Centar za podršku ženama
Center for Support of Women

UN TRUST FUND TO END VIOLENCE AGAINST WOMEN AND GIRLS

Final Evaluation Report

"The Path to Recovery: Improving the services for victims of sexual violence in AP Vojvodina"

Project period: August 2022 - July 2025
Final evaluation report: September 2025
Evaluation Team: SeConS Development Initiative Group
Evaluation commissioned by: Centre for Support of Women

DISCLAIMER: This evaluation report has been compiled by an independent team of evaluators. The report is a product of consultations with multiple stakeholders at community, district, national, and international levels. The analysis presented reflects the views and opinions of the authors and may not necessarily represent those of CSW, its partners, or the UN Trust Fund.

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List of Acronyms and Abbreviations

AP	Autonomous Province
AWC	Autonomous Women's Centre
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CoE	Council of Europe
GBV/SV	Gender-Based Violence/Sexual Violence
CVSV	Center for Victims of Sexual Violence
CSW	Center for Support of Women
CSO	Civil Society Organization
GBV	Gender-Based Violence
FGD	Focus Group Discussion
IPV	Intimate Partner Violence
EU	European Union
NGOs	Nongovernmental organizations
MEL	Monitoring, Evaluation, Learning
RISP	Republic Institute for Social Protection
SORS	Statistical Office of the Republic of Serbia
IR	Inception Report
UN	United Nations
UNTF	United Nations Trust Fund
W/G	Women and Girls
SeConS	SeConS Development Initiative
EMG	Evaluation Management Group
IDI	InDepth Interviews
MPR	Monitoring & Progress Reports
KIIs-WG	Key Informant Interviews with CVSV Working Group Coordinators
KIIs-C	Key Informant Interviews with CVSV Counselors
KIIs-PI	Key Informant Interviews with Project Implementers
TRQ	Training Questionnaires / Evaluations
DR	Document Review

1. Executive Summary

This final independent evaluation was conducted in AP Vojvodina, Serbia (2022–2025), a context where **sexual violence remains under-reported** and survivors' access to timely, dignified, and coordinated services varies across municipalities. The period was marked by **political volatility**, staff turnover in institutions, and procedural bottlenecks (e.g., accreditation delays), alongside persistent systemic constraints (e.g., absence of a consent-based legal definition of rape and uneven data-privacy safeguards). These conditions shaped both project implementation and the evaluation's interpretation of progress from a feminist, rights-based, and intersectional perspective. The evaluation assesses the project *The Path to Recovery: Improving the Services for Victims of Sexual Violence in AP Vojvodina*, implemented by the Center for Support of Women (CSW) from August 2022 to July 2025 with the support of the UN Trust Fund to End Violence Against Women (UNTF). The project aimed to expand and strengthen the network of hospital-based Centers for Victims of Sexual Violence (CVSVs) in Vojvodina, ensuring survivors—especially those from marginalized groups—receive integrated, survivor-centered medical, forensic, psychosocial, and legal support.

The **evaluation's purpose** is learning and accountability: to assess performance against objectives and results, identify what worked and why, and generate actionable guidance for sustaining and scaling survivor-centered responses. Objectives were to assess **relevance, effectiveness, efficiency, impact, sustainability, coherence/learning, and GE/HRBA** integration, with attention to AAAQ (availability, accessibility, acceptability, quality) and intersectionality.

The **primary intended audience** of this report are CSW and UNTF. However, secondary readers can be Provincial secretariats (health/social policy), hospital leadership and CVSV working groups, police and prosecutorial services, social protection actors, disability and Roma women's organizations, and prospective replication partners and donors in Serbia and the region. The evaluation followed a **theory-based design** anchored in the project's **theory of change**, using a **pre-/post- (baseline–endline) comparison without a counterfactual** and applying **contribution analysis** to judge the project's plausible influence within a complex service ecosystem. This **mixed-methods** approach was chosen to balance rigor and feasibility while capturing change processes that quantitative indicators alone cannot, and to keep survivors' **dignity**, **agency**, and **intersectional** realities at the center of interpretation.

Evidence was assembled from multiple sources: a **document review** of project plans, progress reports, training records, and the judicial-practice study; **routine service and monitoring data**; an **online survey**; **semi-structured key-informant interviews** and **focus-group discussions** across health, police, prosecution, social protection, counsellors, and survivors; and **structured site visits/observations** to CVSVs. Quantitative data were analyzed using **descriptive statistics**. Qualitative materials were coded in **MAXQDA** through a **two-cycle coding** process (**first-cycle descriptive** codes; **second-cycle pattern** codes). Throughout, analysis was guided by a **feminist, rights-based lens** and the **AAAQ** framework (**availability, accessibility, acceptability, quality**).

Limitations. Potential **coverage bias** in the online survey; **summer timing** and **institutional workload constraints**; **intermittent access to administrative data**; **travel and scheduling disruptions**; and a **fluid political-institutional context**. These limitations are noted wherever they bear on interpretation.

Findings (by evaluation criterion)

Effectiveness. By project end, five CVSVs—including the new Vrbas center—were fully operational with standardized protocols, trained staff, and active multi-sector working groups; survivor satisfaction increased from 40% at baseline to 93% in 2025, with women reporting that they were believed, accompanied throughout procedures, and treated with dignity, although first-contact experiences at the police remain inconsistent (delays, repeated questioning, limited privacy).

Relevance. The model fits priority needs and contexts: targeted outreach and cooperation with representative organizations enabled access for Roma women, women with disabilities, rural women, minors, and low-income women; yet persistent stigma and uneven institutional commitment still depress equitable uptake in some settings.

Efficiency. Activities were delivered largely on schedule and within budget despite political unrest, leadership turnover, and accreditation delays; adaptive management (e.g., rescheduling, interim solutions) kept implementation on track, though dependencies outside the project sometimes slowed roll-out and first-contact police practices introduced avoidable friction for survivors.

Impact. Accredited, practice-based training improved professional competence across healthcare, police, prosecution, social work, and counseling; survivors' experiences improved (being believed, continuous accompaniment, dignity), and project outputs (updated guides, platform, judicial-practice research) are transferable to other contexts, even as systemic factors beyond the project—most notably the absence of a consent-based definition of rape—continue to limit the full realization of rights.

Sustainability. Core processes and standards are now embedded in daily work through SOPs, documentation, and active working groups, but the most transformative features—continuous psychosocial care, targeted outreach, and accessibility adaptations—remain reliant on project funding and are not yet secured by stable public budget lines.

Knowledge generation & coherence. The project produced updated procedural guides, an accredited blended training program, an online learning platform, and original judicial-practice research, strengthening a coherent service model and offering tools that can scale; to lock in uptake, a clearer national pathway (including refresher modules for justice and policing) and stronger data-privacy safeguards would further align practice across institutions.

Gender equality & human rights (cross-cutting). A survivor-centered, feminist, HRBA approach—attentive to availability, accessibility, acceptability, and quality—was operationalized across sites and made services more inclusive; however, legal gaps (consent-based definition),

uneven institutional commitment, and data-privacy shortcomings still constrain equal enjoyment of rights for all survivors.

Conclusions

The project has proven that a survivor-centered, multi-sectoral model can be embedded within the public health system across Serbia, improving access, quality, and survivor trust. CSW has strengthened its position as a credible technical leader and convener, with tested methods, strong partnerships, and a portfolio of replicable tools. However, without legal mandates or dedicated public financing, the most impactful elements remain vulnerable. CSW's influence will rely on maintaining internal quality standards, nurturing institutional relationships, and diversifying funding sources to protect and expand the services.

Actionable Recommendations for CSW and Partners

1. **Maintain Quality across Sites:** Use internal practice commitments, structured mentoring, and peer support to ensure consistency in survivor-centered care.
2. **Strengthen Outreach:** Continue co-designing materials with marginalized groups and monitor which activities generate the most referrals.
3. **Expand Capacity-Building:** Use the online learning platform for all relevant sectors, integrate real-case examples, and offer low-cost refresher training.
4. **Enhance Sustainability:** Diversify funding sources, prioritize high-impact services during funding gaps, and invest in a counselor community of practice.
5. **Maximize Impact:** Share survivor testimonies, case studies, and data with working groups and partner institutions to reinforce the model's value.
6. **Leverage Knowledge Products:** Package procedural guides, training materials, and outreach tools into a model replication kit for internal and external use.
7. **Deepen Inclusion Practices:** Conduct annual accessibility audits, maintain feedback loops with marginalized survivors, and keep disability and cultural sensitivity on the internal planning agenda.

Overall, the project leaves behind a **strengthened, coordinated provincial service network**, **improved survivor experiences**, and a set of trained professionals with tested practices and tools ready for replication. Its long-term survival depends on CSW's capacity to protect these gains, adapt to changing conditions, and sustain strategic partnerships in the absence of a legal mandate.

2. Introduction

This document presents the results of the final evaluation of the project "The Path to Recovery: Improving the Services for Victims of Sexual Violence in AP Vojvodina", implemented by the Center for Support of Women (CSW) from August 2022 to July 2025 with the financial support of the United Nations Trust Fund to End Violence Against Women (UNTF). The project sought to strengthen the quality, accessibility, and sustainability of specialized services for women and girls who have experienced sexual violence, with a particular focus on marginalized and vulnerable groups, including Roma women, women with disabilities, and women from rural areas.

Building on the model of Centers for Victims of Sexual Violence (CVSVs) established in the Autonomous Province of Vojvodina, the initiative aimed to improve multi-sectoral cooperation, enhance institutional responses, and raise public awareness about sexual violence and available support services. It addressed persistent challenges in Serbia's protection system, such as gaps in specialized services, limited institutional coordination, and structural barriers faced by survivors in accessing justice, healthcare, and psychosocial support.

The final evaluation assessed the project's relevance, coherence, effectiveness, efficiency, impact, and sustainability, with a strong focus on the integration of gender equality and human rights principles. It examined how well the project's strategy and interventions met the needs of women and girls, the extent to which planned results were achieved, and the degree to which changes are likely to be sustained. The evaluation also explored emerging good practices and lessons learned, identifying factors that contributed to or hindered success, and opportunities for scaling or replication of the CVSV model.

The findings provide a detailed picture of the project's progress and achievements. They outline the continued relevance of specialized, survivor-centered services in Vojvodina; the project's effectiveness in strengthening institutional cooperation and service delivery; the efficiency of resource use; and the potential for sustaining and expanding the CVSV model within Serbia's legal and policy framework. The evaluation also assesses the broader impact of the project on survivors' safety, wellbeing, and empowerment, as well as on institutional practices and public awareness regarding sexual violence.

Conclusions and lessons learned distill key insights from the implementation period, offering an overall assessment of the project's success and challenges. Based on these, the recommendations provide targeted, actionable guidance for the CSW, partners, policymakers, and donors on how to further improve and institutionalize specialized services for victims of sexual violence, strengthen multi-sectoral coordination, and ensure sustainable, long-term support for survivors.

The annexes include the Terms of Reference for the evaluation, the evaluation matrix, lists of stakeholders consulted, data collection tools, and documents reviewed.

3. Context and description of the project

The implementation and outcomes of the project "*The Path to Recovery: Improving Services for Victims of Sexual Violence in Vojvodina*" must be understood against the backdrop of Serbia's complex socio-political landscape and persistent gender inequalities. In recent years, Serbia has faced mounting political instability, governance challenges, and public crises that have deepened social divisions and exposed systemic institutional weaknesses. These broader dynamics have had a direct impact on the lived realities of women and girls—particularly those from marginalized communities—and have shaped the context in which sexual and gender-based violence occurs and is addressed.

3.1. General background on Serbia

For more than two and a half decades, Serbia has been navigating a period of profound political, economic, and social transformation. The country's political landscape remains unstable, characterized by frequent and irregular elections, delayed formation of governments, and institutional stagnation. These governance challenges were compounded by significant public crises in recent years, most notably the November 2024 collapse of the rooftop canopy at Novi Sad's railway station, which claimed 16 lives. The incident triggered widespread civic protests and blockades, particularly among students and young people, highlighting public frustration over a lack of institutional accountability and transparency. The violent suppression of some of these protests, including physical attacks on female students, underscored the connections between political unrest and gender-based violence.

This instability has unfolded against a backdrop of persistent socio-economic inequalities, which disproportionately affect women and marginalized groups. Women in Serbia continue to face significant disparities in labor market participation. Recent data from the first quarter of 2025[1] indicate that women participate in the labor force at a rate of 49.9%, compared to 65.4% for men. Women are more often employed in lower-paid sectors or precarious jobs.[2] Gender pay disparities are among the widest in Europe, with women's gross earnings averaging 16% less than men's.[3] Unpaid care work and domestic responsibilities, which are largely shouldered by women, further limit their economic independence and participation in public life. Marginalized groups—such as Roma women, women with disabilities, rural women, older women, displaced women, and single mothers—face compounded barriers, including lower levels of education, limited digital literacy, and reduced access to formal employment[3].

Gender-based violence (GBV), particularly sexual violence (SV), remains a pervasive issue in Serbia. While Serbia has made international commitments to combat violence against women—ratifying the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 2001 and the Council of Europe's Istanbul Convention in 2013—gaps persist

[1] World Bank (2025). *Gender Data Portal – Serbia*. Washington, DC: World Bank Group. Available at: https://genderdata.worldbank.org/en/economies/serbia (Accessed 13 August 2025).
[2] Statistical Office of the Republic of Serbia (2024). *Women and Men in the Republic of Serbia, 2023.* Belgrade: SORS. Available at: https://publikacije.stat.gov.rs/G2024/PdfE/G20241002.pdf (Accessed 13 August 2025).
[3] Ibid.

between legal provisions and their implementation[4]. The Istanbul Convention requires accessible, specialized services, including crisis centers for victims of sexual violence. However, in Serbia such services are scarce, largely concentrated in Vojvodina, and not yet integrated into national legislation such as the Law on Social Protection.

Nationally, the legal framework includes the 2016 Law on the Prevention of Domestic Violence[5], the 2021 Law on Gender Equality[6], and the National Strategy for Gender Equality (2021–2030)[7]. Yet, the suspension of the Law on Gender Equality by the Constitutional Court in June 2024 removed the only explicit legal requirement for specialized services for survivors of sexual violence[8]. Other systemic weaknesses—such as the Criminal Code's definition of rape[9] based on coercion rather than lack of consent, inconsistent implementation of protocols[10], and absence of centralized GBV/SV data collection—limit the effectiveness of state responses.

Official statistics reveal both the persistence of GBV and significant underreporting of sexual violence. In 2023, 28,413 cases of domestic violence were registered, with women making up 71.8% of victims and men constituting over 80% of perpetrators—most often intimate partners[11]. Sexual harassment and rape are the most frequently reported sexual offenses, yet official police data[12] on rape (151 cases reported between 2021 and 2023) contrast sharply with estimates from the Organization for Security and Co-operation in Europe (OSCE)'s 2019 survey[13], which suggest that at least 34,000 women in Serbia experience sexual violence each year.[9] This means fewer than 0.15% of estimated cases are formally recorded, reflecting profound distrust in institutions and multiple barriers to reporting, including shame, fear of reprisals, and economic dependence.

The most extreme manifestation of GBV—femicide—remains a critical concern. Between 2010 and 2024, at least 449 women were killed by a partner or family member, with one-third of these

[4] GREVIO (2022). Baseline Evaluation Report on legislative and other measures giving effect to the provisions of the Istanbul Convention – Serbia. Strasbourg: Council of Europe. Available at: https://rm.coe.int/grevio-report-on-serbia/1680a68f10 (Accessed 13 August 2025).
[5] Law on the Prevention of Domestic Violence, *Official Gazette of the Republic of Serbia*, No. 94/2016 and 10/2023.
[6] Law on Gender Equality, *Official Gazette of the Republic of Serbia*, No. 52/2021.
[7] National Strategy for Gender Equality 2021–2030, *Official Gazette of the Republic of Serbia*, No. 18/2021.
[8] Constitutional Court of the Republic of Serbia (2024). *Decision IUz-85/2021 on the assessment of the constitutionality of the Law on Gender Equality.* Belgrade: Constitutional Court.
[9] Criminal Code, *Official Gazette of the Republic of Serbia*, No. 85/2005, 88/2005 – corr., 107/2005 – corr., 72/2009, 111/2009, 121/2012, 104/2013, 108/2014, 94/2016, 35/2019, and 94/2024.
[10] Government of the Republic of Serbia (2024). *General Protocol on Treatment and Multi-Sectoral Cooperation in Situations of Gender-Based Violence against Women and Domestic Violence.* Belgrade: Government of the Republic of Serbia; Government of the Republic of Serbia (2022). *General Protocol on the Protection of Children from Violence.* Belgrade: Government of the Republic of Serbia; Ministry of Health of the Republic of Serbia (2010). *Special Protocol for the Protection and Treatment of Women Exposed to Violence.* Belgrade: Ministry of Health of the Republic of Serbia; Government of the Republic of Serbia (2010–2014). *Sector-Specific Protocols for Police, Judiciary, and Social Services for Cases of Gender-Based Violence.* Belgrade: Government of the Republic of Serbia.
[11] Autonomous Women's Centre (2024). *Twelfth Report on Independent Monitoring of the Implementation of the Law on Prevention of Domestic Violence in Serbia (January–December 2023).* Belgrade: AWC. Available at: http://www.womenngo.org.rs/ (Accessed 13 August 2025).
[12] Ministry of Interior of the Republic of Serbia (2024). *Police statistics on reported criminal offences against sexual freedom, by type of offence and sex of victim, 2021–2023* (official dataset provided to the UNTF Endline Evaluation team; on file with the authors). Belgrade: Ministry of Interior.
[13] OSCE (2019). *OSCE-led Survey on Violence Against Women: Serbia.* Vienna: Organization for Security and Co-operation in Europe. Available at: https://www.osce.org/secretariat/419750 (Accessed 13 August 2025).

cases previously reported to authorities.[14] In the first eight months of 2025 alone, eleven femicides were recorded[15], pointing to persistent systemic shortcomings in preventing lethal violence against women.

This combination of political instability, socio-economic inequality, entrenched gender norms, and gaps in legal and institutional protections creates a challenging environment for addressing sexual and gender-based violence in Serbia. It underscores the urgent need for sustained investment in survivor-centered, accessible, and specialized services, as well as stronger multi-sectoral coordination, legal harmonization with international standards, and targeted outreach to marginalized communities.

Against this backdrop, the implementation of a comprehensive, survivor-centered model of care—led by a civil society organization (CSO) and supported through international funding—represents a particularly significant achievement. In a context where specialized services for victims of sexual violence are scarce, and where institutional reforms are often slow or inconsistent, the work of the Centre for Support of Women (CSW) in establishing, expanding, and professionalizing the network of Centers for Victims of Sexual Violence (CVSVs) in Vojvodina is both rare and transformative.

Evaluating this initiative is therefore not only a matter of measuring outputs and outcomes, but of assessing the capacity of a CSO-led and internationally sponsored project to catalyze systemic change in a difficult political and institutional landscape. The progress achieved under such conditions demonstrates the potential for well-designed, evidence-based interventions—rooted in survivor needs and grounded in multi-sectoral cooperation—to advance protection, access to justice, and institutional accountability, even in contexts where structural obstacles remain deeply entrenched.

3.2. Project Description "The Path to Recovery: Improving the Services for Victims of Sexual Violence in AP Vojvodina"

Since 2016, CSW, in cooperation with public health institutions in AP Vojvodina and supported by the UNTF, has been implementing a pioneering model of integrated, survivor-centered services for women and girls (W/G) who have experienced SV. This model—realized through the establishment of CVSVs—was the first of its kind in Serbia, providing immediate and comprehensive medical, forensic, psychosocial, and legal assistance in one accessible location.

Building on this foundation, the project *"The Path to Recovery: Improving the Services for Victims of Sexual Violence in AP Vojvodina"*, implemented between August 2022 and July 2025, aimed to strengthen and expand the CVSV network, ensuring improved quality, accessibility, and inclusiveness of services. The project placed particular emphasis on meeting the needs of

[14] Autonomous Women's Centre (2024). *Femicide Memorial – Data on femicide in Serbia 2010–2024.* Belgrade: AWC. Available at: https://www.womenngo.org.rs/femicid-memorijal (Accessed 13 August 2025).
[15] FemPlatz (2025). #StopFemicide Today we learned of another femicide, which took place in Niš. A man killed his wife with a knife. This is the second femicide in the last 24 hours in Serbia and the 11th femicide since the beginning of the year. Instagram, 21 July. Available at: https://www.instagram.com/p/DMX2MEhottD/
(Accessed 13 August 2025).

W/G from marginalized groups, including Roma women, women with disabilities, and women from rural communities, while fostering a coordinated, multi-sectoral response across health, social protection, law enforcement, and judicial institutions.

The overall objective was to ensure that W/G survivors of SV in AP Vojvodina have reliable access to improved health and psychosocial support services, empowering them to live free from violence. The long-term vision was premised on the following assumptions: a) existing CVSVs would strengthen institutional capacities and practices, enabling the delivery of standardized, high-quality, and accessible services; b) professionals across relevant sectors would demonstrate openness to adopting trauma-informed, survivor-centered approaches; and c) newly developed and updated procedural tools—including the **Guide to the process of protecting and supporting women who survived sexual violence, Manual for procedure and multisector cooperation** and the **Standards for providing psycho-social support services**—would be consistently applied in practice.

To achieve its objectives, the project focused on two interlinked outcomes:

- **Outcome 1** – **Comprehensive and coordinated institutional response and protection of women and girls victims of sexual violence in Vojvodina enabled through improved multi sector cooperation**. Strengthening institutional responses to SV through improved multi-sectoral cooperation, professional capacity building, and knowledge sharing across CVSVs and relevant institutions.
- **Outcome 2** – **Centres for Victims of Sexual Violence provide improved services support to women and girls victims of sexual violence in Vojvodina**. Enhancing the quality, inclusiveness, and survivor-centered nature of CVSV services, with a focus on psychosocial support, HRBA approaches, and the integration of survivor perspectives into service design and delivery.

Key initiatives under Outcome 1 included targeted training programs for healthcare professionals, police officers, prosecutors, social workers, and other relevant actors; revision and dissemination of procedural tools; establishment of an online learning platform; and organization of regular multi-sectoral WG meetings to improve case coordination. A dedicated study on judicial practice in SV cases in AP Vojvodina was also undertaken to inform advocacy and institutional reform.

Under Outcome 2, the project invested in upgrading service standards and medical capacities within CVSVs, providing essential supplies and improving coordination between hospital staff and psychosocial counselors. The network expanded to include a new CVSV in Vrbas, established during the project as a direct result of capacity-building activities. Survivors received a broad spectrum of services—from crisis intervention to extended psychosocial support and peer self-help groups—tailored to their individual needs and grounded in trauma-informed care.

Public outreach formed a vital part of the project, with a comprehensive communication strategy raising awareness of both the harms of SV and the existence of support services, particularly among marginalized communities. Collaboration with women's organizations ensured culturally

sensitive and accessible engagement with Roma women, women with disabilities, and other underserved groups.

Table 1: Key project information

Field	Details
Organization	Centre for Support of Women (CSW), Kikinda
Project title	The Path to Recovery: Improving the Services for Victims of Sexual Violence in AP Vojvodina
Project duration	August 1, 2022 – July 31, 2025
Budget and expenditure	USD 410,000 – budget USD 388,055.03 – expenditure
Geographical areas	Autonomous Province of Vojvodina, Republic of Serbia – focus on South Bački, North Banatski, Central Banat, and Sremski districts (municipalities where CVSVs operate)
Specific forms of violence addressed by the project	Gender-based violence (GBV), with a focus on sexual violence (SV)
Main objectives of the project	Goal: W/G victims of GBV and SV have access to improved health and psychosocial support services, empowering them to live free from violence in AP Vojvodina. Outcome 1: Strengthen institutional responses to SV through improved multi-sector cooperation. Outcome 2: CVSVs provide improved, survivor-centered services to W/G victims of SV.
Key assumptions of the project	CVSVs in general hospitals and University Clinical Centre of Vojvodina will strengthen practices and institutional capacities to provide standardized, high-quality services accessible to all W/G, including vulnerable groups. Health professionals will engage in learning opportunities and apply updated procedures (Special Guide and Standards). Other relevant institutions (social care, police, judiciary) will improve knowledge/practice and enhance multi-sector cooperation, leading to increased reporting and improved service quality.
Description of targeted primary and secondary beneficiaries	Primary: Target 990 W/G (including 90 survivors of SV); achieved 1,218 W/G (including 301 survivors of SV). Vulnerable subgroups: 51 W/G with disabilities, 87 Roma women, 82 low-income W/G, 30 WHRD Secondary: Target 1,200 professionals from healthcare, social protection, judiciary, police; achieved 1,233 Indirect: Target 1,800 public beneficiaries; reached 46,426 individuals through outreach/media/events.
Key implementing partners and stakeholders	Health institutions in Vojvodina (University Clinical Centre of Vojvodina; General Hospitals in Zrenjanin, Kikinda, Sremska Mitrovica; new CVSV in Vrbas); Institute for Public Health of Vojvodina; Association of Health Workers of Vojvodina; Higher Prosecutor's Office in Novi Sad; Centres for Social Work (Novi Sad, Sremska Mitrovica, Zrenjanin and Kikinda); provincial secretariats (Health; Social Policy and Demography); Provincial Institute for Social Protection; SOS Vojvodina Network (CSOs: Out of Circle Vojvodina, SOS Women's Center Novi Sad, Roma Association Novi Bečej, Zrenjanin Educational Center).

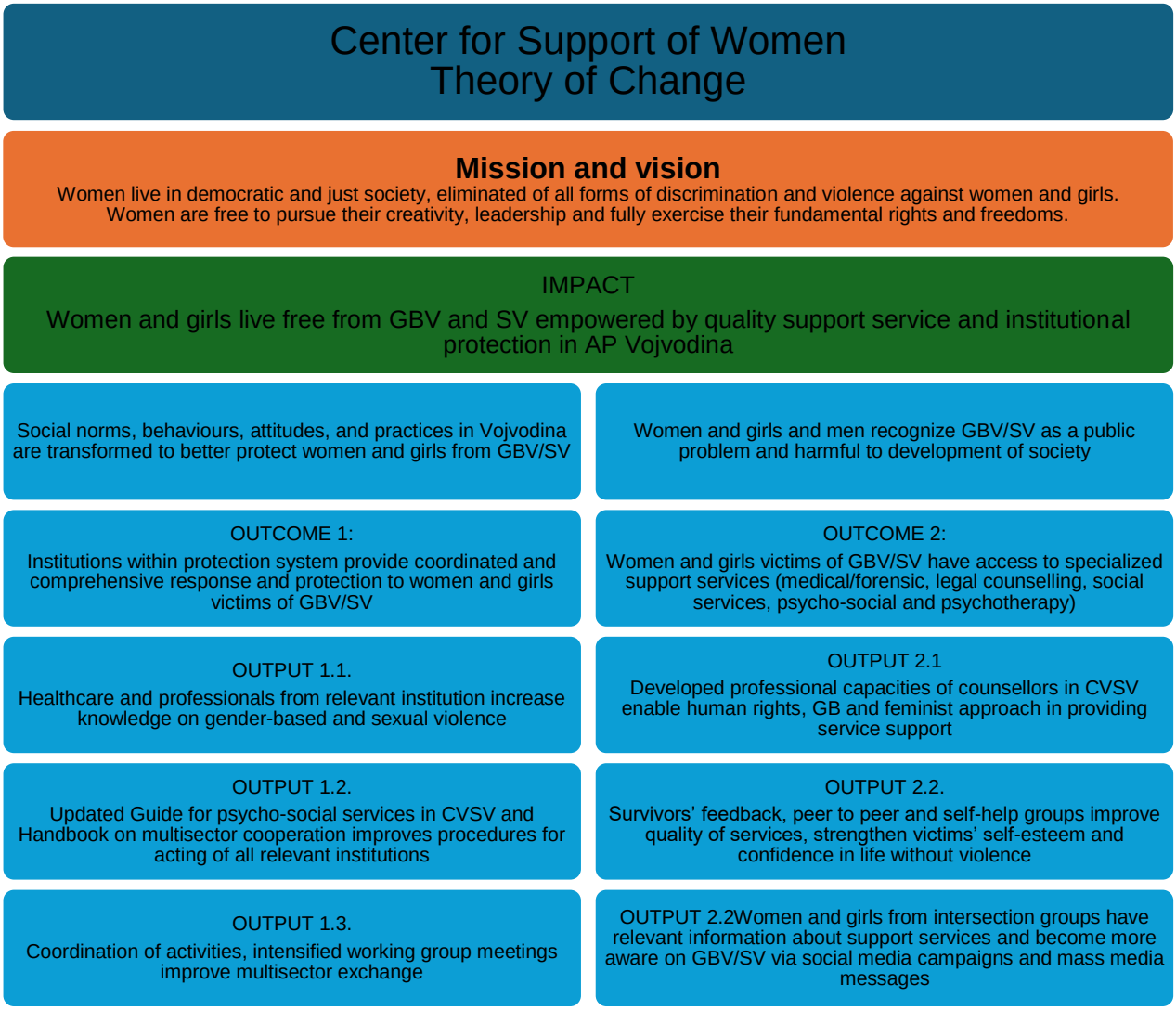
3.3. Strategy and Theory of Change

The project's overall goal is contributing to the creation of an enabling environment where women and girls who are victims of GBV/SV in AP Vojvodina have access to quality and accessible support services that empower them to live free from gender-based and sexual violence. The project assumes that if multi-sector actors (healthcare, police, prosecution, social protection) are trained together, work from common tools and standards, and collaborate through active working groups; and if hospital-based CVSVs receive sustained technical support, strengthened counselling capacity, and survivor-informed protocols; then CVSVs will deliver integrated, trauma-informed medical/forensic and psychosocial support, referrals will be timelier, re-traumatization reduced, and survivors' trust and satisfaction will increase—especially for Roma women, women with disabilities, rural women, minors, and low-income women.

