



**CARE Balkans - Regional project FAIR III**  
**“ For Active Inclusion & Rights of Roma Women in the Western Balkans III“**  
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**Project Baseline Assessment REPORT, December 2019**  
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### **Introduction**

This intervention builds on extensive CARE’s expertise and experience in facilitating process related to women’s empowerment and gender equality across the globe and in the Balkan region. It also intends to scale up approaches and models that have proven successful over the last six years of the FAIR projects’ implementation (FAIR and FAIR II).

**The project seeks to empower Roma women and girls to be free and able to exercise their rights to live a healthy, dignified life free from violence, inequality and discrimination with support from their partners, families and communities in Bosnia and Herzegovina, Serbia and Montenegro.** This will be accomplished through four output level results that need to be met for the longer-term changes to happen, they are interconnected and mutually reinforcing since only in that way the outcome can be accomplished.

The first one (**Output 1**) refers to the enhanced capacities of Roma CSOs, youth and key community actors to practice and promote gender equitable, healthy and non-violent lifestyle with help of tested models and approaches. Under the second expected result (**Output 2**) Improved access to and provision of services for Roma, Egyptian (RE) women and girls (in particular on SRMH, GBV and Education) will be ensured through strengthening of the Roma CSOs and the existing participatory accountability community mechanisms. **Output 3** will enable three national-level Roma women networks to be active and contribute to the effective functioning of the regional Roma Women Balkans Network and its enhanced efforts towards Post 2020 EU Roma Integration Agenda. In the last expected result (**Output 4**), Roma women and girls, CSOs and Networks are part of the regional and global social movement initiatives promoting and advocating for gender equality and (minority) women’s rights. The project will directly target **26,150 people** in total – aiming at **85% Roma and over 60% women and girls**. Data collection under this project will be disaggregated by sex, age and ethnicity, whenever possible. Over **20,000 people** are expected to be reached in the three target countries through a series of promotional activities. **Final Beneficiaries** will include about **78,000 people** in the 3 target countries based on the assumption that each target group person will reach out to at least 3 persons in his/her direct environment.

The **Project Baseline Assessment** presents the foundation for the overall project monitoring and evaluation process. It has been done internally by CARE Balkans FAIR III team, led by the Regional Gender Program Coordinator, focusing mainly on the Output level data. The data collected and presented here is supposed to serve as a basis for regular data monitoring and collection, reflections and course adjustments, if needed, and will thereby inform the internally done mid-term assessment planned for late 2020. It will as well contribute to the Final Evaluation done by an external expert at the end of the project which will be assessing the overall impact of the entire FAIR approach as well as the success level of the planned output and outcome level results of FAIR III (as per the ADC/OECD evaluation criteria). The Project Baseline Assessment Report also addresses the integration

**Regional Project «For Active Inclusion and Rights of Roma Women in the Western Balkans III « implemented by CARE International Balkans in cooperation with the local partner organizations**



of the Austrian Development Agency's Gender and Social Standards into the FAIR III project.

### List of Acronyms

ADC	Austrian Development Cooperation
ADA	Austrian Development Agency
BiH	Republic of Bosnia & Herzegovina
CoE	Council of Europe
CSC	Community Score Card
CRI	Centre for Roma Initiatives
CBO	Community Based Organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSO	Civil Society Organisation
EGS Standards	Environmental, Gender & Social Standards
EU	European Union
GBV	Gender Based Violence
IDPs	Internally displaced persons
MNE	Republic of Montenegro
PSEA-CP	Policy on Protection from Sexual Exploitation and Abuse and Child Protection
RAE	Roma, Ashkali and Egyptian
RCC	Regional Cooperation Council
SAA	Social Analysis and Action
SDGs	UN Sustainable Development Goals
Serbia	Republic of Serbia
SRMH	Sexual, Reproductive and Maternal Health
ToR	Terms of Reference

## Executive Summary

FAIR III Baseline Assessment is the first segment and the foundation of the overall project monitoring and evaluation process. It has been done internally and focuses mainly on the Output level data to serve as a basis for regular progress monitoring, reflections and course adjustments. It will also be used to inform the mid-term assessment as well as the final project evaluation. Although initially planned to be presented in the inception or first progress report, the data collection took longer than predicted (selection of sub-grantees, first regional planning workshops and the summer holiday season).

