepared (during 2015), former Provincial Secretariat for Health Care, Social Policy and Demography started working on this issue, because a small number of institutions acted in compliance with the Special Protocol of the Ministry of Health and registered cases of violence against women in the Form, prescribed by the Special Protocol. During trainings organized for professionals in the healthcare sector, it was emphasized that implementation of the Special Protocol was mandatory and each participant of the training received a printed version of the protocol, to become acquainted with it in more details. Also, supervisors of healthcare institutions were additionally informed that acting upon protocol and registering cases of violence against women was mandatory. Information was delivered to the project team on six-month basis. According to an insight into information about registered cases of GBSV by healthcare institutions (Table 8, Chapter on Effectiveness), it is evident that the number of cases where a doctor suspected violence was three times higher in the period of two years (in the first half of 2017 it was 51, and in the second half of 2018 it was 155). Since professionals from all 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 by healthcare workers. In addition, on basis of the questionnaire completed by 23 supervisors from healthcare institutions, at least 6 months upon completion of the Faculty of Medicine training, it may be concluded that their assessment is that training had a significant impact on raising capacities of health professionals in their institutions to use and apply protocols, collect data and coordinate their responses to GBV. Almost all supervisors of healthcare institutions who completed the questionnaire (20 out of 23) think that training contributed to better acquaintance of professionals in healthcare institutions with contents of the Special Protocol of the Ministry of Health as well as better support provided to women victims of gender based, especially sexual violence, whereas two respondents think that training only partially contributed to that. Overall number of 17 respondents think that training also contributed to sensitization of professionals in healthcare institutions to phenomenon of gender based violence, whereas 5 supervisors believe that training only partially contributed to that. None of supervisors stated that training had no positive impact at all.

	Members of the groups for coordination and cooperation (GCC) in 7 municipalities in the AP Vojvodina, who underwent the training for MSC emphasized in interviews at the end of the project that this training was important to them to become additionally prepared for providing response to violence, in compliance with the Law on Prevention of Domestic Violence. An insight into perception of the supervisors from various sectors in view of the training impact for MSC, at least 6 months after the training implementation, was not possible to gain due to a small number of supervisors who participated in these trainings (for instance, out of all professionals participating in trainings/workshops for MSC during 2018, only 0.07% (1 person) were supervisors), and due to great fluctuations of professionals employed at the supervisor`s positions. All institution representatives, who are members of the groups for coordination and cooperation, think that the institutional response to domestic violence (in the context in which gender based violence against women is most represented) improved considerably. Although project activities were directed to improvement of multisectoral cooperation, progress in view of cooperation between institutions included in the GCC was primarily connected with the start of implementing the Law on Prevention of Domestic Violence. Cooperation between prosecutor`s office, center for social work and police is now considerably more intensive and efficient in all municipalities. However, on basis of interviews with the members of the GCC, as well as representatives from other sectors within the system for protection, it may be concluded that cooperation between institutions included in the GCC and institutions/organizations from other sectors was not satisfactory in majority of municipalities. At the meetings of the GCC, representatives from other sectors were almost never invited, and victims of domestic violence (most often women) were invited to the meetings of the GCC only in Subotica, when assessed as necessary and in the interest of a victim. On basis of analysis of the questionnaire that was completed by 453 employees in the healthcare institutions at the beginning of the Faculty of Medicine training, it is noticed that civil sector was very rarely perceived as an important link in multisectoral cooperation. Importance of cooperation with police is almost always recognized (97.7%) and with centers for social work (98.4%), whereas the importance of cooperation with the non-government sector was recognized in only half of cases (55.6%). In view of cooperation between sectors, an important effect of the project is cooperation between public and civil sector, most precisely, between the staff from healthcare sector and professionals from women`s non-governmental organizations. Healthcare staff that was in direct contact with counsellors recognized civil sector as a partner. They deemed psychosocial support, which was provided by counsellors who participated in providing support to women, as valuable. Healthcare staff could rely on them and thus they developed significant trust in the NGO sector.

	Professionals who participated in trainings for MSC think that cooperation with the NGO 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 increased. Average mark on cooperation between the public sector and non-government sector, at least 6 months after the training for MSC and the start of implementing the Law on Prevention of Domestic Violence, was 3.91 (on the scale of 1 to 5), whereas at the beginning of the training the average mark was 2.97, which indicates that in the meantime cooperation improved, but there is still enough room for its improvement (source: *Endline Study*). Perception of the non-government sector by professionals from other sectors within the system for support is still unsatisfactory and some representatives of women`s 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, including prevention and protection of violence. Organizations of civil society are not recognized as an equal partner at the local level, which has a negative impact on the type and quality of support that a woman victim of violence has the possibility to obtain.

Evaluation Criteria	Impact
Evaluation Question 2	To what extent are beneficiaries of the project satisfied with the results?
Response to the evaluation question with analysis of key findings by the evaluation team	Primary and secondary beneficiaries, whose perspective could be included in the process of evaluation, are satisfied with the project results. Beneficiaries of the Centers for VSV, with whom the members of evaluation team had interviews, are satisfied with the obtained support to the great extent, especially with psychosocial support. Participants of the FGD with women from the general population think that the project, especially forming of the Centers for VSV, contributed to improvement of the system for protection of women victims of violence. Healthcare workers and professionals from other sectors think the project provided good results.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	On basis of the questionnaire completed by women victims of different forms of gender based violence, who are beneficiaries of the system of support, in the final phase of the project implementation, it is noticeable that respondents assessed services of all institutions with better marks in comparison to assessments provided by them at the beginning of the project. The greatest progress was achieved in support provided by the police – in 2016 there were 40% of satisfied beneficiaries, and 51% in 2018. Also, progress was made in centers for social

	work (in 2016, 52% of women said they were satisfied, and 64.3% at the end of 2018). A somewhat less improvement, but still quite noticeable, was achieved in support provided by healthcare institutions (76.2% of women who completed the questionnaire in comparison to 64% in 2016). Beneficiaries of the system of support 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 endline reports (96% at the beginning of the project, and 100% at the end of project). It should be remarked that such finding was somewhat expected since women`s non-governmental organizations presented the key channel through which data was collected. On basis of the interviews conducted with one beneficiary from each Center for VSV in Subotica, Kikinda and Zrenjanin, it is noticed that obtained support in the Center for VSV was beneficial to women who were victims of sexual violence. Two beneficiaries are still beneficiaries of psychosocial support and they regularly meet with their counsellors, whereas the third respondent has stopped using this type of support relatively recently. The respondents who are still beneficiaries of psychosocial support emphasize that psychosocial support provided to them within the Center for VSV is of great importance to them, since this support helped them immensely and contributed to their recovery from consequences generated after traumatic experience. The respondents think that victims of sexual violence should primarily talk with the Centers for VSV staff, and then to be referred to other institutions. All respondents pointed out as very important the fact they were free to contact staff of the Centers for VSV and their counsellors at any time when needed, regardless of the fact that now they do not endure any violence. One of the beneficiaries of the Center services points out as a drawback that the Center was opened just a few years ago, so at the time when she was a victim of sexual abuse there were no institutions that would adequately provide psychosocial support (this is a passive case, i.e. it refers to a person who was the victim of sexual abuse by her father more than two decades ago). All respondents would recommend the Center for VSV to all other women going through the same or similar traumatic events they had gone through. FGDs with women from the general population indicate that, in comparison to the period of three years ago, the system of support for women victims of gender based violence improved. Some of the participants of discussions are familiar with existence of the centers for victims of sexual violence and think it is a very good mechanism which contributes to improvement of the existing state of affairs in view of protection of women victims of violence. According to opinions of the FGD participants, the most important factors necessary for greater empowerment of women are: respect by a partner, non-judgmental environment, professional and responsible actions by institutions and individuals, empowerment of the non-government sector, greater

	efficiency in processing violence, stricter punitive measures for perpetrators of violence, more frequent education of women with the aim to empower them and raise awareness. In situations of violence, women usually turn to the closest circle of friends, but according to participants of the FGD, it is now noticed that women more often seek professional help in such situations, and help of adequate institution. On basis of realized focus group discussions, it is observed that, in view of protection of women from violence, the respondents from Kikinda and Zrenjanin had most trust in police (although they list centers for social work as important institutions, as well), whereas respondents from Novi Sad mark the center for social work as the most effective institution, since it provides a long-lasting support to women victims of violence. Safe house was recognized as a significant mechanism of support, because it can provide women victims of violence a safe haven for a short period of time and protect them from perpetrators of violence. However, we should bear in mind that Safe house is only a temporary shelter from violence offenders, and it is not a permanent solution to the problem. The respondents also point out SOS telephone (helpline) as a support in situations of violence, through which women victims of violence may obtain psychosocial support. What is missing, according to opinion of the FGD participants, is the long-lasting mechanism of social and economic empowerment of women victims of violence, thus allowing them existence and safety. Satisfaction of professionals from the healthcare system with the project results is reflected in readiness of majority of respondents (84%), interviewed in the final phase of the project, to participate in activities of a similar project in future. Also, three quarters of healthcare workers stated that similar projects should be realized in future in the same manner. Those 20% of employees in healthcare 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. Members of all working groups in healthcare institutions, where the Centers for VSV were formed, are also very satisfied with the project results, especially with piloting Centers for VSV, where they were directly involved. They think they succeeded in not only improving treatment of women victims of sexual violence, but they also improved mutual cooperation, i.e. cooperation between employees in healthcare institutions and counsellors. Members of the groups for coordination and cooperation (representatives of prosecution office, police and centers for social work) with whom FDGs/interviews were conducted at the end of the project, and who were directly involved in activities of the project, think that the project achieved good results, through piloting Centers for VSV and through trainings realized within the project, likewise. Some participants stated that trainings on

	multisectoral cooperation were of special importance to them, contributing to exchange of knowledge and experiences between professionals from various sectors, especially in connection with implementation of the new Law on Prevention of Domestic Violence. Training for multisectoral cooperation was mostly important because it gathered all sectors, respectively representatives of all institutions and organizations that provide support for women victims of gender based violence - representatives of the police, centers for social work, healthcare, judiciary, prosecutor's office, non-governmental organizations. Prior to the implementation of the Law on the Prevention of Domestic Violence, which entered into force on 1 June 2017, training for the implementation of this law was organized at the state level. However, these trainings included only police and prosecutorial sectors, while representatives of other sectors did not participate in such training. This is precisely why training for the improvement of multisectoral cooperation, which is organized within the project, is significant because it included representatives of all sectors. The professionals who went through this training as particularly important pointed out that in the training for multisectoral cooperation they had the opportunity to familiarize themselves closely with the competences of each sector. In addition, they had the opportunity to see how cooperation between the sectors should operate on concrete examples from practice, and they considered it very useful.