Taking a closer look at the projects **Theory of Change (see Graphic 1)** we can see that change unfolds along two reinforcing pathways. First, **system coordination** improves as shared procedures, a common evidence base (judicial-practice study), and a blended learning platform align actors around survivor-centered practice. Second, **service quality** in CVSVs deepens through upgraded standards, mentoring, and extended psychosocial care (including peer/self-help), while targeted outreach and public information increase awareness and entry points. Together these pathways lead to (i) a comprehensive, coordinated institutional response, and (ii) measurably improved CVSV services. Over time, as practices become routine and are supported by policy dialogue with duty-bearers, the enabling environment strengthens so that women and girls can access quality support and exercise their rights to live free from gender-based and sexual violence.

When it comes to risks and opportunities, the lack within the system of protection represents an opportunity for improving and standardizing specialized support services for victims of sexual violence, while stereotypes and prejudices among professionals can be mitigated through motivation, knowledge sharing, and professional development; moreover, the stable social and political situation, together with the experience of the COVID-19 crisis, offers a chance to develop resilient and safe service support approaches and protocols.

The evaluation compared the project's theory of change with empirical data gathered during the evaluation and through the MEL process, assessing whether the expected sequence of results occurred, the extent to which the main assumptions were confirmed, the degree of change achieved at the outcome level, and the continued relevance of the initial indicators for measuring the desired program change.



Graphic 1 Theory of Change

4. Evaluation purpose

The main purpose of this final and independent evaluation is to contribute to organizational learning, which will support more effective design and implementation of similar programs, strengthen accountability, and inform decision-making in the relevant areas. The evaluation aims to assess the achievement of project results and the performance of project interventions, using the OECD/DAC evaluation criteria – relevance, coherence, effectiveness, impact, sustainability, knowledge generation, and cross-cutting issues such as gender equality and human rights.

The evaluation serves a formative purpose, providing an opportunity for learning and reflection. It will help identify what worked well and what can be improved, in order to inform future projects and programming focused on protecting women from sexual violence and shaping the actions of partners and relevant stakeholders in this area.

The primary users of the evaluation are the Center for Support of Women (CSW) management team, their implementing partners, and the donor. The evaluation results will help the CSW's team understand the outcomes achieved, including positive effects, strengths, and any challenges encountered. These insights will support the planning of continued specialized support services for victims of sexual violence in AP Vojvodina. Furthermore, the evaluation findings will inform the design of future activities and programs from the perspective of the primary beneficiaries – victims of sexual violence. The CSW will also use the results to shape an advocacy strategy aimed at securing recognition of these specialized services within the framework of the Law on Social Protection, ensuring financing and sustainability, and further building the capacity of professionals who provide support services. In addition, the United Nations Trust Fund will use the evaluation to assess the overall impact of the project.

Secondary users of the evaluation include a broader group of policymakers for whom this programmatic area is relevant, as well as other governmental and non-governmental stakeholders at both local and national levels involved in gender equality, prevention of gender-based and sexual violence, and the improvement of survivor support services in Serbia.

5. Objectives of the evaluation

The general objectives of the evaluation are aligned with the terms outlined in the ToR document **(Annex 12.1)**:

- To evaluate the entire project, against the effectiveness, relevance, efficiency, sustainability and impact criteria, as well as the cross-cutting gender equality and human rights criteria, with a strong focus on evaluating results on the outcome and objectives of the project.
- To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, especially sexual violence, for learning purposes.

5.1 Scope of evaluation

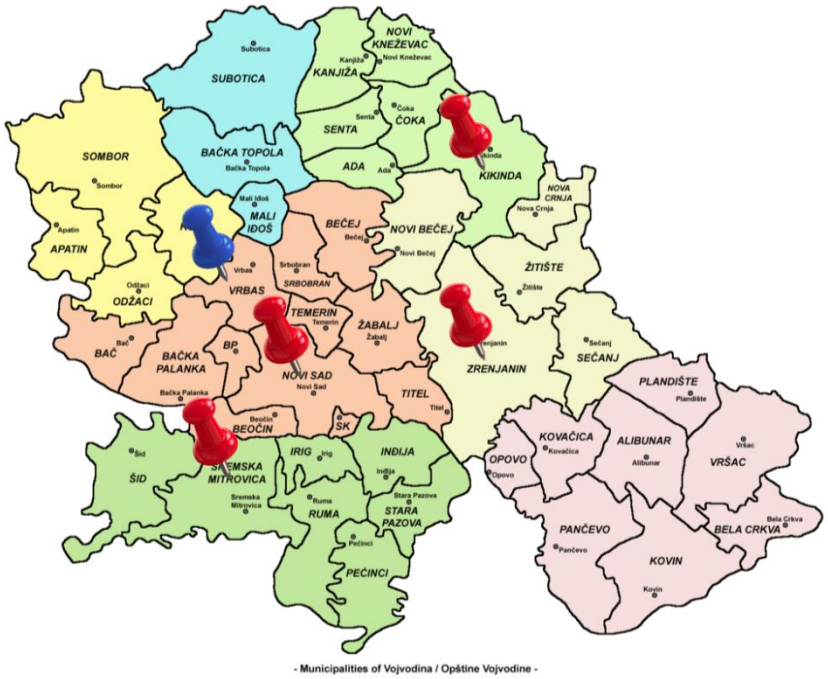
The scope of the evaluation covered the entire duration of the project (August 1, 2022 – July 31, 2025) and focused on the activities and impact of the project in AP Vojvodina, as well as more broadly in Serbia.

The geographic scope (see Picture 2) of the evaluation directly included five cities in AP Vojvodina where the project was implemented, i.e., towns where CVSVs were functioning (Kikinda, Novi Sad, Sremska Mitrovica, Zrenjanin, and Vrbas, the latter since November 2024 – in the picture presented with a blue pin). The covered population in these towns—based on their administrative areas—totaled approximately 633,000 inhabitants (Novi Sad: ~369,000; Zrenjanin: ~106,000; Sremska Mitrovica: ~73,000; Kikinda: ~49,000; Vrbas: ~37,000), with women comprising roughly 51% of the population in each locality. Indirectly, the evaluation also encompassed the geographical area of all 45 municipalities in Vojvodina. The Autonomous Province of Vojvodina occupies the northernmost part of Serbia, and according to the 2011 census, there were 1,931,809 inhabitants on the territory of AP Vojvodina (21.56% of the total population of Serbia), of whom 51% were women. Rural areas make up 82% of the territory of AP Vojvodina. More than 25 national or ethnic communities live in this province, and six official languages are in use. Women comprise 63% of the total number of members of national communities, with the Roma community being the most numerous. The territory of AP Vojvodina includes 45 municipalities and cities, as units of local self-government, arranged in seven counties, with administrative centers in Subotica, Zrenjanin, Kikinda, Pančevo, Sombor, Novi Sad, and Sremska Mitrovica.

The project evaluation framework was structured to align with the overall project objectives, considering the diverse stakeholders involved and incorporating data collection throughout the project's implementation phase. The evaluation included primary, secondary, and indirect beneficiaries, as well as wider stakeholders, including key partners and selected external consultants/experts involved in the project.

The primary target group, or the primary beneficiaries of the project, were women and girls who were victims of sexual violence, or those at risk of sexual violence, with a special focus on marginalized and vulnerable groups (Roma women, women with disabilities, and women from rural areas or with low incomes). The secondary target group consisted of representatives of local communities, relevant institutions, and professionals involved in the prevention and protection system (health workers, social workers, court and legal staff, police). Indirect beneficiaries included the general public in Vojvodina and Serbia, as well as families or friends of victims, i.e., beneficiaries of support services.

As part of the evaluation process, interviews, focus group discussions (FGDs), and a survey were conducted. In addition, the evaluation included an analysis of questionnaires (tests) completed by professionals (such as healthcare providers, social care experts, prosecutors, law enforcement, and judiciary personnel) who participated in the training sessions held during the project's implementation.



Picture 1 Evaluation scope

6. Evaluation questions and criteria

The evaluation was conducted in alignment with the OECD/DAC criteria and the evaluation questions specified in the ToR. The evaluation team made slight revisions to these questions in accordance with the chosen evaluation approach and methodology. These adjustments were made to ensure greater clarity, relevance, and feasibility of data collection, while maintaining consistency with the overall evaluation objectives. The revised questions remained grounded in the original intent of the ToR and were designed to enhance the depth and quality of the evaluation findings.

Table 2. Evaluation Criteria and Mandatory Questions

Evaluation Criteria	Mandatory Evaluation Question
Relevance *The extent to which the project is suited to the priorities and policies of the target group and the context.*	**1. To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?** 2. To what extent were the project strategy and implemented activities relevant in responding to the needs of women and girls' victims of sexual violence, especially those from vulnerable social groups?
Effectiveness *A measure of the extent to which a project*	**3. To what extent were the intended project goal, outcomes and outputs (project results) achieved and**

attains its objectives / results (as set out in the project document and results framework) in accordance with the theory of change.	**how?** **4.** To what extent are the primary and secondary beneficiaries satisfied with the results?
Efficiency *Measures the outputs - qualitative and quantitative - in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively.*	**5. To what extent was the project efficiently and cost-effectively implemented, according to the project document?**
Impact *Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact (both intended and unintended).*	**6. To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?**
Sustainability *Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends.*	**7. 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?** 8. Does the holder have the capacity to maintain the quality of services achieved after the completion of the project?
Knowledge generation *Assesses whether there are any promising practices that can be shared with other practitioners.*	**9. 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?** 10. What are the key lessons learned that can be shared with other practitioners on ending violence against women and girls, particularly sexual violence? 11. Are there any examples of successful practices? If so, what are they and how can they be replicated in other projects and/or in other countries that have similar interventions?
Gender Equality and Human Rights (*Cross-cutting criteria)* *The evaluation should consider the extent to which human rights based, and gender responsive approaches have been incorporated through-out the project and to what extent.*	**12. To what extent have human rights-based and gender-responsive approaches been integrated into the project's design, implementation, and outcomes?**

7. Evaluation Team/Organization of Evaluation

The evaluation was carried out by the expert research team of the SeConS Development Initiative Group (SeConS) in close cooperation with the project team (CSW). Evaluators were independent of any organization involved in implementation, management, or advising on any aspect of the project that was the subject of the evaluation. The expert team of evaluators included a lead evaluator and two consultants to conduct the evaluation. The Consultants led

primary data collection and fieldwork across sites (recruitment; semi-structured interviews; focus-group discussions; structured site visits/observations), compiled and validated documentary and monitoring datasets, and supported analysis (MAXQDA coding, descriptive statistics, triangulation). They also contributed to drafting and refinement of the report (methods section, findings by evaluation question, integration of quotes/case vignettes, preparation of tables/figures/annexes) and assisted in addressing reviewer comments and edits. The lead evaluator was responsible for the distribution of tasks and the organization of evaluation activities among team members. The lead evaluator was also responsible for delivering the final result of the evaluation by the agreed deadline.

The SeConS evaluation team brought extensive experience in leading and participating in projects focused on gender equality, women's empowerment, and the prevention of violence against women and girls. All team members possessed substantive research expertise. With a strong grounding in both qualitative and quantitative methodologies, the team ensured evidence-based, participatory, and context-sensitive evaluations that met international quality standards. Notably, SeConS was awarded for conducting an evaluation of the National Action Plan for the Implementation of the National Strategy for Gender Equality, which was rated by UN Women as one of the four best evaluations in the world in 2015. In addition to their technical capacity, SeConS evaluators had strong communication and analytical writing skills, ensuring that evaluation findings were presented clearly, concisely, and in a manner that supported learning and decision-making. The team was also equipped with regional and local knowledge, including fluency in local languages, which enhanced their ability to access communities, engage meaningfully with stakeholders, and contextualize findings.

For the purposes of the evaluation, the Evaluation Management Group (EMG) was established to guide the process and ensure the evaluation met the needs specified in the ToR. The EMG included, in addition to the project staff, stakeholders and the donor (UNTF Program Manager). The group worked closely to review and provide feedback on each of the deliverables (inception report, draft report, and final report). This ensured that the data and findings accurately described the project and its achievements and helped to disseminate knowledge and learning from the project.

The Evaluation Task Manager (Project Manager, Center for Support of Women) led the evaluation process and coordinated the work of external evaluators to ensure the evaluation met its standards. Responsibilities included: 1) briefing evaluators on the project and the purpose of the evaluation and managing the contracted obligations; 2) providing coordinating support and facilitating connections with stakeholders; 3) providing the evaluation team with administrative and logistical support and the requested data; and 4) reviewing the initial report and evaluation report to ensure that the final draft met quality standards.

8. Methodology

8.1. Description of the Evaluation Design

The overall design of the final evaluation draws on UNTF guidelines and standards to end violence against women.[16] This means that the evaluation approach is developed taking into account the evaluation purposes as defined in the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation.[17] The evaluation approach draws on OECD/DAC evaluation criteria[18] and also we take into account the principles highlighted in the UN Women Evaluation Handbook[19], including fair relations of power, empowerment, participation and inclusion, independence and integrity, transparency, quality, credibility and ethics. Also, the evaluation considered UN commitment to disability inclusion[20] looking for how disability is integrated and addressed throughout the project.

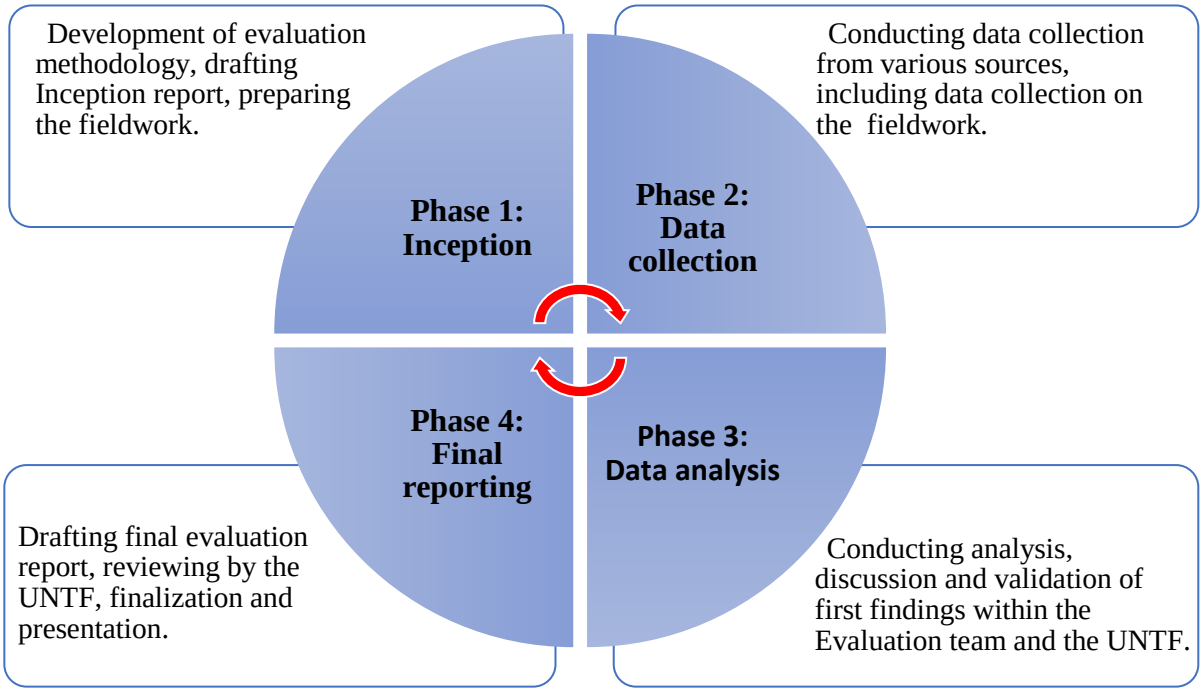
Consistent with UNTF guidance, the evaluation used a **pre- and post-test design without a comparison group**. This design was selected to balance rigor and ethics in GBV/SV settings—where randomization or external comparators can be infeasible and potentially harmful—and was paired with a **theory-based approach (contribution analysis)** to assess the project's plausible influence on observed changes.

The evaluation used theory-based approach and contribution analysis. In terms of lessons learned and good practice models, the evaluation team utilized **appreciative inquiry**[21] and **positive deviances**[22] **approaches** that focus on existing strengths, but it also identifies main weaknesses and challenges to the implementation of the project and achievements of desired results and impacts. The appreciative inquiry approach enabled us to identify drivers at individual (women survivors of GBV/SV), organizational (CVSVs, women's organizations and networks) and institutional levels (local, provincial and national) that can be further leveraged to increase sustainability of results and open room for broader impact of achieved results. The positive deviance approach helped evaluators identify the positive factors (behaviors, strategies, or practices) that enabled individual women or local communities to enhance women's safety, despite facing the same risks and limitations as others, offering valuable insights for developing more effective support services.

[16] UN Trust Fund (2018). Evaluation Guidelines for Final External Evaluations, Version 1. NY: UNTF EVAW.
[17] UNEG (2016). Norms and Standards for Evaluation. Available online at: http://www.unevaluation.org/document/detail/1914.
[18] OECD/DAC Criteria for Evaluating Development Assistance. Available online at: https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm.
[19] UN Women Evaluation Handbook: How to manage gender-responsive evaluation (2015). Available online at: https://www.unwomen.org/en/digital-library/publications/2015/4/un-women-evaluation-handbook-how-to-manage-gender-responsive-evaluation.
[20] UN Disability Inclusion Strategy for further reference. Available online at: https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/03/UNDIS_20-March-2019_for-HLCM.P.pdf.
[21] Appreciative Inquiry is a way of exploring and finding the best in people, organizations, and the world around them. It focuses on discovering what makes a system thrive and perform at its best—economically, environmentally, and socially. At its core, it is about asking thoughtful questions that help a system understand, anticipate, and unlock its positive potential.
[22] Positive deviance is a behavioral and social change approach that involves learning from those who find unique and successful solutions to problems despite facing the same challenges, constraints and resource deprivation as others.

The evaluation was a **transparent and participatory** process involving relevant stakeholders and partners. As specified in the ToR[23], the evaluation was conducted using a methodology that guaranteed impartiality and objectivity, drawing on a broad range of information sources and employing a mixed-method approach to ensure comprehensive data triangulation. It was also utilization-focused corresponding to the needs of the end users.

Finally, to ensure quality and that all required information is included, evaluation team self-assessed the draft evaluation report using the UN Women Global Evaluation Reports Assessment and Analysis System (GERAAS) tool[24] to ensure that all required information is included in the final report. The evaluation process was organized in four phases: 1) inception, 2) data collection, 3) analysis, 4) final reporting (Graph 2).



Graphic 2 Evaluation Phases

8.2. Data Sources

In order to ensure the comprehensiveness and reliability of the data, a variety of data sources were used in the evaluation process:

[23] Annex 12.1. of this report.

[24] Available online at: https://www.unwomen.org/media/headquarters/attachments/sections/about%20us/evaluation/evaluation-geraas-guidance-en.pdf?la=en&vs=408.

1. Available publications, reports, databases, relevant legal and strategic documents related to gender-based and sexual violence, as well as multisectoral cooperation in the field of prevention and protection against all forms of violence.
2. The Baseline Study and Endline Study (representing context and situation in the system of protection from gender-based violence in AP Vojvodina), which made it possible to follow the changes that occurred during the project.
3. Six-monthly progress reports submitted to the UNTF.
4. All relevant raw data collected during the project (material collected for the purpose of monitoring the project, results of questionnaires before and after the training for professionals from institutions in the protection system who attended the training, minutes of meetings, etc.), as well as publications created within the project;
5. Data collected directly by the evaluation team during the data collection period, which included visits to CVSVs.

The full dataset and detailed source list are provided in **Annex 12.5 and 12.6.**

8.3. Data collection methods and analysis

The evaluation process used a mixed-methods approach, including the following:

1. **Content analysis** – This involved a comprehensive review of collected data, documents, and literature, including the baseline and endline studies, annual and bi-annual progress reports, as well as national policies, legal frameworks, guidelines, previous research, and other relevant sources.
2. **Systematic observation** – This was used to collect data through field visits and careful observation of current conditions, or events, based on a prepared form (Annex 12.4.2), in order to assess the functioning of the CVSV. Observational notes were standardized and later coded to generate site-by-site compliance summaries.
3. **Survey** – A semi-structured questionnaire was conducted online (CAWI method) with indirect beneficiaries to gather broad-based data on their experiences, perceptions, and attitudes related to GBV/SV (Annex 12.4.3). The sample achieved was **n=181** and the results are **reported descriptively**.
4. **Focus group discussions** – These were organized with beneficiaries to capture collective views, experiences, and perceptions from various stakeholders, including indirect beneficiaries (Annex 12.4.4). Sessions were audio-recorded (with consent), transcribed verbatim, and analyzed thematically.
5. **Interviews** – In-depth interviews were conducted with individuals directly involved in or impacted by the project to gain detailed insights into their experiences and perspectives (Annexes 12.4.5-12.4.10).

Analysis and data quality.

- **Quantitative.** Data were cleaned to remove duplicates and missing entries and then analyzed using **descriptive statistics** (frequencies, proportions, cross-tabulations) in statistical software SPSS.

- **Qualitative.** Transcripts and field notes were managed and coded in **MAXQDA** using a **two-cycle thematic approach**: **first-cycle descriptive coding** to organize content, and **second-cycle pattern coding** to identify cross-cutting mechanisms and variations by site/role. A subset of transcripts was **double coded** to calibrate the codebook; discrepancies were resolved through discussion.

Limitations. The CAWI survey's online mode implies potential **coverage bias**; the evaluation period overlapped with summer scheduling and institutional workload constraints; access to some administrative data was intermittent; and travel/scheduling disruptions occurred. Where possible, steps such as flexible scheduling, follow-up reminders, and triangulation with alternative data sources were applied to mitigate these issues. These limitations are flagged where they affect interpretation.

8.4. Sampling methods

The project evaluation sample was designed in relation to the overall project design, taking into account the various stakeholders involved in the project and the data collected during the implementation of the project. The goal was to ensure that the sample accurately reflected the diversity of stakeholders involved in the project, allowing for a comprehensive understanding of its impact. The sample size was determined to provide sufficient data to draw meaningful conclusions, while ensuring a manageable scope for data collection and analysis.

The project's **core implementation sites** were the four cities hosting hospital-based CVSVs—**Novi Sad** (>300,000 residents), **Zrenjanin** (>100,000), **Sremska Mitrovica** (~80,000) and **Kikinda** (~60,000)—with **province-wide outreach** to all municipalities. During implementation, the network **expanded to a fifth site in Vrbas (Nov 2024)**, which is reflected in the endline assessment. Rural areas account for **~82% of APV's territory**, and APV is multiethnic and multilingual (25+ national/ethnic communities; six official languages), which informed our inclusion strategy and analysis.

The evaluation sample was structured to reflect the **diversity of stakeholders engaged in and affected by the project**, namely:

- **Direct beneficiaries:** women and girls (15+) who accessed CVSV services and/or psychosocial support (with safeguards for minors), including those from **Roma communities**, **women with disabilities**, **rural/low-income** women, and other intersection ally marginalized groups (Total reached 1,218)
- **Indirect beneficiaries:** members of the **general population** reached through a CAWI survey to capture awareness, perceptions, and attitudes related to GBV/SV and services. (Total reached 46,426)
- **Institutional actors: healthcare providers** (ER, gynecology, forensic), **counsellors**, **police**, **prosecutors**, **social protection** professionals, **hospital leadership**, and **CSOs** (including DPOs and Roma women's organizations), as well as **provincial authorities** relevant to health and social policy. (Total reached 1,233)

Sampling approach and precision. Qualitative participants (KIIs/FGDs) were **purposively sampled** to maximize role, sector, and site variation across the four original CVSV locations (and Vrbas after opening), with some province-level interviews conducted online to widen coverage. The CAWI survey achieved **n=181**). The survey results are used **descriptively** and triangulated with administrative data, observations, and interviews. Full site lists, respondent counts and characteristics are presented in **Annex 12.3**.

Table 3 outlined the planned and actual sample for interviews and focus group discussions (FGDs), as well as the target population for the survey. As specified in the ToR, the sample size was expected to reach 10% of the total number of participants engaged in the project and included all beneficiary groups. The participant selection process was guided by a set of predefined criteria, specifically tailored to each group. These criteria were based on the roles and experiences of the stakeholders, as well as their relevance to the specific project objectives. Given the GBV/SV context and ethical constraints, **no random sampling was undertaken**. For the qualitative components, we used **purposive, maximum-variation sampling** to capture diversity across **roles, sites, and intersectional identities**. For the survey (**CAWI**), we used **non-probability (convenience/purposive) recruitment** via CSW and partner networks (18+), enforced **one response per device**, and treated results as **descriptive** rather than province-representative. These mechanics align with the project's objectives: to reflect the **actual service pathway** and **duty-bearer practices** while centering the safety, agency, and voices of women and girls.

We prioritized specific groups because they sit at **critical nodes of the survivor pathway**, are **explicit targets** in the project's ToC, and are **duty-bearers** whose practice changes determine whether the model institutionalizes beyond the project:

- **Survivors (direct beneficiaries)** because the project's core promise is to improve their access, dignity, and outcomes. Their experiences provide the most valid test of survivor-centered practice and of unintended harm/benefits.
- **CVSV counsellors** as the **distinctive project-supported function** within hospitals: they link medical/forensic care with continuous psychosocial support and are the best-position observers of cross-sector coordination, handovers, and bottlenecks.
- **Healthcare providers** (ER, gynecology, hospital nursing) because they operationalize **standardized clinical and forensic protocols**, determine timeliness/privacy, and co-work with counsellors—key to reducing re-traumatization and improve evidence quality.
- **Police and prosecutors** as **first-mile responders and justice gatekeepers**: their practices shape survivor trust, the frequency of repeat statements, privacy, and the integrity of the evidence chain—central to the project's cooperation pathway.
- **Social protection professionals** because they broker referrals to longer-term support and are pivotal for continuity of care and inclusion of women facing multiple disadvantages.
- **Hospital leadership and provincial authorities** (health/social policy) because their **by-laws, resourcing, and oversight** determine sustainability and scale (institutionalization beyond individual champions).
- **CSOs**, including Disabled People's Organizations (**DPOs) and Roma women's organizations**, to capture community-level barriers, co-design of outreach/adaptations, and accountability to marginalized women.

- **General population (CAWI survey)** as **indirect beneficiaries** to gauge awareness, attitudes, and stigma, and to assess whether **public information and outreach** translated into better knowledge of where/how to seek help.

Methodologically, In-Depth Interviews (**IDIs)** were prioritized for sensitive experiences and role-specific practices; **FGDs** were used where safe to capture **collective norms and coordination dynamics**. Site selection ensured **variation across all CVSV locations** (and Vrbas after opening), covering different hospital setups and local policing/prosecution contexts. This constellation of groups and instruments was therefore necessary to **triangulate along the entire service pathway**; link **practice change** to **survivor outcomes** and credibly assess **effectiveness and sustainability** of the model.

Table 3. Planned and actual sample of participants during the project evaluation

Interviews	**Number of interviews**	**Number of planned respondents**	**Number of actual respondents**
Project implementers – Center for Support of Women	2	2	2
Project donors – Program Manager of the UNTF	1	1	1
Monitoring of the project activities	1	1	1
Coordinators of the Working Groups in the CVSVs	4	4	5
Counselors in the CVSVs	4	4	4
Women and girl survivors of sexual violence, beneficiaries of CVSV, including women from marginalized groups	Up to 10	Up to 10	8
Public Prosecutor's Office	1	1	2
Ministry of Internal Affairs (Police)	1	1	3
Centre for Social Work	1	1	1
Total	**Up to 27**	**Up to 27**	**27**
FGDs	**Number of FGDs**	**Number of respondents**	**Number of actual respondents**
Women's CSO in AP Vojvodina providing support to women and girl from marginalized groups (W/G with disabilities, Roma W/G)	1	8-10	8
Women's CSO in AP Vojvodina providing support to women and girl survivors of GBV/SV	1	8-10	8
Total	**2**	**Up to 20**	**16**
Survey (CAWI)	**Number of surveys**	**Number of respondents**	**Number of actual respondents**
Women from the general population	1	150	181
Total	**1**	**150**	**181**

Additionally, the final evaluation report incorporated all materials gathered over the course of the project, including pre-training and post-training session results from professionals in healthcare and other protection system institutions who participated in the training, as well as data provided by local authorities from all four municipalities during the preparation of the Endline study.