The methodology applied includes: a) Desk top research of the FAIR II documents, partners' Output 1 & 2 related proposals as well as the annexed excerpts on Roma issues of the EC 2019 Country Reports and the [Roma Inclusion Index 2015](#); b) A series of consultative skype calls and email exchanges with the local partners/sub-grantees and the CARE team; c) Data collection from partners based on the total of eight sub-grant proposals approved and d) For the Output 2, Indicator 3: data collection via a simple survey conducted by partners on satisfaction with the latest service received from public providers.

The first two out of four project outputs are being implemented directly by the local Roma organizations, with CARE's guidance and oversight, through community sub-grants awarded following a competitive selection process. Most of the baseline assessment data comes from the partner proposals and their first implementation phase. The collected data shows that all the targets planned to be reached through grants meet or exceed the indicators laid out in the project logframe. The third and fourth outputs are directly implemented by CARE and their indicators are unchanged when compared to the proposal stage. Therefore, the main baseline findings point to the changes related to the first two outputs as summarized below:

Output 1: enhanced capacities of Roma CSOs, youth and key community actors to practice and promote gender equitable, healthy and non-violent lifestyle with help of tested models and approaches							
Countries	Locations	Lead Implementers	Associates	Trained facilitators	Trained youth/School staff and Roma leaders	#Campaigns	# People reached
3	11	3	3	70	1.160/64	18	2.600
Output 2: improvement of the access to and the quality level of services available and provided for the minority Roma/Egyptian population							
# Countries	Locations	Lead Implementers	Associates	Trained CSC facilitators	Government officials engaged	#Mediators	# People assisted by mediators
3	21	5	2	17	68	7	2.000

Note: The differences between the Logframe target indicators and the baseline ones are marked in detail in Annex 1 (Updated Logframe).

According to the responses of 570 or 22% of the total Roma population living in the target areas about the quality of services provided to them, 53% expressed their dissatisfaction with the last service received. The lowest quality seems to be related to the social welfare and health sectors and the three main obstacles or limitations identified include rude or unkind behavior of the public officials toward Roma women and men as well as the lack of

knowledge on the part of the service recipients on what they are expected to do in order to exercise their rights to access and quality level of public services.

Three Roma women have been employed by partners to coordinate and further empower national Roma women networks and the establishment of the new Regional Roma Balkans network is well underway and the work plan developed.

### Situation analysis

As far as the general, overall, socio-economic statistics for the Roma population in the target countries is concerned, there has been no change in the official figures presented over the last seven years. According to an average estimation of the CoE, there are almost 700,000 Roma (and Egyptian) living in Bosnia and Herzegovina, Serbia and Montenegro.

Table 1<sup>1</sup>:

Country	Total Population (World Bank 2010)	Official # (Self Declared)	Census Year	Minimum Estimate	Maximum Estimate	Average by CoE	Average Est. as % of Total Popul.
Bi H	3,760,149	8,864	1991	40,000	76,000	58,000	1.54%
Serbia	7,292,574	108,193	2002	400,000	800,000	600,000	8.23%
Montenegro	631,490	8,305	2011	15,000	25,000	20,000	3.17%
<b>Total:</b>	<b>11,684,213</b>	<b>125,362</b>		<b>455,000</b>	<b>901,000</b>	<b>678,000</b>	

Source Council of Europe (CoE) Roma and Travelers' Division, Estimation from 2012  
<http://www.coe.int/en/web/portal/roma>

The Roma are the most vulnerable and disadvantaged minority. Roma women in particular face multiple forms of discrimination. The social inclusion of the Roma population requires a more comprehensive and integrated approach based on reliable data. The EC Country Reports 2019<sup>2</sup> for the three project counties summarized the position of the Roma minority as follows (for the full chapters please refer to Annex 1 of this Report):