Evaluation Criteria	Impact
Evaluation Question 3	Has the project contributed to raising awareness of gender based violence in the community and informing local population?
Response to the evaluation question with analysis of key findings by the evaluation team	According to assessment done by representatives of the project team, the project undoubtedly contributed to raising awareness among employees in the system for protection of gender based violence, but also in local population, though in limited volume. Impact of the project on increase of the level of knowledge and awareness of gender based and especially sexual violence is possible to assess primarily for beneficiaries who were directly participating in some of the project activities (such as professionals participating in trainings), whereas the project impact on the general population was just partially assessed according to the FGDs with women from the general population and on basis of evaluating how much information about the project reached the general population through different media.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	During the entire project implementation, the campaign was conducted with the aim to inform not only the professional, but also the general public in the territory of the AP Vojvodina about project activities, as well as

	to contribute to project activities and raise awareness of gender based issues, especially sexual violence. Although the campaign lasted 3 years as the project itself, it included more than 300 different press releases, TV and radio programs, announcements via social networks and internet portals, and thanks to efforts of the agency responsible for this project component, the campaign exceeded geographical areas where the project was implemented (information was launched in other parts of Serbia and the region, to a certain extent), its impact on informing and raising awareness of gender based violence can only be partially measured. According to statements of the project team members, there were a lot of misconceptions about sexual violence, stereotyped opinions and resistance among healthcare workers. There were observations such as: "How can we give priority to the victim of violence when we have a case of heart attack? A victim of violence is not life threatened" and the like. This understanding was considerably improved through trainings, which is one of the key contributions of this project. Degree of understanding the position of victim increased along with the role of healthcare system in protection of victims and especially victims of sexual violence. Teams which were more directly involved in the project, i.e. members of the working group in healthcare institutions where Centers for VSV were piloted, are now participants that can be relied on and who would engage more in future. Not only that they increased their knowledge, but they are more motivated now. There is no resistance, uneasiness, unwillingness to more thoroughly care for beneficiary of the service, due to fear they would be involved in court proceedings as witnesses. At present, it may be very often heard at meetings that they are interested to follow what has happened to some of services` beneficiaries, after they have obtained support and how much this support helped them, which earlier was not the case at all. They understood that support services do not present more work, but only greater attention when providing support. Although data of the agency responsible for the project component regarding promotion indicate that all set targets were achieved, in certain aspects even exceeded, representatives of this component 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 beneficiaries is hard to assess. According to data based on assessment of TV and radio programs ratings, Facebook and project website visits, as well as following other channels through which information about project activities were launched, the campaign reached more than 25.000 inhabitants of the AP Vojvodina. The extent to which information about the project activities influenced raising awareness of people from the general population was partially measured through conducting FGDs with women from the general population. Women from the general population, who participated in the FGDs realized within the process of data collection for the purposes of project evaluation, think that nowadays gender based violence against women is more often talked about, there is more work on prevention of violence and raising awareness of women who were victims of violence, to which this project undoubtedly contributed. What has not changed is "normalization" of violence, i.e. perception of violence as something which is imminent to the region of the Balkans. In addition, some

	participants emphasized that there was still a great difference between accesses to information among women from rural areas who were victims of violence in comparison to women from urban areas. According to respondents` opinions, women in urban areas still have easier access to information (better access to Internet, as well as traditional media, such as television and press), and thus have more opportunities to raise awareness of the consequences of enduring violence. Also, women from urban areas have more opportunities to be educated, and equal access to education is in direct connection with gender equality and empowerment of women. Women from the general population who participated in the FGDs think that it is necessary to organize consultations and education on the topic of raising awareness of gender based violence at the local level. They conclude that every institution needs to respond to violence at the same time when a victim reports violence, to take care of victims and inform them about further steps of protection. Efficiency of the system for protection is a prerequisite for empowering women to report violence. Conducting a survey on representative sample of inhabitants of the AP Vojvodina might be one of the additional ways for measuring the extent to which the general public raised awareness and changed their attitude towards GBSV, that could be done in the following period. Also, it should be taken into account that in some towns press conferences were organized in the final phase of the project, so there is a possibility that part of the general public was acquainted with work of the Centers for VSV at that point. For now, some of these Centers for VSV will not continue with their work in accordance with the piloted model, and there is a possibility that women victims of violence will seek support in the forthcoming period, since they have received the information about the Centers for VSV only recently. Although improved healthcare support will be available to these women, they will not have an opportunity to receive psychosocial support, which is the key novelty of the piloted model (victims of sexual violence will have priority, and findings of physicians will be more detailed since they will continue to follow the Form from the Practical Guide; the staff is sensitized to a greater extent than before the project implementation and it is expected that they will understand the victims` needs better). However, healthcare staff received information and instruction to refer victims of sexual violence to non-governmental organizations, which provide such support (Network SOS Vojvodina). Other institutions from the system for protection, such as police and centers for social work, were also informed about this possibility.
Conclusions	Based on the information and data obtained during the evaluation of the project "STOP – CARE – CURE: A stronger institutional response to gender based violence in the AP Vojvodina" it can be concluded that the greatest contribution of the project was the establishment of the Centers for victims of sexual violence in seven cities in AP Vojvodina (each in every district of AP Vojvodina). By piloting centers for victims of sexual violence, the system "has learned" a new service that contributes to better protection of women from sexual

	violence in the AP Vojvodina, better treatment by professionals involved in the system for protection and better response to satisfying needs of women victims of violence. Both trainings for healthcare workers and trainings for multisectoral cooperation contributed to increasing knowledge and sensitization of professionals who provide support to women victims of gender based and sexual violence. In addition, trainings had a direct impact on better recognition of cases of gender based violence by professionals, especially sexual violence, and provision of more adequate protection and more quality services to beneficiaries of the system of support. The project undoubtedly contributed to improvement of cooperation between civil and public sector, especially between healthcare institutions and women`s non-governmental organizations. However, it should be taken into account that the improvement of multisectoral cooperation between the police, centers for social work and prosecution offices was mostly under the influence of the Law on Prevention of Domestic Violence, which came into effect on 1 June 2017. Satisfaction of the beneficiaries with the changes introduced by the project represents a key proof of the achievement of the intended results.

Evaluation Criteria	Knowledge generation
Evaluation Question 1	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?
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 victims of sexual violence and to provide them with more comprehensive and quality support. The Centers for victims of sexual violence were formed according to the innovative model which can be expanded to other regions, observing the local context and using experience and gained knowledge during piloting.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	During the project implementation, and within the component regarding piloting centers for victims of sexual violence, the team of experts prepared the *Guideline for CVSV*. The initial version of this Manual, based on experiences gained during a two-year implementation of envisaged procedures in healthcare institutions where the Centers for VSV were piloted, was improved and prepared for the second edition of the Manual, published in January 2019. The key document arising from and exceeding the project present the *Recommendations for Work Standards of the Centers for Victims of Sexual Violence*, since this document may be used for establishing some future centers for victims of sexual violence. The document was developed on basis of gained knowledge and experiences of

	the staff engaged in the work process of piloting the Centers for victims of sexual violence, as well as the expert team which was responsible for development of the model for Centers for VSV. Work standards of the Centers for VSV are defined by this document. It regulates not only the work of centers, but also to whom these centers are intended, together with regulation of location, premises and equipment necessary for work, work principles of the Centers for VSV, list of services provided in the centers, organizational structure and management, organizing of centers, recommendations for action and mechanisms for sustainability of services. In addition to this document, the *A Manual for MSC - "A step toward better protection"* was created by a group of male and female authors from civil society sector and representatives of state institutions. *A Manual for MSC* explains the basis of coordinated action of the competent institutions in protection of women from violence, as well as principles, procedures and actions taken by professionals, risk assessment and threats for victims of violence and basis of coordinated planning and implementation of protective measures and support services for victims of violence. *A Manual for MSC* is very important, because there is a great need for clearly defined and systematized process of cooperation between institutions, which was achieved with this M*anual for MSC*. Meetings of the working groups in the Centers for victims of sexual violence presented a great opportunity to learn, exchange experience and share mutual motivation. Forming and regular functioning of working groups proved to be a good practice and warranty of the Centers for VSV sustainability, since experience and knowledge have been continually conveyed. The same effect was produced by seminars dedicated to coordination of pilot centers for victims of sexual violence, which were attended by members of working groups from all 7 pilot centers and where all participants could connect, exchange experience, solve dilemmas that they had encountered during their work, and mutually devise solutions. Indirectly, both meetings had an impact on overcoming stereotypes and prejudices of all participants through talks about discrimination of women, and their contribution was also that gained knowledge was conveyed to other colleagues more easily. The model of the centers piloted by the project was presented at more than 10 conferences, held in Serbia and abroad. The conferences enabled the model of Centers for VSV to be presented in the territory of the Republic of Serbia and beyond. Participation of the project team representatives in international conferences contributed to exchange of experiences with representatives from other countries. One of the learned lessons is that during the implementation of such complex projects, more time is necessary for each phase. This primarily refers to piloting Centers for VSV, because creating piloting model was a

	complex and lasting process, where the work of huge number of experts had to be included and it was needed to establish good communication and efficient coordination between them. From the start of forming the Centers for VSV and to the end of the project, there was not enough time for their work to be completely integrated into the system; time and experience were needed to connect all participants in the Centers, so they could start acting in line with the envisaged procedures. Assessment of the project team representatives is that for such process 3 years are not enough, and more time is needed. It should be taken into account in future projects that the system of book-keeping, which is performed in the public administration, is different from the system of financial reporting required by the donor. The manner of managing finances in the state sector is different from the one required by the donor. Gaining new knowledge in the process of implementing public procurements was of a special significance. Staff in the Provincial Secretariat had an opportunity to deal only with procurements of goods, but for the purposes of the project they learned how to implement public procurement of expert services. The new gained knowledge will be used in implementation of future projects.
Conclusions	The project has contributed to the development and distribution of knowledge about the needs of victims of sexual violence. It has implemented an innovative model of support for victims of sexual violence through the establishment of Centers for Victims of Sexual Violence and has linked all relevant institutions that offer support, including a new psycho-social service, in the support system. The pilot model of the CVSV can also extend to other environments, respecting the local context and using the experience and knowledge gained during the pilot. Project enabled the new knowledge to be gained and generated about needs of victims of sexual violence and to provide them with more comprehensive and quality support. The Centers for victims of sexual violence were formed according to the innovative model which can be expanded to other regions, observing the local context and using experience and gained knowledge during piloting.

Evaluation Criteria	Gender Equality and Human Rights
Evaluation Question 1	Have the human rights based and gender responsive approaches been incorporated through-out the project and to what extent?
Response to the evaluation question with analysis of key findings by the evaluation team	Human rights based and gender responsive approach presented an integral part of the project, both in preparation and implementation phase. Women from especially vulnerable categories, such as sex workers and women with disabilities, were recognized as one of the groups of primary beneficiaries. The support service provided by Centers for victims of sexual violence is modelled in accordance with standards regarding the sexual and reproductive health and rights (SRHR) of women as defined by the Programme 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.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	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 victims of gender based, especially sexual violence, through strengthening institutional response to gender based violence in the AP Vojvodina, and through empowering women to recognize and report violence. Contribution of the project to decrease gender based violence against women and girls is important not only for improvement of situation in terms of gender equality, but also for development of the entire society which should be based on respect of fundamental human rights. Piloting centers for victims of sexual 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, *The European Council Convention on Preventing and Combating Violence against Women and Domestic Violence* (the *Istanbul Convention*), which was ratified by the Republic of Serbia in October 2013 and which came into effect on 1 August 2014[29]. Documents generated during the project implementation (reports, manuals, etc.) were prepared bearing in mind the principles of gender equality.

[29] http://www.ljudskaprava.gov.rs/sh/press/vesti/konvencija-saveta-evrope-o-sprecavanju-i-borbi-protiv-nasilja-nad-zenama-i-nasilja-u

	The project implementation was especially directed to access to health security through human rights approach. The service for women victims of sexual violence, piloted during the project in seven healthcare institutions in the AP Vojvodina, was developed by observing basic human rights of potential beneficiaries, placing the needs of women victims of violence up front. The process of piloting and other activities implemented during the project, such as trainings for professionals from the system for prevention and protection, expert conferences and press conferences, aimed to, inter alia, destigmatize women victims of gender based, especially sex violence, and that violence is not observed as taboo. 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 "Stop – Care – Cure: A stronger institutional response to gender based violence in the AP Vojvodina" did bring forth a certain contribution to improvement of the current state of affairs. 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). Basic prerequisites to provide support in line with SRHR standards, according to UNFPA include ensuring the woman's safety, protecting women's privacy and confidentiality, ensuring that healthcare providers have adequate knowledge, attitudes and skills to offer a compassionate, non-judgmental response, appropriate medical care and information about legal right and any legal or social service resources in the community.[30] Not only was the project directed to the general population of women, as a part of population which, in comparison to men, is in unfavorable position and more often exposed to gender based violence, but it was also directed to women from several especially vulnerable categories – sex workers and women with disabilities, recognized as primary beneficiaries of this project. However, a possibility that sex workers receive support in

[30] 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

	piloted centers for victims of sexual violence is limited by the legislative framework of the Republic of Serbia, which recognizes prostitution as illegal activity. The need for specially adapted approach of professionals during the work with women with disabilities, who are victims of violence, was emphasized on seminars directed to coordination of centers for victims of sexual violence. During the project, representatives of Centers for VSV attended a lecture on treatment of marginalized groups of women and discrimination. Also, *Special Guidelines for Treatment of Women with Disabilities, Victims of Violence, by Healthcare Providers in Cases of Violence against Women* were presented and they were prepared by the non-governmental organization "IZ KRUGA – Vojvodina" ("Out of circle – Vojvodina"). In addition, representatives of this organization held a one-day seminar in the Centers for VSV in Zrenjanin, Novi Sad and Sremska Mitrovica. On this occasion, professionals from the Centers for VSV had an opportunity to exchange experiences and talk about dilemmas referring to the work with this specific category of women. 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. Participating in interviews, focus group discussions and completing various 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 publically presented. During each interview or focus group discussion, written or oral informed consent of the participant was first obtained. Although there were no minors among respondents, members of the M&E team envisaged this possibility in cases of beneficiaries of the Centers for VSV, so in accordance with that, they were prepared to completely adapt their approach to this category of respondents (by obtaining informed consent of parents or legal guardians, providing transport for a minor respondent to the location where an interview would take place and back home). In order to reduce the risk of secondary victimization of women beneficiaries of the Centers for VSV to the least possible extent, with whom the interviews were conducted, members of the M&E team engaged external associates, counsellors in the Centers for VSV, who were specially trained for the work with women victims of violence, for the purpose of these interviews at the very end of the project. To that effect, it was important that these interviews were not conducted by counsellors who previously provided psychosocial support to respondents, but counsellors talked only with women they had not previously worked with. Members of the

	M&E team held the training for counsellors, so the interviews could be conducted in as quality manner as possible and envisaged procedures could be observed (obtaining written informed consent by a woman, explanation of the purpose of conducting the interview, stating remarks that women do not have to answer to questions they do not want to and the like). The project evaluation was completely prepared and implemented in accordance with the key principles defined in the document *Norms and Standards for Evaluation* (UNEG, 2017).
Conclusions	The project "STOP – CARE – CURE: A stronger institutional response to gender based violence in the AP Vojvodina" is fully committed to gender equality. Human rights based approach was integrated throughout the project design and implementation. However, it should be taken into account that in the social context in Serbia patriarchal value patterns are still dominant, including unequal relationships between women and men. Even though it cannot be expected that transformations of social values and relations in a society may happen in a short period, under the impact of one project, it can be concluded that this project contributed to improvement of the current state of affairs.