Additionally, the final evaluation **integrated all project-generated materials**, including **pre- and post-training assessment results** from healthcare and other protection-system professionals (e.g., police, prosecution, social protection) who participated in accredited training, as well as **administrative datasets provided by local authorities in the four original CVSV municipalities** during preparation of the endline study. These sources were triangulated with qualitative evidence and mapped onto the indicator matrix to benchmark progress against baseline and targets.

This table (Table 4.) links each **logframe indicator** to its baseline → target → endline values (Annex 12.7) and, crucially, shows **who we sampled and why** for that indicator. Reading across the rows makes the sampling strategy auditable: stakeholder groups were chosen because their roles sit at the **specific node of the survivor pathway** where the indicator registers change (e.g., counsellors for survivor outcomes; ER/GYN teams for intake and documentation; police/prosecutors for first-mile response).

Table 4. Sampling indicator links

Indicator (from Annex 12.7)	**Baseline (start)**	**Target**	**Endline / Latest Actual**	**How the sample ties to this reference point (who & why)**
CVSV coverage / improved access (no. of CVSVs providing improved access)	2 of 4 CVSVs	≥4 CVSVs	**4**	**Structured site observations** + **hospital staff & counsellors** at all operating CVSVs to verify AAAQ improvements and pathway functioning.
Reported SV/GBV cases (APV + 4 CVSVs)	115 / year (avg., 2022)	150 / year	**175 (cum.)**	**ER/GYN teams** and **counsellors** (intake/documentation practices) + **police** (first-mile reporting) to link service data trends to practice.
Survivor satisfaction/experience (fully satisfied)	~40%	≥80%	**~93%**	**Survivor IDIs/FGDs** (with safeguards) to test dignity, accompaniment, and informed choice; **CAWI** used descriptively to triangulate perceptions.
Professionals' knowledge & practice (post-training)	24% (pre)	50% (post)	**~82%**	**Trained providers** across sectors (health, police, prosecution, social protection, counsellors) to probe applied competence and protocol use.
Supervisors' capacity (apply protocols, data, coordination)	40% (pre)	80% (post, 6 mo.)	**~85%**	**Supervisors/heads of units** (IDIs) to assess oversight, coaching, and adherence to SOPs/MoUs.
Fully documented cases (share of CVSVs meeting threshold)	2 of 4 CVSVs	4 of 4 CVSVs	**4 of 4**	**Records/staff** + **prosecutors** to confirm documentation completeness and chain-of-evidence standards.
New Standards applied in CVSVs	4 sites using	All 4 apply **new**	**4 of 4**	**CVSV teams** + **hospital leadership** on adoption/operationalization; checks via

	existing standards	Standards		**site observations**.
Healthcare providers competent post-training	68%	80%	**86%**	**Post-training cohorts** + **supervisors** to validate skill retention and bedside use; sampling mirrored sector mix in the matrix.
Handbook/Guide upgrades (no. of provisions)	0	up to 5	**8**	**WG members & trainers** (health + justice actors) to ensure sampling captured those using the new provisions in practice.
Protection-system units with ≥3 trained staff / strong capacity	7 units	20 units	**52**	**Police/prosecution/social protection units** sampled proportionally to test whether training density translates to practice.
Promotional materials / channels	0	~1,150 cumulative	**1,407**	**Communications leads** + **CAWI** (indirect beneficiaries) linking output volume to awareness.
Women & girls reached (campaigns)	0	1,000	**35,769**	**CAWI** + **CSO/DPO partners** to gauge awareness/attitudes and inclusion of Roma women and women with disabilities.

8.5. Methodological Limitations and Mitigation Measures

The evaluation team identified several methodological limitations that influenced the ability to fully consider all relevant aspects of the project and, in some cases, the strength of conclusions. Where possible, alternative strategies were implemented to mitigate these constraints.

One of the key limitations related to the availability of data, particularly due to the absence of a centralized system of records for gender-based and sexual violence on national level. In addition, there were inconsistencies in the types of data recorded across the various sectors that make up the prevention and protection system. While the evaluation team collected all relevant data available, conclusions were based only on information that was consistent, reliable, and traceable across defined time points.

Data collection took place during the summer period, which affected the availability of some stakeholders, particularly institutional representatives who were on annual leave. To mitigate this, the evaluation team made increased use of personal and professional contacts to arrange interviews and meetings within the available time.

Reaching some groups of respondents proved challenging, which affected the comprehensiveness and representativeness of the data. For women victims of sexual violence, participation required a high level of trust and willingness to share sensitive experiences. To address this, the evaluation team worked through CVSV counselors to establish trust and ensured that interviews were conducted only with women who gave informed consent. For FGDs, the team relied on NGO partners to recruit participants from the targeted marginalized groups, which may have introduced some selection bias toward individuals already connected to civil society support networks.

The survey was conducted online, which increased accessibility for some respondents but may have excluded individuals with limited internet access or digital literacy. As a result, responses may be biased toward more digitally connected and engaged individuals.

The evaluation was conducted during a period of political unrest in Serbia, marked by protests and blockades in several areas. This context affected travel and scheduling, resulting in some interviews being conducted online instead of in person. While this allowed data collection to continue, it limited opportunities for direct observation and relationship building in certain locations.

A further limitation was the lower response rate from some institutional stakeholders (police, judiciary, centers for social work), due in part to formal procedures and clearance requirements. This risk was mitigated by sending official participation requests well in advance and following up through established networks.

9. Evaluation Ethics

In the final evaluation, special attention was paid to ethical aspects in order to ensure impartial, transparent and accountable evaluation research, with respect to all relevant stakeholders directly or indirectly involved in the process, as well as the protection of confidential information. Given that the project deals with gender-based and sexual violence as an extremely sensitive topic, it is especially important to strictly adhere to ethical principles throughout the process. The evaluation team adhered to the ethical considerations defined in the document "Ethical Guidelines for Evaluation"[25], as well as the 10 ethical program principles, specifically aimed at combating violence against women and girls (UN Women EVAW Programming Principles).[26]

With regard to respecting ethical considerations and ensuring the safety of all participants in the process, the role of the evaluation team was twofold. On the one hand, the evaluation team assessed whether and to what extent ethical norms and standards have been respected during the implementation of the project by the implementers of all components of the project. It was necessary to assess whether all individuals involved in the project were fully protected, whether the data collection has been carried out in such a way that the rights of the data subjects, including privacy and confidentiality, have been requested from the participants, whether procedures have been defined regarding the participation of minors, how different data are stored, analyzed and interpreted, etc.

On the other hand, the evaluation team ensured that the highest ethical norms and standards were respected during the evaluation process. This means, first of all, that the evaluation was carried out in accordance with the principle of "*Do-no-harm"*, thus guaranteeing the full

[25] UNEG (2008). Ethical Guidelines for Evaluation. Available online at: https://www.unevaluation.org/uneg_publications/uneg-ethical-guidelines-evaluation.
[26] UN Women (2020). Programming Essentials, Monitoring & Evaluation. Available online at: https://www.endvawnow.org/en/modules/view/14-programming-essentials-monitoring-evaluation.html.

protection of the rights of all individuals involved and preventing any further violation of their rights during the evaluation.

The complete anonymity of all participants and the confidentiality of the information shared with the evaluation team was ensured. Each participant was assigned a unique identifier, and all personal information was stored separately from their responses. A master list linking identifiers to participant names is stored in a password-protected file accessible only to the lead evaluator. Two distinct password-protected databases are maintained (one for anonymized participant responses and another for personal information). Digital data is stored in encrypted, secure folders on a dedicated computer protected to the highest standards, including the use of Windows Defender and Malwarebytes. Any physical documentation, such as signed consent forms, is kept in locked drawers accessible only to authorized personnel. Access to both digital and physical data is strictly limited to the researcher responsible for data analysis. At the beginning of the interviews or FGDs, participants received all the relevant information about the project and the evaluation. They were assured that their names and other identifying details will not appear in any reports or shared materials, and that all collected data will be used solely for evaluation purposes, handled responsibly, and never misused.[27]

Also, it was emphasized that the participation of each individual is voluntary, which means that she/he is not obliged to answer questions that she/he does not want, and that she/he can terminate her/his participation at any time, if for any reason she/he feels uncomfortable answering the questions. This means that at the beginning of each interview or focus group, informed consent (in writing) of each individual respondent was required (**Annex 12.4.1.**). In addition, during the implementation of focus group discussions, in order to further ensure the privacy and confidentiality of the respondents, all participants were emphasized that it is of great importance that the information presented by other participants during the discussion is not shared with any other person who did not participate in the discussion, especially given the sensitivity of the research topic.

As the centers for victims of sexual violence provide services to women over the age of 15, some of the participants in the evaluation may be minors (5-14 years old). In this case, it was necessary to provide special safeguards that include the consent of the parent or legal guardian for the participation of the minor in the evaluation.[28] The evaluation team paid special attention to ensuring that each underage girl fully understands what kind of process she is participating in, as well as what her rights are.[29]

The SeConS evaluation team is composed of highly experienced researchers and experts who have dedicated many years to working on projects addressing sensitive issues, including violence against women. With a proven track record, SeConS has successfully implemented numerous initiatives focused on gender equality, supporting vulnerable groups, and combating violence against women.[30] In this context, the evaluation team applied all the skills, knowledge

[27] In accordance with the Law on Personal Data Protection, "Official Gazette of RS", No. 87/2018.
[28] WHO (2007). Ethical and safety recommendations for researching documenting and monitoring sexual violence in emergencies. Available online at: https://www.who.int/publications/i/item/9789241595681.
[29] UNICEF (2006). Child and youth participation guide. Available online at: https://www.unicef.org/adolescence/cypguide/resourceguide_ethics.html.
[30] More information can be found on the SeConS website: https://secons.net/en/tema/gender-equality/.

and experience gained over the years from working on projects dealing with sensitive topics and vulnerable groups, during all stages of the evaluation process.

Although the team has high internal capacities, in certain cases, external experts were be brought in as additional support, particularly when conducting interviews with women who are victims of sexual violence and beneficiaries of sexual violence support centers. These interviews were conducted by licensed counselors employed by sexual violence support centers. To prevent secondary victimization and avoid any conflict of interest, counselors only participated in interviews with women to whom they have not previously provided direct support. For example, a counselor from the Center for Victims of Sexual Violence in Novi Sad supported interviews with beneficiaries from other centers, but not from their own. The evaluation team retained full control over the sampling strategy and the selection of interviewees, in close collaboration with the CSW, ensuring methodological rigor and ethical responsibility throughout the process.

In addition, the evaluation team ensured that field visits for data collection were organized in an appropriate (safe) place where respondents feel completely safe and that the time is adequate.[31] All members of the evaluation team were ready to provide the respondents with information on existing support mechanisms in the form of contacts of relevant institutions and organizations, SOS telephone number for support to victims of violence, etc. In addition, although it is guaranteed that all the data obtained is completely confidential, the members of the evaluation team were obliged to report if they suspect that the respondent has been subjected to violence. The obligation to report is based on the ethical principles of protecting persons who are potentially at risk, as well as on the recommendations of international guidelines for working with women survivors of violence.[32] This was explained to the respondents during the process of obtaining informed consent to participate in the evaluation.

Finally, it is important to point out that the evaluation research was conducted with the full application of the principles of human rights and gender sensitivity. The research team ensured that every aspect of the evaluation is in line with the Gender Equality and Women's Empowerment Policy[33], respecting the rights of all participants and carefully considering their specific needs and experiences. This approach ensured that research contributes to the promotion of gender equality and women's empowerment at the same time.

[31] WHO (2007). Ethical and safety recommendations for researching documenting and monitoring sexual violence in emergencies. Available online at: https://www.who.int/publications/i/item/9789241595681.
[32] Ibid.
[33] Policy on Gender Equality Empowerment of Women. Available online at: https://www.unece.org/fileadmin/DAM/Gender/publications_and_papers/UNECE_Policy_on_GEEW_Final.pdf.

10. Findings and Analysis per Evaluation Question

The final evaluation has presented the following findings, responding directly to the evaluation criteria and questions detailed in the scope and objectives section of the report and are based on evidence derived from data collection and analysis methods described in the methodology section of the report.

Evaluation Criteria	**Effectiveness**
Evaluation Question 1	***To what extent were the intended project goal, outcomes and outputs achieved and how?***
Answer to the Evaluation Question: Key Findings with Quantitative and Qualitative Evidence	**The project's goal** – ensuring that women and girls, especially from marginalized and vulnerable groups, have access to improved health and psychosocial support services, **has been achieved. By the end of the implementation period, the project consolidated an almost province-wide service ecosystem that works in practice, not just on paper.** Currently, five CVSVs are fully operational (with some slight variation in service provision - notably in the newly established center in Vrbas), and the service portfolio matured beyond initial crisis response into sustained psychosocial care delivered at scale. In total, five CVSVs now offer survivors access to: • Immediate medical and forensic care • Psychosocial crisis intervention and extended support • Legal assistance and referrals • Self-help group programs for continued recovery (currently only in Novi Sad) At baseline, only two of the four existing Centers for Victims of Sexual Violence (CVSVs) provided consistent, comprehensive services. By the end of the project period, all four original CVSVs were fully operational, offering an integrated package of medical, forensic, and psychosocial services. The project in its proposal envisioned the assessment of the possibility of piloting a new center but due to the willingness and initiative of both CSW and the hospital staff in Vrbas (after attending training as part of the project) the center is now working. By endline, five CVSVs were fully operational—including a new Centre in Vrbas that emerged as an unplanned, but consequential, expansion of the network—thereby improving geographic coverage and the likelihood that survivors encounter coordinated, right-based care close to where they live. *(Sources: MPR; KIIs-WG; KIIs-C)* Interviews and facility reviews show that the "two-pillar" model (medical + psychosocial/institutional+ CSO) is now routine practice, and that counselors are engaged from the earliest stages of care in most cases. This represents a structural shift from a system that previously depended on individual champions (Baseline) to one where survivors' needs are systematically prioritized. It is noteworthy that these positive changes have occurred despite organizational restructuring processes in some hospitals. Interviewed staff consistently emphasized that, regardless of institutional changes and health staff turnover, there is now a clear and widespread **recognition of the importance of involving counselors from the earliest stages of care.** This reflects a broader shift toward greater sensitivity to the needs of survivors, with medical teams acknowledging the crucial role of psychosocial support in the recovery process and seeing the counselors as an essential part of the response system.

At the same time, interviews with counselors highlight the **persistent risks at survivors' first contact with the police**—long waits, repeated statements, and inconsistent use of victim-sensitive options—conditions that disproportionately burden women and girls and can compromise access to justice. A notable positive deviation exists in Sremska Mitrovica, where counselors are invited to accompany survivors during statements, reducing re-traumatization and improving continuity of care.

Looking more closely at the two main outcomes we get a better understanding of how effective the project actually was. The combination of accredited, practice-based training; codification of improvements into official tools; sustained multi-sector working groups; and proactive inclusion measures ensured that survivor-centered care became a routine, trusted part of institutional response.

Outcome 1 – Comprehensive and coordinated institutional response:
Capacity was strengthened through accredited training for 103 health professionals from 39 institutions, with 86% demonstrating high competence in applying protocols and recordkeeping. Pre/post test results showed concrete gains in mandatory reporting and forensic evidence handling. An online platform, accredited online learning program available on CSW website, ensured sustained access to learning mid-2025, for health workers from hospitals and primary health care institutions across Serbia. Program had so far 62 interactions on CSW website learning platform and will still be available for learning for health professionals. *(Sources: TRQ; MPR; KIIs-PI)*
Joint training on multisector cooperation gathered 156 professionals from 52 institutions improved risk assessment, survivor-centered communication, and documentation quality, with 82% post-training competency. Fifty-three working group meetings supported case reviews, onboarding, and problem-solving, maintaining coordination despite leadership changes and external disruptions. *(Sources: TRQ)*

Outcome 2 – Improved, survivor-centered services in CVSVs:
Service quality and inclusion improved through six proposed amendments to national Standards, adding clearer minimum service levels and accessibility provisions. Over three years, CVSVs delivered 1,012 crisis interventions and 517 extended sessions, with 80% of counselors demonstrating high proficiency in gender-sensitive, rights-based practice. Self-help groups in Novi Sad and Kikinda achieved ~90% participant satisfaction. Outreach and communications reached 46,426 people, increasing awareness and uptake, including among Roma women, women with disabilities, and low-income women.

An important achievement of this project was the updating and strengthening of the protocols, service standards, and handbook for the provision of psychological and psychosocial support to victims of sexual violence. While these tools were initially developed under the previous project, their revision in this phase ensured alignment with new institutional practices, survivor feedback, and the lessons learned from the operation of the five CVSVs. *(Sources: MPR; IDIs)*

Below is a table that clearly describes to what extent there was progress against the indicators, as per the results framework of this project (Annex 12.7).

Indicator (results framework)	Baseline	Target	Endline / Actual	Status
CVSV coverage (operational centers)	2 of 4 providing full, consistent services	≥4 operational with integrated package	**5 operational** (Vrbas added)	**Exceeded**
Multi-sector coordination (WG activity)	Set-up/low frequency	≥40 meetings cumulative	**53 meetings** with 284 participants	**Exceeded**
Provider capacity (post-training competence)	Pre-training levels modest	≥80% post-training high/adequate	**82–86%** across cohorts	**Achieved**

	Survivor satisfaction (primary beneficiaries)	**~40%** fully satisfied	≥80% fully satisfied	**~93%** fully satisfied (avg. 4.92/5)	**Exceeded**
	Service quality & scope in CVSVs (crisis + extended psychosocial; self-help; legal/referrals)	Partial, uneven across sites	All CVSVs deliver integrated services	**1,012 crisis** + **517 extended sessions**; self-help piloted (NS, Kikinda); legal/referrals routine	**Achieved**
	Inclusion & outreach (women/girls reached; disaggregation)	Limited/fragmented	≥1,800 cumulative reach	**46,426 reached**; supported survivors include **87 Roma**, **51 with disabilities**, **82 low-income**; **33% minors** among formally recorded cases (n=175)	**Exceeded**
	Access/Quality (AAAQ) compliance (privacy, timeliness, accessibility; counsellor involvement)	Gaps in several sites	Site-level improvements vs checklist	Improved across most sites; **some variation remains** (esp. new site)	**Partially achieved**
Evaluation Question 2	***To what extent are the primary and secondary beneficiaries satisfied with the results?***				
Answer to the Evaluation Question: Key Findings with Quantitative and Qualitative Evidence	Beneficiaries—first and foremost survivors—**are highly satisfied** with the results where the model is active: integrated medical-psychosocial care, steady counselor accompaniment, and peer support. Survivor satisfaction in the annual internal evaluation rose from **40% fully satisfied at baseline** to **93% fully satisfied** in 2025 **at endline** (avg. 4.92/5), a substantive qualitative shift aligned with feminist quality markers (feeling heard, informed and safe) (Source MPR) The qualitative accounts (IDI) behind those figures converge on four themes: *being believed*, *not being rushed*, *not having to retell the story repeatedly*, and *having someone stay throughout the medical process and its aftermath*. One young woman explained: *"I called the women's SOS hotline and that's how everything started… They helped me report the violence and find a safe place… I wouldn't have had the strength to do it alone."* (23 yrs) Another emphasized the psychological pivot that counseling enabled: *"What I needed most was emotional support… I got all the support from you… It wasn't my fault and I hadn't done anything wrong."* (27 yrs) A third described the relational quality of care: *"If I ever need help again, you would be the first number I'd call… You didn't rush me or hurt me…"* (27 yrs)) These are not isolated anecdotes; they are emblematic of a **consistent service culture that survivors recognize and value**.				

	Secondary beneficiaries echo this assessment from a systems perspective. Secondary beneficiaries—clinicians, social workers, prosecutors—report satisfaction with clearer roles, practical tools, and fewer frictions. Health staff report that accredited training changed everyday practice (e.g., documentation of injuries, chain-of-custody for material traces, and trauma-informed communication), while prosecutors and social workers underscore that the **embeddedness of psychosocial support** is now widely accepted as essential to case handling and victim recovery at least in the places where the centers exist. Counselors' own reflections (KII) — increased recognition by hospital staff, routine requests for counselor reports from police and prosecutors — further indicate that satisfaction is not only individual but institutional: professionals value a partner that improves the quality and timeliness of their own responses. The aggregate picture is therefore coherent. Survivors describe dignified, continuous support that reduces secondary victimization. Professionals describe clearer roles, better skills, and faster pathways that make coordinated care the norm. And the numbers — from the climb in satisfaction to the breadth of crisis and extended interventions — substantiate that perception with scale. The remaining **dissatisfaction is concentrated at the first mile of the response (police station procedures)** and in **intersectional inequities** that still impede access for Roma women and women with disabilities. Baseline and endline evidence shows Roma women and women with disabilities continue to face structural and informational barriers despite improved outreach; CSOs and women themselves call for long-term funding of specialized services and more accessible, inclusive communication. These findings echo survivors' suggestions that counselors need more systematic, timely information from police and prosecutors about legal processes, so that guidance during the most stressful periods is precise and anticipatory, not reactive. Continued improvement will depend on institutionalizing trauma-sensitive options at first contact and resourcing inclusive outreach.
Conclusions	The project was effective precisely because it in most cases **translated coordination and capacity-building into routine, survivor-centered practice** at provincial scale. The project **achieved its goal** of improving survivors' access to integrated, trauma-informed services in AP Vojvodina and **delivered both outcomes** with strong, triangulated evidence. Across the results framework, the project **met or exceeded** nearly all effectiveness targets—expanding coverage, deepening coordination, lifting competence, and sharply improving survivor satisfaction—while **AAAQ gaps at first contact and accessibility** remain the main partials to consolidate through institutional follow-through and financing. Effectiveness stemmed from consistent feminist design choices: embedding counselors as essential providers; building multi-sector competence to believe, document and protect without re-traumatizing; and refining standards to meet the needs of women who face intersecting barriers. Service data and survivor accounts converge women and girls are more likely to be believed, accompanied and informed; professionals are more capable and coordinated; and CVSVs function as recognized, trusted spaces. At the same time, the *first institutional contact* still matters enormously. Police procedures remain uneven and can impose avoidable burdens on survivors. Addressing these gaps—through sustained police onboarding, enforcing victim-sensitive options already in procedure, and formalizing counselor presence at statement-taking—would consolidate the gains and extend them across the full pathway to justice. Overall, the intervention's effectiveness is anchored not only in outputs delivered but in the **qualitative shift in power and practice**: survivors' needs shape the response, counselors' labor is professionalized and recognized, and institutions are more accountable to women and girls.

<table>
<tr><td>Evaluation Criteria</td><td>Relevance</td></tr>
<tr><td>Evaluation Question 1</td><td>To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?</td></tr>
<tr><td>Answer to the Evaluation Question: Key Findings with Quantitative and Qualitative Evidence</td><td>
From the beginning of the project in 2022 to its close in 2025, a total of 175 cases of sexual violence were registered across the CVSVs, reflecting a steady rise over time, especially compared to the baseline of 115 annual cases on average for previous three years. Also, compared to 30 cases on average per year in the baseline period, to average of 60 in project implementation period, indicates the double increase of reported cases. Compared to the first year, when 52 cases were reported, in 2024 alone, 69 new cases of sexual violence were registered – a 33% increase – alongside 618 psychosocial support services, in final project year. By the end of the project, five CVSVs were operational, including the newly established Vrbas center, which resulted directly from project-driven capacity-building and networking. In the final semester alone, 32 cases were recorded, 12 involving minors, as well as involving 12 women with disabilities and 18 Roma women (MPR).
<table>
<tr><th>Indicator</th><th>PS1 Y1(Aug ’22–Jan ’23)</th><th>PS2 Y1(Feb ’23–Jul ’23)</th><th>PS1 Y2(Aug ’23–Jan ’24)</th><th>PS1 Y2(Jan ’24–Aug ’24)</th><th>PS1 Y3 (Aug ’24-Jan’25)</th><th>PS2 Y3 (Feb ’25–Jul ’25)</th><th>Total (Aug ’22–Jul ’25)</th></tr>
<tr><td>Cases Reported</td><td>24</td><td>28</td><td>24</td><td>30</td><td>37</td><td>32</td><td>175</td></tr>
<tr><td>Women with Disabilities</td><td>7</td><td>13</td><td>3</td><td>4</td><td>12</td><td>12</td><td>51</td></tr>
<tr><td>Roma Women</td><td>13</td><td>22</td><td>2</td><td>10</td><td>22</td><td>18</td><td>87</td></tr>
<tr><td>Low-Income Women</td><td>19</td><td>30</td><td>2</td><td>9</td><td>10</td><td>12</td><td>82</td></tr>
<tr><td>WHRD</td><td>10</td><td>0</td><td>0</td><td>0</td><td>10</td><td>10</td><td>30</td></tr>
<tr><td>Psychosocial Crisis Interventions</td><td colspan="2">363</td><td colspan="2">224</td><td colspan="2">425</td><td>1,012</td></tr>
<tr><td>Extended Support Sessions</td><td colspan="2">235</td><td colspan="2">89</td><td colspan="2">193</td><td>517</td></tr>
</table>
The upward trend (≈30/year at baseline → 52 → 54 → 69) is best read as reduced barriers to disclosure and help-seeking, not as higher incidence. In short, more women and girls are choosing and able to come forward because the model made reporting safer, clearer, and worth it. The rise therefore validates the project’s continued relevance: it is meeting latent demand, drawing in groups historically excluded, and revealing where to keep investing (notably first-mile policing and accessibility fixes) to sustain and deepen these gains.

Institutional partners consistently confirmed the need for these services. One Centre for Social Work director underlined the practical importance of having a CVSV in the local area: “It’s very important for us to have the option to refer someone to this type of service that they need at that moment, especially for psychological and other forms of support during the process of overcoming violence. So yes, it’s crucial to have such services locally.” She explained that counselors “accompany victims physically to the hospital and offer support during crises… our system is already overloaded, and sometimes we don’t have the staffing capacity to provide full-time, in-person support. So, in crises, this kind of service is vital”. (KII)
</td></tr>
</table>

	The prosecutorial perspective echoed this emphasis on psychological recovery: *"**Above all, it's most significant for the victim herself**… support and psychological assistance in overcoming the trauma are absolutely necessary for every victim… it enables them to return to some normal life flow as soon as possible, to stop blaming themselves, to regain self-confidence, to feel that they are not guilty for what they suffered"*. The same prosecutor noted that police, prosecution, and social work centers *"all recognize the need for and importance of providing this kind of support to victims of sexual violence… **However, it's still sadly on the individual efforts and not a systematic approach**"*. **Counselors** described their role as **bridging gaps** in the overloaded institutional system and sustaining support beyond the immediate crisis. In Kikinda, for example, they often handled cases that had occurred months before, focusing on *"extended psychological support, developing individualized support plans, and informing survivors about their rights and available community services"*. (KII) From the donor's perspective, the initiative is *"very, very relevant… truly aligned to the core commitments that Serbia made, whether it's CEDAW or the Istanbul Convention"* and is *"filling the gap of where the government is absent… and making sure that it is institutionalized"*. They emphasized that ***"from our whole portfolio in Serbia, it is only this project that focuses on sexual violence exclusively**… the centers are essentially the only places where it's survivor-centered and where survivors can get at least a chance for dignity."(KII)* This project directly advances the **National Strategy for Gender Equality (2021–2030)**, which prioritizes access to quality services and institutional coordination for women's safety and rights. In the **health sector**, the model gives practical effect to the **Special Protocol for the Protection and Treatment of Women Victims of Violence** (MoH) and to recent guidance strengthening health-system record-keeping/monitoring of violence, while meeting **Istanbul Convention, Article 25** expectations for specialist services in practice, not only on paper. At the same time, Serbia's **Law on Prevention of Domestic Violence** underwrites multi-agency coordination and risk assessment; the project complements this by focusing on **sexual violence** (often outside domestic settings), where specialist, survivor-centered pathways have been comparatively under-developed. The ongoing gap—Serbia's **rape definition not yet consent-based**—explains the donor's judgement that the project is "filling the gap of where the government is absent… and making sure that it is institutionalized," and why sustained advocacy and codified financing remain necessary to lock in gains. Survivors echoed these views in interviews, describing the **CVSV as a safe place** where they were **treated with dignity**, listened to, and believed. Several women highlighted that, unlike in other institutions, they did not have to repeat their stories multiple times to different officials. This reduced stress and the sense of being retraumatized. One survivor explained that the counselor *"was with me the whole time, from the moment I arrived until the end of the examination… she explained what would happen next, and I didn't have to go from one office to another" (IDIs)*Others valued that their privacy was respected, and that conversations were held in private spaces where they felt comfortable sharing details. **The continuity of care was another factor survivors valued.** Counselors maintained contact after the initial crisis intervention, checking in on emotional wellbeing and providing guidance on legal and social support options. As one counselor reported, "*We don't close the case after one meeting… many women still need someone to talk to weeks or months later, and they know they can call us*." This ongoing relationship was often described by survivors as a lifeline during a period of uncertainty and fear. Finally**, the Vrbas example shows how relevance was recognized by institutions new to the model**. After attending a workshop and visiting a CVSV, the Head of Gynecology in Vrbas General Hospital expressed strong interest in establishing a center, telling the CSW team that seeing the facilities, meeting the doctors, and speaking with working group members helped them *"understand how the service works in practice"* and convinced them of its necessity. (KII-C)

Evaluation Question 2	***To what extent were the project strategy and implemented activities relevant in responding to the needs of women and girls' victims of sexual violence, especially those from vulnerable social groups?***
Answer to the Evaluation Question: Key Findings with Quantitative and Qualitative Evidence	In service provision, counselors reported adapting communication and support methods to individual needs, for example by **using clear, jargon-free explanations of rights and procedures**. (KIIC) The **revised Handbook for Improving Coordinated Response and Special Guide for the Treatment of Sexual Violence Cases** included new sections with practical guidance for working with multiply marginalized survivors, including recommendations for accessible communication and coordination with specialist services (DR). From the institutional perspective, the activities were well aligned with practice needs (MPR). Health professionals described the accredited training as relevant both for clinical procedures and for intersectoral cooperation (KII). In Kikinda, healthcare workers reported improved skills in documenting violence cases and understanding CVSV services after the training, with post-test scores increasing by over 30 percentage points (TRQ). In Sremska Mitrovica, participants valued sessions on forensic aspects of GBV and medical record-keeping, with smaller but still positive knowledge gains (TRQ). For other institutions, such as social work centers, the CVSV model addressed practical service gaps. As one social work director explained, *"Our system is already overloaded, and sometimes we don't have the staffing capacity to provide full-time, in-person support. In crises, this kind of service is vital" (KII)*. **This was especially relevant for cases involving women with disabilities, Roma women, or women from rural areas, where institutional trust and accessibility are lower.** At the same time, certain barriers remain that can hinder the full accessibility of services for marginalized women. For example, in Zrenjanin, due to operational restructuring, the CVSV has been moved to a higher floor (KII-C). While the only lift is located in the central part of the hospital, which compromises privacy, the more private staircase route is inaccessible to women in wheelchairs. This highlights how, even when the relevance of the service is clear, it can be undermined by facility-level decisions if there is insufficient sensitivity or willingness from hospital management. In such cases, the motivation of staff is crucial; in Zrenjanin, the CVSV team has been working around these constraints to maintain service quality (KII). Additionally, for Roma women, stigma and problematic cultural practices, particularly in relation to child marriage, remain major barriers which continue to be a pressing issues and can affect whether survivors seek support. These cultural and structural challenges underscore the importance of sustaining the project's intersectional approach while also advocating for broader systemic and societal changes.
Conclusions	Overall, the project's strategy and activities responded directly to the complex needs of marginalized survivors by combining accessible, respectful, and trauma-informed services with proactive outreach and systemic advocacy for more inclusive protocols. However, these examples illustrate that **relevance alone does not remove all barriers;** sustained institutional commitment and sensitivity at all levels are needed to ensure that marginalized women can fully benefit from the services.