**BiH:** Despite the existence of a Roma related strategy and action plans (on housing, employment, healthcare and educational needs) the inclusion policies still require an improved monitoring and increased funding. The housing conditions for the Roma population are not adequate, their unemployment rate stands at 56% and, although the enrolment rates in compulsory education have increased to 72%, the number of school drop-outs is still very high. Children outside education and elderly Roma face the biggest hurdles. As a result of the good cooperation between the authorities and civil society organisations, the process of civil registration of the Roma population is almost complete: in 2018 the number of Roma persons without documents fell from some 300 to 83. This accomplishment needs to be made sustainable by removing outstanding administrative obstacles. Prejudices and formalistic attitudes still hinder the social integration of the Roma.

**Republic of Serbia:** The institutional structure dealing with Roma integration remains ineffective and complicated, without a clear distribution of tasks. Coordination between the national and local authorities and budgeting at local level still needs to be reinforced. Most Roma in Serbia have civil documentation but still only 9% of Roma children attend

<sup>1</sup> prepared by the Support Team of the Special Representative of the Secretary General of the Council of Europe for Roma Issues; Updated on 2 July 2012. Most estimates include both local Roma + Roma-related groups (Sinti, Travellers, etc.) & Roma migrants.

<sup>2</sup> <https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/20190529-bosnia-and-herzegovina-analytical-report.pdf>  
<https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/20190529-serbia-report.pdf>  
<https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/20190529-montenegro-report.pdf>

kindergartens and the drop-out rate remains high, especially for Roma girls. The unemployment rate for Roma is 36% (45% for Roma women) compared with 16% of the non-Roma population. Informal employment is decreasing but continues to be high among the Roma population and the informality gap is the highest in the Western Balkans region. In addition, Roma are still underrepresented in the public administration. Although child marriage is not common in the general population, almost 60% of girls from Roma settlements are married at an early age. Domestic violence is also often unreported.

**Montenegro:** Despite some progress, the budget for the 2016-2020 strategy for social inclusion of RAE remains insufficient to achieve its objectives. Almost all marginalised Roma and Egyptians in Montenegro (94%) face severe material deprivation, compared to 49% of non-Roma living in the vicinity. Although there has been an increase, both enrolment (62%) and completion rates (34%) for compulsory education remain the lowest in the Western Balkans. A number of positive measures have been implemented, but still insufficient attention is given to adult education. The employment rate was only 15% in 2017, versus 38% among non-Roma living in their vicinity. Informal employment continues to be high and a negative trend can be seen compared to 2011 data. There is a lack of a systemic solution and of an institutional response to child begging and early marriage risks among Roma children.

### Methodology applied

As briefly described in the introduction, the purpose of this assessment is to provide an information base against which FAIR III project activities' implementation progress and effectiveness will be measured. It will serve to monitor the implementation, spot potential obstacles on time and make necessary improvements and changes along the way in order to better meet the project objectives. This process and the report will be updated and complemented by an 'in house'/internal mid-term assessment as well as an external final project evaluation. Therefore, this assessment presents the basic pieces of information needed for the performance indicators defined in the Logical Framework to be adequately monitored throughout the project implementation and evaluated through the subsequent two assessments. It also helps test the indicators and determines whether refinements are necessary and therefore is intended both as an accountability tool, as well as a learning opportunity.

The process of baseline report development was done in three phases in the period of May to December 2019 (Planning – May/June; Data collection July/Nov and Analysis and Reporting December) which included the summer months' vacations and slowed down progress. The CARE team also wanted to have the sub-granting process up and running in order to collect the most realistic data possible as well as the Output 1 related research on attitudes and behaviors of the targeted youth on-going (locations/schools & communities selected and the numbers of targeted youth at least approximately determined). However, the entire process of data collection and online consultations with selected sub-grants/Roma CSOs as partner organizations took longer than anticipated. The process encompassed the following:

1. **Desk top research:** FAIR II Final Evaluation and Final Report; FAIR III Project Documentation, FAIR III 1<sup>st</sup> Semi-annual narrative reports and partner organizations community grants or sub-grant proposals (three for Output 1 and five for Output 2).
2. **Face to face and remote discussions** and process planning at a regional meeting with each sub-grant Coordinator or a project team, which served to present the project documentation, discuss the outcomes, outputs, activities, monitoring tools, develop 1<sup>st</sup> year's action plan and to jointly come up with a **baseline data collection**

- draft plan** defining the assessment focus, what indicators to be measured (performance indicators), how, where to get the data from, who is responsible.
3. Based on the ToR, a data collection tool was developed for partners to collect the input/output level data for each of the four Outputs – to establish the type and number of locations, number of anticipated target population reached (gender and ethnicity disaggregated where possible and appropriate). Under CARE's guidance, partner organisations were tasked with collecting the same type of data and compiling the data on the country level.
  4. In order to establish the baseline for the Output 2 Indicator, *% of the targeted Roma population satisfied with their last experience of public services (F/M & sector)*, a **simple and short survey** has been developed to interview randomly about 20% of the total population in the targeted locations.

The CARE team was additionally communicating with key partner organizations via Skype throughout this process in order to coordinate, clarify and assist during the process. It is important to note that the local organizations have been fully involved in the entire process as a capacity building and technical assistance effort by CARE. Conducting these tasks semi-independently is an important learning opportunity for partner organisations as monitoring and evaluation is a key component of sound project management.

### **Relevance to ADA's Gender and Social Standards Principles**

The Baseline assessment can only reiterate and confirm the project proposal's commitment towards gender equality and women's empowerment of Roma minority women and girls as well as marginalized youth, with a specific focus on engaging young men and boys in violence prevention and healthy lifestyle promotion. All the community sub-grant proposals have been evaluated against a set of criteria, these two key principles included. Each of the activities has been assessed and will be addressed through the lens of gender, anti-discrimination, inclusiveness and with genuine participation of the target population via local Roma (women) led civil society organizations as well as of the relevant government representatives. The changes, where and when applicable, will be monitored and measured according to the three components of ADA's and CARE's Gender Equality Frameworks: build agency, develop relations and transform structures. All indicators are being adequately defined to reflect the main target population disaggregated by ethnicity (as much as possible, depending on how the Roma/Egyptian participants decide to identify as a minority), age and type of participant (local CSOs, local and/or national government, school staff, media representatives, community workers, etc.). Through regular email/Skype/phone communication, monitoring visits and reporting, CARE intends to further ensure transparency and accountability towards the population it serves and the same level of respect and quality is being expected for the subgrantees/local CSOs as implementing partners.

### **Data Collection Summary/Findings**

As defined in the ToR, the impact and outcome level indicators will be collected by the CARE team and the external expert for the final evaluation. The output level indicators have been collected by partners (Output 4 by CARE team). CARE has developed a survey in the local language that local sub-grantees were asked to fill out. The survey contains a set of questions for each project indicator that will help establish the initial data base for monitoring and evaluating the project implementation. This survey was the main assessment tool.

**Output 1:** Enhanced capacities of Roma CSOs, youth and key community actors to practice and promote gender equitable, healthy and non-violent lifestyle with help of tested models and approaches.

In comparison with the indicators from the Logframe:

- Instead of the initially planned 24 (80% of 30) Roma CSOs staff to be trained as peer-educators/facilitators who successfully implement CARE's Life Skills Education (LSE) Model – Program Y in communities and schools, three partners intend to increase that number and train 70 staff members for that purpose.
- Out of the planned 70% of 600 targeted Roma and non-Roma youth (or 420) and 60 (or 42) community members (disaggregated by age, sex) who would successfully finish at least one LSE Program, the sub-grantees intend to engage 1.160 young women and men and 64 adults (school staff and Roma leaders)
- # of Roma and non-Roma youth (F/M) report changed attitudes and/or behaviors on at least one of the LSE Program themes (target values will be presented as findings from the Baseline Research)
- # of people reached through min. 18 youth led community actions conducted on LSE topics (at the baseline: 18 campaigns to reach about 2.600 youth)

Three key partners, Otaharin (BiH), Osvit (Serbia) and CRI (Montenegro), implementing the adapted Program Y (youth), developed during CARE's Young Men Initiative project, together with their associates, a total of five local Roma CSOs in 11 schools and communities, out of which 9 will be high schools and three primary schools. A total of 70 young women and men will be trained as trainers/workshop facilitators to train 1.160 youth in schools and communities. The partners intend to implement 18 community or school based campaigns to reach about 2.600 people, mostly youth.