5 CONCLUSIONS PER EVALUATION CRITERIA

Evaluation Criteria	Conclusions
Effectiveness	**Outcome 1** • Trainings for staff in the healthcare sector immensely contributed to increase in usage of the Form prescribed by the Special Protocol of the Ministry of Health (used only by 4-5 healthcare institutions), but at the end of the project over 90% of healthcare institutions were familiar with and used this form. • Training dedicated to increase in knowledge in the field of acting in cases of gender based violence proved to be relatively successful. Analysis of knowledge tests completed by professionals from the healthcare sector at the outset and the end of the training shows that their knowledge in the field of gender based violence has increased on average for 17%. • Training for multisectoral cooperation should have been attended by 350 participants from different institutions in municipalities where the Centers for victims of sexual violence were formed. However, during the project, the scope of trainings was expanded, so employees from 42 municipalities participated, along with 1215 employees from different sectors. **Outcome 2** • Establishment of the Centers for victims of sexual violence is seen as the greatest contribution of the project, and within the Centers for VSV, introduction of psychosocial support is observed as the greatest value of the entire project. • Piloting seven centers for victims of sexual violence in every district of the AP Vojvodina was planned and implemented by the project. The model was developed, including healthcare, psychosocial and legal aid available 24 hours a day. • Support was provided to 100 women victims of sexual violence in total in the Centers for VSV.

Outcome 3

- At the outset of the project, multisectoral cooperation was improved through establishing procedures and protocols about cooperation between institutions. It should be taken into account that intensity and quality of cooperation in municipalities was quite heterogeneous.
- Halfway through the project, it was necessary to adapt solutions to new conditions defined by the Law on Prevention of Domestic Violence, adopted in 2016. Expert group in charge of establishing pilot centers adapted the model of multisectoral cooperation to the provisions of the Law, i.e. proposed that groups for coordination and cooperation, within which multisectoral cooperation is achieved in protection from violence, acquire knowledge of the protection model in cases of sexual violence implemented in the Centers and to include in cases of sexual violence representatives of healthcare institutions where the Centers were formed. However, according to statements of participants, healthcare institutions or NGOs were almost never invited to the meetings.

Outcome 4

- Informing and raising awareness through campaign and media reports was also conducted with satisfactory effectiveness, although it is hard to expect that information about the Centers for VSV could be comprehensive for the entire territory of Vojvodina, due to reliance on small local media and networks of organizations which were in any way affected by the project activities.

- 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. Even 55% out of 200 surveyed professionals from the healthcare sector state they have not had any knowledge and skills for providing support for women victims of violence before trainings.

- Campaign was conducted during the entire project. It included over 300 different reports through print media, TV and radio programs, social media and internet portals. The greatest number of such reports were written articles in print and electronic media.

	• During talks with persons responsible for campaign implementation, it was stated that campaign was primarily directed to the staff in healthcare institutions, police, courts and prosecutor`s office. It was insufficiently directed to other citizens, which presents a great deficiency in raising awareness of broader social groups about the phenomenon of gender based violence, since they were recognized as the secondary target groups in the project.
Relevance	• The project has improved the quality of services provided in the entire territory of AP Vojvodina, but there is a need for further improvement in order to fully meet the needs of women. Services of the centers for sexual violence victims, which were piloted under the project, should be expanded to cover the entire territory of Serbia. • In talking to women victims of gender-based sexual violence, which were beneficiaries of centers for sexual violence victims, they emphasized that in the whole system of services, psychosocial support provided to them by counsellors was the most beneficial for them. Beneficiaries of these services pointed out that they are best understood by professional psychosocial support staff and that they provide them with adequate advice. • Training about gender based violence and multisectoral cooperation is still very relevant, given that the coverage of healthcare workers by training is insufficient (at the project beginning, only 3% of employees in relevant institutions passed training, this number has increased significantly and now it is 24%, but it remains small in relation to actual needs), and there is frequent staff fluctuation in the healthcare system. • The service is fully in line with key international and national laws and policies. It is in line with the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence which provides for the establishment of specialist protection services to victims subjected to any of the acts of violence covered by the scope of the Convention, including sexual violence. It is also aligned with the Law on Prevention of Domestic Violence which was adopted after the project started. The service is in line with the Program for Protecting Women from Domestic and Intimate Partner Violence and Other Forms of Gender Based Violence in AP Vojvodina 2015-2020. Activities of the project directed to sensitization of the general public, especially professionals who are in charge of providing support to women 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.
Efficiency	• The project was efficiently implemented. Almost all project activities were implemented according to the planned schedule. Deadlines for completing specific activities were extended only in few cases, and it was conditioned by external factors, mainly at the initial stage of the project.

	• One of the key challenges the project implementer faced with was that the bookkeeping system kept by the public administration is different in relation to the financial reporting system requested by the donor. Due to this, there was a need for a period of learning, adjustment and continuous double keeping of finances during the project implementation, which slightly reduced cost-effectiveness. • Despite limitations, reporting to the donor was as planned. The only delay occurred when financial report within the 2018 Progress Report was submitted, caused by problems occurred in the online reporting system. The report due to be adopted in August was therefore adopted in November 2018. • Periodic reports on activities completed, prepared by representatives of each project components were timely delivered to the project leader. • 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 resources were mostly sufficient, with few exceptions, primarily in covering expenses of the partner non-governmental organization. In addition, the project did not provide funds for certain segments of the media campaign, more specifically for the payment of broadcasting of TV and radio spots/reports, but the agency in charge of the campaign managed to carry out these activities thanks to years of experience and established contacts. • A change in the exchange rate, i.e. the weakening of the currency in which the project funds were received, reflected on the available funds for implementing the project activities in the second half of the project. Due to this change, among other things, the amount of financial remuneration for providing psychosocial support in the CVSV reduced, which was one of the factors that influenced the counsellors to stop their work in some of the CVSVs. • At the proposal of the project coordinator, with previously obtained consent of the portfolio manager, certain changes were made in the plan for conducting trainings for employees in the healthcare sector, due to which the third year of the project started with even certain budget savings.

	• In planning multisectoral cooperation trainings, a model involving training which lasts shorter, but includes a larger number of participants, was chosen, thus resulting in the number of trained professionals which exceeded the planned coverage. • In implementing public procurement procedures, the Administration of Joint Services of Provincial Authorities provided support to the project leader, as their experts, paralegals and economists, ensured that these procedures were adequately implemented. • Regarding organizational capacity, certain challenges occurred as loads were not evenly distributed. Too much work fell on one person who was carrying out more than 50% of administrative activities.
Sustainability	• Project "Stop – Care – Cure: A stronger institutional response to gender based violence in AP Vojvodina" showed that functioning of centers for victims of sexual violence is in line with the piloted model, and such type of support is necessary for women victims of sexual violence. • Sustainability of the Centers for VSV 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. • It is not necessary to allocate additional financial resources for healthcare support service that Centers for VSV provide, since healthcare falls under the domain of regular framework of healthcare providers` activities. • Implementation of the program of continuous training for healthcare workers about acting upon cases of sexual violence, which is of great importance, as well as provision of psychosocial support, present the activities which at present are not financed from the budget sources of the Republic of Serbia and the budget of the AP Vojvodina. • Owing to dedication of the partner organization in the project, the Center for Support of Women – Kikinda, sources have been secured for the two-year financing of the work of counsellors who provide psychosocial support in three Centers for VSV – in Novi Sad, Kikinda and Zrenjanin. Existence of the work of Centers for VSV in Subotica, Sombor, Sremska Mitrovica and Vršac, which would be completely in line with the piloted model, is uncertain for now. • Threats to possibilities for financial sustainability may arise from unrecognizing importance of the Centers for VSV by main participants at all levels, especially at the central level.

	• For sustainability of the Centers for VSV, 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. • Many participants pointed out during the process of evaluation that professionals who provided support for women were often overloaded with work. In addition, there is a great fluctuation of employees in the healthcare sector, and limiting factor in the civil sector is that the organizations licensed for providing specialized support services to women victims of all forms of gender based violence do not exist in all municipalities. • Trainings organized within the project were very important, but it is necessary that trainings of professionals are continuous, especially having in mind a great fluctuation of employees in the healthcare sector. In order to resume trainings after completion of the project, three training programs were prepared in its final phase. Accreditation for these programs (the program referring to the role and tasks of gynecologists in prevention and protection of victims of sexual violence) was obtained by the Healthcare Council of Serbia so far. • It is important that professionals are motivated to provide services for women victims of sexual violence in quality manner. Currently, there is no mechanism in the system which would be used to reward dedication and commitment of individuals. • Results and approach may be applied to other regions of Serbia with small adjustments. It is difficult to assess whether it will happen or not, having in mind that not all Centers for VSV, which were piloted, continue their work completely in line with the piloted model and taking into account difficulties in establishing other services the state was obliged to implement. • 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.
Impact	• The project contributed to strengthening institutional response to gender based violence in the AP Vojvodina, improvement of gender equality and empowerment of women to recognize and report violence. However, the project impact on decrease or elimination of gender based, especially sexual violence, presents a long-lasting impact, which requires more time in order to be able to assess it.

	• The key contribution of the project, by piloting centers for victims of sexual violence, is that the system "has learned" a new service contributing to better protection of women from sexual violence in the AP Vojvodina, better treatment by professionals involved in the system for protection and better response to satisfying needs of women victims of violence. • Some of the participants stated it was of great importance that women victims of violence were placed in the center of attention for the first time and there was an attempt to adapt services to their needs. • Representatives of all Centers for VSV emphasized as the greatest contribution to the project the inclusion of psychosocial support, as a very important type of support, which was missing in existing institutional mechanisms. • The project implementation, especially realization of trainings for professionals, had a significant impact on strengthening institutional systems for protection by improving use of protocols, data collection and coordination among institutions. • The project undoubtedly contributed to improvement of cooperation between civil and public sector, especially between healthcare institutions and women`s non-governmental organizations. Nevertheless, improvement of multisectoral cooperation was only partially under direct impact of the project; it was predominantly influenced by a change in regulating cooperation with the new Law on Prevention of Domestic Violence, which came into effect on 1 June 2017. • Oscillations in provision of services to victims of gender based violence occur due to a different level of established cooperation between institutions and the non-government sector, particularly healthcare institutions, police and non-governmental organizations. Practice proved that non-institutionalized cooperation could not provide sufficiently good results, since it brings forth success only in places where there are good relationships between individuals and where these individuals are motivated enough to deal with this problem. It is not possible to achieve long-lasting effects in services provided to women victims of violence in this manner. • Perception of the non-government sector by professionals from other sectors within the system for support is still unsatisfactory. Organizations of civil society are not recognized as an equal partner at the local level, which has a negative impact on the type and quality of support that a woman victim of violence has the possibility to obtain. • Primary and secondary beneficiaries, whose perspective could be included in the process of evaluation, are satisfied with the project results.