Evaluation Criteria	Efficiency
Evaluation Question 1	***To what extent was the project efficiently and cost-effectively implemented?***
Answer to the Evaluation Question: Key Findings with Quantitative and Qualitative Evidence	Based on the interviews with project implementers (KIIPI) 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. Minor deviations from the planned schedule in implementing the activities and delays in reporting were exceptions and they were always conditioned by external factors. However, efficient implementation of the project was not without challenges, but the project team developed adequate mitigation strategies. Almost all project activities were implemented according to the planned schedule (MPR). 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 a few cases, always due to external factors beyond the direct control of the project team. Examples include: the delay in receiving accreditation from the Health Council of Serbia for the online learning platform, which postponed full implementation of the training modules; rescheduling of the first annual conference on sexual violence to February 2025; and the postponement of planned advocacy events and roundtables due to political instability, leadership changes, and civic unrest. In some CVSV locations, the frequency of working group meetings was temporarily reduced due to staff turnover, leadership changes, and workload pressures, while in Novi Sad two self-help group sessions were postponed due to facilitator availability (MPR). In all such cases, the project team adapted promptly (KII) — maintaining access to the online platform through an interim version, shifting the annual conference online to ensure participation, replacing large advocacy events with targeted institutional meetings, and sustaining coordination through alternative communication channels between working group meetings. Postponed self-help group sessions were rescheduled, and meeting regularity was restored. These examples illustrate that, even when faced with timing disruptions, the project team applied practical mitigation measures to keep progress on track and ensure that outputs and outcomes were delivered as planned.
Conclusions	This project shows what efficiency looks like when care, not cost-cutting, is the organizing principle. With comparatively modest resources, the team built and tended an infrastructure of care inside public hospitals—an everyday architecture where survivors meet the state and are met, in turn, with dignity, continuity, and informed support. **Efficiency here is the ethics of care made operational. CSW's management kept the survivor at the center of every allocation decision, executed on time, and left behind capacities that belong to the system, not the grant.**

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)?***
Answer to the Evaluation Question: Key Findings with Quantitative and Qualitative Evidence	The project's impact is evident in three mutually reinforcing domains: changes in survivors' lives, transformation of institutional practice, and shifts in the enabling environment for survivor-centered responses. While eliminating sexual violence is a long-term societal goal, converging endline evidence confirms measurable contributions to protection, access to justice, and women's empowerment in AP Vojvodina (MPR; IDIs; Survey; DR). Impact on survivors — safety, recovery, and empowerment By project end, five operational CVSVs—including the Vrbas center established in November 2024 following local initiative after training—were delivering integrated medical, forensic, and psychosocial support (MPR; KIIs-WG). From 2022 to July 2025, **301 survivors of sexual violence** were directly supported (target: 90), within a broader **1,218 women and girls** assisted through GBV response activities; increases reflect improved visibility, trust, and access rather than prevalence (MPR). Satisfaction rose from **40% "fully satisfied" at baseline to 93% in 2024**; qualitative accounts emphasize being believed, not rushed, and continuously accompanied by a counsellor—identified as decisive for staying engaged with institutions (MPR; IDIs). Peer/self-help groups deepened recovery: **20 survivors** participated, **90%** rating them excellent/very good, with informal support networks persisting beyond sessions (MPR; KIIs-C). Inclusion advanced but remains uneven: among SV survivors, **32% were minors; 87 Roma women, 51 women with disabilities, and 82 low-income women** were supported; premises were made more accessible and partnerships with Roma CSOs strengthened (MPR; FGDs). Still, only ~**45%** of surveyed women believe these services are equally accessible to all—citing information gaps, stigma, and institutional mistrust—underscoring the need to sustain and expand inclusion measures (Survey). System-level impact — institutional practice and coordination Multisectoral cooperation shifted from ad hoc to structured practice: **442 professionals** (police, prosecutors, social workers, healthcare) participated in CVSV support processes (MPR). Post-training assessments show **85%** of supervisors with strong protocol application (65% "excellent," 20% "very good"), with measurable gains and an online platform prepared for continued learning (TRQ; MPR; KIIs-PI). CVSV working groups met **53** times to resolve operational issues (e.g., onboarding new gynecologists, posting counsellor contacts) and identifying persistent gaps (MPR; KIIs-WG). This collaboration yielded **eight substantive updates** to the *Handbook for Coordinated Response* and the *Special Guide for the Treatment of SV Cases*—including strengthened forensic procedures, clarified primary-care roles, and disability-inclusive communication—consolidating the tools as cornerstones for professionalism, survivor-centered care and advocacy (DR; MPR; KIIs-C; KIIs-WG). Survey findings align: trust is relatively higher in health and social work than in police/prosecution; respondents call for trauma-sensitive communication and consistent use of survivor-centered procedures. Increasingly, prosecutors and police request counsellor inputs in case files, signaling recognition that survivor wellbeing is integral to justice outcomes (Survey; KIIs-C; KIIs-WG). Enabling-environment impact — awareness, policy dialogue, and normative change Public-facing efforts reached **46,426 people** via events, media, and digital campaigns; posters appeared in Serbian, Romani, and Hungarian in hospitals and public venues. Between Feb–Jul 2025, social media reached **3,284 (Instagram), 3,795 (Facebook), 424 (TikTok)** (MPR). **44%** of surveyed women had heard of CVSVs—mostly via TV/newspapers, social media, and local activities—and called for more campaigns and school-based education; visibility beyond urban centers was highlighted as a priority (Survey). On policy, judicial-practice research and advocacy with provincial authorities opened pathways to formalize CVSVs in strategies and to secure budget lines for psychosocial support; proposals include hospital-based **Cabinets for the Protection of Victims of**

	Sexual Violence and multi-sector monitoring commissions (DR; KIIs with Provincial Authorities). Unintended positive impacts and spillovers Two notable spillovers sit outside the logframe: (i) the **establishment of the Vrbas CVSV** through local initiative following cross-facility knowledge exchange (MPR; KIIs-WG); and (ii) **carry-over of trauma-informed, gender-sensitive practice** from trainings to other GBV cases, broadening benefits beyond sexual-violence response (KIIs-C; KIIs-PI).
Conclusions	The project made a substantial contribution to strengthening protection, access to justice, and empowerment for survivors of sexual violence in AP Vojvodina. It exceeded its service targets by a wide margin, significantly improved survivor satisfaction, and expanded the reach of integrated, survivor-centered services to marginalized women and girls. Institutional practices shifted toward greater coordination, embedding psychosocial support as an essential element of SV response, while awareness-raising and policy advocacy created momentum for formal recognition and replication of the CVSV model. While eliminating sexual violence is a long-term societal goal beyond the scope of a single intervention, the project demonstrated tangible progress in key enabling factors: survivor trust, institutional capacity, and public recognition of survivors' rights. Survey findings confirm that visibility and awareness of CVSVs have increased, but also highlight persistent access barriers for some groups and ongoing gaps in trust toward certain justice-sector actors. From a feminist perspective, the project's most important legacy is the normalization of survivor dignity, agency, and voice in both service delivery and system-level processes. The groundwork laid through this intervention provides a strong foundation for sustaining and scaling these impacts, provided that systemic and policy changes continue to address accessibility, equity, and trauma-sensitive practice across all entry points to support.

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?***
Answer to the Evaluation Question: Key Findings with Quantitative and Qualitative Evidence	The project's core results — integrated, survivor-centered services in five operational Centers for Victims of Sexual Violence (CVSVs), updated standard operating procedures, and functioning cross-sector working groups — are institutionally embedded and likely to continue in the short to medium term. **Institutionalization of core processes** By the endline, all CVSVs had incorporated updated procedures into their daily workflows, using the *Handbook for Coordinated Response* and *Special Guide for the Treatment of Sexual Violence Cases* consistently across cases. Because the protocols, standards, and handbook now reflect the most up-to-date practice, they remain highly relevant and usable beyond the project cycle. Their updated form increases the likelihood of uptake by institutions and provides a solid foundation for continued advocacy towards formal adoption by the Ministry of Health. As such, they represent one of the project's most durable achievements — a set of practical and recognized tools that safeguard service quality and ensure that the model developed within CVSVs can be sustained and replicated over time. Importantly, the project also initiated a working group composed of coordinators from all five

	CVSVs, tasked with further developing and refining these standards for use in healthcare institutions. This initiative ensures that ownership of the process rests with practitioners themselves and that the standards are grounded in real-life experiences of service provision. As such, the combination of updated tools and a practitioner-led working group represents one of the project's most durable achievements — safeguarding service quality, enabling replication across institutions, and strengthening the long-term sustainability of the CVSV model. Standardized case documentation forms are in place, and activation protocols are well understood by both health and justice sector partners. In Novi Sad, Kikinda, Zrenjanin, and Sremska Mitrovica, counselor contact details are posted in emergency rooms, and head nurses routinely coordinate activation. Coordinators and counselors described these practices as "second nature," with one WG coordinator noting, "We no longer think of this as an extra duty — it's simply the way we respond now" (*KIIs with CVSV WG Coordinators; Structured observations in CVSVs*). **Coordination structures** All centers maintain active working groups that have proven resilient to staff turnover, with new members onboarded into survivor-centered protocols as part of institutional induction. Memorandums of cooperation and CVSV internal plans formalize these relationships, ensuring cross-sector communication channels remain open (*Document review – MOUs, internal plans; KIIs with Project Implementers and Government partners*). **Vulnerabilities in sustaining transformative elements** Despite this strong foundation, the most transformative elements of the model — continuous psychosocial support, targeted outreach to Roma and rural communities, and disability-inclusive adaptations — remain financially and structurally vulnerable. Partner institution budgets and staffing plans show that counselor positions are still largely project-funded. Without dedicated provincial and national budget lines, these posts risk being reduced or absorbed into broader duties, which could lead to a reversion to minimum procedural compliance and undermine the quality and equity of care (*Document review – Budgets and staffing plans; KIIs with Donors; FGDs with women's CSOs*). **Risks and conditions for long-term sustainability** Government partners at both provincial and national levels acknowledge the model's value and alignment with Serbia's Istanbul Convention obligations, but there is no legal requirement to maintain CVSV-specific services. The sustainability and exit plans prepared by CSW outline advocacy priorities: securing legislative recognition of CVSVs within the health and social protection frameworks, guaranteeing budget lines for psychosocial roles, and maintaining accessibility adaptations as standard features. *Sources:* KIIs with Project Implementers. **From a feminist perspective**, sustaining results means more than keeping centers open — it requires protecting the quality of engagement: dignity in care, informed choice at every stage, and equitable access regardless of geography, disability, ethnicity, or income. The project has demonstrated that the model works and delivers measurable empowerment for survivors; its survival in the long term depends on embedding these principles in law, institutional mandates, and public financing.
Evaluation Question 2	***Does the holder have the capacity to maintain the quality of services achieved after the completion of the project?***
Answer to the Evaluation Question: Key Findings with Quantitative and Qualitative Evidence	The Center for Support of Women (CSW) has demonstrated robust operational and managerial capacity to sustain high-quality, survivor-centered services in the short to medium term. Throughout the project, CSW successfully coordinated a complex, multi-sectoral model involving 52 institutions, harmonized protocols across sectors, and maintained the functioning of cross-sector working groups. *Sources:* Document review – Progress Reports, Memorandums of cooperation; KIIs with Project Implementers, CVSV Working Group Coordinators.

	A major strength lies in CSW's investment in professional capacity-building that will outlast the project's life. This includes the delivery of accredited training for healthcare professionals — valid until May 2026 — and the development of an online learning platform that can serve both as an induction tool for new staff and a refresher resource for existing practitioners. *Sources:* Document review – Supervision meeting notes; KIIs with CVSV Counselors; Structured observations in CVSVs. These assets position CSW to maintain a skilled workforce and uphold procedural standards beyond the project period. Monthly supervision meetings and ad hoc peer consultations between counselors have evolved into a functioning **community of practice**, providing a continuous feedback loop for service improvement. Counselors use these forums to address complex cases, share survivor-centered strategies, and monitor service impact, reinforcing professional competence and peer accountability. Institutional partners consistently recognize CSW's role as a reliable convener and technical leader. Professionals described the organization as "*the glue that keeps things together*," while prosecutors observed that CSW counselors "*improve our cases because they keep the survivor engaged*," underscoring the link between survivor well-being and justice outcomes. *Sources:* KIIs with Prosecutors; KIIs with CVSV Working Group Coordinators; FGDs with women's CSOs. However, the ability to maintain quality at the current standard is contingent on stable funding for critical service components — counselor salaries, accessibility adaptations, and targeted outreach to marginalized groups, including Roma women, women with disabilities, and women from rural areas. Without dedicated and predictable financing, the infrastructure may remain, but the depth and equity of the survivor experience could be eroded, with a risk of reverting to procedural minimalism rather than the holistic, feminist-informed practice established during the project. From a feminist perspective, CSW's capacity is not just about institutional survival but about safeguarding the relational and rights-based qualities of service delivery — dignity, informed choice, and equitable access — that define the project's transformative impact.
Conclusions	The project leaves behind a solid institutional framework for sustaining its core achievements — integrated survivor-centered services in five CVSVs, updated and operationalized standard operating procedures, and functioning cross-sector working groups. These elements are now embedded in daily practice and supported by documented protocols, trained professionals, and established coordination mechanisms. However, the features that most distinguish the model and deliver its transformative value — continuous psychosocial support, proactive outreach to marginalized women, and disability-inclusive adaptations — remain financially and structurally vulnerable. Without dedicated provincial and national budget lines or a legal mandate for CVSV operations, there is a risk that these services could be reduced to minimum compliance, diminishing both the quality of care and the trust survivors have built in the system. From a feminist perspective, sustainability is not just about institutional survival but about preserving the relational and rights-based qualities that define the CVSV approach: dignity in every interaction, informed choice at every step, and equitable access for all women and girls. The project has demonstrated that this model works and has gained institutional traction; its long-term survival depends on securing legislative recognition, embedding it into formal mandates, and ensuring stable public financing to protect and build on the gains achieved.

Evaluation Criteria	Knowledge sharing
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?***
Answer to the Evaluation Question: Key Findings with Quantitative and Qualitative Evidence	The project has generated a **set of promising and emerging practices** that directly address longstanding weaknesses in Serbia's response to sexual violence (SV) and offer models that could be adapted in other contexts. These practices are grounded in iterative, real-world service delivery in CVSVs and in the multi-sector collaboration between police, prosecutors, healthcare providers, social workers, and women's CSOs (*KIIs with CVSV Working Group Coordinators; KIIs with CVSV Counselors*). One of the most significant contributions is the update of two cornerstone procedural documents — the *Handbook for Coordinated Response* and the *Special Guide for the Treatment of Sexual Violence Cases*. Eight substantive improvements were introduced. These updates came directly from recurring challenges observed by practitioners, ensuring they reflect the realities of case management rather than purely theoretical standards (*Document review – Handbooks, Special Guide*). Another promising practice is the **deliberate creation of multi-sector learning spaces**. The project convened professionals from justice, policing, healthcare, social work, and civil society to work together on SV cases — a level of cross-sector engagement not mandated by existing law. Healthcare professionals reported that understanding prosecutors' evidentiary requirements transformed how they documented medical findings, resulting in reports better suited for judicial use (*KIIs with healthcare professionals*). The **accredited training program for healthcare professionals**, attended by 103 staff from 39 institutions, is itself a promising practice. Its content, rooted in CVSV case experience, and its integration into an **online learning platform** make it sustainable and replicable. The addition of a specialized accredited course on *Practical Implementation of Procedures for Working with Child Victims of Sexual Abuse* demonstrates how targeted capacity building can fill specific skill gaps in EVAW/G responses (*Training questionnaires/evaluations; Monitoring and Progress Reports*). Importantly, through a combination of in-person training and online access, the project succeeded in reaching almost all healthcare centers in the province, ensuring that providers across Vojvodina now have the most up-to-date, survivor-oriented information on care and referral pathways. The formation of a **cross-center community of practice** among counselors is another emerging practice. Monthly supervision meetings and ad hoc consultations created a standing peer-support and knowledge-sharing mechanism. This has strengthened professional resilience, facilitated case troubleshooting across sites, and ensured consistent application of survivor-centered approaches. Regular **knowledge-sharing events** — including five thematic forums and two annual conferences — have become important vehicles for documenting and disseminating learning. These events have showcased practical solutions, such as embedding counselor contacts in emergency rooms, onboarding new gynecologists into CVSV protocols to improve service provisioning. The project's research component also yielded transferable learning. The study on Judicial Practice in Proceedings for Cases of Sexual Violence in APV systematically identified evidence-handling gaps, including insufficient forensic documentation, poor coordination between healthcare providers and judicial actors, and lack of standardized procedures for collecting and safeguarding medical evidence. These shortcomings often led to the weakening of cases in court and, ultimately, to low conviction rates. The study also highlighted good practices, such as the importance of early involvement of healthcare professionals and the potential of digital forensics to improve reliability of documentation.

	On the basis of these findings, the study recommended: • the introduction of standardized forensic protocols and documentation templates; • mandatory specialized training for healthcare, police, and prosecutorial staff; • stronger cross-sector coordination mechanisms to ensure that medical, legal, and psychosocial documentation is consistent and admissible in court; • and the establishment of monitoring systems to track implementation and outcomes. *Sources:* Document review – Judicial practice research; KIIs with Project Implementers From a feminist perspective, the most exportable lesson is that technical guidance and institutional protocols must be co-created with practitioners and grounded in survivors' lived experiences. The project's promising practices — from updated procedural tools to sustained cross-sector learning — show that embedding survivor dignity, informed choice, and equitable access into routine professional behavior is achievable and replicable when practitioners are both the source and the stewards of change.
Evaluation Question 2	***What are the key lessons learned that can be shared with other practitioners on ending violence against women and girls, particularly sexual violence?***
Answer to the Evaluation Question: Key Findings with Quantitative and Qualitative Evidence	The project's three-year implementation offers a set of actionable lessons for practitioners seeking to strengthen survivor-centered sexual violence responses in complex institutional environments. These lessons span service delivery, cross-sector coordination, and are rooted in practice-tested approaches. **Survivor-centered practice must be embedded in daily routines, not treated as an add-on.** The consistent use of updated procedural documents — the *Handbook for Coordinated Response* and the *Special Guide for the Treatment of Sexual Violence Cases* — demonstrates that survivor-centered care becomes sustainable when embedded into core workflows and supported by standard documentation tools. CVSV coordinators stressed that survivor-sensitive protocols are now "the way we do our jobs" rather than an extra responsibility (*KIIs with CVSV Working Group Coordinators*). **Multi-sector learning changes professional behavior and case outcomes.** Joint training and case discussions between police, prosecutors, healthcare providers, social workers, and CSOs addressed evidentiary gaps that hindered prosecutions. Healthcare professionals reported that learning exactly what prosecutors need in medical documentation has directly improved case quality (*KIIs with healthcare professionals*). **Continuous professional development sustains quality and prevents drift.** Accredited training programs, complemented by an online learning platform, created a mechanism for both initial induction and ongoing skill reinforcement. The addition of specialized courses — for example, on working with child victims of SV — ensured that training met specific, high-priority needs identified in practice (*Training questionnaires/evaluations; Monitoring and Progress Reports*). **Peer support systems are vital for service quality and staff resilience.** Monthly supervision meetings and ad hoc peer consultations across CVSVs evolved into a community of practice, providing a safe space for problem-solving, sharing strategies, and preventing burnout among counselors (*KIIs with CVSV Counselors; Supervision meeting notes*). **Knowledge-sharing events amplify learning and catalyze replication.** Thematic forums and annual conferences became important vehicles for exchanging practical solutions, from embedding counselor contacts in ERs to onboarding new gynecologists into CVSV protocols. They also built a broader coalition of practitioners committed to survivor-centered care (*Monitoring and Progress Reports; KIIs with Project Implementers*). These lessons show that EVAW/G interventions have the most impact when survivor-centered principles are embedded in structures, translated into everyday practices, and adapted to reach those facing the steepest barriers to access.

Evaluation Question 3	***Are there any examples of successful practices? If so, what are they and how can they be replicated in other projects and/or in other countries that have similar interventions?***
Answer to the Evaluation Question: Key Findings with Quantitative and Qualitative Evidence	Several successful practices emerged with clear replication potential: **Hospital-based, one-location CVSV model with embedded counselors.** Survivors receive medical, forensic, and psychosocial support in one place, avoiding re-traumatization from repeated retelling. Counselors stressed that "being there from the first minute" is what keeps survivors engaged through medical and legal steps. Replication requires integrating the counselor role into hospital staffing and ensuring SOPs guarantee early activation. *Sources:* Document review – CVSV institutional frameworks; Structured observations in CVSVs; KIIs with CVSV Counselors and CVSV Working Group Coordinators. **Accredited blended training.** In-person, scenario-based training combined with an online platform allowed both skill-building and reach. Replication elsewhere would require alignment with national professional accreditation systems to secure institutional uptake. *Sources:* Training questionnaires/evaluations; Monitoring and Progress Reports. **Local working groups as coordination engines.** Regular meetings between police, prosecutors, social workers, and health staff created a habit of problem-solving together. In Sremska Mitrovica, the working group arrangement led to counselors being invited into police interviews — a survivor-friendly practice not yet common elsewhere. *Sources:* KIIs with CVSV Working Group Coordinators; KIIs with CVSV Counselors. The replication potential extends beyond Serbia; **UNTF staff identified direct interest in applying Serbia's CVSV experience to Bosnia and Herzegovina, where similar multi-sector systems are still emerging.**
Conclusions	The project made a strong contribution to the knowledge base on effective, survivor-centered sexual violence response in Serbia. It produced tested procedural tools, robust training curricula, and operational practices that embed dignity, consent, and non-discrimination into institutional routines. Lessons learned underscore that embedding knowledge in existing systems, creating structured cross-sector dialogue, and operationalizing intersectionality are key to sustained improvement. Successful practices — including the one-location CVSV model, accredited blended training, structured working groups, and intersectional adaptations — have been shown to work in practice and are ready for adaptation to other Serbian regions and comparable international contexts. Interest from neighboring countries confirms the model's regional relevance.

Evaluation Criteria	**Gender Equality and Human Rights**
Evaluation Question 1	***Have the human rights based and gender responsive approaches been incorporated throughout the project and to what extent?***
Answer to the Evaluation Question: Key	From its inception, the project was anchored in the understanding that access to survivor-centered sexual violence services is both a **human right** and a necessary step toward gender equality. Over three years, this principle was translated into design choices, operational practices, and institutional

Findings with Quantitative and Qualitative Evidence	reforms that embedded **inclusion, non-discrimination, participation, and accountability** across all activities. **Embedding HRBA and gender-responsive principles in service design and delivery** The hospital-based CVSV model reflects these principles in practice. By bringing medical, forensic, and psychosocial services together in a single safe location, the project removed the need for survivors to navigate multiple institutions and retell their story multiple times — a process that often compounds trauma. Counselors, trained in rights-based and gender-sensitive practice, are activated from the first contact, ensuring survivors are informed of their rights, supported in decision-making, and treated with dignity throughout medical and legal processes (*Structured observations in CVSVs; KIIs with CVSV Counselors*). **Active promotion of gender equality and rights in capacity building** Accredited training programs for healthcare professionals, police, prosecutors, and social workers integrated content on the Istanbul Convention, survivor agency, informed consent, and non-discrimination. Specialized modules addressed working with child victims, disability inclusion, and the importance of accessibility in service provision (*Document review – Training materials; KIIs with Project Implementers*). **Reaching and including marginalized women and minors** The project supported **87 Roma women, 51women with disabilities, and 82 women from low-income households**, as well as **32% minors** among survivors of sexual violence between 2022 and July 2025. Both Braille adaptation and targeted outreach to Roma women were discussed and planned within the CVSV working groups, ensuring they were coordinated and embedded in local strategies (*Monitoring and Progress Reports; Working group minutes; FGDs with women's CSOs*). **Raising stakeholder awareness and embedding rights-based thinking** By the project's conclusion, CVSV coordinators, counselors, and partner professionals across health, social work, and justice sectors consistently framed survivor dignity, informed consent, and equitable treatment as core professional obligations (*Structured observations in CVSVs; KIIs with professionals*). **Gender-sensitive monitoring and evaluation** The monitoring framework included gender-sensitive indicators, with data disaggregated by age, ethnicity, disability status, and socio-economic background. This allowed the team to track access for marginalized groups and adjust outreach strategies where needed (*Document review – M&E tools; Monitoring and Progress Reports*). **Institutionalization of rights-based and gender-responsive practice** Revised procedural documents, including the *Handbook for Coordinated Response* and the *Special Guide for the Treatment of Sexual Violence Cases*, explicitly reference non-discrimination, intersectionality, accessibility, and survivor participation in decision-making (*Document review – Revised Handbook; Revised Special Guide*). **Limitations and areas for further action** While the project embedded HRBA and gender-responsive approaches at the service and procedural level, structural **challenges in the wider system remain**. For example, the national healthcare information system (ISIS) — where medical records are stored — is accessible to providers across the country without password protection. This poses privacy risks for survivors of sexual violence and is a systemic issue beyond the project's direct scope. Overall, the main legislative challenge remains in the definition of rape in the Criminal Code that is not aligned with the ratified international standards and does not have the notion of consent as a key definition. *Sources:* KIIs with CVSV Coordinators; Endline Study. In addition, despite progress, more needs to be done to remove barriers for marginalized groups: expanding the availability of Braille materials, ensuring consistent sensitivity and accessibility for

	persons with disabilities, improving targeted outreach to Roma women, and strengthening protocols and training for working with minors as victims to ensure their specific needs are met. *Sources:* FGDs with women's CSOs; KIIs with CVSV Counselors; Working group minutes. **Overall,** the project has shifted the institutional mindset: survivors — including those from historically marginalized communities — are recognized as rights-holders, not passive recipients. Their voices shape the services they use, and their rights to dignity, choice, and equitable access are taken seriously. However, the full realization of these rights will require systemic reforms beyond the CVSVs, sustained investment in inclusion measures, and stronger safeguards for privacy and data protection.
Conclusions	The project has successfully embedded human rights–based and gender-responsive principles into the design, delivery, and institutionalization of sexual violence services in AP Vojvodina. Through integrated hospital-based CVSVs, updated procedural documents, targeted outreach, and inclusive capacity building, it has operationalized the principles of inclusion, non-discrimination, participation, and accountability in ways that are tangible for survivors — including those from marginalized groups. The active involvement of Roma women's organizations, incorporation of disability-access guidance, and protocols for working with minors as victims demonstrate the model's responsiveness to diverse needs. However, sustaining and deepening these achievements will require addressing systemic barriers beyond the project's scope, such as the unprotected national healthcare information system (ISIS) and the definition of rape in the Criminal Code. Continued investment is needed to expand the availability of Braille materials, strengthen sensitivity and procedural adaptations for persons with disabilities, improve targeted outreach to Roma women, and ensure consistent, trauma-sensitive protocols for minors. From a feminist perspective, the project has made important progress toward reframing survivors as rights-holders whose voices shape the services they receive — but realizing this fully will require sustained political will, institutional accountability, and secure resources.