Please see below the baseline data outline for Output 1. Note that the baseline findings on the targeted youth level of knowledge, attitudes and behaviors on gender equality, masculinity & femininity, discrimination and health habits will be presented in a separate report (done by an external researcher).

Category/Country	BIH	Serbia	MNE	Total 3 Countries
<b>Partners</b>	2 (Main: Otaharin + Be My Friend)	2 (Main: Osvit +Hope)	1 (Centre for Roma Initiatives)	<b>5</b>
<b>Locations/ Implementation</b>	Bijeljina & Visoko	Town of Nis & Municipality Aleksinac	Niksic & Podgorica & Berane	<b>11</b>
<b>Schools</b>	School of Economics, Bijeljina, & Technical School "Mihajlo Pupin" + Vocational High School in Visoko (total 3 high schools, 2 in Bijeljina & 1 in Visoko)	Gymnasium Svetozar Marković Niš, Vocational Fashion and Beauty Niš + Primary school Vuk Karadžić Niš, + Radoje Domanović Niš, + Ivan Goran Kovačić Niška banja, & High school of Agriculture Šumatovac, Aleksinac (total 6 schools: 3 high schools + 3 primary schools: 2 high schools in Nis + 2 primary schools in Nis + 1 primary school in Niska Banja + 1 high school in Aleksinac)	School of Economics, Niksic + Vocational School in Berance + Vocation School in Podgorica (total 3 high schools)	<b>12 schools: 9 high schools and 3 primary schools</b>
<b>Youth trained for trainers (ToT)</b>	30	20	20	<b>70</b>
<b>Youth targeted</b>	600	260	300	<b>1160</b>
<b>Community/School based Campaigns Planned</b>	6	6	6	<b>18</b>
<b>People reached via campaigns- planned</b>	1000	1000	600	<b>2600</b>

Regional Project «For Active Inclusion and Rights of Roma Women in the Western Balkans III « implemented by CARE International Balkans in cooperation with the local partner organizations

7

**Output 2:** Improved access to and provision of services for RAE women and girls (in particular on Sexual, Reproductive & Maternal Health/SRMH, Gender Based Violence/GBV and Education) through strengthening of the Roma CSOs and the existing participatory accountability community mechanisms, in line with SDG 5.6.

Indicators compared to those from the Logframe:

- *Trained Roma CSOs/staff apply at least one of CARE's tested tools: Social Analysis and Action (SAA) and/or Community Score Card (CSC) (at the baseline: 17 sub-grantees' staff members are intended to be trained)*
- *At least 50 of power-holders (F/M) report improved skills to effectively fulfill their roles and mandate, through the support of CARE and partners (at the baseline: a total of 68 government representatives are aimed to be included in the first cycle of CSC application)*
- *% of the targeted Roma population satisfied with their last experience of public services (F/M & sector) (at the baseline: the partners estimated that there are about 2.400 RAE living in the 21 targeted communities; almost 24% have been surveyed with 67% being RAE women. 45.20% expressed their satisfaction with the last public services experience. Out of 314 of them or 54.80% who were not satisfied, the majority complained about the social welfare and health sectors) – the survey details below and attached.*
- *# of people served/assisted through the work of mediators (F/M, type of assistance) (at the baseline: 7 mediators engaged to provide assistance to 1.690 people)*
- *# of people reached through community actions carried out to promote improved services or advocate for improvement (at the baseline: over 20 community actions planned to reach indirectly over 5.000 people).*

Five community sub-grants focusing on the improvement of the access to and the quality level of services available and provided to the minority RAE population, have been awarded and are being implemented in three countries by five key applicants and their partners, a total of seven Roma civil society organizations: BiH: Better Future, Tuzla & Otaharin, Bijeljina, both partnering with Romani Cej from Prnjavor; Serbia: Roma Women Center from Lazarevac with a Root of Roma & Romani Cikna from Krusevac and in Montenegro the sub-grantee is the Centre for Roma Initiatives (CRI) from Niksic.