	• On basis of the interviews conducted with one beneficiary from each Center for VSV in Subotica, Kikinda and Zrenjanin, it is noticed that obtained support in the Center for VSV was beneficial to women who were victims of sexual violence. • FGDs with women from the general population indicate that, in comparison to the period of three years ago, the system of support for women victims of gender based violence improved. • Satisfaction with the project results on the part of sex workers was not possible to assess, although sex workers present one of the primary target groups of the project (primary beneficiaries). Since prostitution is not a legal activity in the Republic of Serbia, it was not expected that sex workers would turn to the Centers for VSV for help in cases of violence, to which they are often exposed. • Satisfaction of women with disabilities with the project results, and women from other vulnerable groups (e.g. members of Roma ethnic group) could not be assessed according to available data. It is a fact that women from marginalized groups seldom report violence, but it should be taken into account that causes are numerous and do not depend only on nonconformity of institutions, but also on other factors from broader social environment (stigmatization and discrimination, unequal power ratio in society, etc.). • Satisfaction of professionals from the healthcare system with the project results is reflected in readiness of majority of respondents (84%), interviewed in the final phase of the project, to participate in activities of a similar project in future. • Members of all working groups in healthcare institutions, where the Centers for VSV were formed, are also very satisfied with the project results, especially with piloting Centers for VSV, where they were directly involved. • Members of the groups for coordination and cooperation (representatives of prosecutor`s office, police and centers for social work) with whom interviews were conducted at the end of the project, and who were directly involved in activities of the project, think that the project achieved good results, through piloting Centers for VSV and through trainings realized within the project, likewise. • Although data of the agency responsible for the project component regarding promotion indicate that all set targets were achieved, in certain aspects even exceeded, representatives of this component 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 beneficiaries is difficult to assess. • According to data based on assessment of TV and radio programs ratings, Facebook and project website visits, as well as following other channels through which information about project activities were launched, the campaign reached more than 25.000 inhabitants of the AP Vojvodina. • Women from the general population, who participated in the FGDs realized within the process of data collection for the purposes of project evaluation, think that nowadays gender based violence against women is more often talked about, there is more work on prevention of violence and raising awareness of women who were victims of violence, to which this project undoubtedly contributed.
Knowledge Generation	• The Centers for victims of sexual violence were formed according to the innovative model which can be expanded to other regions, observing the local context and using experience and gained knowledge during piloting. • The key document arising from and exceeding the project present the *Recommendations for Work Standards of the Centers for Victims of Sexual Violence*. It regulates not only the work of centers, but also to whom these centers are intended, together with regulation of location, premises and equipment necessary for work, work principles of the Centers for VSV, the list of services provided in the centers, organizational structure and management, organizing of centers, recommendations for action and mechanisms for sustainability of services. • *A Manual for MSC - "A step toward better protection"* is very important because there is a great need for clearly defined and systematized process of cooperation between institutions, which was achieved with this Manual for MSC. • One of the learned lessons is that during the implementation of such complex projects, more time is necessary for each phase.
Gender Equality and Human Rights	• Project is fully committed to gender equality. Human rights based approach was integrated throughout the project design and implementation. • Piloting centers for victims of sexual violence, which presented one of the key components of the project, was completely in accordance with *The European Council Convention on Preventing and Combating Violence against Women and Domestic Violence* (the so-called *Istanbul Convention*).

	• Documents generated during the project implementation (reports, manuals, etc.) were prepared bearing in mind the principles of gender equality. • The project implementation was especially directed to access health security through human rights approach. Support service is modelled in line with standards of the ICPD regarding reproductive health and rights of women. • Not only was the project directed to the general population of women, but it was also directed to women from several especially vulnerable categories – sex workers and women with disabilities, recognized as primary beneficiaries of this project. • The need for specially adapted approach of professionals during the work with women with disabilities, who are victims of violence, was emphasized on seminars directed to coordination of centers for victims of sexual violence. • 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 *Norms and Standards for Evaluation* (UNEG, 2017).

6 RECOMMENDATIONS PER EVALUATION CRITERIA

Evaluation Criteria	Recommendations	Relevant Stakeholders (Recommendation made to whom)
Overall	It is necessary that a project dealing with complex topics, such as gender based and sexual violence against women, include smaller number of outcomes and therefore smaller number of indicators and beneficiaries groups, with the aim to achieve better results.	Donors, project implementers
	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
1. Effectiveness	1.1. During implementation of very complex projects, including a series of different components and a great number of participants, it is very important to clearly define the role of each participant in realization of the project, and procedures of coordination and communication, with the aim to achieve effectiveness of the project.	Project manager/project coordinator
	1.2. With respect to the fact that during the project implementation, the system for registering cases of gender based and sexual violence against women in the AP Vojvodina was improved, it is necessary to resume, on annual basis, the collection of data provided by healthcare institutions about cases of violence.	Provincial Secretariat for Health Care
	1.3. It is necessary to adopt a by-law that would regulate establishing a single system of registering cases of gender based and sexual violence against women, in order to be able to monitor effects of the measures undertaken with the aim to eliminate gender based and sexual violence.	All sectors included in the system for prevention and protection of women from violence
	1.4. Due to the fluctuation of counsellors in Centres for victims of sexual violence, it is necessary to provide better financial compensation for them, clearly define their role in the Center and to inform all participants with whom their work is related (health workers, social workers, police, public prosecutors) what are their responsibilities.	Managers of healthcare institutions; Gynaecology Ward in healthcare institutions; healthcare proffesionals and CSO representatives engaged in CVSV

	1.5. As the evaluation has shown that in cases of sexual violence against women the police officers mainly perform the assessment based on physical injuries, ignoring the psychological condition of the victim, it is necessary to organize trainings for increasing their sensitivity and raising capacities to provide adequate support to women victims of sexual violence.	Ministry of Interior, police stations
2. Relevance	2.1. Taking into account relevance of the topic of gender based and sexual violence against women and girls, it is of great importance to regularly implement surveys on representative samples of population about prevalence and characteristics of violence, on the territory of the AP Vojvodina and the territory of entire Republic of Serbia, as well.	State institutions, scientific institutions (institutes, higher education institutions), international and local non-government organizations
	2.2. It is necessary to implement surveys on prevalence and characteristics of gender based and sexual violence among extremely marginalized groups of women (women with disabilities, Roma women, sex workers, etc.).	State institutions, scientific institutions (institutes, higher education institutions), international and local non-government organizations
	2.3. It is important that information about surveys on prevalence and characteristics of gender based and sexual violence against women is used during creation of public policies and measures of support for specific groups of women victims of violence.	Creators of public policies at the central level, providers of support services to specific groups of women victims of violence
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 finance in the actual project, especially because the bookkeeping system kept by the public administration is different in relation to financial reporting system requested by the donor.	Donors, project implementers
	3.2. It is important to enable appropriation of funds for coordination of project activities and financial administration of the project for partner non-governmental organizations (in case when the project implementer is state institution/body).	Donors
	3.3. While planning future projects which should have a campaign as an integral part, it is important that applicants receive a guide for organizing campaign (that should include description of the process of developing the visual indentity of the project, a list with suggestions of the potential indicators that should be monitored in order to assess the effects of the campaign, planning sufficient resources for certain	Donors

	activities such as payments for TV and radio clips/reports broadcasting and measuring the achieved effects of the campaign).	
4. Sustainability	4.1. It is necessary to secure steady financial support for services of psychosocial support, in such a way that funds from local budgets are appropriated for local organizations of civil society which provide services for SOS telephone (helpline), i.e. legal and psychosocial support for women victims of gender based violence and women victims of sexual violence, beneficiaries of the Centers for VSV.	Local self-governments
	4.2. It is necessary to finance project activities of the organizations of civil society which provide support for women victims of gender based violence at the provincial level.	Provincial Secretariat for Social Policy, Demography and Gender Equality, donors – international organizations
	4.3. It is necessary to finance maintenance of premises in general hospitals intended for providing healthcare to victims of sexual violence, promotional and educational activities in the Centers for VSV, as well as professional work of healthcare workers who take care of standards in providing services to women victims of sexual violence (supervisors of the working groups in the Centers for VSV).	Provincial Secretariat for Health Care
	4.4. The Cabinet for protection of victims of sexual violence should be formed in the Gynaecology Ward in healthcare institutions where the Centers for VSV would be established. The Cabinet should be in charge of monitoring work and implementation of standards regarding action of healthcare staff in cases when there is report/suspicion of sexual violence, for organizing and managing meetings of the Commission for monitoring protection of victims of sexual violence (once a month), processing data about registered cases and reporting, preparation and realization of trainings for healthcare staff, cooperation with institutions and organizations, as well as activities of promoting and informing the general public about the work of Centers for VSV. In addition, it is envisaged that the Cabinet conducts evaluation of the beneficiaries` satisfaction with provided services and evaluation of the work of Centers for VSV at the end of every year.	Managers of healthcare institutions; Gynaecology Ward in healthcare institutions; healthcare proffesionals and CSO representatives engaged in CVSV
	4.5. It is necessary to present the project results, especially the piloted model of the CVSV, to relevant institutions at the central level, such as the Ministry of Health, Ministry of Labour, Employment, Veteran and Social Affairs and the Coordination Body for gender Equality in the Government of the Republic of Serbia.	Provincial Secretariat for Health Care

	4.6. It is necessary to define the basis for financing support services for victims of sexual violence in line with the model piloted under the project, as well as to define legal framework for financing continuous training programs for healthcare workers about gender based and sexual violence.	Ministry of Health
	4.7. It is necessary to improve cooperation between the healthcare sector and the sector of social protection at all levels, in order to clearly define framework upon which the sectors would finance a part of services of the centers for victims of sexual violence, arising from their competencies.	Ministry of Health, Ministry of Labour, Employment, veteran and Social Affairs, Provincial Secretariat for Health Care, Provincial Secretariat for Social Policy, Demography and Gender Equality
	4.8. It is important to resume the work on improving cooperation between sectors involved in the system for prevention and protection from gender based and sexual violence. It is especially important to improve cooperation between the civil sector and state institutions and remove biases about civil sector that still exist. In addition, it is necessary to organize continuous trainings that are related to topics on multisectoral cooperation.	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)
	4.9. With the aim to more efficiently implement the Law on Prevention of Domestic Violence, it is necessary to improve cooperation between the Group for coordination and cooperation and other participants, especially healthcare institutions and non-government organizations.	Members of the Group for coordination and cooperation (basic public prosecutor`s offices, police, centers for social work), healthcare institutions, non-government organizations
	4.10. 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 sexual violence, are continuously improved. Accreditation of all programs would lead to better action of the staff in cases of gender based violence and it would help sustainability of the work of Centers for VSV, as well as further achievement of general objective of the project that women and girls in the AP Vojvodina are better protected from gender based violence and that improved system of healthcare and psychosocial protection is available to victims. Also, accreditation would enable healthcare institutions staff from the entire territory of Serbia to attend the programs and the	Councils for accreditation

	system for protection of women who suffered violence would improve in the territory of the entire country.	
	4.11. It is necessary to increase the number of employees in all institutions who are trained and have competences to work on the cases related to gender based violence.	Government, ministries, relevant institutions at the provincial level
	4.12. With the aim to enhance motivation of employees in state institutions, it is necessary to create mechanisms, at the system level, for rewarding special commitment and dedication of individuals in those institutions.	Government of the Republic of Serbia, ministries
	4.13. It is necessary to do more about informing women victims of violence who are extremely marginalized (women with disabilities, Roma women, sex workers, women living in rural areas etc.) about services available to them (including services in the centers for victims of sexual violence) and additionally empower them to report violence.	Support services providers
5. Impact	5.1. 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
	5.2. It is necessary to continually implement campaigns aiming at informing and raising awareness of the general public about the problem of gender based and sexual violence against women, and combating "normalization" of violence.	Coordination Body for Gender Equality, Ministry of Labour, Employment, Veteran and Social Affairs, the Commissioner for the protection of Equality, civil sector, non-government organizations, project implementers for the topic of gender based and sexual violence against women
	5.3. If a project includes organizing campaign as one of the key activities, it is very important to clearly define the indicators for measuring the impact of the project campaign to raising awareness of each group of beneficiaries, especially the general public.	Project implementers, donors
	5.4. Due to a fact that there is still a great difference between access to information among women from rural areas who were victims of violence in comparison to women from urban areas, while organizing campaigns special attention should be payed to informing population living in rural areas.	Coordination Body for Gender Equality, Ministry of Labour, Employment, Veteran and Social Affairs, the Commissioner for the

		protection of Equality, civil sector, non-government organizations, project implementers for the topic of gender based and sexual violence against women
	5.5. It is necessary to work on raising awareness about the significance of gender equality and the problem of gender based and sexual violence against women through educational system.	Ministry of Education, Science and Technological Development, educational institutions
6. Knowledge Generation	6.1. In order to share knowledge and experience gained during the piloting of centers for victims of sexual violence, it is necessary to publicly present the key document generated at the end of the project – *Recommendations for work standards of the centers for victims of sexual violence*.	Members of the project team, especially those responsible for the component of piloting CVSVs
	6.2. In the course of preparing future projects which would be very complex, such as the project "Stop – Care – Cure: A stronger institutional response to gender based violence in AP Vojvodina", and which would include piloting of an innovative model, it is necessary to envisage more time for their realization (5 years).	Donors, project applicants
7. Gender Equality and Human Rights	7.1. It is necessary 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 Labour, Employment, Veteran and Social Affairs, the Commissioner for the Protection of Equality
	7.2. It is necessary to continually work on sensitization of professionals from the system of protection for the work with extremely marginalized groups of women (women with disabilities, Roma women, sex workers, etc.), through education.	Human resources management office, specialized women`s non-government organizations
	7.3. Taking into account that prostitution is not a legal activity in the Republic of Serbia, it is necessary to prepare new mechanisms of support for sex workers who are victims of violence, since they very rarely turn to institutions for support due to fear of criminal charges.	Specialized non-government organizations providing support to sex workers

Annex 1 – Terms of Reference

The Terms of reference will be attached as a separate document.