11. Conclusion

Evaluation Criteria	Conclusions
Overall	The project has strengthened **CSW's** position as a **credible, capable convener of multi-sectoral responses to sexual violence i**n Vojvodina. By the end of the implementation period, **five CVSVs were operating with standardized procedures**, trained staff, and functioning coordination mechanisms. Survivor satisfaction reached very high levels, and professional competencies improved across sectors. CSW now has a **proven service model** with developed procedures and standards, a portfolio of procedural tools, and a reputation for delivering complex, survivor-centered interventions effectively. The priority moving forward is to protect these gains within the NGO's sphere of influence—by keeping consistent standards across centers, actively supporting new staff induction, and reinforcing relationships with institutional champions who can safeguard the model inside their systems. At the same time, the **model's long-term continuity depends on sustained partnerships, legislative recognition, and dedicated funding streams.**
Effectiveness	The project **exceeded its targets** in both service reach and quality, achieving routine survivor-centered care in all participating centers. Survivor narratives point to specific service features—continuous counsellor presence, being believed, and not having to repeat statements—as core to positive experiences. CSW can use this evidence to formalize these features into non-negotiable internal practice standards, ensuring they remain consistent even if partner institutions change leadership or priorities. Maintaining and expanding peer/self-help groups and structured follow-up after crisis intervention are particularly important for sustaining effectiveness.
Relevance	**Service demand continues to grow**, including among Roma women, women with disabilities, rural women, and minors. CVSVs are recognized by survivors and institutional partners as filling a gap that no other service currently meets. To preserve this relevance, CSW should keep building its targeted outreach capacity—working with trusted intermediaries in marginalized communities, adapting materials for different literacy and language needs, and tracking outreach results to refine strategies. **Maintaining visibility** through consistent communication activities, even between funding cycles, will help keep the service in public consciousness.
Efficiency	**CSW demonstrated strong operational agility**—adapting quickly to delays in accreditation, political unrest, and partner staff turnover without losing momentum. Embedding activities into hospital infrastructure and creating reusable assets (e.g., online platform, procedural guides) ensured good value for money. The NGO can further improve efficiency by expanding the online platform's use as a cross-sector training tool, building a library of case-based learning materials from real practice, and integrating short "refresher" formats to keep skills current with minimal resource use.

Sustainability	While **core processes are embedded**, transformative elements such as proactive outreach, disability adaptations, and continuous psychosocial care remain vulnerable to funding fluctuations. CSW can improve sustainability within its control by developing a tiered service delivery plan that prioritizes the most essential survivor-centered practices for maintenance during low-resource periods, while seeking diversified funding (private donors, international partners, local philanthropy) to cover enhancements. Strengthening the community-of-practice model among counsellors and institutionalizing internal mentoring for new staff will help maintain quality even if turnover occurs.
Impact	**The project contributed to women's empowerment** by expanding access to integrated, rights-based services, strengthening survivor trust in institutions, and enhancing the capacity of multi-sector teams to respond effectively. It demonstrated scalability (Vrbas CVSV) and generated interest for replication in the region. Structural legal and policy limitations continue to constrain full systemic transformation.
Knowledge Generation	**The project produced high-quality, practice-based tools** (updated procedural guides, accredited training, online platform) and original research on judicial practice. It documented promising practices—such as the one-location CVSV model, embedded counselors, and intersectional service adaptations—and lessons on system integration and cross-sector collaboration. These outputs have been taken up locally and are adaptable nationally and regionally.
Gender Equality and Human Rights	**Gender-responsive and human rights–based approaches were integrated across the proje**ct. Services prioritized informed consent, confidentiality, and non-discrimination, with specific measures to reach marginalized women. Physical accessibility gaps in two CVSVs highlight the need for infrastructure investment to fully realize equality of access. Institutional culture shifted toward recognizing survivors as rights-holders and psychosocial care as essential.

12. Recommendations

Evaluation Criteria	Recommendations [34]	Relevant Stakeholders (Recommendation made to whom)
Overall	• ✓ **Document and share positive examples and case stories from each site to strengthen CSW's credibility and motivate partner institutions.** (M) • Maintain a centralized database of CVSV activities, outcomes, and partner engagement to monitor consistency across locations. (L)	CSW; CVSV coordinators and counselors; Partner hospitals; Provincial Secretariat for Health
Effectiveness	• ✓**Expand peer/self-help groups to more sites, using trained survivor facilitators and low-cost models.** (S) • Track and share brief success stories to show how these practices improve survivor recovery. (S) • Develop quick-reference guides for new counselors on implementing key practices (S)	CSW; CVSV coordinators; Partner CSOs; CVSV working groups
Relevance	• ✓ **Continuously gather feedback from Roma women, women with disabilities, rural women, and minors to adapt outreach formats, language, and delivery channels. (S)** • Partner with community organizations to co-design outreach materials (S) • Host small community events and information sessions between project cycles to maintain visibility. (M) • Create a seasonal outreach calendar to ensure consistent public presence year-round. (S/M)	CSW; Ministry of Interior; Ministry of Justice; Social Protection; Professional associations
Efficiency	• ✓ **Expand online learning platform content to include modules for police, prosecutors, and social workers**. (S) • Create a shared digital resource library with templates, checklists, and tools. (M) • ✓Facilitate cross-site visits for staff to observe effective practices elsewhere[35]. (S/M)	CSW; Ministry of Interior; Ministry of Justice; Ministry of Health, Serbian Doctors Society, Social Protection; Professional associations
Sustainability	• ✓**Approach private donors, embassies, and international donors for targeted funding of counselors, outreach, and accessibility measures**. (M) • Identify low-cost, high-impact interventions that can be sustained without donor funding[36].(M) • Train additional staff or volunteers as backup for key roles. (M)	CSW; Donors; Private sector; International partners; Philanthropic foundations

[34] Legend: S = ≤12 months; M = 12–24 months; L = 24–36 months. ✓ = must-do.

[35] **Frequency:** 2×/year (Q2 & Q4); optional quarterly micro-shadows.
Tie-ins: onboarding (≤6 weeks), pre-conference/WG cycle (−4–6 weeks), multi-agency simulations, SOP rollouts, and new-site/leadership changes.

[36] **Low-cost, high-impact measures evidenced in the endline:** (a) clear door/wayfinding signage and laminated "how to find the CVSV" maps; (b) visible counselor contact cards and a simple SMS/WhatsApp line; (c) one-page checklists (triage, chain-of-custody, first-contact huddle) hosted in the shared online toolkit; (d) counselor-led peer/self-help groups using existing rooms and materials; (e) mandatory online induction for new ER/OBGYN/pediatrics staff via the existing e-learning; (f) short, multilingual outreach assets (posters/radio spots/brief reels) co-designed with Roma and disability CSOs.

Impact	• Use working group meetings to present data, survivor stories, and case studies demonstrating impact. (S) • **✓ Identify a 'champion' in each partner institution to advocate for survivor-centered practice**. (S/M) • Create visually engaging one-page briefs summarizing CVSV achievements for distribution to stakeholders. (M) • Organize joint public events or press releases with partners to highlight collaborative successes. (M) • Develop a recognition program for institutional partners who demonstrate exceptional collaboration (M)	CSW; CVSV working groups; Hospital leadership; Police and prosecutors; Partner CSOs
Knowledge Generation	**✓ Compile procedural guides, training curricula, and outreach tools into a 'CVSV Model Practice Package'**. (M) • Organize knowledge-sharing events where partners present their model adaptations. (S/M) • Document lessons learned from outreach to marginalized groups and integrate into future training. (M) • Translate key materials into minority languages. (M/L) • Establish a digital knowledge repository accessible to all CSW staff and core partners. (M/L) • Create instructional videos demonstrating model implementation steps. (L) •Encourage the inclusion of training modules, success stories and examples from CVSV into existing undergraduate curricula for medical students	Provincial Secretariat for Health; National and regional GBV networks; UNTF
Gender Equality and Human Rights	**✓Conduct annual accessibility and inclusion reviews with Roma women's CSOs, disability groups, and youth advocates. (S/M/L)** • Establish feedback loops for marginalized survivors and integrate input into service adjustments. (M) • Keep disability access, cultural sensitivity, and minor-specific protocols as regular items in planning. (M) • Develop quick-reference tip sheets for counselors on supporting specific marginalized groups. (S/M) • Partner with specialist organizations to provide joint training on intersectional service delivery. (S/M) • **✓Create a survivor advisory panel to provide ongoing input into CSW's practices. (M/L)**	CSW; Disability rights organizations; Roma women's CSOs; Partner hospitals; Professional licensing bodies

13. Annexes

13.1. Final version of the Terms of Reference

The Terms of Reference (ToR) for this evaluation is attached here:

Terms of Reference

Consultant for the final evaluation of the project "Path to Recovery: Improving services for victims of sexual violence in Vojvodina"

Service:	Service of Final Evaluation of Project "Path to Recovery: Improving services for victims of sexual violence in Vojvodina"
Program:	This is a mandatory final evaluation of the project requested by the United Nations Trust Fund to End Violence Against Women (UN Trust Fund).
Type of contract/ engagement:	Service contract
Place:	Kikinda
Deadline for applications:	January 24, 2025
Engagement period:	January 31 –September 30 (88 working days)
Supervision:	Center for Support of Women, Kikinda (Director and Program Coordinator)
Language:	English (document of the Final Evaluation should be in English language)

Background and context

Background and context of the project

On the basis of the Partnership Agreement, dated on August 1, 2022, signed between the United Nations Trust Fund to End Violence Against Women (UN Trust Fund) and Center for Support of Women from Kikinda, with related documents, the Center for Support of Women publishes this Terms of Reference for the service of final evaluation of the project.

In relation to the legal framework, it should be noted that the Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) was ratified in 2013 in the Republic of Serbia. Commitment to combating GBV was also expressed by adopting and amending numerous laws. In 2017, the Domestic Violence Prevention Law was adopted, in 2016, amendments to the Criminal Code criminalized, as separate criminal offences, stalking, sexual harassment and forced marriage, in 2018 the Free Legal Aid Law was adopted.

Although considerable efforts in have been made, GBV and especially sexual violence are still widespread, while W/G remain as dominant victims, especially women from vulnerable social groups, such as Roma women, women with disabilities, rural women, etc. Also, support services for women who experience GBV in the Republic of Serbia/APV are not fully harmonized with binding international standards, nor are support services sufficiently available. For some forms of violence, such as sexual violence, there is a lack of available and specialized services, with no sustainable funding. Specialized services, such as support for victims of sexual violence, are not recognized by the Law on Social Care (2011). Besides, new challenges are recognized in Anti- rights backlash. In 2024, the Constitutional Court temporarily suspended the Law on Gender Equality. The case was formed in 2021 (IUz-85/2021) based on a total of eight initiatives submitted between June 1, 2021, and January 24, 2023. In addition to these initiatives from various individuals and legal entities, the Protector of Citizens also submitted a proposal for the assessment of the constitutionality of certain provisions of the Law on Gender Equality on April 18, 2024.

In relation to the prevalence of GBV and SV, 2018 research presented within Strategy for preventing and combating gender-based violence against women and domestic violence 2021- 2025, show high prevalence of various forms of violence against women. Research shows that after the age of 15, 62% of women experience some form of gender-based violence, 42% experience sexual harassment, 22% physical and/or sexual violence in or out of a relationship, and 11% of women experience stalking. In relation to the prevalence of gender-based or sexual violence, in 2024, the CSW recorded a significant increase compared to the previous year, in the number of reported cases of gender-based, family and partner violence, through the SOS telephone, as well as sexual violence in the Centers for victims of sexual violence. Accordingly, a significantly greater number of support services, psycho-social and psychological, legal counseling were provided. During 2024, a total of 67 new cases were reported in the Centers for victims of sexual violence (CVSV), which is an increase of 42,5% compared to 2023, when 47 cases were reported. This is an even more significant increase compared to the previous period from 2019 to 2022, when the average number of cases on an annual level was 30. Also, since the beginning of 2024, counselors have provided 492 support services, which is a 34% increase in the number of psychological services provided compared to 2023.

Support services at the Centers for Victims of Sexual Violence (CVSV) were established in 2016, based on the recommendations and standards defined by the Istanbul Convention. The services within the Centers for victims of sexual violence are unique in the Republic of Serbia, they exist only in the territory of AP Vojvodina, and there is no other institution or women's organization that provides a similar service. Since 2019, it has been operating in four, and since 2024, five CVSV within health institutions on the territory of AP Vojvodina. Ensuring their sustainability, providing services that are available 24 hours, 7 days a week, as well as improving institutional cooperation within this project contributes to improving access to services for women from vulnerable groups who have difficulty accessing specialist services. The service provides comprehensive support for women victims of sexual violence (medical/forensic, legal, counseling and social services, psycho-social support and psychotherapy). The specialized support service provided within the CVSV combines two types of services from the social and health care systems and represents a unique example of successful cooperation between state institutions and CSOs in the provision of social care services. This support service empowers women and girls victims of sexual violence to survive the trauma of the experience of violence and continue a life without violence.

As for the improvement of multisectoral cooperation, important for the protection and support to victims in their recovery, increasing the knowledge and awareness of professionals from relevant institutions (health, social protection, prosecutor's office and judiciary) and staff engaged in responding to cases of sexual violence, through education and training is essential.

Also, training the new General Protocol on handling and multisectoral cooperation in situations of gender-based violence against women and domestic violence developed by the Ministry of Justice, was adopted by Government Decision 56-2476/2024/1, in March 2024. This provides an updated framework for the multisector cooperation. Based on this, key documents for providing support services a Guide for dealing with cases of sexual violence in the Centers for victims of sexual violence in AP Vojvodina and the Manual for improving the coordinated response of the competent services to violence against women were upgraded. In addition, research on judicial practice during the 2023 in the processing of cases of sexual violence in the AP Vojvodina awes developed. Research seeks to complete the presentation of institutional action in the processing of criminal acts of sexual violence in the APV, as well as to indicate examples from practice that can serve as a guide to other higher public prosecutions and courts in Serbia.

Description of the project

Organization	Center for Support of Women
Project title	"Path to Recovery: Improving services for victims of sexual violence in Vojvodina"
Project duration	2022-08-01 to 2025-07-31
Budget and expenditure	410,000 US dollars
Geographical areas	Autonomous Province of Vojvodina, Republic of Serbia. Focus is on 4 districts with the cities and municipalities that belong to them (South Backi, North Banatski, Central Banat and Sremski district), and where the Centers for Victims of Sexual Violence are functioning.
Specific forms of violence addressed by the project	Project addresses gender-based (GBV) and especially sexual violence (SV).
Main objectives of the project	Project goal: Women and girls victims of GBV and sexual violence have access to improved services of health and psycho-social support which empowers them to live free from violence, in Autonomous Province of Vojvodina. Outcome 1: Comprehensive and coordinated institutional response and protection of women and girls victims of sexual violence in Vojvodina enabled through improved multi sector cooperation. Outcome 2: Centres for Victims of Sexual Violence provide improved services support to women and girls victims of sexual violence in Vojvodina.
Key assumptions of the project	Existing Centres for Victims of Sexual Violence in general hospitals and the Clinical Centre of Vojvodina will improve practice and will be able to provide quality and standardized service, accessible to vulnerable groups of women and girls. Health professionals will show motivation and commitment to engage in learning pportunities. All procedures will be fully applied in CVSVs, and updated Special Guide for the Treatment of Sexual Violence Cases and Standards at the Centres for Victims of Sexual Violence in AP Vojvodina will contribute to that. Not only health workers but also professionals from other relevant institutions, social care and juridical institutions in Vojvodina will improve their knowledge and practices, as well as their response to ending violence against women and girls. They will show interest in developing stronger connections and improving multi-sector cooperation. These efforts will contribute to improved quality in service delivery and empower women and girls' victims of sexual violence. Availability of services will be improved and raising awareness on support services as well as on harmful practices of GBV and SV will increase reporting of SV in CSVS.

Primary Beneficiaries: **Planned: 990 women and girls in total** Women and girls in general. Total for 3 years 900 (300/300/300) Women/girl survivors of violence. Total for 3 years 90 (30/30/30)	
Achieved by February 1, 2025: 1,001 Women/girls on general: 732 Women/girls survivors of violence: 269	
Disaggregation of primary beneficiary types: Women/girls with disabilities. Total for 3 years 50 (10/20/20) Women/girls from minority ethnic groups. Total for 3 years 50 (10/20/20) Women and girls in the lowest income groups. Total for 3 years 50 (10/20/20) Women human rights defenders/ gender advocates. Total for 3 years 30 (10/10/10)	
Secondary Beneficiaries and Partners: **Planned: 1,200 People in total** **Sex / Gender disaggregation of secondary beneficiaries** Women / girls. Total for 3 years 900 (300/300/300) Men / boys Total for 3 years 300 (100/100/100) **Total for 3 years 1,200 (400/400/400)00** **Achieved by February 1, 2025: 881 (**Women/ girls: 647, Man/boys: 234) **Targeted agents of change, duty bearers, key stakeholders or project participants** Health professionals (e.g. doctors, nurses, health workers, etc.) Total for 3 years 230 (100 /100/30) Judicial and legal personnel (e.g. judges, prosecutors, lawyers, etc.). Total for 3 years 90 (30/30/30) Social/welfare workers. Total for 3 years 60 (20/20/20) Police (e.g. law enforcement, detectives, regular uniformed police). Total for 3 years 95 (30/30/35) ***Indirect Beneficiaries and Partners –*** **Planned: 1,800 People in total Sex / Gender** Women / girls. Total for 3 years 1,500 (500/500/500) Men / boys. Total for 3 years 300 (100/100/100) **Total for 3 years 1,800 (600/600/600)** **Achieved by February 1, 2025: 38,923 (**Women and girls: 29,767 Man/boys: 9,156) **Total Beneficiaries and Partners - Sex / Gender** Women / girls. Total for 3 years 3,300 (1,100/1,100/1,100) Men / boys. Total for 3 years 600 (200/200/200) **Total for 3 years 3,990 (1,300/1,300/1,300)** **Achieved by February 1, 2025: 40,536 (**Women/girls: 31,146, Man/boys: 9,390)	
Key implementing partners and stakeholders	Key partners of the project are health institutions in Vojvodina (Clinical Center of Vojvodina, Clinic for Gynecology and Obstetrics in Novi Sad, as well as general hospitals in Zrenjanin, Kikinda and Sremska Mitrovica), in which Centers for victims of sexual violence operate. As part of the improvement of multisectoral cooperation, the Institute for Public Health of Vojvodina and public health institutes, the Association of Health Workers of Vojvodina, the Higher Prosecutor's Office in Novi Sad, the Center for Social Work in Novi Sad, Sremska Mitrovica and Zrenjanin, clinics and primary health care institutions in Vojvodina (15), the Provincial Secretariat for Health, the Provincial Secretariat for Social Policy and Demography. Cooperation also includes the SOS Vojvodina Network, which brings together five women's organizations that provide services for victims of gender-based violence, with a focus on vulnerable groups of women and girls (Out of Circle Vojvodina from Novi Sad, SOS Women's Center Novi Sad, Roma Association Novi Bečej, Zrenjanin Educational Center).

Strategy and Theory of Change/Results chain Results Chain

The Path to Recovery: Improving the Services for Victims of Sexual Violence in Vojvodina		
Project Goal	**Women and girls victims of GBV and sexual violence have access to improved services of health and psycho-social support which empowers them to live free from violence, in Autonomous Province of Vojvodina.**	
Outcome	**Output**	**Activity**
Outcome 1: Comprehensive and coordinated institutional response and protection of women and girls victims of sexual violence in Vojvodina enabled through improved multi sector cooperation.	**Output 1:** Health care institutions improve and increase knowledge and skills in strengthening the institutional protection systems and responses to sexual violence in Vojvodina.	1.1: Conducting training module for healthcare workers in CVSV to deal with cases of GBV and sexual violence and specific needs of intersection groups, women with disabilities, Roma women, etc
		1.2: Upgrading Handbook for Improving Coordinated Response of Competent Services to Violence Against Women "A Step towards Better Protection", Upgrading the Special Guide for the Treatment of SV Cases.
	Output 2: Professionals from the relevant institution within the protection system in Vojvodina increase their knowledge and expertise in responding to cases of sexual violence.	2.1: Conducting training modules for professionals from relevant institutions in the protection system on the importance of cooperation with CVSV and within working groups in providing support services.
		2.2: Conducting workshop for members of working groups and healthcare workers from CVSVs on and sharing materials facilitating implementation of Handbook and procedures for responding to cases of SV.
		2.3: Conducting research on "Judicial practice in proceedings for cases of sexual violence in APV".
		2.4: Online Learning Platform with training modules available for an online learning and share of knowledge and practices among healthcare workers and other actors.
		2.5: Developed informational materials, illustrations, and info graphics on procedures as well as online toolkit, to facilitate a response from professionals within institutions of the protection system.
	Output 3: Health care professionals connected with CVSV share experience and practices with other professionals from relevant institutions and improve multi sector learning exchange.	3.1: Work meetings with directors, healthcare and other professionals in general hospitals and Clinical Center Vojvodina, in which CVSV are functioning, members of working groups on fostering relations.
		3.2: Organizing working meetings with decision-makers/government representatives to lobby for amendments to the Law on Social Care and adoption of Activity Plan for the implementation of the Strategy.

Outcome 2: Centres for Victims of Sexual Violence provide improved services support to women and girls victims of sexual violence in Vojvodina.	**Output 4:** Improved existing standards for psycho-social service support and additional health-supporting services to address the needs of women and girls from intersection groups who experienced or are at risk from sexual violence.	4.1 : Providing additional health support services to W/G victims of sexual violence in CVSV facilities/ free testing for infectious and sexually transmitted diseases, day-after tablets, etc.
		4.2: Development of amendments to the Standards for providing psycho-social support based on the inputs from beneficiaries and counsellors, adjusted to based on the inputs from beneficiaries and counsellors, adjusted to the specific needs of intersection groups.
	Output 5: Psycho-social service delivery in CVSV is improved through 1) increased knowledge and skills of counsellors for implementing HR and GB approaches and practices; 2) improvement of extended psychosocial support (self-help groups) for women and girls' victims of SV; 3) sharing experiences and learning among professionals, women's organizations, experts and consultants.	5.1: Training for counsellors providing psycho-social service support on professional capacity development, improving knowledge on GBV, implementation of Standards for providing support services.
		5.2 : Organizing meetings and workshops with professionals, women's organizations, experts and consultants that provide specialized services on methods and providing psycho-social assistance.
		5.3: Providing health and psycho-social support to women and girls victims of sexual violence, from the age of 15, 24 hours a day, seven days a week, within CVSVs, based on the improved Standards.
		5.4: Organizing peer to peer and self-help groups for women victims of sexual violence.
		5.5: Organizing two annual conferences on the phenomenon of sexual violence and services available to women victims of sexual violence on the territory of APV.
	Output 6: General public in Vojvodina, especially women and girls, has more knowledge and relevant information about services support and awareness regarding GBV/SV as a public problem.	6.1: Posters, leaflets and informational material about support services and GBV/SV created and publicly displayed in CVSV and other institutions in protection system available to the victims of violence.
		6.2: Communication strategy and promotional plan including combination of traditional media (TV, radio newspaper) and social media (Facebook, YouTube, etc.) created to address general public, especially women and girls
		6.3: Implementing communication strategy and promotion plan to share information on support services and GBV/SV.

Purpose of the evaluation

The subject of the call for service is the mandatory final evaluation of the project **"Path to Recovery: Improving services for victims of sexual violence in Vojvodina",** which is required by the United Nations Trust Fund to End Violence Against Women (UN Trust Fund), with a **deadline September 30, 2025**.

The results of the evaluation will be used by the management team of the Center for Support of Women to understand the achieved outcomes, positive effects and aspects and negative circumstances. It will be used for planning the continuation of the provision of specialized support services for victims of sexual violence in AP Vojvodina. The evaluation will enable gaining knowledge and learning, identifying what worked well and what can be improved to help inform future projects and programming. In addition, it can be used as a useful advocacy and resource mobilization tool, demonstrating accountability and showcasing results and achievement of the project. In addition, it will be used by the United Nations Trust Fund, to assess the overall impact of the project. will be used by the United Nations Trust Fund, to assess the overall impact of the project.

The results of the evaluation will contribute to the Center for Support of Women in designing further activities and programs based on the perspective of the primary beneficiaries, victims of sexual violence. The Center for Support of Women will also decide on an advocacy strategy in order to recognize this specialized service within the framework of the Law on Social Protection, financing and sustainability in service provision, as well as further building the capacity of professionals who provide support services.

Evaluation Objectives and scope

Scope of evaluation

The evaluation should cover the entire duration of the project (from August 1, 2022, to July 31, 2025). The evaluation should be focused on activities and impact in AP Vojvodina, as well as more broadly in Serbia.

The geographical area of AP Vojvodina, with a focus on 4 districts with the cities and municipalities that belong to them (South Backi, North Banatski, Central Banat and Sremski district), and especially the cities where the project is implemented (Novi Sad, Kikinda, Zrenjanin and Sremska Mitrovica), as well as indirectly the geographical area of all 45 municipalities in Vojvodina.

This evaluation should include primary, secondary and indirect beneficiaries, as well as wider stakeholders, including key partners and external consultants/experts who participated in the project.

The primary target group, or the primary beneficiaries of the project are women and girls who are victims of sexual violence, or those who are at risk of sexual violence, with a special focus on marginalized and vulnerable groups (Roma women, women with disabilities, women from rural areas or with low incomes). The secondary target group of the project are representatives of local communities, relevant institutions and professionals involved in the prevention and protection system (health workers, social workers, court and legal staff, police). Indirect beneficiaries include the general public, in Vojvodina and Serbia, as well as families or friends of victims, i.e. beneficiaries of support services

Objectives of the evaluation

The general objectives of the evaluation are:

- To evaluate the entire project, against the effectiveness, relevance, efficiency, sustainability and impact criteria, as well as the cross-cutting gender equality and human rights criteria, with a strong focus on evaluating results on the outcome and objectives of the project;

- To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, especially sexual violence, for learning purposes.

Evaluation questions and criteria

Evaluation Criteria	Mandatory Evaluation Question
Effectiveness *A measure of the extent to which a project attains its objectives / results (as set out in the project document and results framework) in accordance with the theory of change.*	**To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?** To what extent are the primary and secondary beneficiaries satisfied with the results?
Relevance *The extent to which the project is suited to the priorities and policies of the target group and the context.*	**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 were the project strategy and implemented activities relevant in responding to the needs of women and girls' victims of sexual violence, especially those from vulnerable social groups?
Efficiency *Measures the outputs - qualitative and quantitative - in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively.*	**To what extent and how was the project efficiently and cost-effectively implemented, according to the project document?**
Sustainability *Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends.*	**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?** Does the project holder have the capacity to maintain the quality of services achieved after the completion of the project?
Impact *Assesses the changes that can be attributed to a particular project relating specifically to higher-level 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)?**
Knowledge generation *Assesses whether there are any promising practices that can be shared with other practitioners.*	**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?** What are the key lessons learned that can be shared with other practitioners on ending violence against women and girls, particularly sexual violence? Are there any examples of successful practices? If so, what are they and how can they be replicated in other projects and/or in other countries that have similar interventions?
Gender Equality and Human Rights	**Cross-cutting criteria**: **To what extent have human rights-based and gender-responsive approaches been integrated into the project's design, implementation, and outcomes?**

Evaluation design and methodology

Proposed evaluation design

It is expected that the evaluator proposes the evaluation design and methodology as well as the data sources. Final decisions about the specific design and methods for the evaluation will be approved upon the inception phase.

The evaluation methodology should include a process and outcome evaluation design adapted to this type of grant/project. Process design includes the evaluation of inputs for activities to achieve results that should all lead to the extension of the evaluation to the design of outcomes (evaluation of short-term, medium-term project outcomes).