They will be implementing the initiatives in 21 towns/municipalities/communities or settlements:

- Six in BiH (Tuzla, Kiseljak, Crvene Njive, Prnjavor, Vukosavlje, Bijeljina)
- One in Montenegro (town of Niksic area, for the time being, the plan is to include later at least two more settlements in other regions of Montenegro)
- Fourteen in Srbiji (five in Lazarevac Municipality: Sokolovo, Crne Medje, Palestina; Lajkovac Municipality: Dubrava i Palez + nine in the town of Krusevac area: Panjeva, Lazarica, M. Orlovic, Trstenik Municipality: settlements of Kozara and Pejovac; Brus Municipality, Varvarin i Cicevac)

The partners or sub-grantees intend to have several (minimum three) persons from their organizations trained for facilitation and implementation of [CARE's Community Score Card \(CSC\)](#) method or a total of 17. CSC is a tool designed to engage all relevant actors, improve communication and increase access to and quality of the services provided or raise awareness and jointly address certain issues that are illegal or harmful for communities. Some of them will also assess the level of interest and need to also apply [CARE's Social Analysis and Action](#) tool that provides a step by step approach to using and adjusting different workshop techniques for addressing issues of sexual and reproductive health,

**Regional Project «For Active Inclusion and Rights of Roma Women in the Western Balkans III « implemented by CARE International Balkans in cooperation with the local partner organizations**

gender equality and women & girls empowerment when working with the communities in different contexts. Here are the **planned figures** related to this output:

Category/Partners	Better Future	Otaharin	Romani Cikna	Lazarevac	CRI	TOTAL
Staff trained- CSC	3	3	3	5	3	17
Government staff included into CSC process	10	24	15	9	10	68
Roma mediators engaged	2	2	1	1	1	7
Beneficiaries assisted by mediators	460	300	400	300	500	1690

In order to collect the baseline data for the third indicator on the general level of the Roma community members' satisfaction with the public services, a random sampling technique was used. A simple survey was developed by CARE and conducted by the partners during October and November. Please see Annex 3 of the report with the survey questions in English and below and in Annex 4 the summary of the data collected.

The seven implementing partners managed to collect the data by talking to Roma population in 21 locations with an estimated population of over 2.500. A total of 573 or 22% Roma people were surveyed (with 67% being women and girls) and about 24% youth. The partners had been instructed to be as diverse as possible when selecting the candidates. Since this was done by the mediators, who mostly know the communities well, we can assume that the findings reflect the key issues as perceived by the entire communities.

Although both partners and CARE are positive that the overall level of dissatisfaction with the access to/quality of the basic public service (related to health, education, social welfare, domestic violence, employment, housing) is higher than the 53% the survey results show, the question was specifically focused on the last service received. In terms of the services, people seem to be the least satisfied with the range of service provision related to social welfare and health sectors. The main obstacles or limitations identified to a better access or a quality service (over 50%) belong to a rude or unkind behavior of the public officials toward Roma women and men as well as the lack of knowledge on the part of the service recipients or consumers on what they are expected and how in order to created preconditions for a certain service (fill out a form or similar).

Under the category of 'other type of services', in addition to the six main ones mentioned above and in the table below, the interviewees mentioned obtaining personal documents and child allowance. As far as other issues by the service providers are concerned, some people complained about a low pension or social welfare fee, but there were also some clear examples of prejudice and discriminatory behavior toward Roma women (being separated from other women during the labor, being rudely scorned for visiting a doctor only when pregnant, comments about that 'they' don't even know when they get pregnant; 'in our health center there is only one gynecologist ,a woman, but many patients complain about the quality of her work – she often gives wrong diagnosis and wrong treatments, and is not gentle at all – painful checkups, but we are not given an opportunity to select another doctor').