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?	*Level of achievement of the overall project goal (from "not achieved at all" to "fully achieved")* *Percentage of fully achieved outcomes and outputs (for each outcome/output categories from "not achieved at all" to "fully achieved")*	*Review of Baseline Study and Endline Study, periodic reports of representatives of each project component, review of annual and progress reports[31] submitted to UNTF* *Interviews with the implementers of each project component*
	Does the project have effective implementation mechanisms to measure progress in terms of results?	*Effective implementation mechanism established (YES/NO)* *Procedures developed and adopted (YES/NO)*	*Review of reports from all implementing partners* *Review of internal documents of the implementing partners* *Interviews with project implementers* *Minutes from coordination meetings* *Review of periodic workplans prepared by each project component*

[31] Data presented in Baseline and Endline study, as well as Annual and Progress report should be collected base on the indicators and methods defined in the project matrix. The final version of the project matrix is attached in the Annex 3.

Relevance	To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?	*Topics covered by the project are relevant at the end of the project (prevalence of GBSV, need for adequate services for women and girl victims of GBSV, need for increasing the level of knowledge and skills of professionals from the system of protection from GBSV) (YES/NO)* *Project is fully adjusted to local context (YES/NO)* *Workplans and implementing strategies of project implementers (each project component) are relevant for the achievement of project results (project goal, outcomes and outputs) (YES/NO)*	*Data from Baseline and Endline Study* *Data analysis based on questionnaires submitted by professionals who participated in the trainings* *Progress and annual reports submitted to the UNTF and periodic reports submitted by representatives of each project component*
	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?	*The project is in line with relevant legal and strategic documents at the national level (YES/NO)* *The project is in line with relevant strategic documents at the provincial level (YES/NO)* *The project is in line with the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (YES/NO)*	*Review of relevant strategic and legal documents - laws, strategies, conventions, programmes*
Efficiency	To what extent was the project efficiently and cost-effectively implemented?	*Workplans of implementing partners realized on time (YES/NO)* *Obstacles appeared during the project implementation (YES/NO)* *Mitigation strategies developed (YES/NO)*	Review of the Annual and Progress reports submitted to the UNTF Periodic reports submitted by each project component

		Financial resources • Financial resources used in accordance with the initial plan (YES/NO) • Financial reports exist (YES/NO) • Financial reports are available (YES/NO) • Financial reports were submitted in a timely manner (YES/NO)	Interviews with representatives of each project component Interviews with representatives of management team (mandatory to include a person in charge of finances) Interview with donor representative
	Were the resources (human, financial, technical, etc.) allocated in an appropriate manner to enable achievement of the planned outputs?	*Project has been managed well to make best use of human and financial resources (YES/NO)* *Human resources were sufficient and allocated in appropriate manner for achievement of the planned outputs (YES/NO)* *Financial resources were sufficient and allocated in appropriate manner for achievement of the planned outputs (YES/NO)* *Technical and organizational capacities were adequate for achievement of the planned outputs (YES/NO)*	*Interviews with implementers* Interview with donor representative Interviews with representatives of each project component *Review of periodic reports submitted by each project component*
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?	*New model for providing support to women and girls victims of GBSV is established (YES/NO)*	*Field visits – structured observations in the centers for victims of sexual violence* *Interviews with professionals engaged in the centers for victims of sexual violence*

		Number of piloted centers for victims of sexual violence that work in accordance with the new model *New systematization of workplaces in the healthcare institutions in which centers for victims of sexual violence were piloted is introduced (YES/NO)* *Number of memorandums of cooperation (agreements defining internal procedures) in healthcare institutions that continued to be in force upon the finalization of the project* *Decision makers at different levels (local, provincial, national) are aware of GBSV (in terms of its content, prevalence, need for providing adequate institutional response, etc.)* *Established efficient model of cooperation between healthcare and social protection system at the provincial level (YES/NO)* *Established efficient model of cooperation between healthcare and social protection system at the national level (YES/NO)*	*Review of internal documents in the centers for victims of sexual violence* *Interviews/FGDs with representatives of local mechanism for multi-sector cooperation (Groups for Coordination and Cooperation)* *Review of relevant documents on multi-sector cooperation at different levels (local, provincial, national)*
	Can the project approach and results be repeated or improved? What is the possibility of that happening? What would support their repetition or improvement?	*Perspectives of representatives of project components and beneficiaries on the significance of the project* *Willingness of project participants to continue working on the same or similar project*	*Interviews with representatives of each project component*

		Availability of resources (human, financial, technical, organizational, etc.) in selected municipalities/districts/regions	*Interviews with decision makers at different level (local, provincial, national)*
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)?	*Increase/decrease of number of cases of GBV and SV in the AP Vojvodina* *Perspectives of project implementers and beneficiaries on the extent to which the project has contributed to ending violence against women, gender equality and/or women's empowerment* *Perspectives of managers/supervisors on the extent to which awareness of GBSV is integrated in the institutional response*	*Baseline Study, Endline Study* *Interviews with different groups of respondents (project team representatives, women and girl survivor of GBSV, women and girls from the general population, etc.)* *Questionnaires and group discussions with managers/supervisors of the institutions from the system of prevention and protection from GBSV*
	To what extent are beneficiaries of the project satisfied with the results?	*Perspectives of different groups of project beneficiaries on the extent to which they are satisfied with the changes introduced during the project implementation*	*Baseline Study and Endline Study – 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.)*
	Has the project contributed to raising awareness of gender based violence in the community and informing local population?	*Number of promo activities included in the campaign* *Number of individuals form different groups of beneficiaries reached during the campaign*	*Reports from press clipping agency*
Knowledge generation	To what extent has the project generated knowledge, promising or emerging practices in	*Number of documents prepared during the project that could be shared externally*	*Document review (reports and other material prepared during the project)*

	the field of EVAW/G that should be documented and shared with other practitioners?	*Innovative practices that can be shared with other practitioners were identified (YES/NO)* *Number of meetings/conferences with other practitioners within the country or from other countries*	*Case studies on the examples of good practices* *Meeting minutes, reports from conferences* *Interviews with implementers of each project component*
Gender Equality and Human Rights	Have the human rights based and gender responsive approaches been incorporated through-out the project and to what extent?	*Gender based statistics and analyses are incorporated in the project reports and other documents* *Vulnerable groups were covered by the project (YES/NO)* *Extent to which the rights of respondents were protected* *New documents developed during the project implementation have incorporated gender- responsive approach and human rights based approach (YES/NO)*	*Review of materials of each project component (reports and other material prepared during the project implementation)* *Annual and progress reports* *Baseline Study and Endline Study* *Interviews with representatives of each project component* *Interviews/FGDs with representatives of local mechanism for prevention and protection from GBSV*

Annex 3 – Beneficiary data sheet

TOTAL BENEFICARIES REACHED BY THE PROJECT

Type of Primary Beneficiary	Number
Female domestic workers	/
Female migrant workers	/
Female political activists/ human rights defenders	/
Female sex workers	121
Female refugees/ internally displaced asylum seekers	/
Indigenous women/ from ethnic groups	/
Lesbian, bisexual, transgender	/
Women/ girls with disabilities	588
Women/ girls living with HIV/AIDS	/
Women/ girls survivors of violence	5188
Women prisoners	/
Women and girls in general	1300
Other (Specify here:)	/
TOTAL PRIMARY BENEFICIARIES REACHED	7197 -
Type of Secondary Beneficiary	**Number**
Members of Civil Society Organizations	/
Members of Community Based Organizations	55
Members of Faith Based Organizations	/
Education Professionals (i.e. teachers, educators)	/
Government Officials (i.e. decision makers, policy implementers)	196
Health Professionals (doctors, nurses, medical practioners)	2201
Journalists / Media	/
Legal Officers (i.e. Lawyers, prosecutors, judges)	/
Men and/ or boys	/
Parliamentarians	/
Private sector employers	/
Social/ welfare workers	/
Uniformed personnel (i.e. Police, military, peace keeping)	/
Other (Specify here:)	/
TOTAL SECONDARY BENEFICIARIES	2452
Indirect beneficaries reached	**Number**
Other (total only) General public	25000
GRAND TOTAL	34649

Annex 4 – Data Collection Instruments and Informed Consent Form

Consent Form for Participation in the Interview/FGD

Good afternoon. Let us first introduce ourselves – we are _____ (names of researchers).

The Provincial Secretariat of Healthcare in partnership with the Center for Support of Women in Kikinda, and with support of the United Nations Trust Fund in Support of Actions to Eliminate Violence against Women is conducting the project "Stop – Care – Cure: Stronger institutional response to gender based violence in the AP of Vojvodina". The project is to be conducted until January 2019, and in this final stage we are collecting data for the purpose of the project evaluation.

Thank you for your interest and readiness in taking part in the project evaluation. Your opinion is of great importance to us, and it will help us to evaluate whether the project implementation contributed to better protection of women and girls from gender based, especially sexual violence.

All your personal data and information obtained during the interview/FGD will be stored and presented in accordance with the highest ethical research standards, and shall not be misused or used for other purposes in any other way than for the purposes of the project evaluation.

Your participation or refusal to participate in this interview/FGD will not jeopardize services/activities you have access to in any way.

If you have any questions about the project or specifically project evaluation, please ask us before you decide whether to take part in the interview/FGD.

By signing this form, you hereby acknowledge that you have given consent for participating in this interview/FGD.

PARTICIPANT's STATEMENT:

I agree that:

- I have read the above text and understand the purpose of conducting this interview/FGD.
- I understand that if I decide to refuse to take part in this interview/FGD, I can notify the researchers and withdraw immediately.
- I understand that information obtained during the interview/FGD will be treated as confidential in accordance with the Law on Personal Data Protection.
- I understand that my participation or refusal to participate in this interview will not jeopardize services/activities I have access to in any way.

_____

Signature

In _____(place), _____ (date)

Interview Guide – Representatives of Project Components

Dear Sir or Madam, the Provincial Secretariat for Health Care, partnered with the Center for Support of Women from Kikinda, and supported by the UN Trust Fund to End Violence against Women (UNTF), has been conducting the project "Stop-Care-Cure: A stronger institutional response to gender based violence in AP Vojvodina" since 2016. With respect to the fact that the project ended on 17 January 2019, collection of data to be used for evaluation of the project results is underway. Your opinion is very important to us and it will contribute to more objective manner of perceiving and assessing the project results.

The questionnaire is completely anonymous. Your personal data will be stored and analyzed in accordance with the highest ethical standards, they will be presented only as aggregate data, they will not be used for other purposes except for the purposes of the project and they will not be misused in any way. By completing this questionnaire, we will consider you have agreed to participate in the process of data collection for the purposes of monitoring and evaluation of the project results. Your refusal to complete the questionnaire will not lead to any negative consequences, since participation in the process of data collection is entirely on voluntary basis.

First of all, please be kind to introduce yourself and state the job position in Your institution/organization and which role you had in the process of the project implementation.

Questions for the interview:

1. Have you been involved in the project implementation since the very beginning? If not, when were you engaged in this project?