Data sources

For the evaluation process, the Center for Support of Women project team collected project documents and information on the extent and consistency of the program implementation. For the evaluation process, the selected evaluator will have to:

- Reviews project documents and reports.
- Inspects the materials produced during the project;
- View administrative data.
- Center for Support of Women will provide the selected evaluator with the following data sources:
- Results of questionnaires before and after the training for professionals from institutions in the protection system who attended the training;
- Results/reports of individual interviews with primary beneficiaries;
- Publications created within the project;
- Created work and training programs, as well as informative material.

Proposed data collection methods and analysis

The evaluation will have a comprehensive approach and method. Data sources and tools should provide the most reliable and correct answers to the evaluation questions. As mentioned above, final decisions on specific evaluation design and methods will emerge from consultation between the project team, evaluators and key stakeholders to meet the purpose and objectives of the evaluation and answer the evaluation questions.

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

It is recommended for the evaluation that the data collection methods can include, desk review, survey, key informant interviews, focus group discussions etc.

Evaluation of outcomes should identify program outcomes and effects and measure changes in knowledge, attitudes and/or behavior of project beneficiaries resulting from the project.

Proposed sampling methods

It is expected that the sample size should reach 10-20% of the total engaged participants in project and include all groups of beneficiaries.

Field Visits

The evaluator should include field visits, especially focusing on the towns where the service is being provided, in Centers for Victims of sexual violence, in 4 districts mentioned above.

Level of Stakeholder engagement

For the purposes of the management of the evaluation and Evaluation Management Group (EMG) is established, including project staff, M&E staff and senior managers, Project Manager and Project Coordinator, who will guide the process and ensure the evaluation meets the needs specified in this ToR.

THE EMG group will include, besides the project staff, stakeholders and donor (UNTF Program Manager). The group will review and provide feedback on each of the deliverables (inception report, draft report and final report. This will ensure that the data and findings accurately describe project and achievements and help to disseminate knowledge and learnings from the project.

The EMG will work closely, organize regular meetings and consultations, as well as share information crucial for conducting all phases of the evaluation process. The group will also meet online and in live meetings, and consultations via email of phone will be organized, especially to address the need for flexibility and possible challenges in social or political/institutional level. There will be a validation meeting organizes of the draft reports.

The EMG's Evaluation Task Manager will be Project Coordinator/ Manager who will manage the evaluation process.

Evaluation ethics

The evaluation must be conducted in accordance with the principles outlined in the UNTF 'Ethical Guidelines for Evaluation'.

The project applies the approach of respect for human rights, the principles of social inclusion, as well as observations about the intersectionality of victims of sexual violence.

The evaluator/s must put in place specific safeguards and protocols to protect the safety (both physical and psychological) of respondents and those collecting the data as well as to prevent harm. This must ensure the rights of the individual are protected and participation in the evaluation does not result in further violation of their rights. The evaluator/s must have a plan in place to:

- Protect the rights of respondents, including privacy and confidentiality.
- Elaborate on how informed consent will be obtained and to ensure that the names of individuals consulted during data collection will not be made public.
- If the project involves children (under 18 years old) the evaluator/s must consider additional risks and need for parental consent.
- The evaluator/s must be trained in collecting sensitive information and specifically data relating to violence against women and select any members of the evaluation team on these issues.

- Data collection tools must be designed in a way that is culturally appropriate and does not create distress for respondents.
- Data collection visits should be organized at the appropriate time and place to minimize risk to respondents.
- The interviewer or data collector must be able to provide information on how individuals in situations of risk can seek support (referrals to organizations that can provided counseling support, for example).
- As the project involves women and girls with disabilities, additional safeguards must be implemented to ensure accessibility, anonymity and confidentiality, accommodate their specific needs, and address any additional risks they may face. Special attention should be given to physical, communication, and psychological accessibility during the data collection process.
- To interview the primary beneficiaries of the project, the evaluator must consult and adhere to the highest standards of respect for human rights, confidentiality of data and policies on the prohibition of abuse and exploitation of the Center for Support of Women, especially for interviewing women victims of sexual violence. It is necessary to seek the consent of the participants, ensure physical and psychological safety, as well as protection from the risk of additional violence against the beneficiaries or participants, while respecting the policies on protection against sexual harassment and abuse.
- The evaluator is obliged to adhere to 10 ethical program principles ((UN Women EVAW Programming Principles:
- https://www.endvawnow.org/en/modules/view/14-programming-essentials-monitoring-evaluation.html).
- The evaluator is obliged to:
- Guarantee the safety of interviewed and the research team.
- Implement protocols to ensure anonymity and confidentiality of respondents.
- Ensures compliance with legal codes governing areas such as provisions for data collection and reporting, particularly the permissions required to interview or obtain information about children and young people.
- Safely stores collected information.
- The evaluator must consult relevant documents before developing and finalizing data collection methods and instruments. Key documents include (but are not limited to) the following:
- WHO, "Ethical and safety recommendations for intervention research on violence against women ", (2016)
- WHO, "Ethical and safely recommendations for researching, documenting and monitoring sexual violence in emergencies" (2007)
- WHO/PATH, "Researching violence against women: a practical guide for researchers and activists", (2005)
- UNICEF's "Child and youth participation guide" (various resources)
- UNEG guidance document, "Integrating human rights and gender equality in evaluations", (2011) Chapter 3

Key deliverables of the evaluator and timeframe

This section describes the key products that the evaluation team will be responsible for producing and submitting to the Center for Support of Women, the client.

Product	Description	Timeline
Evaluation Inception Report (in English)	This report should be submitted by the evaluator **within 2-4 weeks of starting the assessment**. The inception report needs to meet the minimum requirements and structure specified in the evaluation guidelines.	May 30, 2025
Draft Evaluation Report (English)	The evaluator should submit report **between 1 month and 2 weeks before the final evaluation is due**. The Draft Report needs to meet the minimum requirements and structure specified in the evaluation guidelines.	August 31, 2025
Final Evaluation Report (in English)	Final Evaluation report should be submitted **2 months after the project end date.** The Final Report needs to meet the minimum requirements and structure specified in this guideline for UN Trust Fund's review and approval.	September 30, 2025

Evaluation team composition

Required Competencies

To conduct the final evaluation of the project, the Center for Support of Women requests that an agency/organization/company with proven experience and expertise in the field of project evaluation, with a list of references for the previous 3 years, conduct the evaluation. Also, it is necessary that the agency/organization/company has experience working on evaluations of projects with the topic of gender-based violence in Serbia, or areas of wider social importance.

The evaluator should also have expertise in GBV and SV subjects, to be well informed on the legal framework and practices, to have cooperation with the relevant institutions for data collection, etc.

The evaluator is responsible for conducting the evaluation from the beginning to end and for managing the evaluation process under the supervision of the director and program coordinator of the Center for Support of Women, for data collection and analysis, and for the preparation and finalization of reports in English.

Management Arrangements of the evaluation

The evaluation will be conducted by and led by an external consultant or team of consultants (either national or international) who will be supervised by the Evaluation Task Manager, Evaluation Management Team and External Stakeholder Reference Group. A national evaluator/s is/are strongly encouraged.

External consultant who leads the Evaluation: Carry out the evaluation based on agreed activities, facilitate a participatory evaluation process, including designing questionnaire, conducting data collection, analysis, and findings, lead the dissemination workshop, discussions and writing of the draft and then final Evaluation Report.

Evaluation Task Manager: CSW will play the role as Evaluation Task Managers who leads the overall management of the evaluation process and supervises the evaluator to ensure that the evaluation meets the

standards required by UN Trust Fund. The task manager will also review, coordinate and share comments on the inception and evaluation reports.

Evaluation Management Team:

The Evaluation Management team consists of 4 members including:

- Program Manager
- M&E Coordinator
- CVSV Service Coordinator in Novi Sad
- Executive director.

The evaluation Management Team plays a key role as coordinator/supporter. The team will coordinate all logistic arrangements and facilitate access to beneficiaries and key informants including local government in project areas as required by the evaluator. The group will oversight the evaluation process to avoid any conflict of interest or possible bias.

External Stakeholder Reference Group: The external stakeholder group consists of 3 members:

- Representative of High Public Prosecutor Office in Novi Sad
- Legal – Gender expert
- MoI representative

The Stakeholder Reference Group will provide contextual and technical expertise on violence against women and the project's implementation and results. They may be interviewed by the Evaluator as key informants. The Stakeholder Reference group will review and comment on the inception and evaluation reports.

Timeline of the entire evaluation process

Stage of Evaluation	Key Task	Responsible	Number of working days required	Timeframe Example – please edit
Inception stage	Briefings of evaluators to orient the evaluators	Evaluation Task Manager	**10 working days**	**First week**
	Desk review of key documents	Evaluator/s		**First week**
	Finalizing the evaluation design and methods	Evaluator/s		**Second week**
	Submit draft I**nception report**	Evaluator/s		**By May 15, 2025**
	Review **Inception Report** and provide feedback	Evaluation Task Manager, Stakeholder Group and UNTF	**7 working days**	**By May 22, 2025**
	Incorporating comments and revising the **inception report**	Evaluator/s	**7 working days**	**By May 31, 2025**
	Submitting final version of **inception report**	Evaluator/s		
	Review final **Inception Report** and approve	Evaluation Task Manager, Stakeholder Group and UNTF	**6 working days**	**By June 6, 2025**
Data collection and analysis stage	Desk research	Evaluator/s	**4 working days**	**By June 10, 2025**
	In-country technical mission for data collection (visits , interviews, questionnaires, etc.)	Evaluator/s	**10 working days (depending on travel)**	**By July 20, 2025**
Synthesis and reporting stage	Analysis and interpretation of findings	Evaluator/s	**20 working days**	**By August 10, 2025**
	Preparing a **first draft report**	Evaluator/s		
	Review of the draft report with key stakeholders for quality	Evaluation Task Manager, Stakeholder Group and	**10 working days**	**By August 20, 2025**

	assurance	UNTF		
	Consolidate comments from all the groups and submit the consolidated comments to evaluation team	Evaluation Task Manger		
	Incorporating comments and preparing **second draft evaluation report**	Evaluation Team	**10 working days**	**By September 1, 2025**
	Final review and approval of report	Evaluation Task Manager, Stakeholder Group and UNTF	**10 working days**	**By September 10, 2025**
	Final edits and submission of the **final report**	Evaluator/s, Evaluation Task Manager, Stakeholder Group, CSW director and UNTF	**20 working days**	**By September 30, 2025**

Criteria for selecting the most favorable bidder:

- Lowest offered price
- Previous references for the same or similar jobs (minimum 3 references)

The selected bidder will be informed within 7 days on the acceptance of the offer and the conclusion of the Contract, and the other bidders will be informed by e-mail on the results of the call. The dynamics of the performance of services in accordance with this specification, as well as payments for individual positions from the offer, will be subsequently defined in the Contract on the provision of services, with the selected bidder, and in accordance with the project budget.

Application procedure:

- Interested agencies/companies can apply by sending the following documents:
- Offer form
- Bidder's statement
- References for similar or the same jobs in the previous three years.

13.2. Evaluation Matrix

Evaluation Criteria	Evaluation Questions	Indicators	Data Sources	Data Collection Methods
Relevance	**1. To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?** 2. To what extent were the project strategy and implemented activities relevant in responding to the needs of women and girls' victims of sexual violence, especially those from vulnerable social groups?	*Number of beneficiaries who report that the project's services/products continue to meet their needs;* *Number and types of services (legal, psychosocial, medical) still actively used by women/girls, post-project;* *Change in alignment between project outcomes and the expressed needs of women/girls from baseline to endline;* *Degree to which strategies addressed specific vulnerabilities (e.g. ethnicity, disability, poverty);* *Stakeholder perception of relevance;*	***Documents:*** *Baseline Study; Endline Study; Monitoring and Progress Reports[37]; Training Questionnaires/Evaluations (from professionals who participated in the trainings);* ***Informants:*** *Project Implementers; CVSVs Working Group (WG) Coordinators; CVSVs Counselors; Women/girls survivors of sexual violence and CVSV beneficiaries;*	*Document review;* *Quantitative analysis of training questionnaires/evaluations;* *Key Informant Interviews (KIIs) with Project Implementers; Donors; CVSVs WG Coordinators; CVSVs Counselors; Authorities at Provincial level;* *In-depth interviews with Women/girls survivors of sexual violence and CVSV beneficiaries.*
Effectiveness	**3. To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?** 4. To what extent are the primary and secondary beneficiaries satisfied with the results?	*Number of primary and secondary beneficiaries who report satisfaction with the project's outcomes and services received;* *Number and type of services improved in CVSVs;* *Number of women/girls reached, disaggregated by vulnerability (ethnicity, disability, income);* *Reported improvements in*	***Documents:*** *Baseline Study; Endline Study; Monitoring and Progress Reports; Training materials and evaluations;* ***Informants:*** *Professionals who participated in the trainings; CVSVs Working Group (WG) coordinators; CVSVs Counselors; Women/girls survivors of sexual violence and CVSV beneficiaries; Project Implementers; Monitoring*	*Document review;* *Pre-/post-training analysis;* *KIIs with Project Implementers;* *KIIs with Monitoring Implementers;* *KIIs with CVSV Coordinators and Counselors in the CVSVs;* *In-depth interviews with W/G survivors of sexual violence and CVSV beneficiaries.* *Structured observations in the*

[37] Data presented in Baseline Study, Endline study and Progress reports are collected based on the indicators and methods defined in the project matrix.

		multi-sector coordination and institutional response; Increased knowledge and capacities among trained professionals (pre-/post-training comparison); Level of satisfaction with CVSV access, quality, and responsiveness; Number of beneficiaries who report a positive change in their situation due to the project (e.g., improved legal access, psychological well-being, or social empowerment).	*implementer.* ***Field visits****.*	*CVSVs.*
Efficiency	**5. To what extent was the project efficiently and cost-effectively implemented?**	*Number of project activities completed on time according to the original timeline (delays, on-time, early completion); Budget execution rate (planned vs. actual expenditure); Number and type of significant implementation obstacles identified and addressed during the project; Project implementers and donor perceptions of resource use, cost-effectiveness, and coordination.*	***Documents:*** *Progress and monitoring reports; Project financial reports and budget tracking documents; Work plans and implementation schedules; Meeting minutes;* ***Informants:*** *Donor or Steering Committee; Project implementers (management, coordination, and finance staff); Monitoring implementers.*	*Document review and timeline analysis; KIIs with Project Implementers (project management, coordinators and finance staff); KIIs with Monitoring implementers; KIIs with Donor representatives.*
Impact	**6. To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?**	*Number of professionals trained to respond effectively to GBV/SV; Evidence of improved institutional practices and responses across sectors (health, social, judicial); Trends in reported GBV/SV cases in AP Vojvodina (increase/decrease);*	***Documents:*** *Endline Study; Monitoring and Progress Reports; Training materials and post-training evaluations;* ***Informants:*** *Donors; Project Implementers; CVSVs beneficiaries; Professionals (health, social work, judicial sectors); CVSVs Counselors;*	*Document review; Pre- and post-training tests that measure changes in awareness, knowledge, attitudes of training participants; In-depth interviews with W/G survivors and CVSV beneficiaries; Focus group*

		Number of women seeking psychosocial support through women's CSOs (registered or not in CVSV) (increase/decrease); Perceived empowerment of women/girls supported by the CVSVs (e.g. increased confidence, access to services, knowledge of rights); Changes in awareness, attitudes, and behaviors related to gender-based and sexual violence.	*Representatives of women's CSOs; Women in general population.*	*discussions with women's CSOs; Survey with Women in general population.*
Sustainability	**7. 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?** 8. Does the holder have the capacity to maintain the quality of services achieved after the completion of the project?	*Existence of institutional mechanisms or sustainability/exit plans; Availability of financial and human resources to sustain services; Ongoing collaboration with women's organizations and multisectoral actors; Number and implementation status of active memorandums of cooperation between healthcare institutions and partners supporting GBV/SV services at project closure; Existence and use of formal coordination mechanisms (e.g., protocols, referral systems, joint working groups) between healthcare and social protection systems at all governance levels; Stakeholder confidence in the continuity of services post-project.*	***Documents:** Progress reports; Memorandums of cooperation and internal documents from CVSVs and CSW; Sustainability and exit plans; CVSV institutional frameworks and internal plans; Budgets and staffing plans of partner institutions;* ***Informants:** Professionals engaged in the CVSVs; Project implementers; Donors; Monitoring implementers; CVSVs Working Group (WG) coordinators; Counselors in the CVSVs; Government partners; Representatives of women's CSOs;* ***Field visits.***	*Document review;* *KIIs with Project Implementers; Donors; CVSVs Working Group (WG) Coordinators; CVSVs Counselors; Government partners at various levels (provincial, national);* *FGDs with women's CSOs;* *KIIs with Monitoring implementers;* *Structured observations in the CVSVs.*

Knowledge generation	**9. 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?** 10. What are the key lessons learned that can be shared with other practitioners on ending violence against women and girls, particularly sexual violence? 11. Are there any examples of successful practices? If so, what are they and how can they be replicated in other projects and/or in other countries that have similar interventions?	*Number and type of knowledge products (manuals, toolkits, research reports) developed and disseminated for broader use;* *Identification of innovative practices that contribute to EVAW/G and have the potential to be shared and replicated by other practitioners;* *Number of stakeholders (e.g., government officials, CSOs, community leaders) engaged in knowledge-sharing events (workshops, webinars, conferences) where lessons learned were shared;* *Number of media coverage of the project's key findings and impacts, including local and national media outlets and social media;* *Existence of platforms or systems (e.g., online databases, networks) established to continue sharing knowledge beyond the project's duration;* *Number of identified successful practices with evidence of positive outcomes and the degree to which these practices have been adopted or replicated.*	***Documents:*** *Progress Reports; Project publications, manuals and toolkits; Meeting minutes; Conferences/workshops agendas and reports; Media outlets (e.g., local and national news, social media channels, websites);* ***Informants:*** *Project Implementers; Monitoring implementer; Representatives of women's CSOs; Women form general population; Government representatives.*	*Document review;* *KIIs with Project Implementers;* *KIIs with Government representatives;* *KIIs with Monitoring implementers;* *FGDs with women's CSOs (practitioners in the field of EVAW/G);* *Survey with women from general population;* *Analysis of media reports and social media metrics (views, shares, downloads).*
Gender Equality and Human Rights ***(Cross-cutting criteria)***	**12. Have the human rights based and gender responsive approaches been incorporated through-out the project and to**	*Extent to which the project design and implementation reflect human rights and gender-responsive principles (e.g., inclusion, non-discrimination,*	***Documents:*** *Baseline Study; Endline Study; Monitoring and Progress reports; Project publications, manuals and toolkits; Training materials; Relevant policy*	*Document review;* *KIIs with Project Implementers;* *KIIs with CVSVs Counselors;* *KIIs with Monitoring implementers;* *In-depth interviews*

	what extent?	*participation, accountability); Number of project activities that actively promote gender equality and human rights; Number of women from each vulnerable group (Roma women, women with disabilities and rural women), covered by the project; Evidence of participation of women from marginalized groups in decision-making processes; Level of awareness and application of human rights and gender equality principles among project staff and stakeholders; Evidence of integration of gender-sensitive indicators into monitoring and evaluation frameworks; New documents developed during the project implementation have incorporated gender-responsive approach and human rights-based approach.*	*documents developed during the project;* ***Informants:*** *Project Implementers; Monitoring implementers; Professionals (health, social work, judicial sectors); CVSVs Counselors; CVSV beneficiaries.* ***Field visits****.*	*with W/G survivors and CVSV beneficiaries; Structured observations in the CVSVs.*

13.3. Beneficiary Data Sheet

TOTAL BENEFICARIES REACHED BY THE PROJECT	
Type of Primary Beneficiary	Total number
Female domestic workers	
Female migrant workers	
Female political activists/ human rights defenders	30
Female sex workers	
Female refugees/ internally displaced asylum seekers	
Indigenous women/ from ethnic groups *Roma women	22
Lesbian, bisexual, transgender	
Women/ girls with disabilities	17
Women/ girls living with HIV/AIDS	
Women/ girls survivors of violence	269
Women prisoners	
Women and girls in general	732
Other (Specify here:) low income	17
TOTAL PRIMARY BENEFICIARIES REACHED	1001
Type of Secondary Beneficiary	Total number
Members of Civil Society Organizations	
Members of Community Based Organizations	
Members of Faith Based Organizations	
Education Professionals (i.e. teachers, educators)	
Government Officials (i.e. decision makers, policy implementers)	
Health Professionals (doctors, nurses, medical practitioners)	230
Journalists / Media	
Legal Officers (i.e. Lawyers, prosecutors, judges)	90
Men and/ or boys	234
Parliamentarians	
Private sector employers	
Social/ welfare workers	60
Uniformed personnel (i.e. Police, military, peace keeping)	95
Other (Specify here:) (women/girls reached as part of training, meetings, events who do not fit above roles)	172
TOTAL SECONDARY BENEFICIARIES	881
Indirect beneficiaries reached	Total numbers
Other (total only)	38923
GRAND TOTAL	40536

13.4. Data collection instruments and protocols

All instruments for this evaluation are attached here (13.4.1-13.4.10):

13.4.1. Informative Consent Forms (adults and minors)

Informative Consent Form for Participation in the Interview/FGD (adults)

Good afternoon. Let us first introduce ourselves – we are _____ (names of researchers/organization), and we are working with the Centre for Support of Women on a project supported by the United Nations Trust Fund. The project is called *"The Path to Recovery: Improving the services for victims of sexual violence in AP Vojvodina."*

This project is aimed at improving support to victims of sexual violence in the AP Vojvodina. The main objectives include improving the quality and availability of health and psycho-social support services within the Centers for Victims of Sexual Violence, which operate within health institutions in the territory of the AP Vojvodina. Also, the project aims to contribute to the improvement of multi-sectoral cooperation, increasing knowledge and sensitization of professionals from relevant institutions, as well as to contribute to their more efficient treatment.

As we reach the final phase of the project, we are collecting data for the purpose of the project evaluation. The main purpose of this evaluation is to assess the results achieved and the performance of the project, according to recognized OECD/DAC evaluation criteria.

Thank you for your interest and willingness to participate in the project evaluation. Your insights are extremely valuable to us. Although there may be no direct personal benefit from your involvement, your input will help assess whether the project has contributed to improving the protection of women and girls from gender-based, particularly sexual, violence in the AP Vojvodina. It will also inform the development of future programs and policies aimed at safeguarding women and girls from such violence.

Participation in the interview is **anonymous**, and your responses will be treated with strict confidentiality. All personal information and information obtained during the interview will be kept and presented (in aggregated form) in accordance with the highest ethical research standards and the Law on Personal Data Protection[38], and therefore shall not be misused or used for any purpose other than this project's evaluation.

Participation is entirely **voluntary**. You have the right to withdraw from the evaluation at any time without any consequences. Your participation or refusal to participate in this interview will not jeopardize the services/activities you already have access to. If you change your mind after the interview, you may withdraw your permission for the use of your data within 7 days of the interview date. If so, please contact the evaluation team at the details below.

Participation in this evaluation involves **minimal risk** (physical, psychological, social, or legal). However, you may feel slightly uncomfortable answering certain questions. You may choose not to answer any question you do not wish to, or stop the interview at any time. Support is available before, during, and after participation if needed. The services listed below offer free and confidential help.

[38] Law on Personal Data Protection, "Official Gazette of RS", No. 87/2018.

The interview will not last longer than 1 hour and 30 minutes. We kindly ask for your permission to audio record the interview. The recording will help us ensure the accuracy of your responses. The recording will be kept strictly confidential, securely stored, and used solely for evaluation purposes by the research team. 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.

You will be provided with a copy of this signed consent form for your records.

By signing below, you confirm that you understand the information provided, and you give permission for participating in the evaluation and for this interview/FGD to be audio recorded.

PARTICIPANT's STATEMENT:
I confirm that I am:

- 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.
- By signing this form, I consent to the audio recording of this interview for evaluation purposes.

Signature of the participant Signature of the researcher

In _____(place), _____ (date)

DEBRIEFING AND SUPPORT RESOURCES

Some questions during the interview may touch on sensitive topics. If you feel upset or uncomfortable at any point, please know that support is available.

If you experience any distress or would like to talk to someone after the interview, you can contact the following organizations that offer confidential support:

SOS Hotline for Victims of Sexual Violence (SOS Vojvodina):
Phone: 0800 10 10 10
Website: https://www.sosvojvodina.org/
Free of charge, available on working days from 10:00 to 20:00.

National Hotline for Women Victims of Violence:
Phone: 0800 22 20 03
Free of charge, available 24/7.

If you have any additional questions about evaluation, you may kindly contact **Center for Support of Women** by e-mail: podrskacpz@gmail.com, who will forward your questions or concerns to the evaluation team and send you a reply as soon as possible.

Parent's or Guardian's Informative Consent Form to Participate in an Interview Involving a Minor

Good afternoon. Let us first introduce ourselves – we are _____ (names of researchers/organization), and we are working with the Centre for Support of Women on a project supported by the United Nations Trust Fund. The project is called *"The Path to Recovery: Improving the services for victims of sexual violence in AP Vojvodina."*

This project is aimed at improving support to victims of sexual violence in the AP Vojvodina. The main objectives include improving the quality and availability of health and psycho-social support services within the Centers for Victims of Sexual Violence, which operate within health institutions in the territory of the AP Vojvodina. Also, the project aims to contribute to the improvement of multi-sectoral cooperation, increasing knowledge and sensitization of professionals from relevant institutions, as well as to contribute to their more efficient treatment.

As we reach the final phase of the project, we are collecting data for the purpose of the project evaluation. The main purpose of this evaluation is to assess the results achieved and the performance of the project, according to recognized OECD/DAC evaluation criteria.

Thank you for your interest and willingness to allow your child to participate in the interview and taking part in the project evaluation. While there may be no direct personal benefit to you and your child for participating in this evaluation, your child's opinion is very important to us and will help us to evaluate whether the project implementation contributed to better protection of women and girls from gender-based, especially sexual, violence in AP Vojvodina. It will also inform the development of future programs and policies aimed at safeguarding women and girls from such violence.

Participation in the interview is **anonymous**, and your child's responses will be treated with strict **confidentiality**. All personal information and information obtained during the interview will be kept and presented (in aggregated form) in accordance with the highest ethical research standards and the Law on Personal Data Protection[39], and therefore shall not be misused or used for any purpose other than this project's evaluation.

Participation is entirely **voluntary**. You and your child have the right to withdraw from the evaluation at any time without any consequences. Your child's participation or refusal to participate in this interview will not jeopardize the services/activities you already have access to. If you change your mind after the interview, you may withdraw your permission for the use of your child's data within 7 days of the interview date. If so, please contact the evaluation team at the details below.

Participation in this evaluation involves **minimal risk** (physical, psychological, social, or legal). However, some children may feel slightly uncomfortable answering certain questions. Your child may choose not to answer any question they do not wish to, and they may stop the interview at any time. Support is available before, during, and after participation if needed. The services listed below offer free and confidential help.

The interview will not last longer than 1 hour and 30 minutes. We kindly ask for your permission to audio record the interview with your child. The recording will help us ensure the accuracy of your child's responses. The recording will be kept strictly confidential, securely stored, and used solely for evaluation purposes by the research team.

[39] Law on Personal Data Protection, "Official Gazette of RS", No. 87/2018.

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.

You will be provided with a copy of this signed consent form for your records.

By signing below, you confirm that you understand the information provided, and you give permission for your child to participate in the evaluation and for their interview to be audio recorded.

STATEMENT OF THE PARENT/GUARDIAN:

I confirm that I am:

- I have read the above text and I understand the purpose of this interview.
- I understand that if I choose not to have my child participate in this interview, I can notify the investigators and withdraw at any time without delay or consequences.
- I understand that the information obtained during the interview will be considered confidential in accordance with the Law on Personal Data Protection.
- I understand that my child's participation or refusal to participate in this interview will not jeopardize the services/activities to which we already have access.
- By signing this form, I consent to the audio recording of the interview with my child for evaluation purposes.

Signature of the participant Signature of the researcher

In _____(place), _____ (date)

DEBRIEFING AND SUPPORT RESOURCES

Some questions during the interview may touch on sensitive topics. If your child or you feel upset or uncomfortable at any point, please know that support is available.

If you or your child experience any distress or would like to talk to someone after the interview, you can contact the following organizations that offer confidential support:

SOS Hotline for Victims of Sexual Violence (SOS Vojvodina):
Phone: 0800 10 10 10
Website: https://www.sosvojvodina.org/
Free of charge, available on working days from 10:00 to 20:00.

National Hotline for Women Victims of Violence:
Phone: 0800 22 20 03
Free of charge, available 24/7.

If you have any additional questions about evaluation, you may kindly contact **Center for Support of Women** by e-mail: podrskacpz@gmail.com, who will forward your questions or concerns to the evaluation team and send you a reply as soon as possible.

13.4.2 Systematic Observation Form

Systematic Observation form – Centers for Victims of Sexual Violence

Rating Scale: 1-5, where 1 = poor and 5 = excellent, or binary options (Yes/No/Partial) where applicable.