Please note that some partners visited all communities that they intend to cover through their sub-grants and the Community Score Card application, while the others (like Otaharin and CRI) surveyed only one community where they are working at the moment, therefore the difference in the numbers of the overall population and the surveyed ones.

These findings should contribute and complement the partners' work in these communities through implementing the CSC method, since these general opinions can be compared to the selected groups/representative's opinions when discussing and rating priority needs and the key indicators.

The following table presents the collated data from all five sub-grantees and their project partners on the Output 2, Indicator 3.

Item/Country:	BiH				Serbia				MNE		Total	
	Better Future		Otaharin		Romani Cikna		Lazarevac		CRI		#	%
# Population of Community	885		200		778		533		200		2,596	
# Surveyed	183	21%	52	26%	158	20%	140	26%	40	20%	573	22%
Female	111	61%	36	69%	94	59%	118	84%	26	65%	385	67%
Male	72	39%	16	31%	64	41%	22	16%	14	35%	188	33%
Adult	124	68%	40	77%	122	77%	118	84%	31	78%	435	76%
Youth	59	32%	12	23%	36	23%	22	16%	9	23%	138	24%
Satisfied:	61	33%	29	56%	69	44%	81	58%	19	48%	259	45%
Not satisfied:	122	67%	12	23%	89	56%	59	42%	21	53%	303	53%
Health	34	28%	6	50%	27	30%	12	20%	11	52%	90	30%
Education	16	13%	2	17%	14	16%	6	10%	4	19%	42	14%
Social welfare	42	34%	1	8%	35	39%	23	39%	5	24%	106	35%
Domestic Violence	7	6%	0	0%	4	4%	2	3%	0	0%	13	4%
Employment	13	11%	1	8%	7	8%	10	17%	1	5%	32	11%
Housing	7	6%	1	8%	0	0%	5	8%	0	0%	13	4%
Other:	3	2%	1	8%	2	2%	1	2%	0	0%	7	2%
<b>Out of those not satisfied – what about?:</b>	<b>Better Future</b>		<b>Otaharin</b>		<b>Romani Cikna</b>		<b>Lazarevac</b>		<b>Niksic</b>		<b>TOTAL</b>	
Didn't know who to ask for help/where to go	13	11%	3	25%	22	25%	10	17%	1	5%	49	16%
The officials were very rude/not nice to me	46	38%	8	67%	27	30%	16	27%	14	67%	111	37%
I didn't understand/didn't know what I was supposed to do, how to fill the form	29	24%	0	0%	19	21%	12	20%	1	5%	61	20%
The service/office is far away from home/no money for travel/lack of access	23	19%	0	0%	6	7%	14	24%	4	19%	47	16%
Was too ashamed to go for a check up or ask of assistance	9	7%	0	0%	6	7%	6	10%	1	5%	22	7%
Other:	2	2%	1	8%	9	10%	1	2%	0	0%	13	4%

Regional Project «For Active Inclusion and Rights of Roma Women in the Western Balkans III « implemented by CARE International Balkans in cooperation with the local partner organizations



**Output 3:** Three national-level Roma women networks' influence and regional collaboration enhanced through the regional Roma Women Balkans Network efforts toward Post 2020 EU Roma Integration Agenda

Indicators from the Logframe:

- # of active members of the Balkan Network (Roma women CSOs)
- # of examples in the media representing relevant norms — media coverage analyzed
- # of the Balkans network initiatives in the region and on the European levels
- # of monitoring reports on implementation of the national laws and international treaties/ Conventions (CEDAW) where Network members took active part

Although there are no key performance indicators in the project logframe directly referring to those activities, they need to be mentioned here as their implementation has been budgeted for as well as progress monitored and reported about:

Activity/Budget Line 3.3.: Capacity building of three national Roma network Coordinators (specific, needs based training or education, courses aimed at their better performance)

Activity/Budget Line 3.5.: Capacity building of the national network members

Activity/Budget Line 3.7: Lobbying, campaigns, advocacy initiatives

The above indicators (and well as the sub-indicators added) will be regularly monitored and updated following the activities of the newly established Roma Balkan Network as well as the national level network led by three new Roma women as coordinators.