2. Please try to remember how Your engagement in the first phase of the project implementation looked like (e.g. in the first 6 months or the first year). What were your duties?

3. Was it clear to you from the very beginning what you should do and in what way? Did you know from the very beginning who was involved in the project and what was the role of each project component?

4. What was the communication and cooperation with representatives of other components like? Did it exist at all, in what way was it carried out and was there anyone who performed coordination?

5. Did the communication and cooperation with representatives of project components change in time? If yes, in what way? For instance, was a mechanism introduced to improve communication/cooperation? If yes, which mechanism (e.g. coordination meetings, periodical reporting, submission of work plans and the like) and what were the effects of such mechanism?

6. How did the realization of activities look like within Your project component? What did it include?

7. How long did the activities last, what was the dynamism of their realization – in precise time points (which ones?), continually during the entire project implementation, in particular project phases (e.g. first two years).

8. What was the scope of realized activities within your component (number of visitors or institutions involved, groups included, geographical area and the like)?

9. Did you regularly deliver activity plans for your component, as well as periodical reports on realized activities? If yes, who did you deliver plans/reports to and what was the dynamism (at 3 months, 6 months level, etc.)?

10. Were there any limitations or obstacles within realization of your component activities which impacted the flow or way in which the activities were implemented? If yes, please state what limitations/obstacles occurred.

11. If limitations/obstacles in realization of activities existed, did you try to overcome them and in what way? What were the effects of the undertaken strategy?

12. Did you have all necessary resources (human, material, organizational, etc.) to realize activities within Your component? If yes, which resources lacked (partially and completely)?

13. According to Your opinion, was the way in which the project was managed/coordinated efficient? Do you think something should have been done differently?

14. Did you succeeded in achieving all that was planned within Your duties/activities in the project?

15. According to Your opinion, what are the greatest contributions of the project on the whole? What would you single out as a special contribution of realized activities within Your component?

16. Is there anything that you think was not functioning in the process of project implementation? What do you think should/could be different?

17. To what extent, according to Your opinion, has the project contributed to prevention and protection of women from gender based violence, especially sexual violence? Please explain your statement.

18. Do you think the activities realized during the project (or an established model) could resume realization after the formal completion of the project? Which activities/established models (individual or all)? Why do you think it is important? In what way would that be possible?

19. Would you participate in implementation of a similar project once again?

THANK YOU FOR YOUR COOPERATION!

Interview guide - beneficiaries of the improved support system

Dear Sir or Madam, the Provincial Secretariat for Health Care, partnered with the Center for Support of Women from Kikinda, and supported by the UN Trust Fund to End Violence against Women (UNTF), has been conducting the project "Stop-Care-Cure: A stronger institutional response to gender based violence in AP Vojvodina" since 2016. With respect to the fact that the project ended on 17 January 2019, collection of data to be used for evaluation of the project results is underway. Your opinion is very important to us and it will contribute to more objective manner of perceiving and assessing the project results.

The questionnaire is completely anonymous. Your personal data will be stored and analyzed in accordance with the highest ethical standards, they will be presented only as aggregate data, they will not be used for other purposes except for the purposes of the project and they will not be misused in any way. By completing this questionnaire, we will consider you have agreed to participate in the process of data collection for the purposes of monitoring and evaluation of the project results. Your refusal to complete the questionnaire will not lead to any negative consequences, since participation in the process of data collection is entirely on voluntary basis.

General data

At the beginning of the interview, would you please say something about yourself?

When were you born?

Where do you live (rural/urban settlement)? **Were you born in that place or you moved there?**

Who do you live with? Are you perhaps married/do you live with a partner? (Find out the woman`s status: married; separated/divorced; lives with a partner but not married; has a partner but they do not live together; single - no partner; a widow)

Do you have children? If the answer is YES, how many children have you got and what is their age?

Did you finish any school/faculty? (Find out the level of education: woman did not go to school; did not finish primary school; did not finish three-year secondary school; did not finish four-year secondary school; completed education at a college/faculty)

Do you have valid health insurance card?

1) Yes 2) No

How would you asses you general health (very good, good, poor, very poor, I cannot assess or some other category)?

Do you have any type of disability? If the answer is YES, what type? (If a woman wishes to answer)

Do you have any job? If the answer is YES, what do you do and where? If a woman works for an employer, ask if she is registered and if she is, what type of contract does she have (permanent or temporary contract). **If a woman does not have permanent employment,** ask if she does some temporary jobs (for instance, works as a freelancer, works on an agricultural farm for wages and the like).

If a woman does not perform any kind of work which is paid (in money and in kind), ask how long has she been without a job and whether she has tried to find a job in the last 30 days?

How would you describe your material situation in Your household? Do you have enough money for basic daily requirements, such as food, flat, bills? Do you have enough money for buying clothes and shoes for yourself and other members of family (especially children)? Can you save up and buy some things for the household (e.g. refrigerator, cooker, TV and the like)? Do you have enough money for more expensive things (e.g. cars, even real estate)?

Experience with the Center for victims of sexual violence

Please describe your experience with the Center for victims of sexual violence. Did you come there alone the first time or someone took you there (for instance, she came accompanied by the police and the like)?

If you wish, I would like to ask you to tell us what exactly happened, and in what way you were exposed to violence (**if a woman refuses to talk about it or if it is evident that she feels very bad just by the way she talks, stop the conversation about that topic immediately and proceed to the next question!!!**).

Please try to remember how it looked like when you came to the Center for victims of sexual violence. Who did you first encounter in the Center? And after that?

Which services were provided to you? Did you receive health support? Was the medical checkup done immediately upon arriving to the Center?

Were you offered psycho-social support? Who offered you this type of support? Did you accept it? Did you continue meeting with the counsellor later on?

Are you satisfied with the manner in which support was provided to You? Did you miss any other type of support? If yes, what did you miss?

Are you satisfied with the way in which staff in the Center for victims of sexual violence treated You (doctors and medical staff, as well as the counsellor)? If yes, what made you most satisfied? If you were not satisfied with something, please state what it was.

What other professionals were you in contact with at that time (police, prosecution office, center for social work, etc.)? How did they treat You? Did you feel bad at any moment because of the way some of the professionals treated You? If yes, please tell us what the reason for that was (describe the situation).

Previous experience with the support providers

Have you ever been exposed to violence before this last situation when you came to the Center for victims of sexual violence?

If yes, have you told/reported to anyone?

Are the members of your family and friends familiar with what has happened to you? If yes, how did they react? Did you have their support? Who provided you with the greatest support?

Did you look for any type of support from institutions/organizations? If yes, which institutions/organizations?

If you looked for support from institutions/organizations, what was your experience at that time? Was support provided in adequate manner? How would you assess support You were provided at that time (from very good to very poor)?

If you did not look for support from institutions, please tell us what the reasons for that were.

Do you know for any other cases of women who were exposed to violence (not necessarily to sexual violence, but any kind of violence) in Your environment (family, circle of friends, at work, in the neighborhood, etc.)?

If you know whether those women reported they were exposed to violence? Did they address any institution? If yes, which one and how did it end? If not, do you perhaps know why they did not do it?

How would you generally assess the work of institutions/organizations in Your town, which should provide support to persons exposed to violence (police, center for social work, courts, prosecution office, healthcare institutions, non-governmental organizations, etc.)? Which institution do you trust the most and why? Which institution do you trust the least? Why? Has that changed in time or you have always had such opinion?

Have other women from your environment heard about the Center for victims of sexual violence?

Have you perhaps given the information that the Center for victims of sexual violence exists in Your town?

If a woman from your environment experienced a similar situation, would you refer her to address the Center for victims of sexual violence? Please explain your answer (why YES, i.e. why NO).

Do you plan to continue to come for talks with the counsellor? If you plan, how much did these talks help you? If you do not plan, why?

THANK YOU FOR YOUR COOPERATION!

Questionnaire for the civil society organizations

Dear Sir or Madam, the Provincial Secretariat for Health Care, partnered with the Center for Support of Women from Kikinda, and supported by the UN Trust Fund to End Violence against Women (UNTF), has been conducting the project "Stop-Care-Cure: A stronger institutional response to gender based violence in AP Vojvodina" since 2016. With respect to the fact that the project ended on 17 January 2019, collection of data to be used for evaluation of the project results is underway. Your opinion is very important to us and it will contribute to more objective manner of perceiving and assessing the project results.

The questionnaire is completely anonymous. Your personal data will be stored and analyzed in accordance with the highest ethical standards, they will be presented only as aggregate data, they will not be used for other purposes except for the purposes of the project and they will not be misused in any way. By completing this questionnaire, we will consider you have agreed to participate in the process of data collection for the purposes of monitoring and evaluation of the project results. Your refusal to complete the questionnaire will not lead to any negative consequences, since participation in the process of data collection is entirely on voluntary basis.

General data

Municipality/town:

_____

Name of the organization:

_____

Year of establishment of the organization:

_____

Job position:

_____

How long have you been employed in this organization?

_____

Areas and target groups

1. What are the key areas Your organization deals with?

   _____

   _____

2. Is the work of Your organization directed to prevention and protection of women from violence?
   1) YES
   2) NO

3. If the work of Your organization is directed to prevention and protection of women from violence, please explain in what way – which activities do you implement in this area?

_____
_____
_____
_____
_____
_____

4. Please state whether the activities of Your organization are directed to work with the following groups (**you should circle one of the provided answers for each group**):

1) Girls and girls younger than 18	**YES**	**NO**
2) Women older than 64	YES	NO
3) Women aged between 18 and 64	YES	NO
4) Women from Roma population	YES	NO
5) Women who belong to other national minority **Which one? _____**	YES	NO
6) Women with disabilities	YES	NO
7) Women from rural areas	YES	NO
8) Single mothers	YES	NO
9) Human trafficking victims	YES	NO
10) Sex workers	YES	NO
11) Other groups of women **Which one? _____**	YES	NO

5. What is missing in the existing system of support in order to provide adequate support and improve position of the specific groups of women to which activities of Your organization are directed? Please state your answer.
   1) Target group: _____
      What is missing in the system of support?
      _____
      _____
      _____
   2) Target group: _____
      What is missing in the system of support?
      _____
      _____
      _____

3) Target group: _____
   What is missing in the system of support?
   _____
   _____
   _____
4) Target group: _____
   What is missing in the system of support?
   _____
   _____
   _____
5) Target group: _____
   What is missing in the system of support?
   _____
   _____
   _____

Contribution of the civil society organizations to prevention and protection from violence and cooperation between sectors

6. Which is, according to Your opinion, the greatest contribution of the civil society organizations to prevention and protection from gender based violence? Please state your answer.
   _____
   _____
   _____
   _____
   _____
   _____

7. What are the key obstacles Your organization is facing during work, especially during provision of support to women victims of violence? Please state your answer.
   1) _____
   2) _____
   3) _____
   4) _____
   5) _____

8. How would you assess the following sectors work on prevention and protection of women and girls from violence? Please circle one of the provided answers for each sector.

SECTOR	Extremely poor	Mostly poor	Average	Mostly good	Extremely good	I cannot assess
POLICE	1	2	3	4	5	6
SOCIAL PROTECTION	1	2	3	4	5	6
COURT	1	2	3	4	5	6
PROSECUTION	1	2	3	4	5	6
HEALTHCARE	1	2	3	4	5	6
EDUCATIONAL INSTITUTIONS	1	2	3	4	5	6
CIVIL SECTOR	1	2	3	4	5	6

9. Which sector would you assess as **the most efficient** in the work of prevention and protection of women and girls from violence? Please state why.

_____
_____
_____

10. Which sector would you assess as **the least efficient** in the work of prevention and protection of women and girls from violence? Please state why.

_____
_____
_____

11. Please assess cooperation between sectors in the field of prevention and protection of women and girls from violence? Please circle the mark and explain your answer.

1 2 3 4 5 6 7 8 9 10

_____
_____
_____

Information about project activities

12. Are you familiar with/are you informed about the project "Stop-Care-Cure: A stronger institutional response to gender based violence in AP Vojvodina", which was implemented by the Provincial Secretariat for Health Care and the Center for Support of Women – Kikinda in the period from 2016 to January 2019?

1) YES
2) NO

13. If you are familiar with this project, please state in what way you are familiar with the project.

_____
_____
_____

14. Are you perhaps directly involved in some of the project activities? If the answer is positive, please state in which activities and in what way you are involved in the project activities.

_____
_____
_____
_____
_____
_____

15. If you are familiar with the project, what do you consider to be the greatest contributions of the project?

_____
_____
_____
_____

16. Do you think that during the project implementation some things should be different (activities, available human and material resources, cooperation between particular participants, organizational capacities, etc.)?