Observation Questions	**CVSVs location Rating (Yes / No / Partial)**			
	Novi Sad	**Sremska Mitrovica**	**Kikinda**	**Zrenjanin**
Is there a clearly identified team working at the center with defined roles and responsibilities??				
Are the services available 24/7?				
Is the center easily accessible for victims (e.g., signage, entrance, location)?				
Are physical spaces (e.g., waiting areas, counseling rooms) accessible to individuals with disabilities?				
Is the center's space safe, clean, and well-maintained?				
Is there a separate space for the provision of services (e.g., counseling, exams)?				
Is there a private space for victims to discuss their experiences confidentially (e.g., soundproof room, private office)?				
Is sensitive information (e.g., case files, personal details) stored securely (e.g., locked cabinets, password-protected systems)?				
Is the center adequately equipped with technical equipment (computers, phones, etc.)?				
Are necessary consumables (e.g., contraceptives, sanitary products) visibly stocked and available?				
Are the contacts of CSW's counsellors displayed visibly and clearly?				

13.4.3. Survey – Women in General Population

Survey – Women's Views on Sexual Violence and Support Services in Serbia

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Introductory Message (Welcome Page):

Welcome!

This anonymous survey is part of the final evaluation of the project *"The Path to Recovery: Improving Services for Victims of Sexual Violence in AP Vojvodina"*, implemented by the Center for Support of Women from Kikinda and supported by the UN Trust Fund (UNTF).

The purpose of this survey is to learn more about how women in Serbia understand and view issues of sexual violence, and how familiar they are with support services. The survey takes approximately 10–15 minutes to complete.

Participation is voluntary, confidential and anonymous. All information obtained during the survey will be kept and presented (in aggregated form) in accordance with the highest ethical research standards and the Law on Personal Data Protection ("Official Gazette of RS", No. 87/2018), and therefore shall not be misused or used for any purpose other than this project's evaluation.

You may skip any question you do not wish to answer, or stop the survey at any time without any consequences. Participation in this survey involves minimal risk (physical, psychological, social, or legal). However, if you feel upset or uncomfortable at any point, please know that support is available. You can contact organizations listed at the end of the survey who can offer confidential support.

While there may be no direct personal benefit to you for participating in this survey, your input will contribute to improving future programs and policies aimed at protecting women and girls from gender-based, especially sexual, violence in Serbia.

By continuing, you consent to participate in this survey.

SECTION 1: Background Information

Q1. What is your age? *(Single choice)*

- Under 18 [End Survey logic]
- 18–24
- 25–34
- 35–44
- 45–54
- 55+

Q2. Municipality or town you live in: *(Short text)*

Q3. Place of residence: *(Single choice)*

- Urban
- Rural

Q4. What is your highest completed level of education? *(Single choice)*

- Primary
- Secondary
- Higher education
- Other (please specify): [Text box]

Q5. Do you identify with any of the following groups? *(Multiple choice)*

- Roma woman
- Woman with disability
- Woman from rural area
- None of the above
- Prefer not to answer

SECTION 2: Awareness and Understanding

Q6. How visible is the issue of sexual violence in public discussions in Serbia today? *(Single choice)*

- Very visible
- Somewhat visible
- Not very visible
- Not visible at all
- I'm not sure

Q7. In your opinion, how openly do women in Serbia talk about their experiences with sexual violence? *(Single choice)*Very openly
- Somewhat openly
- Rarely
- Almost never
- I don't know

Q8. How do you think women who speak out about sexual violence are treated in Serbia? *(Single choice)*
- Mostly supported
- Supported and judged equally
- Mostly judged
- I'm not sure

SECTION 3: Awareness of Services

Q9. Have you heard of the Centers for Victims of Sexual Violence (CVSVs)? *(Single choice with logic)*
- Yes → [Continue to Q10]
- No → [Show info message, then skip to Q11]

Info Message for "No" answer:
CVSVs are centers located in hospitals in Novi Sad, Zrenjanin, Kikinda, and Sremska Mitrovica. They provide medical, psychological, and legal support for women and girls aged 15+ who have experienced sexual violence.

Q10. If yes, how did you hear about them? *(Multiple choice)*
- Online or social media
- TV or newspapers
- Posters or brochures
- Word of mouth
- Through a professional (e.g., doctor, social worker)
- Other (please specify): [Text box]

Q11. Do you think women in Serbia know where to go for help after experiencing sexual violence? *(Single choice)*
- Yes
- Somewhat
- No
- I'm not sure

SECTION 4: Accessibility and Trust

Q12. Do you believe services like CVSVs are equally accessible to all women in Serbia? *(Single choice)*

- Yes
- No
- I'm not sure

Q13. Please explain your answer (optional): *(Open text)*

Q14. What are the biggest barriers women in Serbia face when seeking help after experiencing sexual violence? *(Multiple choice – select up to 3)*

- Shame or fear of judgment
- Lack of information
- Lack of trust in institutions
- Distance or transportation
- Fear of not being believed
- Language or communication barriers
- Other (please specify): [Text box]

Q15. How much do women trust the following institutions when reporting or seeking help for sexual violence? *(Matrix – Likert scale: A lot / Some / Not much / Not at all / I don't know)*

- Police
- Health services
- Social services
- Judiciary (prosecutors and courts)
- NGOs / women's organizations

SECTION 5: Visibility and Prevention

Q16. Have you seen or heard public campaigns or messages about sexual violence in the past 3 years? *(Single choice)*

- Yes
- No
- I don't remember

Q17. If yes, where did you see or hear them? *(Multiple choice)*

- Television
- Social media
- Local institutins (Police station, Prosecution's ofiice, Center for Social Care)
- Health clinics
- Through an NGO
- Other (please specify): [Text box]

Q18. Do you think more awareness-raising or prevention efforts are needed in Serbia? *(Single choice)*

- Yes
- No
- I'm not sure

Q19. Where should these efforts take place? *(Multiple choice)*

- Schools

- Health institutions
- TV and social media campaigns
- Community centers
- Online platforms
- Other (please specify): [Text box]

SECTION 6: Final Thoughts

Q20. What is still missing when it comes to prevention and response to sexual violence in Serbia? *(Open text)*

Q21. What would help women most if they experience sexual violence? *(Open text)*

Q22. What could be done to make support services more visible and accessible across Serbia? *(Open text)*

End Page / Thank You Message:

Thank you for participating in this survey.

Your input will help us evaluate what has been achieved through the project and what still needs to be done to support women and girls who experience sexual violence in Serbia.

Some questions during the survey may touch on sensitive topics. If you experienced any distress or would like to talk to someone after the survey, you can contact the following organizations that offer confidential support:

SOS Hotline for Victims of Sexual Violence (SOS Vojvodina):
Phone: 0800 10 10 10
Website: https://www.sosvojvodina.org/
Free of charge, available on working days from 10:00 to 20:00.

If you have any additional questions about the evaluation, you may kindly contact Center for Support of Women by e-mail: podrskacpz@gmail.com, who will forward your questions or concerns to the evaluation team and send you a reply as soon as possible.

13.4.4 FGDs – Civil Society Organizations

FGD guide - Civil Society Organizations

Dear participants,

Thank you for taking part in this discussion. The Center for Support of Women from Kikinda, with the support of the UN Trust Fund (UNTF), is concluding the implementation of the project *"The Path to Recovery: Improving Services for Victims of Sexual Violence in AP Vojvodina,"* which has been carried out from 2022 to July 2025.

The project aimed to strengthen the quality, accessibility, and sustainability of specialized services for women and girls who have experienced sexual violence, with special attention to marginalized groups (such as Roma women, women with disabilities, and women from rural areas).

As part of the final evaluation, we are conducting focus groups with civil society organizations to assess project outcomes, inter-sectoral cooperation, and future needs. Your insights are extremely valuable. This discussion is confidential and anonymous. All findings will be presented in aggregated form for evaluation purposes only.

Participation is voluntary, and you may choose not to answer any question. By continuing, you consent to participate in the evaluation.

Introduction and general Information

- Name of the organization
- Municipality/town
- Year of establishment
- Position of participant and years of experience (in the organization and/or in the field)

Areas of Work and Target Groups

1. What are the main areas your organization focuses on? Does your work include prevention and/or protection related to gender-based or sexual violence?
2. Which groups of women and girls does your organization primarily work with? Do you focus on Roma women, women from national minorities, women with disabilities, rural women, etc.?
3. In what ways does your organization support women and girls who have experienced sexual or gender-based violence? Can you describe specific programs, activities, or interventions?

Contribution of CSOs and Inter-Sectoral Cooperation

4. What are the biggest challenges your organization faces in supporting survivors of violence (e.g., access to funding, cooperation with institutions, reaching specific groups)?
5. Please assess the effectiveness of each of the following sectors in preventing and responding to sexual violence:
    - Police
    - Health services
    - Social welfare system
    - Judiciary (prosecution and courts)
    - Education system
    - Civil society organizations
6. Which sector do you consider least effective, and why?
7. How would you describe the cooperation between different sectors involved in responding to sexual violence (e.g., referrals, protocols, communication)? What has improved, and what still needs work?

Awareness of the Project "The Path to Recovery"

8. Are you familiar with the project *"The Path to Recovery"* implemented by the Center for Support of Women from Kikinda? If yes, how did you learn about it?
9. Has your organization participated in or collaborated on any of the project's activities? If so, in what way (e.g., trainings, referrals, advocacy, joint meetings)?
10. What do you see as the main contributions or successes of the project (in your municipality or more broadly in Vojvodina)?
11. Were the approaches and services provided appropriate for the local context and the specific needs of survivors?
12. In your opinion, which project activities were most effective in supporting victims of sexual violence?

13. In your opinion, were there any limitations or aspects of the project that could have been improved? (e.g., outreach, resource allocation, coordination, inclusion of specific groups)
14. From your perspective, has the project contributed to any lasting changes in how institutions or services respond to sexual violence? Has the project influenced policies, institutional practices, or public attitudes toward sexual violence?

Closing
Is there anything else you would like to add regarding the role of CSOs, the effectiveness of institutional responses, or the sustainability of the services developed under this project?

Thank you for your valuable contribution!

13.4.5 Interview – Donor

Interview guide – Donors (Program Manager of the UNTF)

Dear Sir/Madam,

The Centre for Support of Women from Kikinda, with the support of the UN Trust Fund (UNTF), has been implementing the project *"The Path to Recovery: Improving Services for Victims of Sexual Violence in AP Vojvodina"* since 2022. The project aims to improve the quality and sustainability of existing services for women and girls who are victims of sexual violence, especially those who are additionally vulnerable (Roma women, women with disabilities, women from rural areas, etc.), in four successfully piloted centres for victims of sexual violence in the Autonomous Province of Vojvodina. We are currently collecting data to evaluate the project's outcomes.

Your feedback is invaluable to us and will play a crucial role in ensuring a more objective assessment of the project's results. The interview is entirely anonymous. Any personal data collected will be handled with the highest ethical standards. It will only be presented as aggregate data, solely for the purpose of evaluating the project, and will not be used for any other purposes or misused in any way.

By conducting this interview, you are consenting to participate in the data collection process for the project's evaluation. Please note that participation is completely voluntary, and choosing not to participate will not result in any negative consequences.

Background and Donor Perspective
1. Please begin by introducing yourself—your role at UNTF, your background, and your involvement with the project.
2. What motivated the UNTF to support this specific project focused on sexual violence services in Vojvodina?
3. What specific outcomes or systemic changes did you hope to see through this investment?

Project Design and Relevance
4. How would you assess the quality and relevance of the project's design at the time of approval? Were the objectives realistic and well aligned with the identified needs in Serbia?
5. In your view, how well did the project address the intersectionality of gender, disability, ethnicity, and rural marginalization?

Efficiency
6. To what extent were project activities implemented on time and within the approved budget?

7. Did the project demonstrate good financial management and accountability throughout its implementation?
8. Were project resources (financial, human, material) used efficiently to achieve the intended results?
9. How effectively did the project respond to delays or unforeseen challenges without incurring significant additional costs?
10. Were any budget reallocations or cost overruns clearly communicated and justified?

Project Achievements and Impact

11. From your perspective, what have been the most significant results of this project—both intended and unintended?
12. How do you assess the project's contribution to improving the quality and accessibility of services for survivors of sexual violence in Vojvodina?

Sustainability and Institutionalization

13. How do you assess the likelihood that key components of the project—such as the CVSVs or multi-sectoral cooperation models—will be maintained or scaled after the project ends?
14. What would be required (financially, politically, institutionally) for the continuation or expansion of these services?

Monitoring, Learning, and Adaptive Management

15. Were there specific monitoring or evaluation mechanisms applied to this project that informed adaptive changes?
16. Were there any challenges or unexpected developments that influenced the project's trajectory?

Partnership and Collaboration

17. How would you describe the partnership with the Center for Support of Women from Kikinda? What were the strengths and any observed limitations in this collaboration?
18. How well were other stakeholders—including public institutions and other CSOs—engaged during the project?
19. What role do you believe the donor community should play in supporting long-term, systemic responses to sexual and gender-based violence in similar contexts?

Gender and human rights perspective

20. How has the project contributed to evidence generation or learning that can inform future programming or policy in the sector? Are there documented insights, tools, or models from this project that could be scaled or replicated in other contexts?
21. To what extent did the project integrate gender equality and human rights principles across its strategy, implementation, and results?
22. Did the project strengthen accountability to affected populations, and address the rights and needs of marginalized or at-risk groups?

Final Reflections

23. Do you consider this project a scalable or replicable model for other parts of Serbia, or even regionally?
24. Finally, is there anything else you would like to share about your experience supporting this project or UNTF's broader commitment to ending violence against women and girls?

Thank you for your valuable time and insights!

13.4.6 Interview – Project Implementers

Interview guide – Representatives of Management Team (Center for Support of Women)

Dear Sir/Madam,

The Center for Support of Women from Kikinda, with the support of the UN Trust Fund to End Violence against Women (UNTF), has been implementing the project *"The Path to Recovery: Improving Services for Victims of Sexual Violence in AP Vojvodina"* since 2022. The project aims to improve the quality and sustainability of existing services for women and girls who are victims of sexual violence, especially those who are additionally vulnerable (Roma women, women with disabilities, women from rural areas, etc.), in four successfully piloted centers for victims of sexual violence in the Autonomous Province of Vojvodina. We are currently collecting data to evaluate the project's outcomes.

Your feedback is invaluable to us and will play a crucial role in ensuring a more objective assessment of the project's results. The interview is entirely anonymous. Any personal data collected will be handled with the highest ethical standards. It will only be presented as aggregate data, solely for the purpose of evaluating the project, and will not be used for any other purposes or misused in any way.

By conducting this interview, you are consenting to participate in the data collection process for the project's monitoring and evaluation. Please note that participation is completely voluntary, and choosing not to participate will not result in any negative consequences.

Introduction and Contextual Background

1. Could you please introduce yourself, including your name, your position/role at the Center for Support of Women?
2. Can you briefly describe your responsibilities related to the implementation or oversight of this project?

Project Implementation, Target Groups and Service Improvements

3. How would you assess the progress of the project in terms of achieving its stated goals?
4. What specific challenges did you face in reaching and effectively supporting vulnerable populations (e.g., Roma women, women with disabilities, rural women)?
5. The project aims to improve the quality of services for victims of sexual violence. Can you provide examples of how the services have been improved at the four CVSVs?
6. Reflecting on the original theory of change for the project, to what extent do you feel the planned pathways for achieving change held true in practice? Were there any key assumptions that turned out to be inaccurate or that required adaptation?

Resource Management and Operational Efficiency

7. Were the planned activities implemented on schedule? If not, what were the main causes of delays and how were they addressed?
8. Were financial resources used in alignment with the original budget plan? If not, what were the reasons for any deviations and how were they managed?
9. What steps have been taken to ensure that the centers remain functional after the project ends, especially in terms of funding and staff retention?
10. Were financial reports submitted on time and in a transparent manner? Can you describe the reporting process and any challenges faced?

Partnerships and Collaboration

11. The project involves several partners. How would you assess the collaboration between the Center for Support of Women, the UN Trust Fund, and other implementing or strategic partners?
12. Have there been any significant challenges or successes in coordinating with partners or stakeholders?

Outcomes and Impact on Survivors/Beneficiaries

13. From your perspective, what impact has the project had on the lives of women and girls affected by sexual violence? Can you share specific examples or stories that demonstrate the project's outcomes or success?

14. What systems were put in place to gather feedback from beneficiaries?
15. What is being done to ensure that the services and support provided to survivors will continue after the project ends?

Monitoring, Evaluation, and Adaptation

16. How was the implementation of the project monitored and evaluated? What indicators or metrics were used to track progress and measure outcomes? Were these aligned with the project's original objectives?
17. Were the monitoring and evaluation tools sufficient to capture meaningful outcomes? Were there any gaps in measurement?
18. Did any external or contextual factors significantly affect project implementation or results? How did the team adapt?

Knowledge Generation, Gender Equality, and Human Rights Integration

19. In what ways has the project contributed to the generation of new knowledge, tools, or learning that could be useful for future programming or advocacy?
20. Were any of the findings or lessons from the project shared with other stakeholders, networks, or institutions?
21. How were the rights and specific needs of marginalized and vulnerable groups (e.g., Roma women, W/G with disabilities) addressed?

Challenges, Lessons Learned and Future Opportunities

22. Did you encounter any major obstacles during the project's implementation? If so, what were they, and how were they managed? Could you describe some of the mitigation strategies used, and were they effective?
23. What key lessons have emerged from your involvement in the project? How could these lessons be applied to future initiatives addressing sexual violence and survivor support?
24. Finally, is there anything else you would like to share about your experience implementing this project?

Thank you for your valuable cooperation!

13.4.7 Interview – Monitoring Implementers

Interview Guide – Monitoring of the Project Activities (SeConS)

Dear Sir/Madam,

The Center for Support of Women from Kikinda, supported by the UN Trust Fund to End Violence against Women (UNTF), has implemented the project *"The Path to Recovery: Improving Services for Victims of Sexual Violence in AP Vojvodina"* since 2022. To objectively evaluate the project's results and achievements, we are conducting final evaluation interviews with individuals involved in monitoring activities.

Your feedback is invaluable to us and will play a crucial role in ensuring a more objective assessment of the project's results. The interview is entirely anonymous. Any personal data collected will be handled with the highest ethical standards. It will only be presented as aggregate data, solely for the purpose of evaluating the project, and will not be used for any other purposes or misused in any way.

By conducting this interview, you are consenting to participate in the data collection process for the project's monitoring and evaluation. Please note that participation is completely voluntary, and choosing not to participate will not result in any negative consequences.

Introduction

1. Please briefly introduce yourself (name, role within the project, and period of involvement in monitoring of this project).

Inclusiveness and Methods of Monitoring

2. How were project activities monitored throughout the implementation period?
3. What specific tools and methods were used for monitoring and data collection?
4. Was monitoring able to capture the experiences of different target groups (e.g., rural/urban women, women with disabilities, ethnic minorities)? If not, what were the limitations, and how might these be addressed in the future?

Evaluation Criteria Assessment:

Relevance

5. How well did the project's objectives align with the needs of the target population?
6. Were there any shifts in the community's needs during the project, and how did the project adapt?

Effectiveness

7. To what extent were the project's objectives achieved?
8. Were there any unexpected outcomes, either positive or negative?

Efficiency

9. How would you assess the cost-effectiveness of the project?
10. Were resources allocated appropriately to achieve the desired outcomes?

Impact

11. What long-term changes can be attributed to the project?
12. How did the project influence the broader community or relevant systems?

Sustainability

13. In your view, how did monitoring contribute to achieving the project’s outcomes and sustainability?
14. What measures were taken to ensure the project’s sustainability after its completion?
15. Are there plans for continuation or scaling of the project’s activities?

Knowledge Generation

16. Did the monitoring process contribute to generating new knowledge, tools, or practices?
17. How was the information and learning from monitoring shared (e.g., reports, workshops, policy dialogue)?

Gender Equality and Human Rights

18. How did the project promote gender equality and the rights of women, particularly those from marginalized groups?
19. Were there any unintended effects (positive or negative) on gender norms or the human rights of beneficiaries?

Monitoring Challenges, Adaptations, and Lessons Learned

20. What were the main challenges faced during the monitoring process?
21. How were these challenges mitigated or overcome?

Communication and Utilization of Monitoring Data

22. How effectively was monitoring information communicated to the management team and stakeholders?
23. Was feedback from beneficiaries incorporated into the monitoring process? If so, how was it gathered and used?

Recommendations for Future Projects

24. Do you have recommendations for improving monitoring processes in future similar projects?
25. Are there any additional comments or insights you would like to share regarding the monitoring and evaluation of this project?

Thank you for your valuable cooperation!

13.4.8 Interview – Province and National-level Authorities

Interview Guide – Representatives of authorities (Province and National level)[40]

Dear Sir/Madam,

The Center for Support of Women from Kikinda, with the support of the UN Trust Fund to End Violence against Women (UNTF), has been implementing the project *"The Path to Recovery: Improving Services for Victims of Sexual Violence in AP Vojvodina"* since 2022. The project aims to improve the quality and sustainability of existing services for women and girls who are victims of sexual violence, especially those who are additionally vulnerable (Roma women, women with disabilities, women from rural areas, etc.), in four successfully piloted centers for victims of sexual violence in the Autonomous Province of Vojvodina. We are currently collecting data to evaluate the project's outcomes.

Your feedback is invaluable to us and will play a crucial role in ensuring a more objective assessment of the project's results. The interview is entirely anonymous. Any personal data collected will be handled with the highest ethical standards. It will only be presented as aggregate data, solely for the purpose of evaluating the project, and will not be used for any other purposes or misused in any way.

By conducting this interview, you are consenting to participate in the data collection process for the project's monitoring and evaluation. Please note that participation is completely voluntary, and choosing not to participate will not result in any negative consequences.

Introduction

1. To begin with, could you please kindly introduce yourself, including your job title and the institution you represent?
2. How familiar are you with the project "The Path to Recovery: Improving Services for Victims of Sexual Violence in AP Vojvodina"? Are you aware of the goals and the activities implemented under this project? What is your general opinion of the project's approach and achievements?

Importance of Specialized Services and Institutional Role

3. From your perspective, what is the significance of having specialized services for victims of sexual violence? How do such services contribute to the broader system of support for women victims of violence?
4. What role has your institution played in supporting the development and operation of the Centers for Victims of Sexual Violence (CVSVs) in Vojvodina? How could this role be enhanced or further institutionalized?
5. How, if at all, has the project influenced broader institutional practices, protocols, or attitudes toward addressing sexual violence at the national or provincial level?

Legislative and Policy Framework

6. How would you assess the current legislative and strategic framework for preventing and combating gender-based and sexual violence in Serbia and Vojvodina? Are there any gaps in the implementation of existing strategies (e.g., National Strategy for Gender Equality, Strategy for Preventing and Combating GBV, Program for the Protection of Women from Domestic and Partner Violence and Other Forms of Gender-Based Violence in the AP Vojvodina for the period 2023-2026)?

[40] This is a consolidated interview guide for government partners at both provincial and national levels. During fieldwork, questions will be adapted to reflect the specific roles and responsibilities of each informant.

7. Are there any ongoing or planned initiatives at the national/provincial level aimed at further aligning the legal framework with international standards (e.g., Istanbul Convention, GREVIO recommendations)?

Sustainability and Scaling of Services

8. In your oppinion, how do you assess the posibilities for expanding these services to other parts of Serbia outside Vojvodina? Is your institution considering allocating budgetary or human resources for the further development of these centers?
9. What are the main institutional, political, or financial barriers to sustaining or scaling services like the CVSVs nationwide?

Monitoring, Evaluation, and Priorities

10. What mechanisms exist within your institution for monitoring and evaluating the implementation of measures to combat sexual and gender-based violence? Are there efforts to improve data collection and analysis in this field?
11. What do you see as the most urgent priorities for improving services for victims of sexual violence in Serbia today?

Recommendations and Collaboration

12. From your institution's point of view, what concrete recommendations would you offer for strengthening the multi-sectoral and sustainable response to sexual violence?
13. How can cooperation between government institutions and civil society organizations (like the Center for Support of Women) be further improved?
14. Finally, do you have any additional comments, insights, or recommendations related to the project or the broader efforts to support victims of sexual violence that you would like to share?

Thank you for your valuable cooperation!

13.4.9 Interview – W/G Beneficiaries of CVSVs

Interview guide – Primary Beneficiaries (Women/girls Victims of GBV/SV)

Dear Madam,

The Center for Support of Women from Kikinda, with the support of the UN Trust Fund to End Violence against Women (UNTF), has been implementing the project *"The Path to Recovery: Improving Services for Victims of Sexual Violence in AP Vojvodina"* since 2022. The project aims to improve the quality and sustainability of existing services for women and girls who are victims of sexual violence, especially those who are additionally vulnerable (Roma women, women with disabilities, women from rural areas, etc.), in four successfully piloted centers for victims of sexual violence in the Autonomous Province of Vojvodina. We are currently collecting data to evaluate the project's outcomes.

Your feedback is invaluable to us and will play a crucial role in ensuring a more objective assessment of the project's results. While there may be no direct personal benefit to you for participating in this evaluation, your input will contribute to improving future programs and policies aimed at protecting women and girls from gender-based violence.

The interview is entirely anonymous. Any personal data collected will be handled with the highest ethical standards. It will only be presented as aggregate data, solely for the purpose of evaluating the project, and will not be used for any other purposes or misused in any way.

By conducting this interview, you are giving your consent to take part in the data collection process for the project's evaluation. Participation involves minimal risk (physical, psychological, social, or legal). However, you may feel slightly uncomfortable answering certain questions. Please note that participation is completely voluntary. You may skip any question you do not wish to answer, or stop the interview at any time, without any consequences. Support is available before, during, and after participation if needed. For detailed information about available support, please carefully read the debriefing section at the end of this informed consent form.

The interview will not last longer than 1 hour and 30 minutes. We kindly ask for your permission to audio record the interview. The recording will help us ensure the accuracy of your responses. The recording will be kept strictly confidential, securely stored, and used solely for evaluation purposes by the research team. 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.

Introduction and Background data

1. At the beginning of the interview, would you please say a little about yourself?
2. When were you born? Where do you live (rural/urban settlement)? Were you born in that place or you moved there?
3. Who do you live with? (Household Composition and Relationship Status)
4. 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?
5. What is the highest level of education you completed?
6. Are you currently employed? If yes, what kind of work do you do? Are you formally registered (contract type)? If not, how long have you been without work?
7. 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)?
8. Do you have valid health insurance card?
9. How would you asses you general health?
10. Do you have any type of disability? If the answer is YES, what type? (If a woman wishes to answer)

Accessing the Center and First Impressions/Experience

11. Before coming to the Center, did you face any difficulties in deciding to seek help or reaching the Center (e.g., fear, shame, lack of information, transport, or other obstacles)? What made you decide to seek help at the Center?
12. How did you arrive at the Center the first time—did you come on your own, or did someone accompany you (e.g., police, family member)?
13. Can you describe what happened when you first arrived? Who did you meet first, and what was the process like after that?

Services Received and Satisfaction

14. What types of services did you receive at the Center (e.g., medical, legal, psychological)? Was a medical check-up provided right away, if needed?
15. Were you offered psychological or emotional support? Did you accept it and continue with sessions?
16. Overall, how satisfied were you with the support provided? Was anything missing that you expected or needed?
17. How did the staff treat you (medical staff, counselors, others)? What aspects of their approach were most helpful—or not helpful?
18. Are you satisfied with the the services provided by counselors for psychological support from the Center for Support of Women? If YES, What are you most satisfied with?

Quality of Interaction and Appropriateness

19. Did the support you received match your most urgent needs at the time?
20. Was the assistance adapted to your personal situation—such as your background, language, disability, or location?
21. What components of the psyhological support service provied by the counselor contributed the most to improving your life?

Outcomes and Short-Term Effects

22. Did the services help you feel safer, healthier, or more in control of your life? In what ways?
23. Was there anything you expected from the Center but did not receive?
24. **Accessibility and Efficiency**
25. How quickly were you able to get help once you contacted the Center?
26. Were there any difficulties in reaching the Center (e.g., transport, location, timing)?

Impact and Lasting Change

27. Do you feel that the support you received has made a lasting difference in your life? If yes, how?
28. What part of the support or services was most helpful to you—and what should be improved for others in the future?

Gender and Human Rights Perspective

29. Did you feel respected and treated with dignity during your time at the Center?
30. Were your specific needs as a woman — or from your ethnic, social, or personal background — understood and taken seriously?

Awareness, Referrals, and Community Reach

31. Have you shared information about the Center with other women? What did you tell them?
32. If someone you know experienced violence, would you recommend the Center to her? Why or why not?

Sustainability and Future Engagement

33. Do you think these services should continue in the future? Why are they important for women in your community?
34. Would you return to the Center if you needed support again?
35. Would you recommend it to others in a similar situation? Why?
36. Do you plan to continue your sessions with the counselor? How helpful have they been for you? If you do not plan to continue, why?
37. Is there any type of support or service you wish the Center would offer in the future that it currently does not?
38. If you could give advice to others setting up similar services, what would you say is most important for helping women like you?