In the meantime, this is the situation at the baseline:

1. So far, all three national level networks consist of either CSOs or individual Roma women. Three national Roma network Coordinators-facilitators (Roma women), one in each target country, have been selected by the national network members:

BiH: ██████████ for the Roma Women Network 'Success'

Serbia: ██████████ for the Roma Women Network of Serbia

MNE: ██████████ for the RAE Women's Network 'The First'

2. National Roma Network members (total of 44):

BiH: 11

Serbia: 29

MNE: 4

Coordinators/Network facilitators have been engaged through national project partners: Better Future in BiH, Romani Cikna in Republic of Serbia and CRI in Montenegro that are in charge for their employment contracts and related administrative obligations. The selection of the women facilitators was carried out by national Roma women network members based on a ToR developed by CARE and partners.

3. A meeting on the new regional Roma women Balkans network establishment was held in November. A total of 21 participants from the three national Roma women networks, Roma women representatives from Croatia, North Macedonia and Kosovo took part. The event was organized and coordinated by CARE's Project Manager and Coordinator. All participants agreed that the name would be 'Balkan Network of Roma Women', that the founding members should be the current organizations or individuals of the current three national networks and the rest will be associates. Beside the membership conditions, the values, mission and principles have also been discussed. It was decided that CARE would coordinate the work of the regional network until the end of the project. The final members and their action plan will be determined and developed in the next period.

**Output 4:** Roma women and girls, CSOs and Networks are a part of the regional and global social movement initiatives promoting and advocating for gender equality and (minority) women's rights.

Indicators from the Logframe:

- # and % of projects/initiatives that link or work with strategic alliances and partners to take tested and effective solutions to scale
- # and type of CARE/partner-supported collective actions (e.g. regional social norms campaign) movements, to present marginalized people's demands to power-holders
- # and type of improvements undertaken as result of organizational interventions

The same as in the previous section, although there are no key performance indicators in the project logframe directly referring to those activities, they need to be mentioned here as their implementation has been budgeted for as well as progress monitored and reported about:

Activity/Budget line 4.3. Networking and network members take part in regional and global events, conferences and campaigns

Activity/Budget line 4.4. Organizational intervention – where partners have been invited to identify gaps related to their staff capacities or organizational development that require expert tailor made assistance (like preventing burn out syndrome, how to deal with a high turnover rate etc.)

CARE implements directly this Output. A monitoring table to help partners monitor their activities has been developed by the CARE team. Simultaneously, the project team will initiate, help partners organize and coordinate the activities and indicators listed here.

### **Recommendations for CARE team and partners on monitoring and regular data collection**

1. Have the Output 1 Serbia partner 'Osvit' working with young people in primary schools on Program Y implementation consult with the YMI partners from BiH (Association XY from Sarajevo, or Perpetuum Mobile from Banja Luka and Youth Power from Mostar on a newly developed Program Y++, an adapted Program Y for upper grades of primary school implementation).
2. CARE team to make sure that Output 2 related sub-grantees from BiH and MNE conduct the simple general random survey (using the same template attached as Annex 2) when entering new communities or settlements for the application of the CSC method.
3. Since the Baseline Research on Attitudes and Behaviors relevant for the Output 1 had not yet been finalized when this report was developed, its findings should be also considered as a part of this overall Baseline Assessment.
4. Ensure that partners/sub-grantees' Coordinators who go through a short on-line training on how to collate and analyze the collected data before the mid-term assessment to make sure that the numbers and percentages are correct.
5. CARE team to check if all the indicators relevant for Output 3 & 4 are being regularly monitored and reported on since there is little data available at this stage.

### **Annexes:**

1. Annex 1: Updated Project Logframe
2. Annex 2: Survey for Output 2 in English
3. Annex 3: Tool for Output 2: Summary Findings in English
4. Annex 4: Baseline Assessment ToR