_____
_____
_____
_____

THANK YOU FOR YOUR COOPERATION!

Annex 5 – Final project matrix

The following matrix represents adjusted version of the initial project matrix and it was approved by the UN Trust Fund during the second year of the project implementation (after introducing certain changes that resulted from the changes of legal framework – the adoption of the new Law on Preventing Violence in the Family).

	INDICATOR	METHODS
OVERALL PROJECT GOAL: **Women and girls in the South Backa, West Backa, North Backa, Srem, South Banat, Central Banat and North Banat Districts of Autonomous Province of Vojvodina, Serbia are better protected from Gender-Based Violence, especially Sexual Violence and victims receive improved institutional health and psycho-social support services by December 2018**	**Overall project goal - Indicator 1** Perspectives of survivors of GBV on their experiences (good and bad) accessing and using institutional health and psycho-social support services: -Quality of services (availability, promptness, appropriateness to needs), affect on their safety, health and welfare	Semi-structured interviews (considering the ethical issues and minor's limited confidentiality rights)
	Overall project goal - Indicator 2 Number of reported cases of SBGV in seven districts of Vojvodina	Document reviews in various institutions: Police, Social welfare centers, health institutions, women's organizations
	Overall project goal - Indicator 3 Perspectives of women and girls in the province on whether or not the institutional protection system is providing an effective service for survivors and better protection for those at risk.	Interviews and focus group discussions with a sample of women and girls in each district or municipality (semi-randomly selected through women's groups or community organizations)
OUTCOME 1 **Healthcare and other service providers improve protocol use, data collection and coordination in order to strengthen the institutional protection system**	**Indicator 1** Perspectives of professionals on improved functioning of services of the system of protection of women in the PROVINCE of Vojvodina	Pre and post-interventions questionnaires (with open ended questions) among training participants

and response to SGBV in the Province of Vojvodina.	**Indicator 2** Proportion of cases of GBV in seven targeted districts of the PROVINCE (in health care units) that were handled according to the improved practices.	Documents review
	Indicator 3 Percentage of supervisors of professionals who were trained who report (strong to weak) capacity to use and apply protocols, collect data and coordinate their responses	Questionnaire
Output 1.1 **Healthcare professionals in Vojvodina who participated in training increase their knowledge and skills to provide more efficient services for victims of GBV, especially of Sexual Violence**	**Indicator 1** Percentage of healthcare professionals trained who demonstrate an ability to follow the protocol for providing treatment for victims of GBV.	Questionnaire
	Indicator 2 Percentage of healthcare professionals trained who demonstrate an ability to follow the protocol on appropriate record keeping regarding cases of GBV	Questionnaire
Output **1.2** **Professionals from the protection system of women in Vojvodina who participated in training increase their knowledge and skills in efficient multisectoral cooperation and communication regarding**	**Indicator 1** Number of units in protection system of women where min. 3 professionals were trained to provide care for victims of GBV	Participation list
	Indicator 2 Perspectives of healthcare and other professionals in the protection system for women on the importance of multisectoral cooperation	Questionnaire
OUTCOME 2	**Indicator 1**	Site-visit with structured observation and interviews

Centers for Victims of Sexual Violence are piloted and provide improved health and psycho-social services to women and girls at risk or experiencing violence in 7 districts of the Province of Vojvodina.	Extent to which the Centers for VSV in 7 municipalities are functioning effectively and efficiently at the end of the project	Site-visit with structured observation
	Indicator 2 Proportion of properly documented cases of sexual violence in seven targeted districts of the PROVINCE annually.	Documented cases review
	Indicator 3 Existence of new special health or/and social protection program in the PROVINCE regarding improved services for victims of sexual violence by the end of the project	Document review
Output 2.1 **The newly developed protocol/model for piloting Centers for Victims of Sexual Violence in seven districts of the Province improves the healthcare system's approach to dealing with cases of sexual violence**	**Indicator 1** Number of models for piloting 7 CENTERS developed by the beginning of 2. year including: recommended locations, guidelines, protocol, staff training program, medical, lab and psychosocial counselling service requirements.	Document review
	Indicator 2 Perspectives of staff of CENTERS on improved services in the healthcare system's approach regarding Sexual violence	Semi-structured interviews/focus group discussions
Output 2.2 **Staff of seven Centers for Victims of Sexual Violence improve their attitudes and better understand their role in the fight against GBV and especially Sexual Violence to improve practice sand provide more efficient support services for victims of sexual violence**	**Indicator 1** Number of healthcare and other professionals trained to work in the CENTERS on the implementation of piloted model.	Participation lists
	Indicator 2 Number of improved support services for VSV	Site-visit with structured observation
	Indicator 3 Number of newly established support services for VSV Number of newly established support services for VSV	Site-visit with structured observation

Output 2.3 **Centers for victims of sexual violence are piloted in seven districts of Vojvodina to develop a Proposal of Standards for Establishing Centers for Victims of Sexual Violence in Serbia**	**Indicator 1** Proposal of standards for establishment of CENTERS in Serbia based on the piloted model	Documents review
OUTCOME 3 **Multisectoral cooperation in 7 municipalities of 7 districts of the Province of Vojvodina improves to manage cases of S/GBV efficiently and effectively share information to improve polices, services and response to SGBV**	**Indicator 1** Perspectives of members of Local Coordination Bodies as well as members of Groups for Coordination and Cooperation (GCC) on multisectoral cooperation regarding GBV in the targeted seven municipalities	Informal group discussion Pre and post interventions survey among participants
	Indicator 2 Number of cases processed (by Groups for Coordination and Cooperation) in the targeted seven municipalities according to the new Low on Prevention on Domestic Violence which is regulating multisectoral cooperation	Report review from local multisectoral teams
	Indicator 3 Number of Local Coordination Bodies on multisectoral cooperation which continued working according to General Protocol on MSC and signed agreements of MSC and number of GCC established/launched according to the new Low in the targeted municipalities	Document review
Output 3.1 **Local multisectoral cooperation mechanisms on dealing with Sexualand Gender-Based Violence are up-scaled and implemented in 7 municipalities of 7 districts of Vojvodina.**	**Indicator 1** A system for supporting establishing/launching Groups for Coordination and Cooperation (GCC)according to the new Low on Prevention on Domestic Violence in all municipalities in APV: guide line sand training plan)	Guidelines and training plan
Output 3.2	**Indicator 1**	Participation list

Professionals participating in local cooperation mechanisms in 7 municipalities of 7 districts of the Province improve efficiency in implementing a coordinated response to cases of GBV, especially sexual violence.	Number of professionals from the system of protection of women trained to implement multisectoral cooperation model regulated within the new Low on Prevention on Domestic Violence in each municipality	
	Indicator 2 Perspectives of training participants on improved practices regarding multisectoral cooperation	Questionnaire
Output 3.3 **Multisectoral information-exchange regarding GBV, especially sexual violence improves in 7 municipalities of 7 districts on the local level, and from local to provincial level.**	**Indicator 1** Number of quality reports submitted to the Provincial Secretariat from each multisectoral team on the situation analysis regarding GBV in each municipality (7)	Report review
OUTCOME 4 **Women and girls, the general public and professionals involved in the protection system in Vojvodina have more knowledge and awareness regarding GBV as a public health problem, especially on Sexual Violence, and how to access support services**	**Indicator 1** Percent of reported cases of GBV from various institutions/organizations on the territory of Vojvodina	Database/report review
	Indicator 2 Perspectives of health care professionals and how the information and awareness raising received from expert conferences/promo material has changed their attitudes or behaviors	Focus groups, Surveys among healthcare professionals.
	Indicator 3 Extent to which media coverage on S/GBV in Vojvodina has changed over the period of the Project	Press-clipping
Output 4.1 **Women and girls and the general public are exposed (more frequently) to mass media messages about GBV, especially sexual violence, and have better knowledge about support services available**	**Indicator 1** Number of women who were exposed to the campaign in some form?	Social network analysis
	Indicator 2 Number of people who were exposed to the awareness raising campaign in general	Social network analysis
Output 4.2 **Healthcare/other professionals from the protection system of women have improved**	**Indicator 1** Number of professionals working in the protection system for women who were informed by the awareness raising campaign	Participation lists

knowledge regarding GBV as a public health problem, especially sexual violence, and understand the importance of their own roles/responsibilities in the fight against S/GBV.		

Annex 6 – Case studies – the examples of good practice

Good practice example – The city of Zrenjanin Case study

Even before the Law on Prevention of Domestic Violence (1 June 2017) came into effect, Zrenjanin model of combating domestic violence was recognized as an example of good practice for efficient cooperation between institutions competent for providing response to violence and it served as a model of cooperation defined by this law.

Before the Law on Prevention of Domestic Violence came into effect, there were two multisectoral teams in Zrenjanin – the inner core team and the wider team, which worked on combating domestic violence. The inner core multisectoral team for prevention of violence was comprised of representatives of the Police Administration in Zrenjanin, Center for social work of the town of Zrenjanin and the Basic Public Prosecutor`s Office, and representatives of numerous institutions and organizations (local self-government, center for social work, police administration, judicial system, healthcare, prosecutor`s office, educational institutions, and media) were included in the wider multisectoral team, and signed the Agreement on multisectoral cooperation, adopted in 2014. After the Law on Prevention of Domestic Violence came into effect, the municipality of Zrenjanin additionally improved multisectoral cooperation.

Members of the Group for coordination and cooperation describe their mutual cooperation as impeccable. At the Group for coordination and cooperation meetings, individual plans for protection and support of women are prepared for each case which is considered. For every report of violence, there is a risk assessment and in most cases (about 95%) emergency measures are issued. In the center for social work and the police there are teams which exclusively deal with domestic violence and all members of those teams have undergone through different types of trainings in the field of violence. Within this municipality, a very good cooperation and communication with the organizations of civil society is highlighted. Also, they emphasize it is necessary to have more efficient cooperation with the judicial system so as the results of their work could be better.

Zrenjanin is also, in the context of the project, recognizable for being one of the two municipalities where piloting of centers for sexual violence started in the first place. In General hospital in Zrenjanin, where the Center for VSV was piloted, they firstly adopted procedures for functioning of the Center for VSV and it became the model for adoption of such procedures in other centers, too. On basis of realized visits to all centers, it was noticed that the progress in work of the Centers for VSV was highest in Zrenjanin. During visits to the Center for VSV in Zrenjanin halfway through 2017, and at the meeting of the Working group, it was revealed that beside two registered cases of sexual violence against women by the Center of VSV up to that moment, there were 5 cases of women who were referred to medical checkup in General hospital upon the order by the prosecutor`s office, and for whom there was a suspicion they had been victims of sexual violence. None of the healthcare workers engaged in the Center for VSV was informed about any of these cases until the meeting, while counsellors providing psychosocial support were not invited to the meetings, which indicated to inadequate exchange of information and insufficient cooperation, not only between healthcare workers engaged in the Center for VSV and counsellors, but also between healthcare workers who were not directly involved in work of the Center for VSV and the ones who were involved. Nevertheless, willingness to change such state of affairs was evident, to improve communication and cooperation, as well as to implement the recommended model of acting upon the cases of sexual violence, which happened in further phases of piloting the center.