Thank you for your valuable cooperation!

13.4.10 Interview – CVSV's Counselors and Coordinators

Interview Guide – Coordinators and Counselors at CVSVs[41]

Dear Sir/Madam,

[41] This is a consolidated guide for both coordinators of working groups and counselors working in Centers for Victims of Sexual Violence. During fieldwork, questions were adapted based on the informant's specific role and level of responsibility.

The Center for Support of Women from Kikinda, with the support of the UN Trust Fund to End Violence against Women (UNTF), has been implementing the project *"The Path to Recovery: Improving Services for Victims of Sexual Violence in AP Vojvodina"* since 2022. The project aims to improve the quality and sustainability of existing services for women and girls who are victims of sexual violence, especially those who are additionally vulnerable (Roma women, women with disabilities, women from rural areas, etc.), in four successfully piloted centers for victims of sexual violence in the Autonomous Province of Vojvodina. We are currently collecting data to evaluate the project's outcomes.

Your feedback is invaluable to us and will play a crucial role in ensuring a more objective assessment of the project's results. The interview is entirely anonymous. Any personal data collected will be handled with the highest ethical standards. It will only be presented as aggregate data, solely for the purpose of evaluating the project, and will not be used for any other purposes or misused in any way.

By conducting this interview, you are consenting to participate in the data collection process for the project's monitoring and evaluation. Please note that participation is completely voluntary, and choosing not to participate will not result in any negative consequences.

Introduction and Background

1. Please introduce yourself (name, educational background, role at the CVSV, years of experience working with victims of sexual violence).
2. How did you come to work at the Center (e.g., selection process, motivation)? Were you involved from the beginning, or did you join later (when)?
3. Did you receive any training for your role? If yes, how useful was it for building the knowledge and skills you needed?

CVSV Services and Operations (Relevance, Effectiveness)

4. Are the services provided by the Center appropriate and responsive to the needs of victims of sexual violence in your town/local community?
5. To what extent has the project improved access to quality support services for victims of sexual violence?
6. Have the project-supported services addressed gaps that previously existed in support for victims?
7. Have you been able to fully act in your role at the CVSV?
8. If yes, what improvements do you recognize that had supported you in performing your role? If Not, what challenges you recognize in performing your role in CSV?
9. From your perspective, are the services appropriate and relevant to the specific needs of different groups (e.g., women with disabilities, Roma women, rural women)? Are there any groups in your community who you feel are still unaware of or unable to access the Center's services?
10. Are there any services that have been particularly improved through the project? Which ones were most needed?
11. Based on your experience or data, which services are most used and which are least used? Why do you think this is?
12. Have the services helped clients feel safer, healthier, or more in control of their lives? In what ways?
13. What results have been achieved that would not have occurred without this project?

Gender Equality and Human Rights Integration

14. How does the Center ensure that services are delivered in a way that respects women's dignity and rights?
15. In your view, does the Center take into account the specific needs of vulnerable and marginalized groups (e.g., Roma W/G, persons with disabilities)?
16. Have you received training or support on gender-sensitive and rights-based approaches in working with survivors?

Service Delivery Capacity and Operational Efficiency

17. Do you have adequate resources (human, technical, financial) to provide services efficiently?
18. Are internal processes and procedures at the Center well-organized and streamlined to ensure effective service delivery?
19. What could improve the efficiency of service provision in your view?

Beneficiaries' Feedback and Impact

20. How do you assess the impact of the Center on victims of sexual violence? Can you give examples of positive change you've observed in clients?
21. From your perspective, what has been the most important impact of the project on: Victims of sexual violence, Professionals working with victims, The broader community?
22. Have you observed any changes in the attitudes or behavior of professionals, institutions, or the community toward sexual violence?
23. How do beneficiaries typically evaluate the services they receive? Are there any formal mechanisms for collecting feedback (e.g., surveys)? Are clients more satisfied with certain services than others?

Knowledge Generation and Learning

24. What have you personally learned through your participation in the project?
25. Has the project contributed to developing or improving any tools, protocols, or practices that can be shared with others or replicated elsewhere?
26. Did you have opportunities to share lessons or experiences with other professionals (e.g., through trainings, exchange visits, or networks)?

Sustainability and Long-Term Integration

27. In your opinion, what is needed to ensure that the Center continues to function effectively after the project ends (e.g. staffing, institutional support, funding, partnerships, political support)?
28. Are there any ongoing discussions or concrete plans within institutions to formally integrate or fund the CVSVs in the future?

Coordination and Multi-Sectoral Integration

29. In your opinion, how effective is the collaboration between professionals within the Center (health, psychosocial, legal)? How does the internal working group function? How often do you meet? What is the purpose of the meetings?
30. How would you describe the collaboration and coordination with external institutions (e.g. police, prosecution, social work)?
31. In your opinion, did the project improved multi-sectoral coordination around support for survivors? Can you provide examples of improved collaboration between institutions (e.g., health services, police, social services, judiciary)?

Final Reflections

32. What are the most important lessons learned during your work on this project? Are there any practices or approaches you would recommend keeping or changing in future projects?
33. What recommendations would you give for improving or expanding services for victims of sexual violence in other parts of the country?

Thank you for your valuable cooperation

13.5. List of key stakeholders/partners

Table 6. Evaluation key stakeholders/partners list

Final Evaluation Participants
1. Project Implementers **–** Center for Support of Women
2. Project Donor – Program Manager of the UNTF
3. Project Monitoring Implementers – SeConS Development Initiative
4. Coordinator of the Working Groups in the CVSV in Zrenjanin
5. Coordinator of the Working Groups in the CVSV in Novi Sad
6. Coordinator of the Working Groups in the CVSV in Sremska Mitrovica
7. Coordinator of the Working Groups in the CVSV in Kikinda
8. Counselor in the CVSV in Zrenjanin
9. Counselor in the CVSV in Novi Sad
10. Counselor in the CVSV in Sremska Mitrovica
11. Counselor in the CVSV in Kikinda
12. Women and girl survivors of sexual violence (CVSVs beneficiaries)
13. CSO providing support to women ang girl survivors of GBSV
14. CSO providing support to women and girls with disabilities
15. CSO providing support to Roma women ang girl
16. Higher Public Prosecutor's Office in Novi Sad
17. Ministry of Internal Affairs (police officer in charge of sexual violence crimes)

13.6. List of documents reviewed

The report was shaped by a thorough review of several key documents and sources. These included the project documents and its theory of change, which served as a foundational reference, outlining the project's objectives and expected outcomes. Monitoring progress reports, along with the Baseline and Endline studies, were critical materials for the evaluation, as they established both the initial conditions and the final outcomes, enabling a comprehensive comparison of progress. Finally, the report incorporated data collection tools, monitoring plans, indicators, and the data gathered throughout the project's implementation, all of which were essential for tracking its performance and measuring effectiveness over time. The following relevant documents were also consulted:

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13.7. Endline data – Project Activities Matrix

Goal: Women and girls victims of GBV and sexual violence have access to improved services of health and psycho-social support which empowers them to live free from violence, in Autonomous Province of Vojvodina.

Indicator Name	Indicator Type	Baseline Value	Baseline Period	Target Value	Target Period	Actuals PS1 Y1	Actuals PS2 Y1	Actuals PS1 Y2	Actuals PS2 Y2	Actuals PS1 Y3	Actuals PS2 Y3
1. Mapping the level of accessibility to existing services and access to improved health and psycho-social support in APV after the project.	Text	2 out of 4 CVSVs provide improved access to services	Jan-23	4 and/or more CVSVs provide improved access to services by 2025	Jul-25	2	2	2	4	4	4
2. Number of reported cases of sexual and gender-based violence (in APV and in the four centers before and after the project)	Numeric	115 women and girls report cases per year, on average in 2022	Jan-23	150 women and girls report cases per year, on average by 2025	Jul-25	115	52	24	54	143	175
3. Opinions of women and girls in the province on whether (or not) the institutional protection system provides an effective service for victims and adequate protection for women and girls at risk (with a special focus on vulnerable/intersection groups)	Text	40% of survivors are fully satisfied with service support	Jan-23	80% of survivors are fully satisfied with service support by 2025	Jul-25	40	N/A	77	N/A	93%	93%

The goal of providing improved health and psycho-social support services for women and girls affected by GBV and sexual violence in Vojvodina has made significant progress. All four CVSVs have enhanced access to services, driven by increased knowledge among health professionals following training, regular practice sharing among counselors, and the introduction of self-help groups. It is reflected in the increased number of reported cases and services provided. A total of 175 cases reported from the beginning of the project, compared to the baseline of average 115 for previous three years, with increase of 52% the indicator has been exceeded. Compared to 30 cases on average per year in the baseline period, to average of 60 in project implementation period, indicates the double increase of reported cases. These cases involved women and 32% girls between the age of 15 and 19, 17% women with disabilities, Roma and other minority women 29%, and low-income women 27%, 10% WHRD, 13% single mothers, 4% migrant women and LBTIQ. Counselors provided 1,529 psychological support service (1,012 crisis intervention and 517 extended services). The internal annual evaluation showed 93% of beneficiaries are fully satisfied with support services, with average mark 4,92 (5 being highest grade).

Outcome 1: Comprehensive and coordinated institutional response and protection of women and girls victims of sexual violence in Vojvodina enabled through improved multi sector cooperation.

Indicator Name	Indicator Type	Baseline Value	Baseline Period	Target Value	Target Period	Actuals PS1 Y1	Actuals PS2 Y1	Actuals PS1 Y2	Actuals PS2 Y2	Actuals PS1 Y3	Actuals PS2 Y3
1.1 Perspectives of professionals who participated in the training on improved functioning of services of the system of protection of women in APV	Percentage	24% of professionals show improved knowledge and practice in service support delivery in pre-training test	July 2023	50% of professionals show improved knowledge and practice in service support delivery in post-training test	Jan-24	24	83	83	81	82	82
1.2 Proportion of cases of GBV in 4 targeted districts of APV (in health care units) that were handled according to the improved multi sector cooperation	Text	Every second women and girl who reported cases, recevied improved suport service in CVSVs in 2022	Jan-23	All women and girl who reported cases, recevied improved suport service in CVSVs in 2025	Jul-25	Every second women and girl	Almost all women and girls	Almost all women and girls	All women and girls	All women and girls	All women and girls
1.3 Percentage supervisors who participated in the trainings and the perspective of trained supervisors on their capacities (strong to weak) to use and apply protocols, collect data, and coordinate their responses in dealing with cases of SV/GBV	Percentage	40% of all supervisors participated in trainings express highest grading/strong capacities in applying protocols in pre-training tests	July 2023	80% of all supervisors participated in trainings express highest grading/strong capacities in applying protocols in post-training tests (6 months)	Jul-24	40	67	67	75	85	85

The project successfully strengthened the institutional response and protection for women and girls affected by sexual violence in Vojvodina through improved multi-sector cooperation. All 4 training sessions conducted on improvement of multisector cooperation in dealing with cases of sexual violence gathered total of 156 professionals from 52 institutions and resulted in an average post-test knowledge improvement of 82% in their capacities for service provision, especially in assessment of risk and development of individual plans of protection and acting in situations when victims are minors. A total of 1,233 professionals from protection system (police, prosecution, courts, center for social care, health institutions) were included as secondary beneficiaries, through trainings, working group meetings, including 442 in direct protection and providing support, which contributed to more effective and comprehensive protection of survivors. The number of professionals increased during project implementation, as more cases were reported and more support services had been provided. Follow-up assessment was repeated in January 2025 and showed that 85% of supervisors demonstrated strong capacity in applying relevant protocols, with 65% rated as excellent and 20% as very good. This progress underscores the effectiveness of coordinated training and capacity-building efforts in enhancing the support system for victims of sexual violence.

Outcome 2: Centres for Victims of Sexual Violence provide improved services support to women and girls victims of sexual violence in Vojvodina.											
Indicator Name	Indicator Type	Baseline Value	Baseline Period	Target Value	Target Period	Actuals PS1 Y1	Actuals PS2 Y1	Actuals PS1 Y2	Actuals PS2 Y2	Actuals PS1 Y3	Actuals PS2 Y3
2.1 Proportion of fully documented cases of sexual violence in 4 targeted districts of the APV annually	Numeric	2 out of 4 CVSVs fully document cases of reported sexual violence, while more than 40% of reported cases per each CVSVs are fully documented	Jan-23	All 4 CVSVs fully document cases of reported sexual violence, while more than 80% of reported cases per each CVSVs are fully documented	Jul-25	2	2	2	4	4	4
2.2 Improved and applied new Standards services provided in CVSV	Numeric	4 CVSVs apply existing Standards in service support delivery	Jan-23	All 4 CVSVs apply new Standards in service support delivery	Jul-25	2	2	2	2	3	4
Centres for Victims of Sexual Violence provide improved services support to women and girls victims of sexual violence in Vojvodina. Progress in the improvement of the support services is observed through following procedures of health professionals. In final semester of project implementation all four CVSVs are documenting cases of reported sexual violence in line with the Protocol of the Ministry of Health for the protection and treatment of women victims of violence. Health workers followed internal procedures in providing medical services, providing general and gynecological, as well as specialist exams, and collecting of evidence by the prosecutor's order. Also, health professionals from all CVSVs included in providing services have been acquainted with and started applying new Standards in providing support services, focusing on addressing the needs of women and girls from intersection group.											
Output 1: Health care institutions improve and increase knowledge and skills in strengthening the institutional protection systems and responses to sexual violence in Vojvodina.											
Indicator Name	Indicator Type	Baseline Value	Baseline Period	Target Value	Target Period	Actuals PS1 Y1	Actuals PS2 Y1	Actuals PS1 Y2	Actuals PS2 Y2	Actuals PS1 Y3	Actuals PS2 Y3
1.1.1 Percentage of healthcare professionals trained who demonstrate an ability to follow the protocol on appropriate record keeping regarding cases of GBV (specific needs of vulnerable/intersection groups - women with disabilities, Roma women, etc.)	Percentage	68% of healthcare professionals participating in trainings show high graded capacity in demonstration of protocols in support service delivery	Jan-23	80% of healthcare professionals participating in trainings show high graded capacity in demonstration of protocols in support service delivery	Jul-24	68	68	81	92	86	86

1.1.2. Number of upgrades that improve the Handbook for Coordinated Response and the Special Guide for the treatment of SV cases	Numeric	0 (zero) new of provisions in the existing Handbook and Special Guide	Jan-23	Up to 5 new provisions/uprgades in Handbook and Special Guide	Jan-25	0	0	0	8	8	8

The project successfully strengthened capacities of health care institutions through improving professional capacities of health workers, which contributed to more effective service provision to victims of sexual violence in Vojvodina. A total of 103 health care professionals from 39 different health institutions, participating in 4 training modules, increased knowledge and 86% show high graded capacity in demonstration of protocols in support service delivery. Additionally, health professionals were acquainted by new upgraded documents which represent a framework for the provision of support services in CVSVs and multi-sector cooperation in dealing with cases of SV, a Guide to the process of protecting and supporting women who survived SV and Manual for procedure and multisector cooperation in institutions in situations of GBV whin 8 new provisions. Guide introduced provisions on improved internal medical procedures, role of primary health centers in reporting cases and follow-up in providing support to victims, while Manual updated principles and procedures in the acting of relevant institutions, risk assessment for victims of violence, and its harmonization with the recently adopted General Protocol on handling and multi-sector cooperation in situations of GBV. This contributed to improvement of quality of support service and protection of victims of sexual violence.

Output 2: Professionals from the relevant institution wihtin the protection system in Vovjodina increase their knowledge and expertise in responding to cases of sexual violence.

Indicator Name	Indicator Type	Baseline Value	Baseline Period	Target Value	Target Period	Actuals PS1 Y1	Actuals PS2 Y1	Actuals PS1 Y2	Actuals PS2 Y2	Actuals PS1 Y3	Actuals PS2 Y3
1.2.1 Number of units in the protection system of women where min. 3 professionals were trained to provide support for victims of GBV	Numeric	7 units in protection system with less than 3 professionals participating in trainings show highest grading/strong capacities in service provision	Jan-23	20 units in protection system with min. 3 professionals participating in trainings show highest grading/strong capacities in service provision on post training test	Jul-24	7	32	32	20	52	52
1.2.2 Professionals in the relevant institutions who participated in the training increase their knowledge on the importance of multi sectoral cooperation	Percentage	30% of all professionals participating in trainings shows satisfactory level of knowledge on multisector cooperation in pretraining test	Jan-23	70% of all professionals participating in trainings shows satisfactory level of knowledge on multisector cooperation in post training test	Jul-24	30	83	83	81	82	82

1.2.3 The number of professionals and health institutions (from the APV territory) who have undergone online training	Numeric	102 health workers undergone online training	Jan-23	100 health workers undergone online trainings	Jul-25	102	/	/	/	/	62

Professionals from the relevant institution within the protection system in Vojvodina increased their knowledge and expertise in responding to cases of sexual violence. Progress was achieved through trainings on multisector cooperation, gathering professionals from total of 52 institutions (police, prosecution, courts, centres for social care, health institutions), and on average 3 professionals per institution. Post-training test had shown improvement of knowledge of 82% professionals in their capacities for service provision, especially in assessment of risk and development of individual plans of protection and acting in situations when victims are minors. The majority of professionals participating the training found that information they obtained will be useful for their future work (97%). Besides, health professionals are equipped with additional learning tool, accredited online learning program available on CSW website, for health workers from hospitals and primary health care institutions across Serbia. Program had so far 62 interactions on CSW website learning platform, and will still be available for learning for health professionals.

Output 3: Health care professionals connected with CVSV share experience and practices with other professionals from relevant institutions and improve multi sector learning exchange.

Indicator Name	Indicator Type	Baseline Value	Baseline Period	Target Value	Target Period	Actuals PS1 Y1	Actuals PS2 Y1	Actuals PS1 Y2	Actuals PS2 Y2	Actuals PS1 Y3	Actuals PS2 Y3
1.3.1 The frequency of meetings of health workers, Working Group meetings, and meetings with other experts from relevant institutions, where mutual cooperation is promoted and new initiatives for changes to the Guide for Multi Sector cooperation and Law are proposed	Numeric	10 meetings of working groups organized, following the provisions of the existing Guide for multisector cooperation and Law	Jan-23	40 meetings of working groups organized, while 5 members of different working groups participate in drafting up to 10 changes of the Guide in multisector cooperation, and up to 3 amendments to the Law proposed.	Jul-25	12	10	11	6	46	53

Health care professionals connected with CVSV share experience and practices with other professionals from relevant institutions and improve multi sector learning exchange. Progress was made through regular meetings of working groups in each CVSV. Total of 53 meetings (22Y1, 17Y2, 14Y3) of working groups with 284 participants from the beginning of the project, had maintained a regular communication of health workers, members and coordinators of working groups. Although sometimes challenged with low response to participating at the meetings, due to heavy workload, combined with staff fluctuation, and lack of employees in hospitals, the meetings had contributed to continuous peer to peer exchange. Discussion included analysis of current cases, which showed a different experience, which is conditioned by the frequency and number of reports of sexual violence. Meetings sometimes included professionals from other relevant institutions within the protection system at the local level (police offices, social care workers, or responsible prosecutor), which enabled exchange on practices and coordination of acting in cases when the cases are reported, which contributed to more comprehensive institutional response. Working groups members provided proposals for amendments to the Guide on multisector cooperation, as well as for upgrading the Standards for providing support services.

Output 4: Improved existing standards for psycho-social service support and additional health-supporting services to address the needs of women and girls from intersection groups who experienced or are at risk from sexual violence.											
Indicator Name	Indicator Type	Baseline Value	Baseline Period	Target Value	Target Period	Actuals PS1 Y1	Actuals PS2 Y1	Actuals PS1 Y2	Actuals PS1 Y2	Actuals PS1 Y3	Actuals PS2 Y3
2.4.1 Number of approved amendments to improve standards based on inputs from beneficiaries and counselors and representatives of GH working groups	Numeric	0 (zero) amendments in existing Standards for providing psycho-social support service from counselors	Jan-23	Up to 3 amendments approved in existing Standards for providing psycho-social support service based on inputs from counselors and members of working groups	Jul-25	0	0	0	1	6	6
2.4.2. Improved standards which address the needs of women and girls from intersection groups who experienced or are at risk from sexual violence	Numeric	0 (zero) amendments in existing Standards for providing psycho-social support service from beneficiaries members of intersection groups	Jan-23	Up to 3 amendments approved in existing Standards for providing psycho-social support service based on inputs from beneficiaries members of intersection groups	Jul-25	0	0	0	0	3	3
Amendments to the Standards for providing psycho-social support and additional health-supporting services to address the needs of women and girls from intersection groups who experienced or are at risk from sexual violence, were incorporated in the document and finalized. Amendments were made based on the suggestions collected from counsellors providing support service (1 suggestion), coordinators of Working groups in CVSVs (4 suggestion), and beneficiaries through annual evaluation of service (1 suggestion). Counsellors consider improving quick response techniques which can be used when facing lack of continuity or work with survivors, beneficiaries suggested the need for receiving more detailed information about legal support. The coordinators of Working groups, suggested that for the health-supporting services there should be minimum level of services defined in the Standards, including section on forensics and evidence collection, guidelines on data collection and monitoring to track trends in sexual violence, guidance on working with marginalized groups (total of 3 suggestion), particularly women and girls from vulnerable backgrounds, to prevent discrimination, how to communicate with women with disabilities (both physical and mental), such as addressing them directly instead of their caregivers, or providing information in Braille.										

Output 5: Psycho-social service delivery in CVSV is improved through 1) increased knowledge and skills of counsellors for implementing HR and GB approaches and practices; 2) improvement of extended psychosocial support (self-help groups) for women and girls' victims of SV; 3) sharing experiences and learnings among professionals, women's organizations, experts and consultants.											
Indicator Name	Indicator Type	Baseline Value	Baseline Period	Target Value	Target Period	Actuals PS1 Y1	Actuals PS2 Y1	Actuals PS1 Y2	Actuals PS2 Y2	Actuals PS1 Y3	Actuals PS2 Y3
2.5.1 Percentage of trained counselors who demonstrate the ability to implement HR and GB approaches and practices in improved service delivery in CVSV, especially to women and girls from intersection groups who experienced or are at risk from sexual violence	Percentage	40% of all counselors participated in trainings express highest grading/strong capacities in applying Standards for providing support service in pre-training tests	Jan-23	80% of all counselors participated in trainings express highest grading/strong capacities in applying Standards for providing support service in post-training tests (6 months after)	Jan-24	40	40	40	80	80	80
2.5.2 Number, frequency, and level of beneficiary satisfaction with self-help groups and number of beneficiaries participate in self-groups.	Text	40% of beneficiaries express satisfaction on provided support service and 0% participate in self-help groups	Jan-23	80% of beneficiaries express satisfaction on provided support service and 30% participate in 5 self-help groups	Jan-25	40	40	77	80	90	90
2.5.3 Number of conferences, meetings and sharing knowlegde events. Number of participants from professionals, women's organizations, experts, and consultants on Psycho-social service delivery	Numeric	0 (zero) conferences and sharing knowledge events and 0 (zero) participants	Jan-23	(307) 2 annual conferences organized, 5 sharing knowledge events and up to 300 participants (professionals, councilors, experts, members of women organizations)	Jul-25	0	0	4 sharing knowledge events and 69 participants	0	126	313

Psycho-social service delivery in CVSV is improved through increased knowledge and skills of counsellors, improvement of extended psychosocial support (self-help groups) and sharing experiences among professionals, women's organizations. Progress was achieved with 80% counsellors demonstrating highest grading capacities in applying Standards for providing support service, at the post-training test. With skills and knowledge from the undergone trainings (90% of correct answers on post-tests) on working with children victims of SV, counselors improved professional capacities contributing to quality of services. Extended mechanism of support through self-help groups for 20 survivors, who expressed satisfaction of 90% with the self-help groups, 70% rated as excellent and 20% as very good. Continuous support services in CVSVs included a total of 1,529 psycho-social support and 541 health services. All women who reported violence in CVSVs received complete support service, both medical and psycho-social support. Total of 313 (including 7 events and 306 participants) meetings with professionals from protection system (Prosecution Office, Provincial Institute for Social Protection), info session with Alliance of Associations OPENS, Philosophy Faculty in Novi Sad discussion with students, round table for CSOs of the National organization of persons with disabilities of Serbia, Regional Forum on Psychological services, Regional Annual Conference on SV.

Output 6: General public in Vojvodina, especially women and girls, has more knowledge and relevant information about services support and awareness regarding GBV/SV as a public problem.

Indicator Name	Indicator Type	Baseline Value	Baseline Period	Target Value	Target Period	Actuals PS1 Y1	Actuals PS2 Y1	Actuals PS1 Y2	Actuals PS2 Y2	Actuals PS1 Y3	Actuals PS2 Y3
2.6.1 Developed communication strategy with promotion plan	Numeric	0 (zero) communication strategy or promotion plan	Jan-23	(2) 1 Communication strategy and 1 promotional plan developed	Jul-23	1	2	2	2	2	2
2.6.2 Number of prepared promotional materials and communication channels	Numeric	0 (zero) posters and leaflets created and distributed; 0 (zero) media outlets (news, TV, portals), 0 (zero) posts on social media	Jan-23	(1.150) 1.000 posters and leaflets created and distributed; 50 media outlets (news, TV, portals), 100 posts on social media	Jul-25	2	394	64	58	1043	1407
2.6.3 Women and girls know more about existing services and are aware of GBV/SV as a public problem	Numeric	0 (zero) women and girls reached by social media and promo campaign	Jan-23	1.000 women and girls reached by social media and promo campaign	Jul-25	0	1573	6262	7915	22852	35769

With developed communication strategy CSW had conducted promotion activities and campaigns, designed visuals, issued press releases, social media campaigns, etc. Publicity was also achieved through media appearances (TV, radio) and magazine and media portals articles. This contributed that general public in Vojvodina, especially women and girls, has more knowledge and relevant information about services support and awareness regarding GBV/SV as a public problem. CSW promo campaigns included social media campaign, visuals, press releases and media outlets. Total of 1407 promo materials were developed, including following: total of 123 media outlets (interviews and articles were published in daily newspapers and magazines, TV and radio (Radio Television of Vojvodina, RTV, portal BBC Serbia, TV N1, TV NovaS Blic, Nedeljnik, Danas, NIN, Radio 021), 114 posts on social media, total of 20 visual were developed and distributed via social media 1,150 posters and Project had attracted media attention and had reached total of 46,426 citizens (35,769 women and 10,657 men).

Management Output 1 : Effective project management per the policies and guidelines provided by UN Trust Fund											
Indicator Name	Indicator Type	Baseline Value	Baseline Period	Target Value	Target Period	Actuals PS1 Y1	Actuals PS2 Y1	Actuals PS1 Y2	Actuals PS2 Y2	Actuals PS1 Y3	Actuals PS2 Y3
7.1 - Baseline data collection (Baseline Study), monitoring matrix and instruments for ongoing data collection and monitoring during the project implementation, preparation of End line study	Numeric	0 (zero) Base line study, monitoring with instruments, and End line study	Jan-23	(3) 1 Base line study, 1 monitoring with instruments, and 1 End line study	Jul-25	2	2	2	2	2	3
7.2 - Preparation of Final Evaluation Project Report	Numeric	0 (zero) Final Evaluation Project Report	Jan-23	1 Final Evaluation Project Report	Jul-25	0	0	0	0	0	1
7.3 - A number of staff participate in well-being and prevention of burn-out and vicarious trauma capacity development activity	Numeric	0 (zero) of staff participate in well-being and prevention of burn-out and vicarious trauma capacity development activity	Jan-23	20 of staff participate in well-being and prevention of burn-out and vicarious trauma capacity development activity	Jul-24	0	12	0	0	12	25
7.4 - Number of staff participate in Capacity Development and/or Knowledge Exchange activities	Numeric	0 (zero) of staff participate in Capacity Development and/or Knowledge Exchange activities	Jan-23	20 of staff participate in Capacity Development and/or Knowledge Exchange activities	Jul-24	4	14	4	21	57	86
Effective project management per the policies and guidelines provided by UN Trust Fund, were achieved through regular monitoring and evaluation of the project implementation, Base line study and monitoring matrix with instruments was developed, regular semiannual MEL reports were developed, End line study is finished as well as the first draft of Final Evaluation. To address the staff well-being, 2 event for to prevent burn-out of service providers was organized for counsellors and CSW staff (25 participants). As for the capacity development, one training for counsellors was organized in applying Standards for providing support service (21 participants), also basic training on acting in cases of reported suspicions of sexual abuse of children and during crisis interventions was organized for counsellors and CSW staff (14 participants), as well as training on practical skills for conducting forensic interviews (16). Counsellors participate in monthly consultation, exchange of practices and experiences and internal supervision (10 counsellors) Project staff regularly participates in UNTF capacity development activities, webinars and other sharing and learning events.										