During the visit to the Center for VSV in Zrenjanin after completion of the project, it was clear that a great positive change occurred, cooperation and treatment were considerably improved and engaged staff in the Center for VSV were quite dedicated to mutually provide more efficient response to sexual

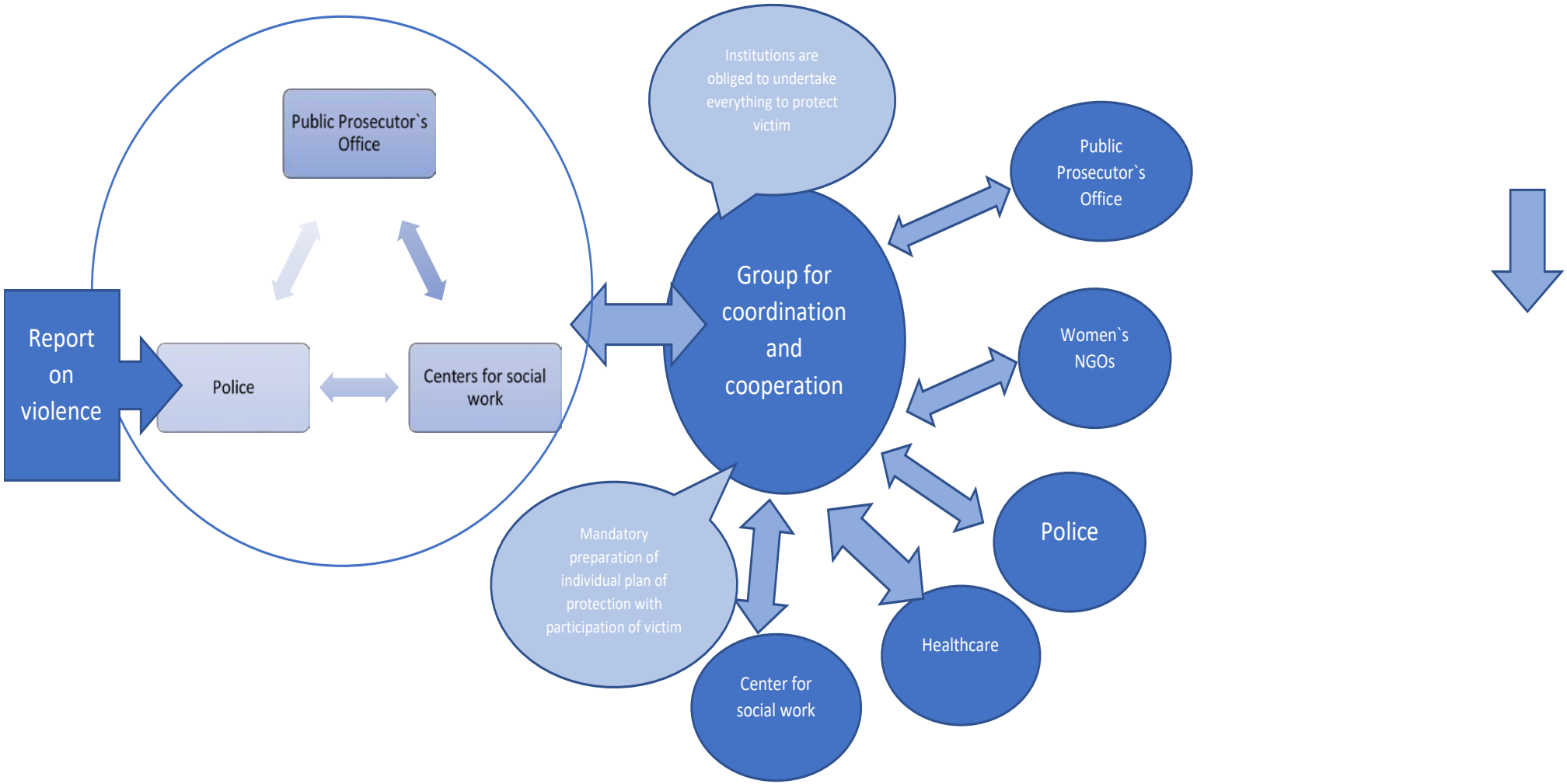
violence against women, in line with the work model recommended by the Manual. Center for victims of sexual violence in Zrenjanin is one of the three Centers for VSV which continues its work after completion of the project according to the piloted model in its entirety, owing to the funds provided by NGO "Center for Support of Women – Kikinda" for financing the work of counsellors providing psychosocial support in the following two years.

Good practice example – multisectoral cooperation

Project envisaged that **training for multisectoral cooperation** should have been attended by 350 participants from different institutions in municipalities where the centers for victims of sexual violence were formed. However, in the course of the project, the scope of trainings was expanded and employees from **42** municipalities participated in trainings, and **1215** employees from different sectors attended the trainings. Trainings had an impact on connecting employees in all institutions working on protection of women from gender based violence and enhanced their knowledge in the field of gender based violence, their duties and with whom they could communicate when dealing with the problem of gender based violence.

In trainings for multisectoral cooperation, it was referred to novelties in protection and support of victims brought about by the Law on Prevention of Domestic Violence, which came into effect on 1 June 2017. According to the new Law, in the part where the Basic Public Prosecutor`s Office is, the Group for coordination and cooperation is formed. The Group consists of representatives of the Basic Public Prosecutor`s Office, center for social work, and the police. Representatives of education, pedagogical and healthcare institutions and the National Employment Service of Serbia, together with representatives of other legal entities, associations and individuals providing protection and support for victims may attend the meetings, when needed.

Diagram of multisectoral cooperation according to the new Law on Prevention of Domestic Violence



Annex 7 - List of documents reviewed

1.	Government of Serbia (2017) *Fourth periodic report submitted by Serbia under article 18 of the Convention to the Committee on the Elimination of Discrimination against Women*, available at https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fSRB%2f4&Lang=en
2.	Government of Serbia, SIPRU (2016) *Gender Equality Index for Serbia*, SIPRU, Belgrade, available at http://socijalnoukljucivanje.gov.rs/wp-content/uploads/2016/02/Izvestaj_Indeks_rodne_ravnopravnosti_2016_EN.pdf
3.	SORS (2017) *Adult Crime Offenders, 2017 http://www.stat.gov.rs/oblasti/pravosudje/*
4.	SORS (2017) *Women and man in the Republic of Serbia 2016, available at* http://socijalnoukljucivanje.gov.rs/rs/category/dokumenta/
5.	Government of Serbia (2017) *National Action Plan for the Implementation of UN Security Council Resolution 1325 – Women, Peace and Security in the Republic of Serbia (2017–2020)*, OSCE Mission to Serbia, Belgrade, available at https://www.osce.org/mission-to-serbia/341146?download=true
6.	Institute of Public Health of Serbia (2017) *Health Statistical Yearbook of Republic of Serbia 2016*, available at http://www.batut.org.rs/download/publikacije/pub201620180419.pdf
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9.	Government of the Republic of Serbia (2017) *Law on Combating Violence in the Family*, available at https://www.paragraf.rs/propisi/zakon_o_sprecavanju_nasilja_u_porodici.html
10.	Government of the Republic of Serbia (2011) *National Strategy for Prevention and Elimination of Violence against Women in the Family and in Intimate Partner Relationship* (expired in 2015), available at http://www.rs.undp.org/content/serbia/en/home/library/womens_empowerment/national-strategy-for-prevention-and-elimination-of-violence-aga.html
11.	Protector of Citizens Autonomous Province of Vojvodina (2015) *Deset godina mreže "Život bez nasilja"*, dostupno na https://www.ombudsmanapv.org/riv/index.php/dokumenti/publikacije.html
12.	Protector of Citizens Autonomous Province of Vojvodina (2016) *Annual Report of the* Protector of Citizens Autonomous Province of Vojvodina, available at https://www.ombudsmanapv.org/riv/index.php/dokumenti/godisnji-izvestaj/1890-godisnji-izvestaj-2016.html
13.	Protector of Citizens Autonomous Province of Vojvodina (2017) *Annual Report of the* Protector of Citizens Autonomous Province of Vojvodina, available at https://www.ombudsmanapv.org/riv/index.php/dokumenti/godisnji-izvestaj/1995-godisnji-izvestaj-2017.html

14.	Relevant data from the web site "Stop the violence" available at https://iskljucinasilje.rs/rs/
15.	Autonomous Women's Centre (2018) *Not even one woman less*, Belgrade, available at https://www.zeneprotivnasilja.net/images/pdf/literatura/Nijedna_zena_manje.pdf
16.	Victimology Society of Serbia (2010) *Domestic violence in Vojvodina*, available at http://www.vds.rs/File/nasilje_u_porodici_u_vojvodini.pdf
17.	Government of the Republic of Serbia (2009) *Law on Gender Equality* available at https://www.rodnaravnopravnost.gov.rs/sites/default/files/2017-01/Zakon-o-ravnopravnosti-polova-Narodna-Skupstina-Republike-Srbije.pdf
18.	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
19.	Government of the Republic of Serbia (2013) Ratification c*onvention on preventing and combating violence against women and domestic violence* available ahttp://www.parlament.gov.rs/upload/archive/files/lat/pdf/zakoni/2013/2246-13Lat.pdf
20.	Koordinaciono telo za rodnu ravnopravnost (2018), *Izveštaj Republike Srbije podnet u skladu sa članom 68. Stav 1. Konvencije saveta evrope o sprečavanju i borbi protiv nasilja nad ženama i nasilja u porodici* dostupno na https://www.rodnaravnopravnost.gov.rs/sites/default/files/2018-08/%D0%93%D0%A0%D0%95%D0%92%D0%98%D0%9E%20%D0%B8%D0%B7%D0%B2%D0%B5%D1%88%D1%82%D0%B0%D1%98.pdf
21.	Ministarstvo rada I socijalne politike (2011) *Nacionalna strategija za sprečavanje i suzbijanje nasilja nad ženama u porodici i u partnerskim odnosima* dostupno na https://www.minrzs.gov.rs/files/doc/porodica/strategije/Nacionalna%20strategija%20-%20nasilje%20nad%20zenama.pdf
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24.	Ministarstvo rada i zapošljavanja I socijalne politike (2013) *Multisektorska saradnja – institucionalni odgovor na nasilje nad ženama* dostupno na *http://www.sigurnakuca.net/un_protiv_nasilja_nad_zenama/institucionalni_odgovor_na_nasilje_nad_zenama.50.html*
25.	Ministarstva unutrašnjih poslova Vlade Republike Srbije (2010) *Posebni protokol o postupanju policijskih službenika u slučajevima nasilja nad ženama u porodici i u partnerskim odnosima* dostupno na *http://www.sigurnakuca.net/un_protiv_nasilja_nad_zenama/institucionalni_odgovor_na_nasilje_nad_zenama.50.html*

26.	Ministarstva rada, zapošljavanja i socijalne politike Vlade Republike Srbije (2013) *Posebni protokol o postupanju centara za socijalni rad - organa starateljstva u slučajevima nasilja u porodici i ženama u partnerskim odnosima* dostupno na *http://www.sigurnakuca.net/un_protiv_nasilja_nad_zenama/institucionalni_odgovor_na_nasilje_nad_zenama.50.html*
27.	Ministarstva zdravlja Vlade Republike Srbije (2010) *Posebni protokol o postupanju u slučajevima nasilja nad ženama u porodici i u partnerskim odnosima* dostupno na *http://www.sigurnakuca.net/un_protiv_nasilja_nad_zenama/institucionalni_odgovor_na_nasilje_nad_zenama.50.html*
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29.	WHO (2016) *Ethical and safety recommendations for intervention research on violence against women,* Available at https://www.who.int/reproductivehealth/publications/violence/intervention-research-vaw/en/
30.	UNEG (2017) *Norms and Standards for Evaluation,* Available at http://www.unevaluation.org/document/detail/1914

Annex 8 - List of stakeholders interviewed or consulted

Project implementers and donor representatives
1. Provincial Secretariat for Healthcare of the AP Vojvodina
2. Center for Support of Women – Kikinda
3. UNTF representative
Representatives of other project components
4. Project component: Piloting the centers for victims of sexual violence
5. Project component: Trainings for professionals from the healthcare system
6. Project component: Trainings for multi-sector cooperation
7. Project component: Monitoring of the project
8. Project component: Promotion
Centers for Victims of Sexual Violence
9. Coordinator of the working groups in the centers for victims of sexual violence Novi Sad
10. Coordinator of the working groups in the centers for victims of sexual violence Zrenjanin
11. Coordinator of the working groups in the centers for victims of sexual violence Vrsac
12. Coordinator of the working groups in the centers for victims of sexual violence Suboticu
13. Coordinator of the working groups in the centers for victims of sexual violence Kikinda
14. Coordinator of the working groups in the centers for victims of sexual violence Sombor
15. Coordinator of the working groups in the centers for victims of sexual violence Sremska Mitrovica
16. Counsellor in the centers for victims of sexual violence (Novi Sad, Zrenjanin, Vrsac, Suboticu, Kikinda, Sombor, Sremska Mitrovica)
17. Counsellor in the centers for victims of sexual violence Novi Sad
18. Counsellor in the centers for victims of sexual violence Zrenjanin
19. Counsellor in the centers for victims of sexual violence Vrsac
20. Counsellor in the centers for victims of sexual violence Suboticu
21. Counsellor in the centers for victims of sexual violence Kikinda
22. Counsellor in the centers for victims of sexual violence Sombor
23. Counsellor in the centers for victims of sexual violence Sremska Mitrovica
Other stakeholders
24. NGO providing support to sex workers
25. NGO providing support to women and girls with disabilities
26. NGOs providing support to women ang girl survivors of GBSV